

Tools You Can Use:

Age-Appropriate,
Medically Accurate Sexual
Health Fact Sheets
Available to County Case
Managers

Agenda

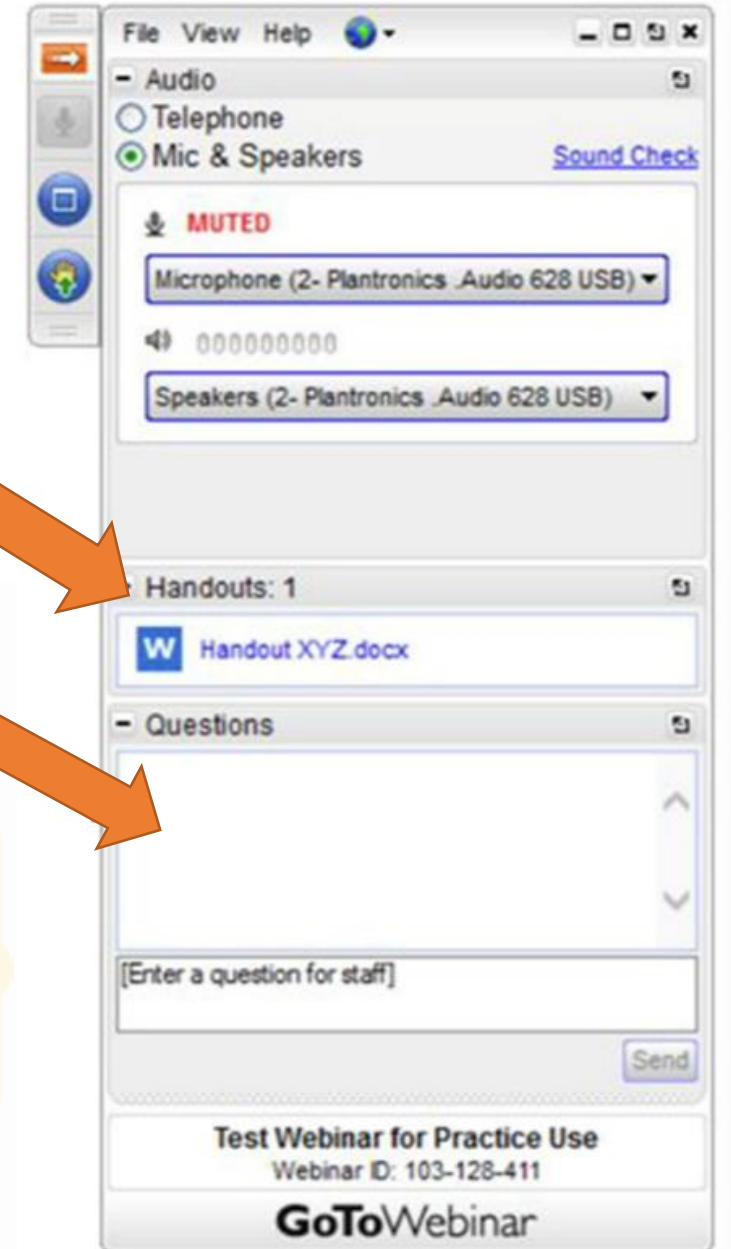
- Introductions
- Reproductive and Sexual Health Disparities for Youth in Foster Care
- A Youth's Perspective
- California Foster Youth Sexual Health Education Act (Senate Bill 89) & New Resources for Case Managers
- A County's Perspective
- Next Steps

Today's Presenters

- **Amy Lemley**
John Burton Advocates for Youth
- **Carolyn Ho**
John Burton Advocates for Youth
- **Lesli LeGras Morris**
 - LA Reproductive Health Equity Project for Foster Youth
- **Alexis Barries**
John Burton Advocates for Youth
- **Erica Monasterio**
 - Division of Adolescent and Young Adult Medicine at UCSF
- **Jaime Muñoz**
 - OC Social Services Agency

Information to Participate

- Today's PowerPoint and resources can be downloaded from the "handouts" section of your control panel
- To submit questions, click on the "Questions" panel, type your question, and click "send"
- Presentation materials and audio will also be posted at:
<https://www.jbaforyouth.org/trainings-2/>



Disproportionately High Rates of Early Pregnancy



- **26.0%** have ever been pregnant as compared to 13% in general population
- **22.0%** have been pregnant 2 or more times



- **52%** have ever been pregnant as compared to 20.1% in general population
- **20.6%** have been pregnant 2 or more times



Unpacking the Data + Dismantling the “Filling a Void” Narrative

Young women in foster care at age 19:

Wanted to become pregnant:	%
Definitely no	33.8%
Probably no	3.7%
Neither wanted nor didn't want	28.8%
Probably yes	7.5%
Definitely yes	26.1%

66.3%

28% report using contraception at last pregnancy



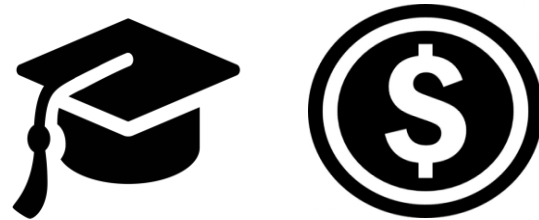
Young men in foster care at age 19:

Wanted partner to become pregnant:	%
Definitely no	16.2%
Probably no	21.1%
Neither wanted nor didn't want	33.4%
Probably yes	14.0%
Definitely yes	15.3%

70.7%

2.3% report using contraception at last pregnancy

Early, unintended pregnancies and related education & employment outcomes



At age 19, of those who had not enrolled in **higher education**, 30% of foster youth cited the need to care for children as a major barrier to returning to school.

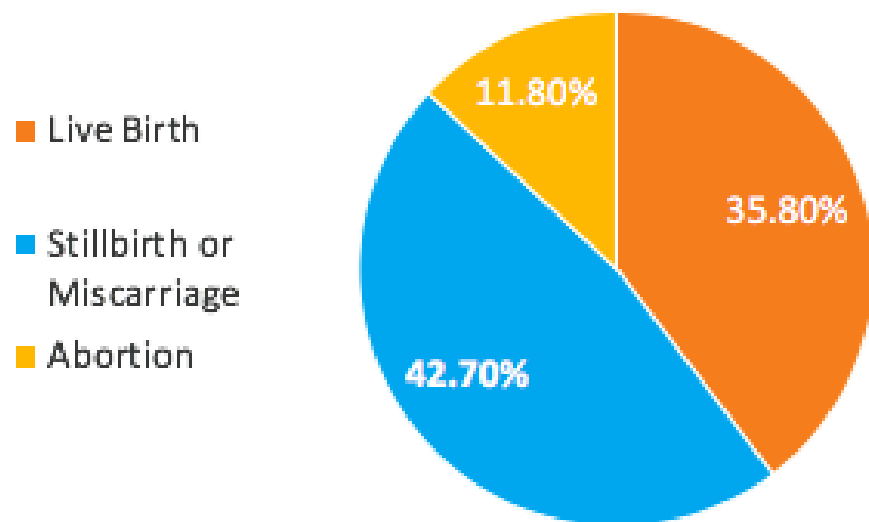
At age 24, having a child reduced a woman's odds of being **employed** by 30%—even after holding educational attainment constant.

Youth
Voice

“[Unintended pregnancy] stops youth from staying in certain homes. Makes each check stretch to make ends meet. School is harder to attend, child care is hard to find. Work is harder to attend and becomes unstable. A lot of meetings to attend with social workers, doctors, ILP workers, dentist, lawyers, etc.”

Disproportionately Poor Prenatal Outcomes for Youth in Foster Care

Of foster youth surveyed at 17 who reported pregnancy:

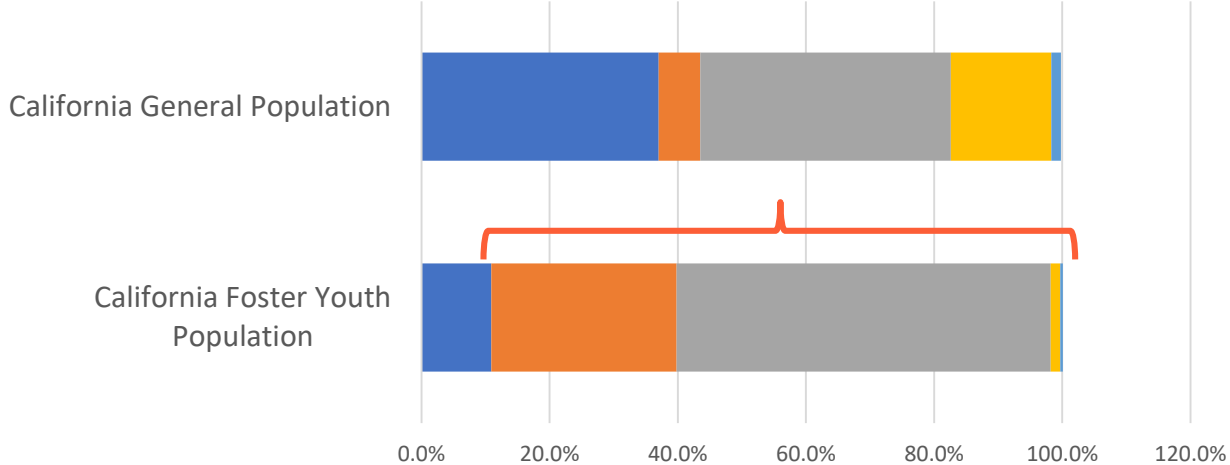


***42.7% had a stillbirth or miscarried**

***20.7% never received prenatal care**

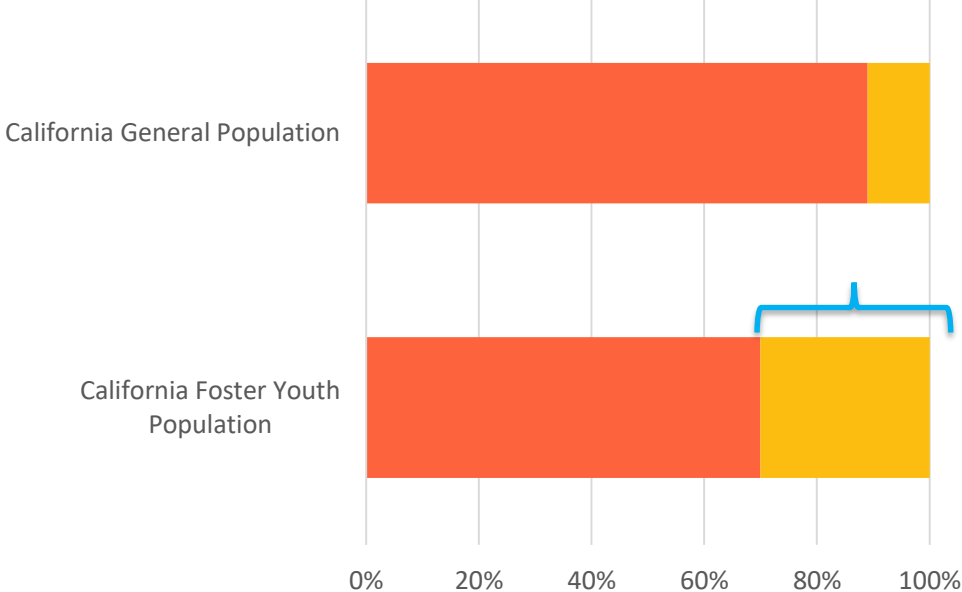
Demographics

9 out of 10 youth in foster care in CA are youth of color



	California Foster Youth Population	California General Population
■ White	10.9%	37.0%
■ Black/ African American	28.9%	6.5%
■ Latino	58.4%	39.1%
■ Asian/Pacific Islander	1.5%	15.7%
■ Native American	0.4%	1.5%

1 in 3 youth in foster care in CA identify as LGBTQ



	California Foster Youth Population	California General Population
■ Hetrosexual	70%	89%
■ LGBTQ	30%	11%

The Impact of Trauma

- The stress of abuse can impact the physical growth and maturation of adolescents. Recent study showed that young girls who are exposed to childhood sexual abuse are **far more likely to physically mature and hit puberty at rates 8 to twelve months earlier** than their non-abused peers
- Youth in foster care are at greater risk of **intimate partner violence**, due to their own trauma history – which can impact reproductive health and ability to refuse sexual activity and negotiate contraceptive use

Unique Circumstances: Sexual Assault, Intimate Partner Violence, Unintended Pregnancy

- Foster youth are at greater risk of intimate partner violence, due to their own trauma history
- Intimate partner violence affects reproductive health
 - Adolescent girls in physically abusive relationships are **three times more likely to become pregnant** than non-abused girls.
 - Adolescent mothers who are in violent relationships may find it **difficult to refuse sexual activity** or to **negotiate contraceptive use**
 - Adolescent mothers experiencing physical abuse after delivery are nearly twice as likely to have a repeat pregnancy within 24 months
 - Female teens experiencing intimate partner violence are also more likely to experience **birth control sabotage** at the hands of their partner
- **49%** report forced sex at some point before age 19

Youth in Foster Care Face Unique Structural Barriers

Lack of policies + training led to confusion about rights, roles + obligations

Practices that actively infringe on youth rights

Inconsistent access to comprehensive sexual health education & contraception

Logistical + structural barriers; provider bias

The Los Angeles Reproductive Health Equity Project for Foster Youth



LA RHEP is a collective impact campaign with the goal of ending inequitable reproductive health outcomes for youth in foster care, including disproportionately high rates of unintended pregnancy.

By engaging youth and the agencies that serve them, LA RHEP seeks to end the harmful narratives about the sexual and reproductive health of foster youth and shift perceptions of what it means for trusted adults to support their healthy sexual development and bodily autonomy.

A Youth's Perspective



**Alexis Barries, Youth Advocate at John
Burton Advocates for Youth**

California Foster Youth Sexual Health Education Act (SB 89)

SB 89 aims to build systems to eliminate sexual & reproductive health disparities among foster youth. It went into effect as of July 2017.





Improved Access to Sexual Health Education

Requires case managers to verify and document in a case plan if youth ages 10 and older have received comprehensive sexual health education, as defined by California Healthy Youth Act, once in:



Middle School



High School

For youth and young adults who missed it, case managers must document how the child welfare agency will ensure that youth receives the missed instruction





Informing Youth of their Rights and Removing Barriers

Requires the case managers to document that they have informed youth, ages 10 and older, of their sexual health & reproductive health rights annually in an age and developmentally appropriate manner:



Right to access age-appropriate, medically accurate information about reproductive and sexual health care.



Right to consent to sexual and reproductive health services and his or her confidentiality rights regarding those services.



How to access reproductive and sexual health care services and facilitated access to that care, including by assisting with any identified barriers to care, as needed

Document identified barriers to sexual health & reproductive health information and services and how they will assist with removing them, as needed



Informing Youth of their Rights and Removing Barriers

As part of LA RHEP, JBAY has developed a series of youth factsheets and an accompanying case manager guide that includes conversation starters to help navigate these sensitive conversations.

Factsheets and conversation starters are available for three developmental stages:



Tweens/ Early
Adolescents



Middle Adolescents



Transition Aged
Youth/Young Adults

Content Creator



Erica Monasterio, RN, MN, FNP

Clinical Professor, Emerita in the Division of Adolescent and Young Adult Medicine at UCSF

- UC San Francisco School of Nursing where she worked for 20 years on the faculty
- Had a clinical practice in UCSF's Division of Adolescent and Young Adult Medicine
- Co-lead the UCSF's Diversity in Action (DIVA) committee
- Directed the UCSF's Family Nurse Practitioner program

Youth Factsheets: General Principles

- Utilize the Centers for Disease Control’s “plain language” guidelines to assure that materials are accessible to those with limited health literacy
- Are written at an elementary reading level
- Prioritize developmentally appropriate concerns for the age group they are designed to reach
- Each of the information sheets:

Reinforce the information about SB-89 sexual health rights as required by the law

Are designed to support a conversation between a case worker and a youth in foster care, not replace it

Include resources that are age-appropriate

Youth Factsheets: Process

Reviewed and modified based on feedback from:

- Social service professionals
- Legal professionals
- Current and former foster youth



Case Manager Guide: General Principles

- Developed using a trauma-informed perspective
- Offers guidance and resources to support a developmentally-appropriate, trauma-informed conversation about sexual health rights
- Includes conversation starters for each developmental stage of adolescence to address each of the SB-89 mandates
- Is designed to support a conversation between the case manager and the youth, with Youth factsheets as a resource and reinforcement
- Identifies the case manager as a resource and encourages youth to seek adult support while informing them of their rights to confidential care

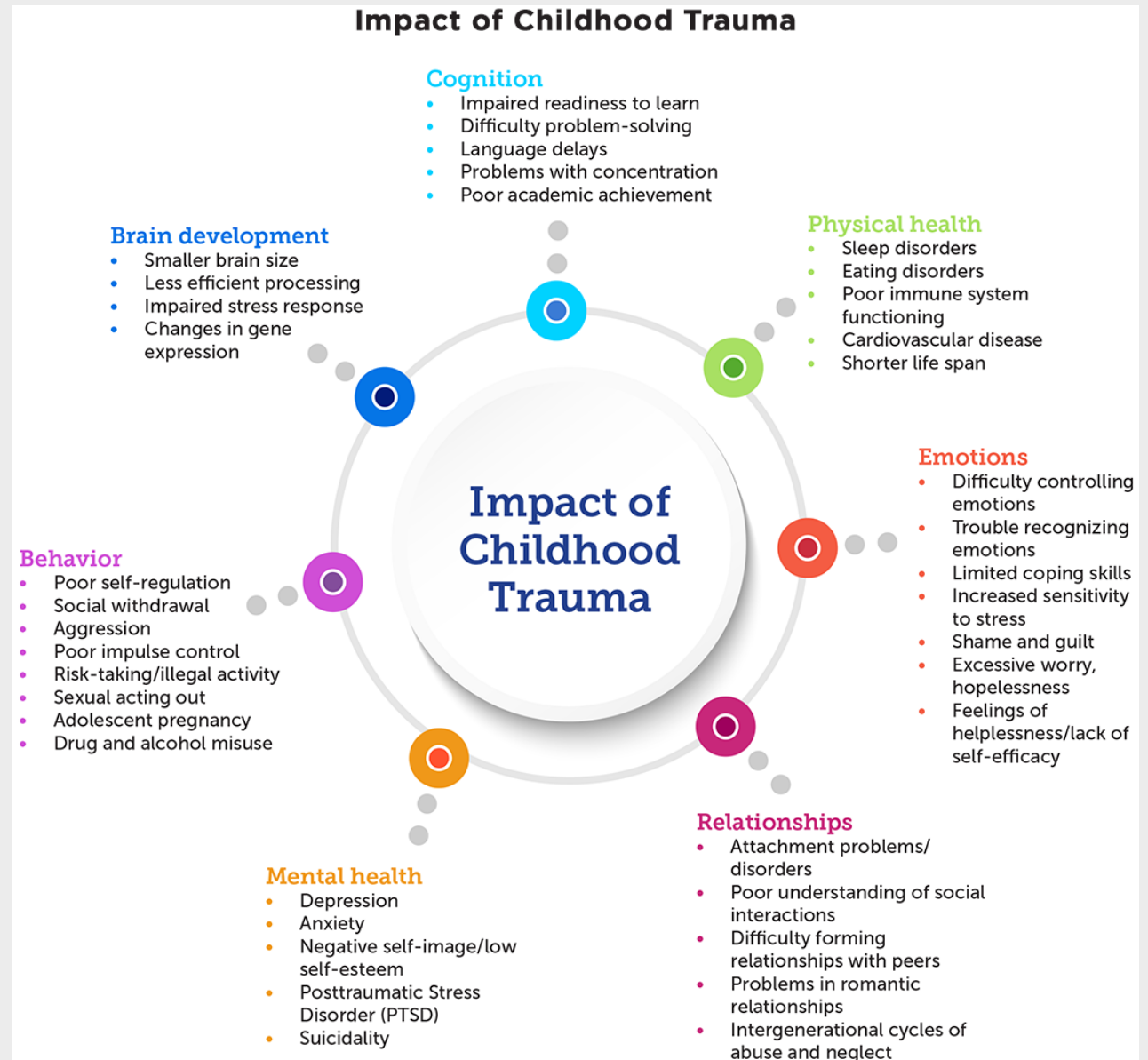
Case Manager Guide: Process

- Reviewed and modified based on feedback from:
- Legal professionals
- Child Welfare Professionals
 - Listening session facilitated by Lesli LeGras (LA RHEP) with over 60 Social Workers from LA DCFS participating
 - Paper review by various county professionals involved in healthy sexual development in foster care



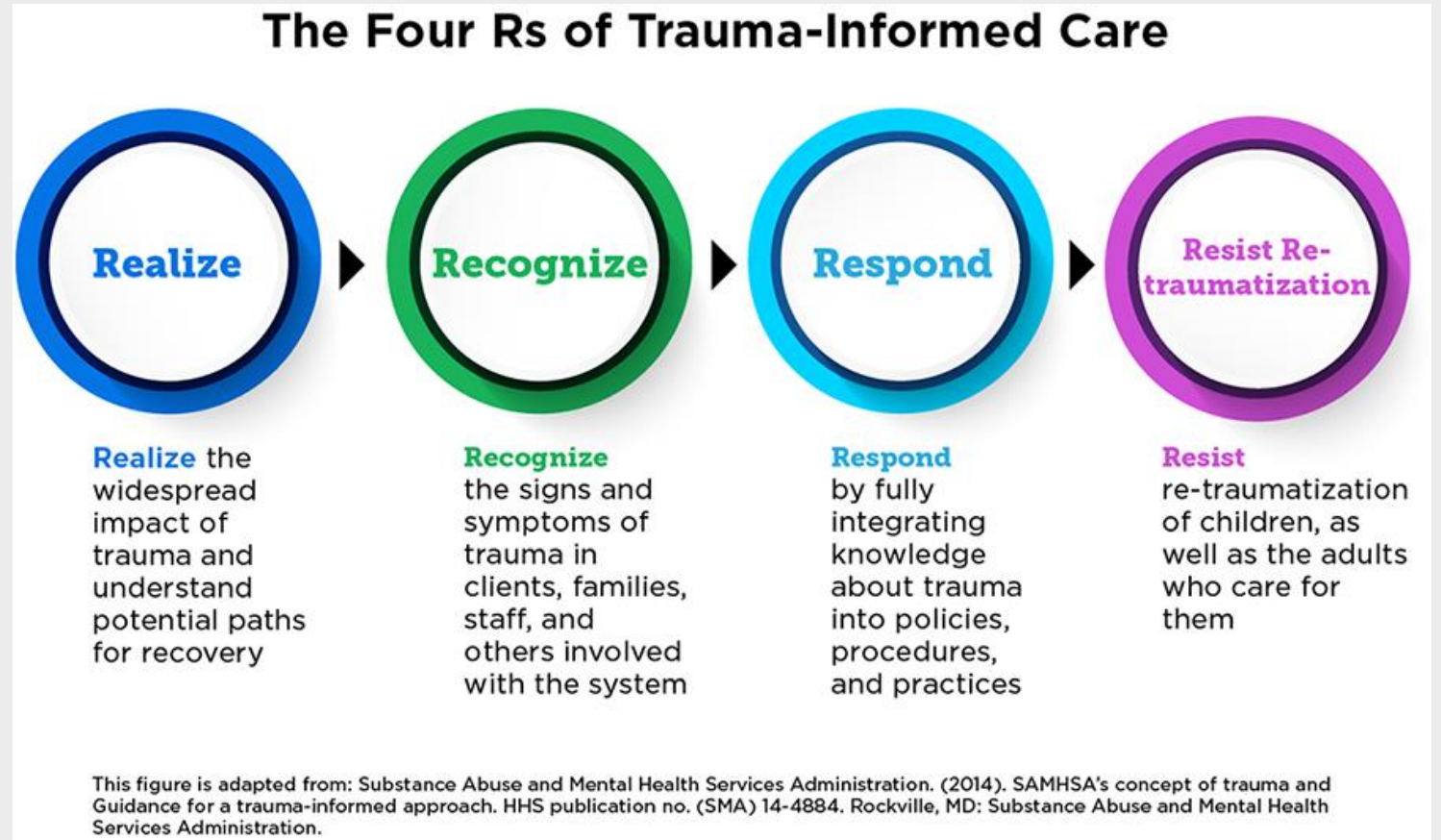
Remember the Impact of Trauma

Using a “Trauma Lens” facilitates
difficult conversations

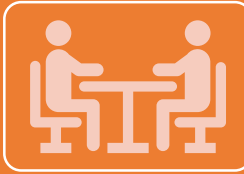


Bartlett and Steber, ChildTrends 2019

The Four Rs of Trauma-Informed Care



Trauma-Informed Approaches



Individualize your approach to meet the needs of the young person you are working with



Work to earn and maintain a trusting relationship

- Discussing confidentiality and situations that might result in the need to breach confidentiality is an essential step in building trust



Acknowledge the difficulty of the topic and recognize trauma-symptoms that may interfere with the discussion



Ask Permission

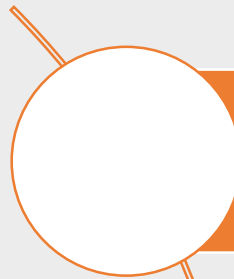
- The young person may not be ready to discuss SRH needs when you had planned and may need additional time or sessions to have the discussion



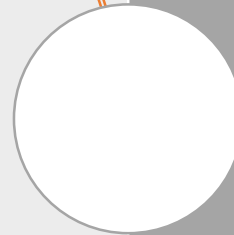
Utilize a strength-based approach

- Build on what the youth already knows, recognizing their attempts to protect and manage their SRH, and explore and support their desires and choices

Prepare Yourself!

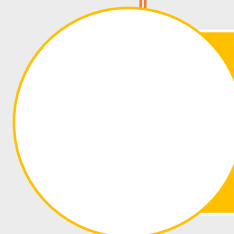


Explore your own attitudes and biases related to adolescent sexuality

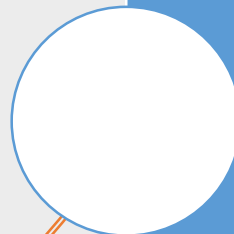


Update your knowledge about Sexual and Reproductive Health (SRH)

- You don't have to be the SRH subject matter expert. It is okay to say "I don't know – what do you think or let's find out."



Be familiar with the law and understand minor consent and confidentiality rights related to SRH



Review the resources included in the Youth Factsheets

- Helps you stay up to date on SRH information
- Assists in targeting your messages in a developmentally appropriate way

If you are a tween or in middle school:

 **SEXUAL HEALTH RIGHTS**

This page has links for youth in foster care to lots of websites about your rights and sexual health

 **PUBERTY (YOUR BODY CHANGES)**

Short videos to learn about your body changes

 **CONSENT (YOU CONTROL YOUR OWN BODY)**

Youtube video about consent

 **BIRTH CONTROL CHOICES**

Learn about various birth control methods and where to get it

 **STDs (GERMS YOU CAN GET BY HAVING SEX)**

Videos to learn about what STDs are

<https://www.jbaforyouth.org>

If you are a teen or in high school:

 **SEXUAL HEALTH RIGHTS**

This page has links for youth in foster care to lots of websites about your rights and sexual health

 **CONSENT**

Youtube video about consent

 **BIRTH CONTROL CHOICES**

Learn about various birth control methods and where to get it

 **HEALTHY RELATIONSHIPS**

Learn about tips and resources to help you build and strengthen your current relationships and recognize relationships that aren't good for you.

 **STD INFORMATION**

Learn about STD prevention and how to protect yourself and your partner

If you are a transition age youth/young adult:

 **SEXUAL HEALTH RIGHTS**

This page has links for youth in foster care to lots of websites about your rights and sexual health

 **CONSENT**

Youtube video about consent

 **BIRTH CONTROL CHOICES**

Learn about various birth control methods and where to get it

 **HEALTHY RELATIONSHIPS**

Learn about tips and resources to help you build and strengthen your current relationships and recognize relationships that aren't good for you

 **STD INFORMATION**

Learn about STD prevention and how to protect yourself and your partner

If you are living in Los Angeles County:

 **GET SEXUAL HEALTH SERVICES**

Info about your rights to receiving sexual health services and where to get it

 **FIND A CLINIC**

Find a clinic in LA County

 **PREGNANCY AND PARENTING**

Answers questions about having a baby in foster care

 **FOSTER CARE RIGHTS**

Learn about your foster care rights and get help if your rights are not being followed

 **LGBTQ YOUTH RIGHTS**

Learn about what rights you have if you are an LGBTQ youth in foster care

Tween/Early Adolescent Scenario

AGE RANGE:


(stages/ages are variable and fluid)

Biological Females: 9-13 years

Biological Males: 11-15 years



James is an eleven year old in foster care since the age of five. He asks his case manager if she can help him get new clothes and shoes because he is growing out of all his clothes. His case manager, realizing that this is a great opening to talk about puberty and an opportunity to review the requirements of SB-89, says:



I can definitely help you with getting clothes and shoes that fit! If you are growing taller, your body is probably changing in lots of other ways too...have you learned about puberty, the body changes that happen as you get closer to being a teenager, from your foster parents, friends or at school?

Tween/Early Adolescent Development

AGE RANGE:

(stages/ages are variable and fluid)

Biological Females: 9-13 years

Biological Males: 11-15 years

Adjusting to
body/pubertal changes:
"Am I normal?"

Concern with:
**body image and
privacy**

Begin separation from
family/caregivers,
increased conflict with
those in "parental" role

Self preoccupation and
fantasy

Same-sex friends and
group activities

Moody!

Concentration on
relationships with **peers**

Concrete thinking but
beginning to explore
new ability to abstract -
focused on the present

Continuing the Conversation with James



You do not have to talk about EVERYTHING in this session



Share information and resources



Acknowledge that it can be embarrassing or hard to talk about sexual health



Ask permission to discuss sensitive topics



Make no assumptions about sexual orientation, gender identity or sexual behaviors



Give James the Tweens/Early Adolescent sheet and review it with him



Let James know that you are a resource for him to learn more about his growth and development, his sexual and reproductive health and his health rights

Puberty



Sample
Tweens/Early
Adolescents
Resource:
www.amaze.org

SEXUAL ORIENTATION

GENDER IDENTITY

PERSONAL SAFETY

HEALTHY RELATIONSHIPS

STDS & HIV

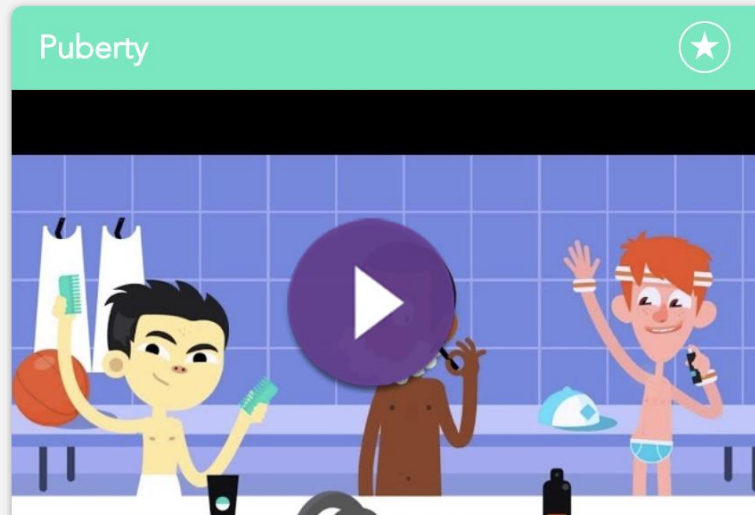
PREGNANCY & REPRODUCTIVE HEALTH



Virginity



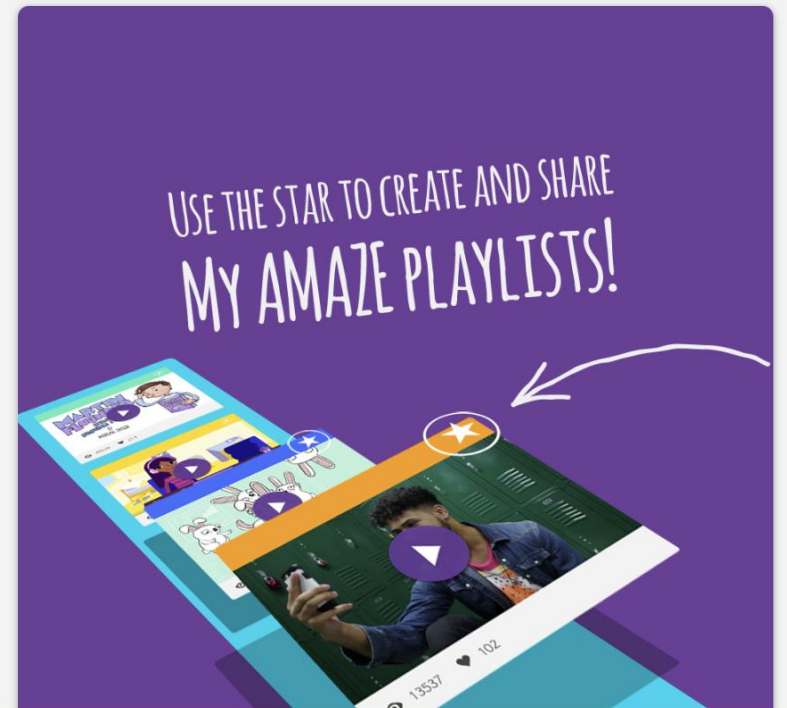
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Biological Male Anatomy



52738 982



CHECK OUT OUR NEW COLORING BOOK. IT IS A GREAT WAY TO START THESE SOMETIMES TOUGH CONVERSATIONS.

CHECK OUT

Start Drawing

32 X

Middle Adolescent Scenario

AGE RANGE:

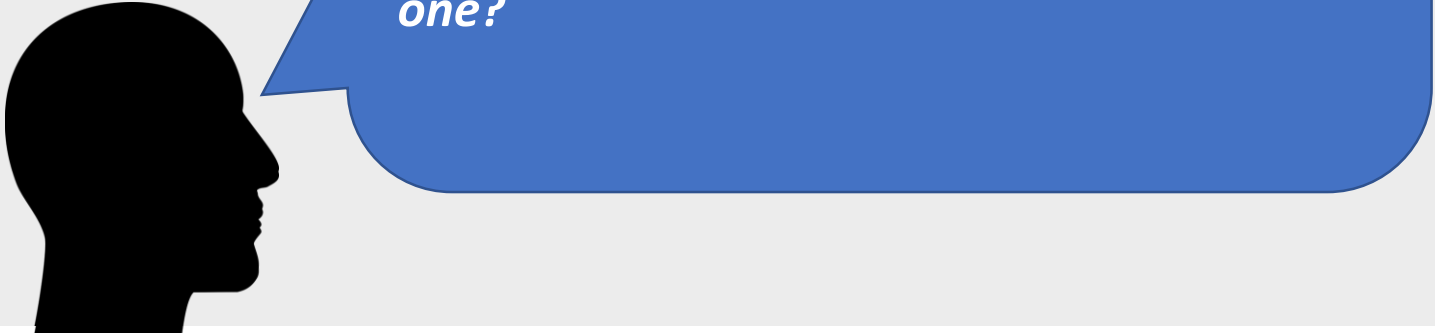
(stages/ages are variable and fluid)

Biological Females: 14-16 years

Biological Males: 16-17 years



Sandra is 15 and living in a group home. When she meets with her case manager, she tells him “I think that I might be pregnant, but I don’t know for sure. What happens to my placement if I am pregnant?” her case manager realizes that she needs information about her sexual and reproductive health rights, says:



I’m so glad that you felt comfortable enough to ask me about this. Let’s start with the basics...it sounds like you may need a pregnancy test. Do you know how to get one?

Middle Adolescent Development

AGE RANGE:

(stages/ages are variable and fluid)

Biological Females: 14-16 years

Biological Males: 16-17 years

Extremely concerned with looks:
“Am I attractive?”

Increased independence from family/caregivers

Increased importance of **peer groups**

Experimentation with relationships & sexual behaviors

Movement towards forming **sexual orientation / identity**

Increased **abstract thinking** ability, but difficulty applying information to decision-making

Continuing the Conversation with Sandra



Sandra tells her case manager that she usually goes to a doctor that her group home uses, but she does not want the group home staff or other girls living there to know her business. This is a good opportunity for her case manager to discuss the SRH rights guaranteed by SB-89, starting with her consent and confidentiality rights:

You can go to a doctor or clinic for a check-up, a pregnancy test, or birth control, and you can get this care on your own without asking permission from the staff at your group home. If you go to a doctor or clinic, the things you talk about that have to do with sex, pregnancy, birth control, or diseases that you can get from having sex are between you and the doctor or clinic staff—it is what we call ‘confidential.’





Sample Middle Adolescents Resource:
www.stayteen.org

1 2 3
Ask US Anything: Body Talk
 Anatomy, biology, and body image. Loving your body and understanding how it works isn't always easy. We're here for all your questions, concerns, and insecurities. Ask away!

FILTER BY TOPIC

- BIRTH CONTROL / CONTRACEPTION ADVICE SEX RELATIONSHIPS ABSTINENCE

RESET

GO

ARTICLE

Three Reasons to Say Thanks, Birth Control!

SHARES · 0



ARTICLE

4 Signs You're About to Have Sex for the Wrong Reasons

SHARES · 0



ARTICLE

How to Tell if Your Much Older Boo is Right for You

SHARES · 0

Transition Aged Youth/ Young Adult Scenario

AGE RANGE:

(stages/ages are variable and fluid)

Biological Females: 17-21+ years

Biological Males: 18-21+ years



Janae is a twenty year old non-minor dependent with a 2 year old daughter. She is meeting with her case manager to discuss housing options and mentions that she ran out of her birth control pills. She says “I know I should be able to figure this out, but there are so many things to deal with...” Her case manager identifies an opportunity to review the requirements of SB-89, starting with the CM’s role in mitigating barriers, says:

Even when you know what you need and where to go for care, things can get in the way. If you need help with figuring out your insurance or payment for care, transportation, childcare, or anything else that is keeping you from being able to take care of yourself, talk with me about it. I am here to support you in taking care of yourself.



Transition Aged Youth/ Young Adult Development

AGE RANGE:

(stages/ages are variable and fluid)

Biological Females: 17-21+ years

Biological Males: 18-21+ years

Autonomy nearly secured

Body image & gender role **definition** nearly secured

Thinking beyond themselves → **world view**

Attainment of **abstract thinking** & useful insight

Greater **emotional stability**

Greater **intimacy skills**

Sexual orientation nearly secured

Ability to **express ideas** in words

Concern for future

Transition to adult roles-school, work

METHOD EXPLORER /

- ★ most effective
- 🍷 party ready
- 🛡️ STI prevention
- 🚫 hormone free
- 🔍 easy to hide
- ❤️ do me now

WELCOME /

Click these filters to find a method (or methods) that fit your life.



Sample TAY/Young Adult Resource: www.bedsider.org

share this /  

What is all this stuff?

The explorer is a place to learn about all your birth control options. We cover every available method, from the IUD (and others on our most effective list) to condoms, the pill, the patch, and more. Click on any method for more details. Want a more apples-to-apples way to compare? [View a side-by-side comparison.](#)

Using the New Resources



The conversation starters are suggested approaches, not scripts to memorize

- Think about your own communication style and try out approaches that feel comfortable and natural to you



Leverage the “teachable moments”

- Your client will often provide an opening to begin the discussion by asking a question or identifying a need



Build on what the youth already knows

Ask questions and use active listening skills to determine learning needs



Learn alongside your clients

Sexual & reproductive health is a rapidly changing field so stay up to date or say “I’m not sure- let’s find out together.”

A County's Perspective



Jaime Muñoz

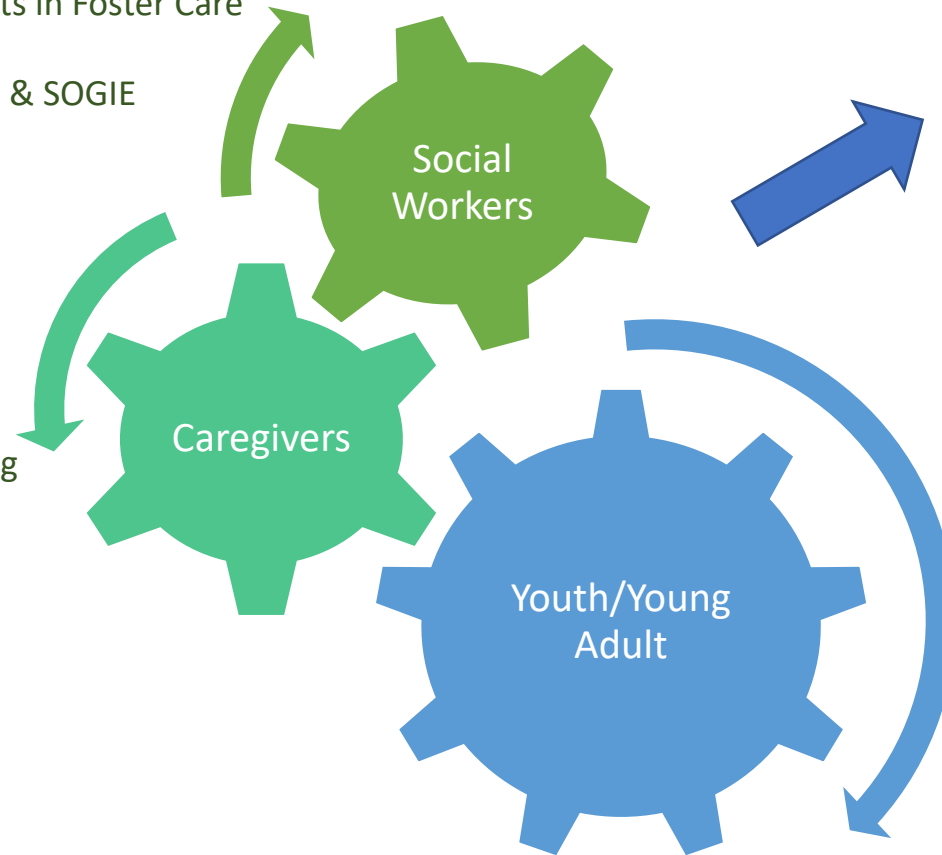
- Administrative Manager II, Orange County Social Services Agency
- Jaime.munoz@ssa.ocgov.com or (714-940-5610)
- Supporting Healthy Sexual Development Among Youth & Young Adults in Foster Care since December 2014

Change for Good: A Living Guiding Blueprint

- Reproductive/Sexual Health Policy & Procedure
- Sexual + Reproductive Health Care & Parenting Resources Guide for Youth/Young Adults in Foster Care
- Training – Induction & Ongoing
- Data Collection – Pregnancy, Parenting & SOGIE

- Training – Induction & Ongoing
- Reasonable & Prudent Parenting Standard
- Medical Provider Report with prompts for reproductive health, HPV & OBGYN
- Sexual + Reproductive Health Care & Parenting Resources Guide for Youth/Young Adults in Foster Care

Community Partners



Improved Practice, Improved Outcomes

- Pregnancy & STI Prevention Evidence-Based Curriculum
- Youth Engagement
- Sexual + Reproductive Health Care & Parenting Resources Guide for Youth/Young Adults in Foster Care
- PHN
- Middle & High School Comprehensive Sexual Health Education
- Gender Affirming Physical & Mental Health Care
- Pregnant & Parenting Planning Conference
- In-Home Visitation Services for Expectant/New Parents
- Askable Adults

Lessons Learned



Shaping practice change requires time & ongoing stewardship.



Collaboration yields improved collective resource leveraging, influence and impact



Prepared parenthood & intentional family formation are shaped by exposing youth to opportunities that create purpose, meaning, identity & a tangible future



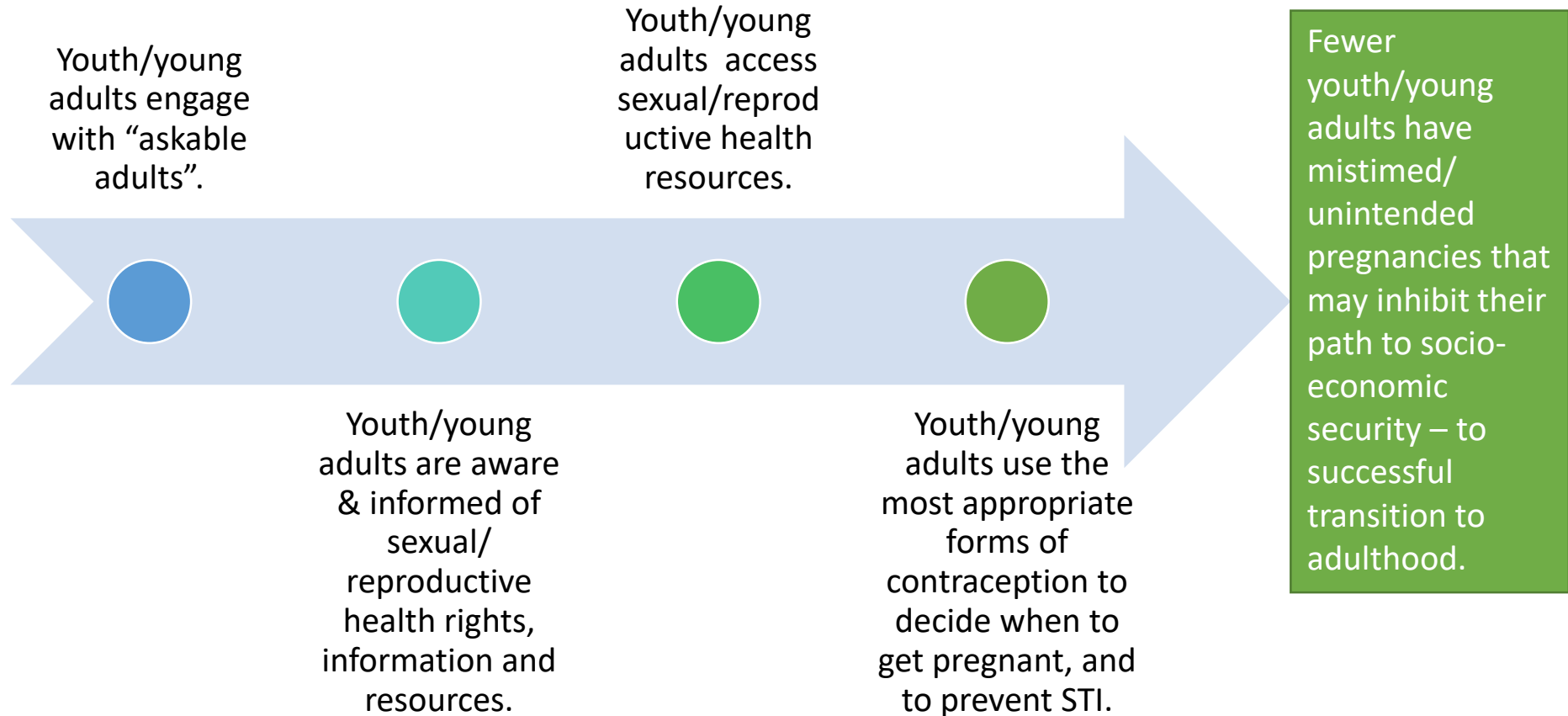
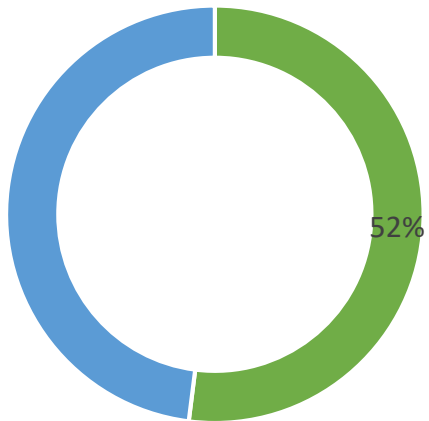
Supportive institutions and adult mentors can provide a bridge between current circumstances & their life goals.

Fact Sheets: Put them in the hands & phones of EVERYONE

Youth & Young Adults	Social Workers & Probation Officers	Caregivers	Service Providers	Influencers
<ul style="list-style-type: none">• Social Worker/Probation Officer visits• Transition to Adulthood Services & Activities• Sexual Health Resource Fair• Awareness Months (e.g., May is Sex Ed for All Month)• Peer Educators/ Ambassadors• Website	<ul style="list-style-type: none">• Training: Knowledge of youth rights & social worker/probation officer responsibilities; Resources; & Responding to questions• Staff Meetings• Sexual Health Resource Fair• Awareness Months (e.g., May is Sex Ed for All Month)• Website	<ul style="list-style-type: none">• Resource Families, Short-Term Residential Therapeutic Program (STRTP) & Group Home Providers• Training• Transition to Adulthood Services & Activities• Newsletter• Sexual Health Resource Fair• Awareness Months (e.g., May is Sex Ed for All Month)• Website	<ul style="list-style-type: none">•CASA, Transitional Housing Placement Program Providers, Education Providers (including Foster Youth Services Coordinating Program), In-Home Visitation (e.g., Nurse-Family Partnership & Adolescent Family Life Program), Comprehensive Sexual Health Education Providers, Public Health Nurses, Transition to Adulthood Service Providers, Reproductive/Sexual Health Care Providers•Training•Awareness Months (e.g., May is Sex Ed for All Month)•Website	<ul style="list-style-type: none">• Juvenile Justice Commission• Juvenile Court (including attorneys for youth & young adults in foster care)• CA Department of Social Services Healthy Sexual Development Workgroup• Power To Decide• Urban Institute

Urgency

More than half of CA foster youth have been pregnant at least once by age 19 – that’s 3 times higher than that of youth not in foster care



What's Next?



Use & share the factsheets and guide; Spanish versions will be available in August 2019

<https://www.jbaforyouth.org/sb89-factsheets-and-guide>



Submit a response to our survey to help us determine JBAY's next steps in supporting counties' efforts around sexual and reproductive health in foster care:

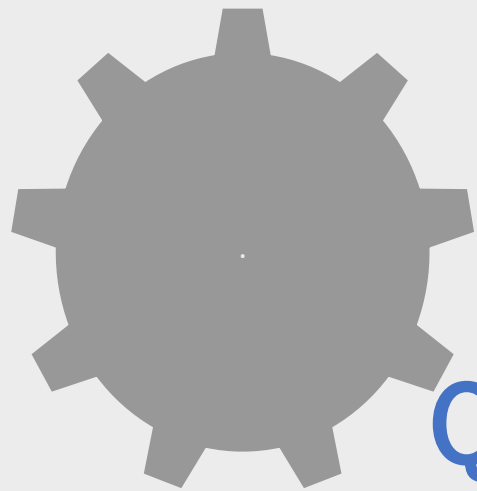
<https://www.surveymonkey.com/r/8F3ZQ7G>



Inquire about and attend trainings:

www.calswec.berkeley.edu/sexual-and-reproductive-wellness-foster-care-sb-89

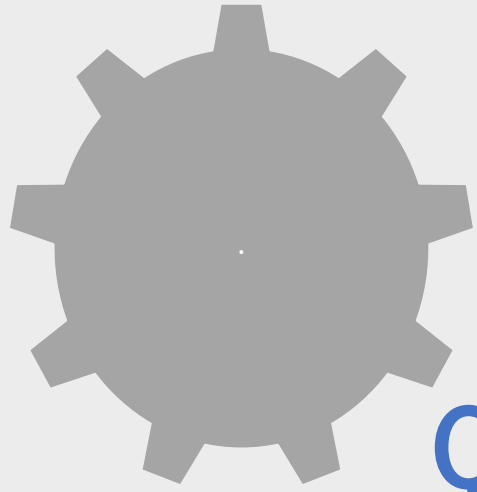
www.tinyurl.com/SB89regionaltrainings



Quality Sexual Health Training for Adults

Requires all county case managers & judges to be trained on the below topics. This content is also to be included for the pre-approval training for resource families and certification training for STRTP and group home administrators.

- 1. The sexual and productive health rights of youth and young adult in foster care
- 2. How to document sensitive health information, including, but not limited to, sexual and reproductive health issues, in a case plan
- 3. The duties and responsibilities of the case manager and the foster care provider in ensuring access to sexual and reproductive health services and information
- 4. Guidance about how to engage and talk with youth and young adults about healthy sexual development
- 5. Information about current contraception methods and finding appropriate referral resources and materials for service delivery.



Quality Sexual Health Training for Adults



CDSS's Case
Manager Training



CDSS's E-Learning
Training



CDSS's Caregiver
Training



JBAY's Pre-approval
Training



CDSS's Case Manager Training: Sexual and Reproductive Wellness for Youth In Foster Care

Target Audience:

Social Workers, Probation Officers, and Public Health Nurses

- To be delivered at the 4 Regional Training Academies (RTA) as a 1 day classroom training
- Each RTA will have the training be delivered at least once prior to 6/30/19

6/7 In Madera

- Register: <http://fresnostate.edu/chhs/ccta/calendar/index.html>

6/12 in Sacramento

- Register: <https://humanservices.ucdavis.edu/program-sections/2016>

6/20 in Anderson

- Register: <https://humanservices.ucdavis.edu/program-sections/2016>

- All related training materials and powerpoint are also available on the CalSwec Toolkit webpage:
<https://calswec.berkeley.edu/sexual-and-reproductive-wellness-foster-care-sb-89>



CDSS's E-Learning Training

Target Audience:

Any adults working with foster youth, including FFA social workers, group home/STRTP social workers, caregivers, CASAs, etc

- Underdevelopment and ETA July 2019
- 90 minute version of the case manager training
- Once available, this will be shared on the CDSS Healthy Sexual Development Project webpage

<http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project>



JBAY's Pre-approval Training

Target Audience:

County welfare agencies, contracted community-based organizations, and FFAs who conduct pre-approval trainings for resource families

- Underdevelopment and ETA July 2019
- Module that can be used in resource family pre-approval trainings to fulfill SB 89 training mandates for caregivers
- Hosting two regional trainings for lead pre-approval caregiver trainers; registration will open June 1st

JULY 25, 2019

LOCATION:

El Camino College
16007 Crenshaw Blvd.
Torrance, CA 90506

AUGUST 8, 2019

LOCATION:

Seneca Family of
Agencies
6925 Chabot Rd.
Oakland, CA 94618

- When available, training materials will be made available on JBAY's website: <https://www.jbaforyouth.org/sb89/>



CDSS's Caregiver Training

Target Audience:

Adults who train foster caregivers which can include FCKEs, FFAs, group home/STRTPs, contracted community based organizations, etc.

- Underdevelopment and ETA July 2019
- Will also be part of the two regional trainings that will be hosted; registration will open June 1st :

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Questions or Comments?

To submit live questions, click on the “Questions” panel, type your question, and click “Send.”



Contact information:

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