



# Quarterly Update

WINTER 2016

## CHILDREN'S RESIDENTIAL UPDATE

### *Children's Residential Licensing Program Mission:*

*The Children's Residential Licensing Program licenses and monitors Adoption Agencies, Foster Family Agencies, Group Homes, Licensed Foster Family Homes, Runaway Youth Shelters, Small Family Homes, Crisis Nurseries and Transitional Housing Placement Program in an effort to ensure that they provide a safe and healthy environment for children who are in residential care.*

### A Note from Pamela Dickfoss, Deputy Director

Over the last year, with the invaluable participation of our stakeholders, there have been substantial achievements made in the Continuum of Care Reform (CCR) for child welfare services. I want to thank the providers for engaging in the various workgroups and providing us with their expertise. As we all work collaboratively toward better outcomes for children, new policies and procedures will be developed to support the CCR effort in the New Year, and we look forward to working with our stakeholders to fulfill this accomplishment.

I am looking forward to what the New Year will bring, with the many positive changes resulting from new legislation that is coming our way. The Community Care Licensing Division (CCLD) continues to strengthen and enhance our program including the commitment to educate our providers with helpful information. One significant avenue to share information is via the CCLD Children's Residential quarterly update and we hope it is a valuable resource that is readily accessible for all! I appreciate the partnership that has continued to promote improvement in the licensing system. On behalf of Community Care Licensing staff, we wish you a safe holiday season.

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## Helping Foster Children Cope with Seasonal Depression

The holidays can be a joyous and uplifting time for many, marked by frequent festivities with family and friends, gift-giving, and a whole season of fun and exciting entertainment. However, for experiencing loss and separation from loved ones the holidays can raise feelings of loneliness and sadness.

Foster children are particularly susceptible to some form of seasonal depression resulting from their traumatic separation from family, and feelings of powerlessness over their present situation. [Warning signs](#) of this typically include:

- Aloofness and withdrawal
- Lack of interest and apathy
- Frequent irritability and/or outbursts
- Increased testing of the house rules
- Excessive sleeping and poor appetite

Although caregivers can do little to prevent difficult feelings from surfacing in their foster children during the holidays, they can certainly go a long way in helping them understand and normalize these feelings and offer support. Times like these underscore the value of continuous caregiver training and preparation, per Title 22 Regulations.

Short of a single, surefire solution to alleviate all struggles with holiday time depression in foster children, there is general consensus among mental health professionals that steps can be taken to help avert common triggers that lead to it. They include:

- Maintaining a steady, relaxing routine around the home with minimal interruptions to the schedule. This helps build a comforting sense of stability and predictability—especially in the case of a foster child with a history of multiple placement disruptions.

- Including the foster child in family decision-making and planning about holiday activities in order to help promote a healthy sense of control and self-empowerment.
- Where appropriate, encouraging visitations and other court-approved contacts between the foster child and birth family members/relatives.
- Not forgetting to set aside time each day, amidst the holiday busyness and “chaos,” to talk with the foster child and to listen attentively to any concerns.

Beyond particulars of what works and what does not, the single most important way to assist a foster child experiencing a loss is surprisingly one of the most basic and uncomplicated. It has less to do with doing and more to do with simply being—that is, a calm constant and supportive presence for the child. The consistency, strength and depth of a caregiver’s supportive presence is what gives credibility and effectiveness to any other coping techniques employed by the foster parents.

Further in-depth discussion on the effects of healthy parent-child relationships can be found in [Positive Parent-Child Relationships](#), put out by The National Center on Parents, Family, and Community Engagement. For more information and resources on the subject of holiday time stress on children, please visit The National Child Traumatic Stress Network at: <http://www.nctsn.org/resources/public-awareness/holiday-stress>.

## Transitioning from Congregate Care to Family Care

[Assembly Bill 403 \(AB 403\)](#) was introduced by California State Assembly Member, Mark Stone, on February 19, 2015, following the recommendations of CDSS' 2015 report, [California's Child Welfare Continuum of Care Reform](#). AB 403 seeks to bring about systemic reform to the existing continuum of foster care structure (also understood as the range of out-of-home care options for foster youth, starting with the least restrictive and service-intense to the most restrictive and service-intense).

AB 403 is both comprehensive in nature and far-reaching in its vision, promoting verifiable, successful outcomes during a child's time in foster care to increase the odds of his or her achieving self-sufficiency by young adulthood. AB 403's push to transition foster youth into quality permanent homes as part of the reform process further echoes California's commitment to reduce the number of children needing to be placed in foster care.

Per the CDSS report, there has been a 41 percent drop in foster care placements in California within a 16-year period, from 1998 to 2014. Existing law has traditionally sought to reduce the number of children ending up in foster care by prevention and permanency, employing early intervention and support services to keep families together on one hand, and promoting timely adoptive placements for children unable to be reunified with family on the other. However, it has largely left untouched the matter of further streamlining the continuum of care to the effect of helping children, once in the dependency (foster care) system, to quickly achieve permanency in a caring and nurturing home.

A particular focus of AB 403 are some [3,000 youth](#) presently residing in group homes, also known as congregate care. Studies have shown that roughly two-thirds of the youth

placed in group homes remain in that setting for over two years and that about one-third of them remain there for more than five years. Further, research has consistently indicated that youth with prolonged exposure to a group home setting are more likely to:

- Exhibit institutionalized behaviors
- Have repeated run-ins with the law
- Perform poorly at school
- Return to the foster care system

The solution offered by AB 403 essentially amounts to targeting:

- Insufficient attention paid to the youth's individual/tailored needs and challenges
- Insufficient input and participation of the youth and family in setting goals
- Inadequate training of group home staff to provide a supportive environment
- Absence of strong assessment tools to address youth's mental health needs
- Absence of any plans to transition the youth to a family home setting
- Absence of consistent, ongoing provider evaluations in meeting youth's goals

In short, the goal of group home care has been that of a general one-size-fits-all approach, which in turn has contributed to a level of disconnect relative to the growing psychosocial needs of the youth. The resultant institutionalized behaviors have for their part dissuaded likely consideration of group home youth for placement in a foster family home setting.

In recruiting quality resource (foster) families specially trained and supported by the various placement agencies, AB 403 effectively helps close the gap on this issue of providing the ideal permanent home solution for group home youth to enhance the chances of their success.

## Maintaining Current and Accurate Children's Records: A Brief Digest

The importance of maintaining current and accurate children's records cannot be overstated. Well maintained records have the effect of helping provide a more accurate assessment of the child's progress and, consequently, a clearer understanding of the child's short-term and long-term needs. The goals set for the child's needs and services plan will only be as good as the quality and accuracy of the information on which it is based. Poor and incomplete records invariably set the stage for goals that are out-of-touch, ineffective, and irrelevant.

With appropriate distinctions made for the different children's residential facility types, Title 22 Regulations provide the regulatory framework for maintaining the requisite records for the various client populations served. Licensees and staff are required to have a working knowledge and understanding of the Regulations specific to their facility types. Per Regulations, all facilities are required to maintain separate, complete, and current records for each child. These records commonly cover the following core categories of client information:

- Identifying information, such as name, gender, date of birth
- Intake information, such as date of placement, reason for placement, particular needs or concerns
- Admission agreement
- Health and education information, i.e., medical, dental, mental health records, immunizations, school information

- Consent and authorization forms for receiving treatment and other services
- Needs and services plans
- Inventory of client cash resources, personal property, and valuables

Regulations vary by facility types in areas such as: recent client photos, description; client access to his or her records; discharge or removal information; and post-discharge record retention. The principles governing best practices, however, remain the same. For facility-specific Regulations, see Sections: [83070](#) (for small family homes), [84070](#) (for group homes), [86070](#) (for transitional housing placement programs), [86570](#) (for crisis nurseries), [88070](#) (for FFA-certified homes), and [89370](#) (for licensed foster family homes and certified foster family homes).

For information on General Licensing Regulations, please see section [80070](#).

Further record keeping distinctions are made with respect to non-minor dependents and youth placed in runaway and homeless youth shelters, per the [interim licensing standards](#). All client records are to be kept confidential and made available to the licensing for inspection, audit, and duplication upon demand (during normal business hours). The proper care and safekeeping of client records also serves the critical purpose of preventing [identity theft](#).

## Carbon Monoxide Detectors For Children's Residential Facilities

Carbon monoxide (CO) detectors are now required in all Children's Residential Facilities (CRFs). There is no regulation that refers to this, however Licensing Program Analysts

(LPAs) will be citing using the Health and Safety Code until regulations are developed.

[CRFs – Health & Safety Code Section 1503.2](#)

Every facility licensed or certified pursuant to this chapter shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.

One cannot see or smell carbon monoxide, but at high levels it can kill a person in minutes. Carbon monoxide is produced whenever any fuel such as gas, oil, kerosene, wood, or charcoal is burned. If fuel-burning appliances are maintained and used properly, the amount of CO produced is usually not hazardous. Hundreds of people die accidentally every year from CO poisoning caused by malfunctioning or improperly used fuel-burning appliances. Even more die from CO produced by idling cars. Children with respiratory conditions can be especially susceptible. Be safe.

Practice the **DO's** and **DON'Ts** of carbon monoxide safety.

**DO** have inspections by a trained technician at the beginning of every heating season for fuel-burning appliances (i.e., oil and gas furnaces, gas water heaters, gas ranges and ovens, gas dryers, gas or kerosene space heaters, fireplaces, and wood stoves). Make certain that the flues and chimneys are connected, in good condition, and not blocked.

**DO** choose appliances that vent their fumes to the outside. Have them properly installed and maintain them according to manufacturer's instructions. If using an unvented gas or kerosene space heater, carefully follow the cautions that come with the device and keep doors to the rest of the house open. Crack a window to ensure enough air for ventilation and proper combustion.



**DON'T** idle the car in a garage, even if the garage door is open. Fumes can build up very quickly in the garage and the rest of the home.

**DON'T** use a gas oven to heat the home, even for a short time.

**DON'T** ever use a charcoal grill indoors, even in a fireplace.

**DON'T** sleep in any room with an unvented gas or kerosene space heater.

**DON'T** use any gasoline-powered equipment in enclosed spaces.

**DON'T** ignore symptoms, particularly if more than one person is feeling them. Loss of consciousness and death can follow.

**CO Poisoning Symptoms:** At moderate levels, one can get severe headaches, become dizzy, mentally confused, nauseated, or simply faint. One can even die if these levels persist. Low levels can cause shortness of breath, mild nausea, mild headaches, and other health complications over time. Since many of these symptoms are similar to those of the flu, food poisoning, or other illnesses, one may not readily think CO poisoning to be the cause.

### **Prevent CO Poisoning:**

**CALL 911** (or the local emergency response number) if experiencing symptoms consistent with those of carbon monoxide poisoning.

**GET FRESH AIR IMMEDIATELY.** Open doors and windows, turn off all CO-producing appliances, and evacuate the house.

**DO NOT** re-enter the premises until cleared by emergency personnel.

**GO TO AN EMERGENCY ROOM** and tell the physician you suspect CO poisoning. If CO poisoning has occurred, it can often be diagnosed by a blood test following exposure.

## Safety Tips to Follow:

- Install CO alarms outside each sleeping area and on every level of the home including the basement. (This also applied to smoke alarms, which should be checked at least twice a year.)
- Keep CO alarms clear of dust and debris.

- Ensure CO alarms are plugged all the way into a working outlet, or if battery operated, have working batteries checked regularly.

For more information on how to prevent carbon monoxide poisoning and other fire safety tips, visit the CAL FIRE website at [www.fire.ca.gov](http://www.fire.ca.gov).

## Winter Flu Season Precautions

Every year, about 20,000 children under the age of five are hospitalized from complications of the flu. The flu can be particularly dangerous to young children with pre-existing conditions such as asthma and diabetes. The following are some precautions one can take to help avoid getting or spreading the flu this winter season:

- Wash your hands frequently.
- Avoid touching your eye, nose, and mouth.
- Avoid proximate physical contact (within six feet) with people who are sick.
- Cover your mouth when coughing or sneezing.
- Clean and disinfect objects and surfaces that are used frequently.
- Dispose of tissues and other disposable items used by the sick person.

- Consult a physician or pediatrician about getting a flu shot.
- Put on appropriate layers of clothing to match weather conditions.
- Eat a balanced diet, drink plenty of water, and maintain an appropriately active lifestyle.

Per Title 22 Regulations, caregivers are required to maintain a comfortable room temperature for children that does not fall below 68 degrees F (20 degrees C) or exceed 85 degrees F (30 degrees C) (see Sections 80088(a), 86588(a)(1), and 89387(k)).

For more information on flu prevention and healthy winter weather practices, visit the websites for the [Centers for Disease Control and Prevention](http://www.cdc.gov) and the [U.S. Food and Drug Administration](http://www.fda.gov).

## Immunization: Why is it Important?

Certain diseases are almost eradicated from the U.S. due to vaccines. Some diseases (like polio and diphtheria) are becoming quite rare in the U.S. largely due to our vaccination efforts. With such threats all but removed, however, one might well question the wisdom of continuing on with a schedule of regularized vaccinations.

Perhaps a helpful way to understand the issue would be to imagine bailing out a boat that has sprung a slow leak. Whilst few would dispute

the urgent nature of bailing out the same boat in near sinking condition, the same sense of urgency is dulled in view of the slow leak. Yet unless there is a way to stop this leak (eliminating the disease), however modest, casting aside the bucket would seem ill-advised. Hence the need to continue with our immunization efforts, so as not to lapse into undoing the advances we have already made. In 1974, Japan had a [successful pertussis \(whooping cough\) vaccination program](#), with nearly 80% of Japanese children vaccinated.

That year, only 393 cases of pertussis were reported in the entire country, and there were no deaths from pertussis. But then rumors began to spread that pertussis vaccinations were no longer needed and that the vaccine was not safe, and by 1976, only 10% of infants were getting vaccinated. In 1979, Japan suffered a major pertussis epidemic, with more than 13,000 cases of whooping cough and 41 deaths. In 1981, the government began vaccinating with a cellular pertussis vaccine, and the number of pertussis cases dropped.

So what would happen if we stopped vaccinating here? Diseases that are almost unknown would likely stage a comeback. Before long, we would most probably witness epidemics of diseases that are under control today. Consequently, more children would get sick and more would die. We do not vaccinate just to protect our children. We also vaccinate to protect our grandchildren and their grandchildren. With one disease, smallpox, we "stopped the leak" in the boat by eradicating the disease. Our children don't have to get smallpox shots anymore because the disease no longer exists.

## Tips for Protecting Foster Children from Identity Theft

Identity theft is defined as the unauthorized use of another's identifying information for unlawful purposes, such as obtaining credit, goods, or services. In California, all forms of identity theft are a crime under [Penal Code Section 530.5](#) and can be prosecuted either as a felony or a misdemeanor. It is a fast-growing crime in California and potentially expensive to repair.

Foster children are particularly vulnerable to identity theft, given the potential for their personal information being more widely circulated for the purposes of obtaining necessary services and the added risk of such information falling into the wrong hands.

Though certainly a year-round concern, the busy holiday shopping season marks an opportune moment for caregivers to reevaluate their efforts in ensuring that the personal information of the children entrusted to their care is protected. Title 22 Regulations Sections

80070(c), 86570 (c), and 89372(a)(10) speak to the critical responsibility of licensees and employees to safeguard such information.

Although identity theft can occur despite taking reasonable measures, it nevertheless stands to reason to put into consistent practice steps that can help reduce the chances of a foster child falling victim to identity theft.

- Keep vital records in a secure place.
- Pay attention to all forms requesting the child's personal information and ask questions in the event of uncertainty.
- Have a credit report requested for the child when he or she reaches age 16 so there is enough time to correct any errors prior to his or her turning 18.

The Federal Trade Commission has put together a step-by-step action guide for reporting and recovering from identity theft, accessed at: <https://www.identitytheft.gov/>.

### Notes and Credits

The Community Care Licensing Division (CCLD) publishes the Children's Residential Program Quarterly Update for the benefit of Licensees, Parents, Clients, Residents, and Stakeholders.

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### IMPORTANT INFO AND PHONE NUMBERS

<b>Centralized Complaint Information Bureau (CCIB)</b>	<b>1-844-538-8766</b>
<b>Foster Care Rates</b>	<b>916-651-9152</b>
<b>Caregiver Background Check Bureau (CBCB)</b>	<b>1-888-422-5669</b>
<b>Foster Care Ombudsman</b>	<b>1-877-846-1602</b>
<b>CCL Public Inquiry and Response</b>	<b>916-651-8848</b>
<b>Technical Support Program</b>	<b>916-654-1541</b>