

JUNE 2018

# Caregiver Connection

A monthly resource for family caregivers, and foster and adoptive families in Washington state

## Kinship: All in the Family

**"I'm grateful to have unconditional love for my grandparents. Full of joy to still have the opportunity to have my sister and two brothers with me. My grandparents gave us a second chance to have a wonderful life. Now we are a family of six. To show my grandparents my appreciation I'm going to finish school, go to college to become a English teacher. God bless my new family." ~ Margaritta Alvarez, 11, Yakima**

Margaritta's words are taken from her entry in the Voices of Children Contest, designed to give a voice to young people grateful for finding a safe and nurturing home with relatives when they leave their birth homes for reasons of abuse and/or neglect.

Kinship is defined by dictionary.com as

1. the state or fact of being of kin; family relationship.
2. relationship by nature, qualities, etc.; affinity.

In the world of child welfare, kinship care, often called relative care, plays a huge role in providing a safe haven for children who have to leave their birth homes.

For every child placed in foster or kinship care through the child welfare system, it is estimated that 10 more are living with relatives in what is called the "informal" system, without child welfare involvement.

Children living with relatives who remain in the custody of the state are said to be part of the "formal" child welfare system.

Those kinship caregivers – both relatives and suitable others with established relationships with the child, often do not

become licensed as foster placements. They have some of the same supports from the system as foster parents do, but financial support is more limited.

The state's Children's Administration data shows that approximately 9,000 children are living in out-of-home care, and about 46 percent of those, approximately 4,000, are still in state custody while living with relatives.

Whether they are in informal or formal kinship care, data shows that children thrive in kinship care.

"It's really a stability issue," said Penny Michel, the Kinship 101 trainer with the Alliance For Child Welfare Excellence. "They are coming into homes where they know the people they will be living with."

This month, the Caregiver Connection focuses on kinship care as the number of children living with relatives continues to grow.

We begin with Justin Medrano, who was asked by the state Kinship Advisory Council to tell his story about being cared for by his uncle.



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*Transforming lives*

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**When I was curious about what kinship care really was about, I saw that you guys were not only trying to get kids help, but also to help them with resources as well.**

## My Kinship Story

By Justin Medrano

**The day my life changed happened in 2012.**

My mother did not have access to her medication, and she had gone a few months without it, leaving only a schizophrenic, bipolar mother to take care of her child without any control. Eventually, the situation became serious to the point where my mom could not pay bills, or even acknowledge the fact that she had to take care of a home. Eviction came and we moved to Washington in hopes of help from our family on my mom's side. As it turned out, there was no hope of help. We could not reach out. We went from motel to motel trying to survive on 7-11 food until money ran out and we had to find a shelter.

It was hard because I was too young, and a male, and so not allowed in most shelters. Sneaking in was not a problem for me. Soon I began to see my mother not really trying to get back on her feet. I gave up on her, and decided it would be best to go on my own, and come back for her when I figured it out how to get us up. I went to a women's shelter that allowed kids looking for food; but I was a boy without my mother and I looked a lot older than the age I was, from good genes of course. I lied as long as I could, so that I could get a meal, and then I felt guilty. I gave myself up and told them what was going on, and what had happened they decided to send me back to Las Vegas to my dad, but the police got involved and the move did not happen.

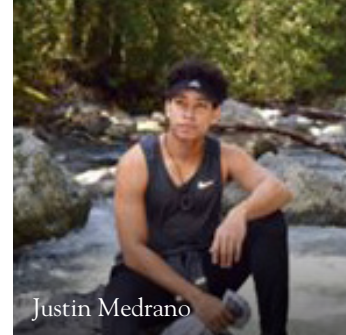
I was going through a lack of sleep for two weeks, so I do not remember anything from there after that, except that I was in a car with great social workers who were funny and

comfortable to be around. They found a family member of mine of which I live with today, my great uncle Robert. For the past six years, he has been my role model, and I am proud of him and thankful for all he has done; especially him being my secretary :)

I am also lucky in that I have only had one placement. My experience has been nice, for my family is calm, very well educated and loves me more than expected because my grandpa was everyone's favorite family member. New world, honestly. When moving here, I became someone else, and different from where I came from. Not even my old friends understood it; they laughed when they saw me wearing khakis. Interestingly enough, I laughed at them for sagging their pants at age 20. Pushing through the years in kinship care has been a blast from monthly to yearly.

*As part of his story, Justin was asked: "What do you believe are the strengths and challenges of kinship care in Children's Administration?"*

From my experience, I find the connections. Yes, we all have family, but can we connect with them? Even non-family members can be like friends, can connect about any emotion or hardships we are or have faced. When I was curious about what kinship care really was about, I saw that you guys were not only trying to get kids help, but also to help them with resources as well. Social workers are giving resources for child abuse, or neglect, or other such as services. They also refer services for drugs, or to get through legal problems that people face.



**Continues on next page**

## My Kinship Story continued

I feel the challenges lie in the area of choices. Many times there are issues that come up, and all placement options are extremely risky, yet someone passes the legal stuff, allowing for the option to be

an option. For example, parents where dad does drugs, mom does drugs, both are abusive, yet only one will pass all the legal stuff, so the kid goes with mom, even though it is not a good choice.

My thoughts are that I feel some decisions made are kind of sad to watch, and I can also see that it is hard for those that have to initiate the choice, or take part in it.

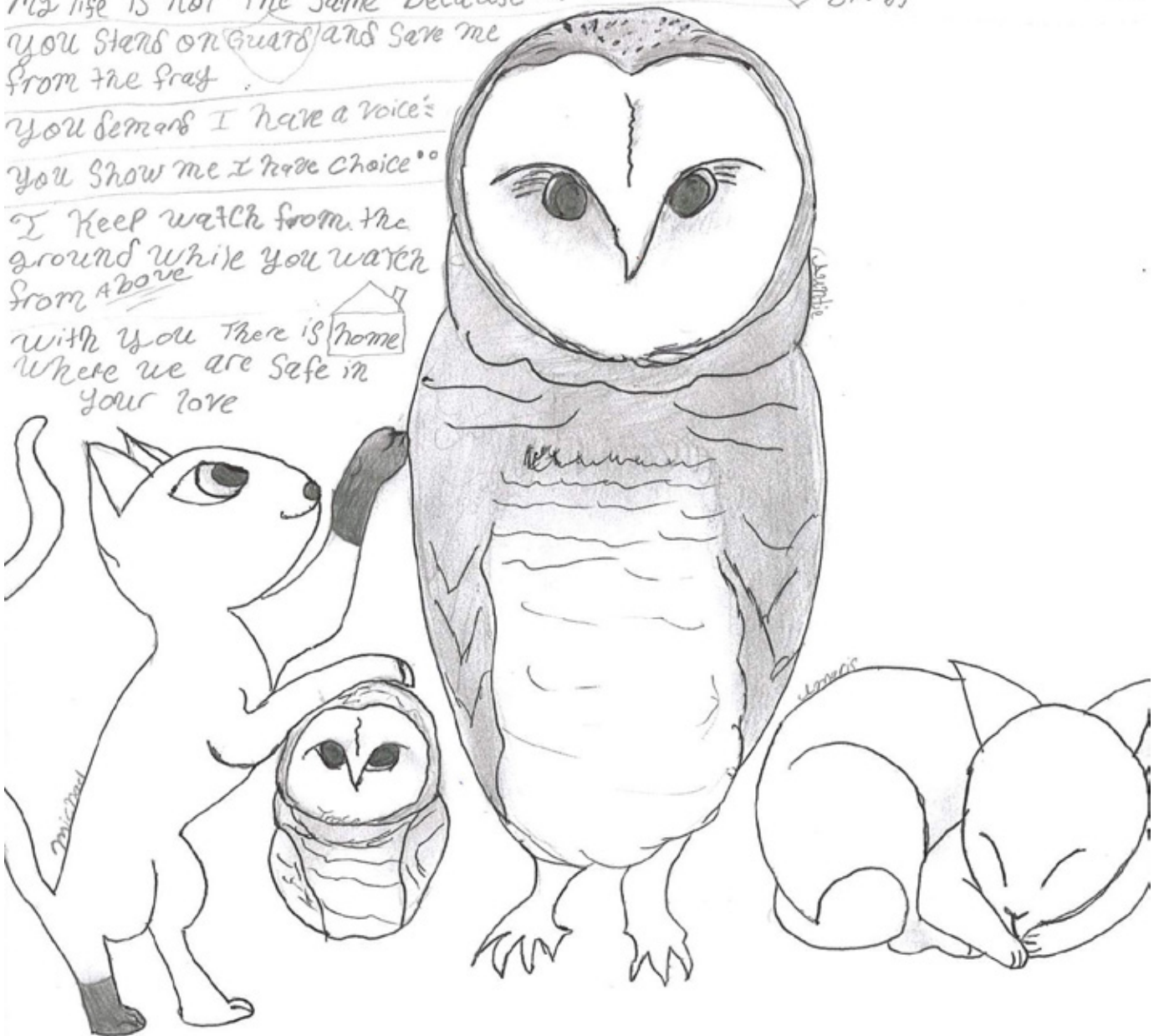
## From the Voices of Children contest by Amaris, 19, Olympia

Catch me if I fail, for you're the one with wings,  
Keep your watchful eyes on the shadows and show me hidden things.  
My life is not the same because in your heart I stay,  
You stand on guard and save me from the fray.

You demand I have a voice:  
You show me I have choice."

I keep watch from the ground while you watch from above.

With you there is home  
Where we are safe in your love.



## Whether You're a Licensed or Unlicensed Kinship Caregiver, here's a Training to Help You



Penny Michel, Trainer

### Get training by taking Kinship 101, either in-person or on the web

Kinship 101, a training offered to all caregivers by the Alliance for Child Welfare Excellence, is available in a classroom setting or online, says Penny Michel, an Alliance trainer. Here's a description of the course:

**"The financial, legal, and emotional issues of raising a relative's child can be challenging. Services and support when raising a relative's child can be a lifesaver."**

Kinship caregiving in all of its forms is becoming increasingly common. Recent Washington state child welfare data...

show that nearly 50 percent of children in out-of-home care are living with a relative. Many more children are living with relatives or other close family friends informally, without the ongoing supervision of the state's foster care system.

Often kinship caregivers do not access the benefits which are available to them. This class will address the issues that kinship caregivers struggle with most:

- **Financial** needs.
- **Legal** challenges.
- **Navigation** of public service systems.

- Getting **more social services**.
- **Information** about resources/caregiving.

You can learn about kinship care through a 2.5 hour in-service class designed for licensed and unlicensed caregivers caring for children currently or previously involved in the dependency system. Caregiver Core Training (CCT) is not a prerequisite. However, this course is supplemental to CCT for kinship caregivers, and can be a field experience during CCT.

You also can learn the information through a 90-minute webinar.



Photo by rawpixel on Unsplash

### Registration is required.

You can register at

[www.alliancecatalog.org/  
node/18562/course-signup](http://www.alliancecatalog.org/node/18562/course-signup)

### Need help registering?

Call 1-866-577-1915 or email  
[help@acwe.on.spiceworks.com](mailto:help@acwe.on.spiceworks.com)

Please include your name, phone number or email, and the course title in your request for assistance.



## New Kinship Training Available for Social Workers

The Alliance also is offering a new training for social workers whose caseload increasingly includes children in state custody living with relatives. The training is called “Supporting Kinship Placements.”

The training is “designed to increase understanding and empathy” by social workers toward kinship caregivers, who often face different challenges than foster parents, Michel said. The training helps social workers learn what resources and supports are available for the caregivers, as well.

Social workers are also reminded to be upfront about the need for a home study for relatives with children in state custody and that background checks are required for anyone in the home over age 16, Michel said.

That can feel very intrusive, kinship caregiver Barbara Johnson said at a recent meeting of the statewide Kinship Advisory Committee.

“We are encouraging workers to connect with kinship caregivers right up front,” Michel said. “We want it infused into the conversation what resources are available and how to connect.”

A key factor when young people come to live with relatives can be the family dynamics at play, a factor not present with foster parents.

Such issues as visitation, boundaries and appropriate behaviors are discussed, since families do not have the specific trainings on those subjects that foster parents take before becoming licensed. It is often the case that kinship caregivers are asked on very short notice to take care of a child when they were not expecting to do so.

Foster parents also are called on short notice, but have planned and trained for the experience of caring for children who have experienced trauma.

## Kinship Navigators and Liaisons are there to Provide Support

A network of Kinship Navigators across the state primarily work to help relative caregivers who *do not* have children in state custody.

They talk regularly to kinship caregivers about help that is available. About 14 full-time or part-time navigators help relative caregivers, and another eight more full or part-time navigators are available to help tribal members. You can learn which navigators work in your part of the state at [dshs.wa.gov/sites/default/files/ALISA/hcs/documents/kinship/WASateKinshipNavigatorsContactList.pdf](https://dshs.wa.gov/sites/default/files/ALISA/hcs/documents/kinship/WASateKinshipNavigatorsContactList.pdf)

Support is also available through a network of liaisons. Through contracts with the state, Fostering Together and Fostering Washington hire liaisons. While they work primarily to support foster parents, liaisons also support kinship caregivers who have children in state custody.

However, connecting with kinship caregivers has been a challenge because “we don’t know who they (the kinship caregivers) are,” said Kim Fordham, program director for Fostering Washington. Its navigators cover Eastern Washington. “We’re trying to build relationship” with state staff members to try to make those connections, she said.

“We support any relative caregiver (in the system) just like any other (licensed) caregiver,” said Shala Crow, program director for Fostering Together, which covers western Washington. But, as with Fostering Washington, “we don’t get their contact information,” she said. There are legal confidentiality issues that prohibit the sharing of that information.

The organization reaches out in any way it can, Crow said. “The ones we know about we support like any other caregiver.”

**Among the new resources from Fostering Together is a kinship support group being started in Pierce County. For more information on the group, contact Shala at [Shala-Crow@olivecrest.org](mailto:Shala-Crow@olivecrest.org); 360-220-3785.**

On Facebook, Fostering Together has started a Kinship Fostering Together page to help kinship caregivers.

# Meeting the Needs of Kinship Caregivers

Because so many more children than in the past are living with relatives when they come out of their birth homes, Children's Administration is working to identify needs and barriers to supporting kinship caregivers.

Barriers and needs were discussed for more than two hours at a recent meeting of the statewide Kinship Advisory Committee, which includes members with both public and private roles in the kinship world.

**One of the overriding issues they discussed is getting solid information to relative caregivers who have never had contact with the child welfare system.**

"Relatives aren't prepared," said Erika Thompson, who works with Fostering Together and runs a clothing bank called "Wishing Well" for all caregivers in Pierce County. She talks to relative caregivers constantly who come into Wishing Well. "Far too many of our caregivers struggle for far too long."

Especially at the beginning, "there is just so much stuff coming at them," said Toni Sebastian, director of program and policy for Children's Administration.

Communicating with caregivers in as many ways as possible is key, committee members agreed.

Among the ideas suggested was having one person in each of the California regions be a point of contact for relative caregivers or having social workers whose sole job is working with kinship caregivers.

Only 6 to 8 percent of relative caregivers become licensed foster parents, although the supports, especially financial, can help with caregiving. But many relatives are not told about the supports available if they become foster parents. And even when they know, many caregivers don't want the government involved in their lives.

## Understanding the Dependency Court Process for Caregivers

The Caregiver Connection is adding a monthly feature, "Kinship Corner," which will continue to provide information to kinship caregivers and will feature other stories related to kinship caregivers.

Here is a "60 Minutes" story with another perspective on grandparents raising grandchildren.

[www.cbsnews.com/news/opioid-epidemic-leaving-grandparents-to-raise-grandchildren/](http://www.cbsnews.com/news/opioid-epidemic-leaving-grandparents-to-raise-grandchildren/)

## Caregivers can access a number of online resources.

For a comprehensive list of kinship support services click on

[www.dshs.wa.gov/altsa/kinship-care-support-services](http://www.dshs.wa.gov/altsa/kinship-care-support-services)

Two brochures are especially helpful, as well: "Kinship Care: Relative and Suitable Other Placement"

Kinship Care: Relative and Suitable Other Placement: Brochure

"Understanding the Dependency Court Process for Caregivers"

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"Understanding the Dependency Court Process for Caregivers"

# Searching for Relatives – Family Bonds Matter

Both state and federal laws require Children's Administration to look first for relatives to care for children who must leave their birth homes due to abuse or neglect.

The driving force behind the laws is keeping family bonds strong.

"We want children to stay connected to their families and siblings whenever possible," says Debbie Gomi, who directs a unit of social workers and clerical staff searching for relatives. "We want them to live with people they already know and trust."

The unit started in the Children's Administration region north of Seattle in 2010. It had four social workers and clerical staff and now, has more than doubled in size. The work is done out of the Mount Vernon office. More staff will be added after July 1.

Gomi said their searches go out "three degrees." They look for aunts and uncles of the child, who are the siblings of the biological parents, for grandparents and great grandparents and cousins as well.

Staff have a 30-day deadline once children are removed from their legal guardians, to identify and send out letters to relatives who might help care for children. Typically, the unit is able to identify 20-40 relatives during that time. Sometimes they find up to 200 relatives as the search continues. They prioritize finding relatives for children who have gone into foster care immediately after removal.

The unit gets referrals for searches through two methods. For children who have been removed in the last 30 days from their parent's care, the unit receives a report from the Children's

Administration's data system, FamLink. This report identifies children who are in their first placement but are not currently residing with a relative. The second way the unit receives referrals is directly through the social worker. These cases are referred because the child:

- is in need of a permanent placement,
- has recently had paternity established and a search on the paternal family must be completed,
- has had a previous search but the outcome was unsuccessful in securing a viable relative placement, or
- has experienced an adoption disruption.

In 2017 there were 4219 children who were referred through the InfoFamLink removal report and there were 424 social worker referrals made, Gomi said.

The amount of effort that goes into finding relatives is staggering. Almost 120,000 relative-search letters were sent in 2017. Another 10,000 calls were made or emails sent seeking relatives.

While the unit is dedicated to the task, everyone in Children's Administration is responsible for relative searches and working with families. It is a continual process. Relatives appear at various points in the case. Kinship care policy requires that if a child has been in care more than one year and does not have permanency established or identified, California is expected to do another relative search.

Sometimes relatives are not located, or don't come forward until well into the case. While the child remains in foster care, foster parents are bonding with the child over that extended period of time and may believe that no relative is available. However, because the relative search unit has kept searching, a relative might be found who may be an appropriate placement for the child.

"We want to help foster parents understand what our process is," Debbie said. "We want them know they can always ask 'has a relative been identified' — so they will not be disappointed at the end."

## The goal is always to find a home that will support "the best interest of the child."

The unit uses a variety of search tools. Databases from different parts of the Department of Social and Health Services, including support enforcement are used. Records from the State Department of Health are reviewed, and new tools like Ancestry.com are also used; also obituaries have proven helpful in finding relatives.

Through the consultation team meetings with foster parents and Children's Administration leadership, the issue of relative searches has been given increased attention.

A new online training will be available this fall to help foster parents and other caregivers better understand the relative search process.

# Voices of Children Contest Honors Relative Caregivers

For the 15th year, Family Education and Support Services, based in Thurston County, has led a statewide contest called “Voices of Children Being Raised by Grandparents or Other Relatives.”

Young people between the ages of 5-19 are invited to submit a drawing or words to show and describe living with their relatives.

Two winners in three age groups are selected, and each receives \$100 from Twin Start Credit Union. They and their families receive a free night at Great Wolf Lodge, and on July 24, winners will be honored at a ceremony hosted by First Lady Trudi Inslee at the Governor’s Mansion.

You have seen two entries above in the Caregiver Connection (pages 2-3). Here are two of the winning entries. We will show the rest in the Caregiver Connection the next two months. The entries are displayed exactly as written.



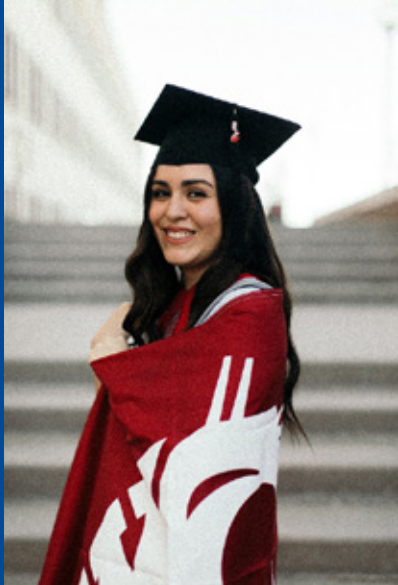
Ayza, 11, Lake Tapps

“Living with a Grandparent is hard because you don't get to see your parents often. When you live with a grandparent you get to experience more on life skills. They help you with things just like parents do. They never leave your side and always make you happy when your sad. Grandparents are just like as if your living with your regular parents.

I still love my parents even tho thoughts happen in life that your parents might regret. Life as a kid is hard even tho you know your parents aren't here to guide you through life as you go and at least I have someone who reminds me of my mom and not have her forgotten. The main person who has been here for me my whole life is my Grandma Joanne. I appreciate and love her and she provides for us even if she don't have the money.”

Kemiya, 13, Kennewick





Alexis Arumbul

## WSU's Alexis Arumbul An Education Success Story

The journey onto a stage to receive a high school or college diploma can be a difficult one for all young people, but especially for youth in foster and relative care.

When a diploma or degree is earned, we should celebrate and be inspired by the stories of those who have successfully navigated traumatic, anxiety-driven childhoods to receive those precious pieces of paper—and all they represent.

This month and next, Alexis Arumbul, 23, will tell her story of overcoming all the odds to graduate from Washington State University.

Alexis spent a number of years in the child welfare system, mostly in the Yakima area. This May, she earned a degree in political science, which she plans to put to work helping shape and make public policy—"giving a voice to the voiceless"—so the path will be smoother for young people like her to reach their educational and career goals.

As with most individual success stories, just one caring adult can make a huge difference. Alexis gives credit to two adults, without whom her journey might have taken a different direction.

Here is the first part of her story.

# Less than 3 Percent of Foster Youth Graduate College

By Alexis Arumbul

This statistic has been embedded in my brain from the day I started searching for scholarships that would help me pay for college. I remember scrolling through the list of scholarships that were available for foster youth when it popped up on the screen: my heart sank into my stomach and it felt like everything that I had been working towards my entire life was for nothing. Any possibility of a career I wanted in the future felt out of arms' reach and I was just going to have to settle for something more realistic.

## Less than 3 percent of foster youth graduate college.

My entire life, I had always prided myself on being a good student. I never missed a day of school, always turned in my assignments on time, always aced that test. I was a straight-A student all through elementary and middle school. I can thank my adopted mother for that. She adopted my younger sister and me when I was 2 years old. Before this, we were in foster care briefly but I was so young, that I don't remember anything before this. My biological mom was 16 years old when she had me and was unable to provide for me. So, for almost my entire childhood, it was just me, my little sister, and my adopted mom.

When you're a kid, you're asked, "What do you want to be when you grow up?" And I wanted to be so many things that my answer was different every time: A veterinarian, a ballerina, a teacher, an astronaut. My adopted mom would always say that if I wanted to be any of those things, I needed to do well in school and go to college. Although I will always be grateful for her encouragement, my placement with my adopted mom did not work out, and, at age 15, my sister and I were separated and I re-entered foster care.

High school was tough, but not in the way that your average high schooler would interpret it. When I say that high school was tough, I am talking about how I went to four different high schools in three years. I had to un-enroll and re-enroll. Un-enroll and re-enroll. I did this five times. I spent six days in one high school before I was placed in a foster home across the state. Despite the instability I faced, I constantly fought to keep up in school and maintain the 4.0 GPA that I had held with pride my entire life.

Senior year approached with the promise of stability. I would be able to stay at one high school for the entire school year. This made me feel like I was safe and able to engage in a genuine high school experience. I was so excited. I joined the drama club, went to sports games, attended school functions and even got comfortable with the idea of making friends.

But because I was behind in the courses I needed to graduate, I had to play catch-up the entire year. We had an hour lunch break, and every day I would do extra online courses in the computer lab to ensure that I would graduate on time. I gave myself 15 minutes for lunch before my next class. Having no time to eat was very stressful, and I also had to manage my school work, attend rehearsals for drama club and work

Continues on next page

## Less than 3 Percent continued

on my senior project. I was so worried about the graduation deadline and how I was going to afford college that I couldn't enjoy the blissful thought of graduating soon. But I persevered, because *less than 3 percent of foster youth graduate college*.

This statistic motivated me through all the times when I felt like my efforts were in vain. I wasn't going to let anything stop me from graduating high school and going to college. I was exhausted from trying to manage all of these obstacles, but I wasn't going to let my past get in the way. I was going to make sure the choices I made in the present produced the outcomes I needed for a better future.

The time came to apply to colleges. I can confidently say that I would not be where I am today had it not been for my Independent Living Skills agent, Taylor Ghattman. She set the foundation for my transition from high school to college by helping me apply to colleges, helping with the cost of applications, and helping me apply for scholarships like the Education Training Voucher Program and the Passport Scholarship Program. If it wasn't for Taylor, I would've had to figure out all the confusing steps on my own. I was awarded all the scholarships I applied for and accepted into every college I applied to. I chose to attend the college of my dreams, Washington State University.

I felt like everything had fallen into place, and I felt safe and excited for what was in store after I graduated high school. I turned 18 in February, which meant that I would be aging out of the foster care system and would no longer be a ward of the state. This was the biggest relief I had experienced since entering the system, knowing that I would have the independence to make my own choices and have control over my life.

**Next month: Alexis' college life and her desire to give back through her work**

## June Is National Pride Month

A number of events are being held around the state this month in support of the LGBTQ+ population, including the many who are youth in care.

Below is a list of those events. At the bottom of the newsletter, you will find a list of LGBTQ+ support centers throughout the state.

June 9	Volunteer Park Pride Festival	Noon – 7 p.m. at Volunteer Park
June 9 10	Capitol City Pride	Olympia
June 9	Spokane Pride Par. and Rainbow Festival	Noon to 10 p.m. at Riverfront Park Lilac Meadows
June 22	Trans Pride Seattle	5– 9 p.m., Seattle Central College Plaza
June 23	PrideFest Capitol Hill	Noon – 8 p.m. at Cal Anderson Park, Seattle
June 23	Seattle Dyke March	5-7 p.m., Seattle Central College Plaza
June 23	Wenatchee Pride Festival	Begins at 11 a.m. at Pybus Public Market
June 24	PrideFest Seattle Center	Noon – 8 p.m., Seattle Center
July 13-14	Tacoma Pride 2018	Tacoma
July 14	Saturday in the Park Pride	Esther Short Park, Vancouver
July 15	Bellingham Pride 2018	Noon – 4 p.m. at Depot Market Square
July 15	Tacoma Pride's Interfaith Celebration	Tacoma
July 20	Pride Shabbat	Tacoma, WA
July 21	Kitsap Pride	11 a.m.-5 p.m. at Evergreen Rotary Park, Bremerton
July 29	Emerald City Black Pride	1 p.m. – 6 p.m., Jimi Hendrix Park, Seattle

## Pride Events at State Agencies

### Department of Corrections (multiple locations)

June 13, Chehalis Field Office – PRIDE event

June 17, Auburn Field Office – LGBTI presentation

June 20 or 27 (TBD), CI HQ – PRIDE event

June 21, 12:30-3:30 p.m., Monroe Correctional Complex Twin Rivers Unit Visiting Room – Unity Pride event with presentations; Q&A

### Labor and Industries (7273 Linderson Way SW, Tumwater)

June 6, 11:30a.m.-1:30 p.m., auditorium – Pride Potluck with L&I's Pride Alliance Employee Resource Group

June 20, 1-2 p.m., auditorium – Viewing of the TED Talk, "We Are All Hiding Something," and panel discussion, hosted by L&I's Pride Alliance

### Retirement Services (6835 Capitol Blvd SE, Tumwater)

June 5, noon-1 p.m., boardroom – Lunch with guest speaker John Weisman, DOH Secretary of Health and RAIN executive sponsor.

June 26, noon-1 p.m., boardroom – Marianne Ozmun-Wells will provide a lunch-and-learn session on LGBTQ+ issues in the workplace for the Department of Retirement Systems.

# Pediatrician Warns against Giving Children and Youth Melatonin without a Doctor's Advice

ZZZ

In a March review, Dr. Lily Koblenz, medical consultant for Region 3 South, warns against using the popular over-the-counter supplement melatonin on a regular basis to help children sleep *unless* it has been recommended by a medical professional.

While adequate amounts of sleep are crucial to good physical, mental and emotional health, using melatonin, a naturally occurring hormone that helps control sleep-wake cycles, poses many unknowns for children, Dr. Koblenz says. She explains melatonin and its role in sleep more fully in the review, writing:

“Melatonin is a hormone made in an area of the brain called the pineal gland. Release of the hormone into the blood stream is regulated by another part of the brain called the hypothalamus. An area in the hypothalamus senses the amount of light and sends signals to the pineal gland about when to release melatonin. During the day, the pineal gland does not release melatonin. When darkness

occurs, the pineal gland becomes active, releasing melatonin into the blood stream. Melatonin levels stay elevated in the blood for about 12 hours, all through the night. The levels drop again in the morning and stay low throughout the day.

Sunlight and artificial, indoor light can be bright enough to prevent the release of melatonin. According to Johns Hopkins sleep expert, Luis F Buenaver PhD, ‘Your body produces melatonin naturally. It doesn’t make you sleep, but as melatonin levels rise in the evening it puts you in a state of quiet wakefulness that helps promote sleep.’”

Dr. Koblenz notes, “In children, melatonin has been frequently used for sleep disorders associated with autism, ADHD, persistent insomnia, blindness and delayed sleep phase syndrome.”

While it may sound like the answer to many sleep problems, she cautions that no studies have been completed regarding the long-term effects of taking

melatonin nightly in childhood. The supplement also has known potential side-effects.

“The most commonly reported short-term side-effects of melatonin are daytime drowsiness, bed-wetting, headache, dizziness, nausea, diarrhea and nightmares.

As mentioned previously, we do not yet know what the *long-term* side effects of regular use of Melatonin are.”

Other concerns have been raised by scientists and medical professionals about appropriate dosage amounts, potential allergy to the medication, drug interactions, such long-term effects as interference with hormones that regulate puberty and masking a sleep problem that may be medical in nature.

Until more data is gathered, it is important that caregivers consult their doctor before using melatonin as a remedy to sleep problems.

## Try changing routines to improve sleep

Dr. Koblenz says many sleep problems in children can be greatly improved by changing daytime and sleep routines and habits.

Last year neuroscientist Matthew Walker, Ph.D., of UC Berkeley, published the book, “Why We Sleep: Unlocking the Power of Sleep and Dreams,” in which he summarizes decades of research on sleep ... Dr. Walker gives some general tips to help adults and adolescents to improve their sleep:

- Go to bed and wake up at the same time every day, even on the weekend
- Keep the bedroom cool – about 65 degrees is optimal. (Wear socks if your feet are cold.)
- An hour before bedtime, dim the lights and turn off all screens. Have the room very dark for sleeping.
- Avoid caffeine after 1 p.m. Don’t drink alcohol prior to bedtime.
- Use the bed for sleeping but not as a place to do homework, study, read or watch TV.
- For children and teens who have difficulty falling asleep or staying asleep at night pediatricians generally recommend improving sleep routines and habits:
- Avoid daytime naps (especially in the late afternoon) for older children and limit afternoon nap times for toddlers.

Continues on 13

## Some Medical Equipment and Supplies are Covered by Medicaid

Caregivers of children covered by Medicaid, which include all children in foster care and many children in relative care, have certain supplies and equipment that will be paid for by Medicaid and some that will not.

Listed below are covered and non-covered items.

### COVERED MEDICAID BENEFITS

Ambulatory aids (canes, crutches, walkers)  
 Antiseptics and germicides  
 Bandages, dressings and tapes  
 Bilirubin light or light pad (for jaundice)  
 Communication devices/speech generating devices\*  
 Continuous glucose monitoring (age 18 and younger)\*\*  
 Diabetes testing and supplies  
 DME repairs  
 Enteral formula, oral example PediaSure (age 20 and younger)\*\*  
 Positioning cushion/pillow/wedge\*  
 Hospital beds\*  
 Mattresses for hospital beds\*  
 Orthopedic braces, belts and supportive devices  
 Orthopedic footwear/shoes  
 Ostomy supplies  
 Patient lifts/traction /transfer boards/fracture frames  
 Positioning car seat  
 Positioning devices  
 Power-operated vehicles\*  
 Protective helmet\*  
 Replacement batteries for covered equipment  
 Replacement batteries for wheelchairs  
 Safety equipment (belt, harness or vest)  
 Sling or seat, patient lift  
 Syringes and needles  
 Urological (incontinence) supplies: diapers, pull-ups, gloves, pads, catheter supplies  
 Vehicle-positioning seat\*  
 Wheelchair repairs\*  
 Wheelchair\*

### NOT COVERED BY MEDICAID BENEFITS

Bath/shower chair – transfer bench for tub or toilet  
 Bathtub/toilet wall rails  
 Bed pans, urinals  
 Bedding items  
 Blood pressure cuff  
 Clothing protectors, surgical masks  
 Clothing and accessories  
 Commode chair  
 Compression stockings  
 Diaper wipes  
 Eating and feeding utensils  
 Heat and cold applications  
 Home improvements and modifications to the home  
 Life vests (cardiac)  
 Medication dispensers  
 Over-the-bed tables/trays  
 Personal comfort items  
 Personal care items that do not meet DME definition  
 Sharps containers  
 Shoe lifts less than one inch, arch supports, non-orthopedic shoes  
 Sitz bath chair or other Sitz type bath or equipment  
 TENS Unit  
 Therapeutic light box  
 Therapeutic swimming pools  
 Thermometers  
 Toothbrushes/ periodontal devices  
 Transport chairs  
 Work covered by warranties

\*Requires prior authorization (PA)

\*\*Requires exception to rule (ETR) for requests outside age limitation

**Continues next page**

## Covered by Medicaid Continued

### All items must be:

- Deemed medically necessary as defined in WAC 182-500-0005 through 182-500-0120.
- Prescribed by a physician, advanced registered nurse practitioner (ARNP) or physician assistant certified (PAC) within the scope of his or her licensure.
- Provided and used within accepted medical or physical medicine community standards of practice.
- Coded with a HCPCS code. The best way to get this is from a DME provider.

### Some items:

- Are covered for only some age groups.
- Have quantity and time-frame limits. (If requesting beyond the covered quantity or time-frame, prior authorization is required.)

All covered benefits have limitations and restrictions that may apply (such as quantity and age-related restrictions). Items with an \* require prior authorization.

- An easy way to get durable medical equipment and supplies, which are known as “DME,” is to use a mail-order service from a contracted vendor.

To learn more about DME vendors, visit:

- [CoordinatedCareHealth.com/members/medicaid/resources/dme](https://www.coordinatedcarehealth.com/members/medicaid/resources/dme) or

- Use the “find a provider” tool: [ProviderSearch.CoordinatedCareHealth.com](https://www.providersearch.coordinatedcarehealth.com)
- Next, select type of provider by clicking “Ancillary.”
- Next, select “Durable Medical Equipment & Supplies

Items related to medications and the delivery of medications can be received at a pharmacy. Equipment is received from a DME vendor.

Items covered by the Pharmacy Program: See the list of over-the-counter items in the Preferred Drug List at [CoordinatedCareHealth.com](https://www.coordinatedcarehealth.com). Examples: Asthma spacers, peak flow, masks, antifungals, eye drops, lice treatment, pain and fever relievers, vitamins, calcium, insect repellent, condoms, antihistamines, oral electrolytes, dry mouth solution, gauze pads and dressings.

This list is not complete. It provides examples of what is and isn’t typically covered by Medicaid. To see a full list, visit the HCA Billing Guides:

- Durable medical equipment (DME): [www.hca.wa.gov/assets/billers-and-providers/dme-wheelchair-bi-20170101.pdf](https://www.hca.wa.gov/assets/billers-and-providers/dme-wheelchair-bi-20170101.pdf)
- Non-durable medical equipment and Non-complex Rehabilitation Technology (CRT) wheelchairs: <https://www.hca.wa.gov/assets/billers-and-providers/nondurable-mse-bi-20170401.pdf>
- Prosthetic and orthotic: [www.hca.wa.gov/assets/billers-and-providers/prosthetic-and-orthotic-devices-bi-20170101.pdf](https://www.hca.wa.gov/assets/billers-and-providers/prosthetic-and-orthotic-devices-bi-20170101.pdf)

## Sleep continued from page 11

- Eat dinner at least 2 hours before bedtime.
- Stop ALL screen activities at least one hour before bedtime (cell phone, tablet, computer, TV).
- Remove all electronics and screens from the bedroom to prevent use during the night.
- Have a quieting, predictable bedtime routine: bath, stories, lullabies, snuggling.
- Have regular nightly bed and morning awakening times.
- Children should sleep in their own beds.
- Keep the room quiet, dark, and do not overheat it.
- Avoid caffeine, nicotine, and alcohol.
- Allow natural light to enter the child’s room in the morning.
- “In addition, if children are to sleep well at night they need to have adequate physical activity during the day. Make sure that children are getting a chance to use their muscles and their incredible energy to play actively every day. Access to fresh air and outdoor activity is helpful in assuring better sleep at night.”



# Make it a “RAK” Summer

The kids in our care have had less than their share of kindness. Not only have many of them experienced neglect, but also various forms of abuse. They have been left vulnerable and faced the terror of the unknown as they enter foster homes and other care facilities. Like plants need water, children need kindness to flourish, develop trust and create a sense of belonging.

After we begin to stabilize their lives and provide the basics, one of the best things we can do for our children in care is to help teach them the importance of kindness and caring, not only by demonstrating it by our actions, but by actively teaching and practicing it.

I recently read a wonderful article listing eight “whys” on the importance of teaching kindness in school settings. It delves into the numerous social and emotional benefits. Acts of kindness produce surprising physical benefits for the recipient and giver, as well! All those good little endorphins and other hormones are released by sharing acts

of kindness. Studies are even finding that focusing on kindness cuts down on bullying. Here’s a link to the article: [www.teachthought.com/pedagogy/8-reasons-for-teaching-kindness-in-schools/](http://www.teachthought.com/pedagogy/8-reasons-for-teaching-kindness-in-schools/)

## Why not make your kids’ summer a RAK – Random Acts of Kindness – summer?

A couple months ago, I promised to share some RAK ideas from “Coffee Cups and Crayons,” a blog written by Megan Sheakoski. She actually has created a summer kindness activity calendar. Each day has an idea for a random act.

Megan’s summer calendar includes acts as simple as opening the door for someone else or doing a sibling’s usual chore. The calendar also helps develop the idea that a whole array of kindnesses exist. Included are such acts of kindness to animals as feeding birds or walking a neighbor’s dog, as well as acts of ecological kindness such as reusing drawing paper. Many of the ideas on Megan’s summer calendar are



absolutely free and all of them will raise your children’s awareness – and endorphin supply.

If you have time, you could even sit down with your kids and create your own summer kindness calendar! The act of brainstorming about kindness – what it is, things they could do and ways they can give of themselves could be a creative and fun beginning to summer.

One of the beauties of practicing an act of kindness each day is that it helps form a habit and keeps it at the forefront of everyone’s mind.

Here is the link to the Coffee Cups and Crayons’ summer kindness calendar: [www.coffeecupsandcrayons.com/summer-kindness-calendars-kids/#comment-277100](http://www.coffeecupsandcrayons.com/summer-kindness-calendars-kids/#comment-277100)



# Bring Your Issues to Consultation Team Members

Since 2007, statewide meetings have brought together top-level managers of Children's Administration and foster parents who are members of the Children's Administration Foster Parent Consultation Team, informally known as the 1624 team – a number that reflect the legislative bill number that created the committee. Foster parents serving on the team were selected at the end of 2017 by their peers in each region.

If you, as a foster parent, have questions or concerns you would to have discussed at the meeting, contact a team member from the list at the back of the issue.

The committee discusses issues of statewide concern to foster parents. The regional members also help set dates for regional consultation meetings so local issues can be discussed.

Anyone interested in filling the vacancies in Region 1 South, which is the southern portion of Eastern Washington, should contact:

Meri Waterhouse  
[meri.waterhouse@dshs.wa.gov](mailto:meri.waterhouse@dshs.wa.gov)  
 360-902-8035.

## CA Foster Parent Consultation Team (1624) Foster Parent Regional Representatives 2018

Name	E-mail	Phone
Victoria O'Banion, Reg. 1 North	<a href="mailto:vnhobanion@gmail.com">vnhobanion@gmail.com</a>	308-991-5663
Alla Mishin, Reg. 1 North	<a href="mailto:allamishin@gmail.com">allamishin@gmail.com</a>	509-847-4210
<i>Reg. 1 South no. 1 rep., vacant</i>		
<i>Reg. 1 South no. 2 rep., vacant</i>		
Lisa Page, Reg. 2 North	<a href="mailto:lisa.page@gmail.com">lisa.page@gmail.com</a>	206-351-2699
Ray Deck III, Reg. 2 North	<a href="mailto:Raydeck3@gmail.com">Raydeck3@gmail.com</a>	518-290-0729
Shanna Alvarez, Reg. 2 South	<a href="mailto:Shanna.alvarez@gmail.com">Shanna.alvarez@gmail.com</a>	206-852-5425
Aaron Edwards, Reg. 2 South	<a href="mailto:aaron@varium.com">aaron@varium.com</a>	206-229-6256
Teena Williams, Reg. 3 North	<a href="mailto:Meandmybeau13@yahoo.com">Meandmybeau13@yahoo.com</a>	253-905-8156
Krista Piger, Reg. 3 North	<a href="mailto:kristapiger@gmail.com">kristapiger@gmail.com</a>	253-548-6353
Amy Gardner, Reg. 3 South	<a href="mailto:michaelamy52@msn.com">michaelamy52@msn.com</a>	360-200-2102
Stephanie Vombaur, Reg. 3 South	<a href="mailto:stephvombaur@yahoo.com">stephvombaur@yahoo.com</a>	360-241-3534
Beth Canfield, FPAWS	<a href="mailto:bethcanfield@comcast.net">bethcanfield@comcast.net</a>	360-990-1011 (c) 360-377-1011 (h)
Mike Canfield, FPAWS	<a href="mailto:mkbeth@comcast.net">mkbeth@comcast.net</a>	360-990-1255 (c) 360-377-1011 (h)

## Caregiver Training from the Alliance

Explore our wide variety of caregiver training options designed to increase understanding and strengthen skills. These upcoming in-person classroom sessions provide in-depth information on relevant topics for the caregiver community at convenient locations across the state.

### JUNE TRAININGS IN REGION 1: EASTERN WASHINGTON

- African American Hair and Skin Care
- Caregiving for Children with Physically Aggressive Behavior Concerns (Formerly Physically Aggressive Youth)
- DLR/CPS Investigations: An Overview of the Investigation Process for Caregivers
- Knowledge and Skills to Help Children Heal
- Identifying and Supporting Commercially Sexually Exploited Children (CSEC)
- I-LABS: Temperament in Early Childhood
- I-LABS: Early Music Experience
- I-LABS: Early STEM Learning
- I-LABS: Race Today: What Kids Know as They Grow
- I-LABS: "Racing" Toward Equality: Why Talking to Your Kids About Race is Good for Everyone
- Infant Safety and Care
- Introduction to Adoption from Foster Care
- So You Have a New Placement...Now What?
- Verbal De-Escalation
- Why Children Lie
- Youth Missing from Care

### JULY TRAININGS IN NEW REGION 1: EASTERN WASHINGTON, NORTH OF KITTITAS AND BENTON/FRANKLIN COUNTIES AND EAST OF COLUMBIA COUNTY

- Emotion Coaching
- Introduction to Adoption from Foster Care
- Kinship 101: Information for Relatives and Suitable Others

### JULY TRAININGS IN NEW REGION 2: SOUTH/CENTRAL EASTERN WASHINGTON

- Caregiving for Children with Sexually Aggressive Behavior Concerns (Formerly Sexually Aggressive Youth)
- Emotion Coaching
- Introduction to Adoption from Foster Care
- Introduction to Positive Discipline
- So You Have a New Placement...Now What?

## Caregiver Training from the Alliance continued

### JUNE TRAININGS IN REGION 2: I-5 CORRIDOR NORTH OF SEATTLE TO WHATCOM COUNTY

- Behavior Management Tools for Foster Parents and Caregivers
- Caregiving for Children with Physically Aggressive Behavior Concerns (Formerly Physically Aggressive Youth)
- Cultural Diversity for Foster Parents and Caregivers: Being Culturally Responsive To Our Children and Youth of Color
- I-LABS: Why the First 2,000 Days Matter: A Look Inside The Brain
- I-LABS: Development of Attachment
- I-LABS: Development of Literacy
- Infant Safety and Care
- Introduction to Adoption from Foster Care
- Kinship 101: Information for Relatives and Suitable Others
- Knowledge and Skills to Help Children Heal
- Minimizing the Risks of Allegations
- Paper Trail: Documentation Training for Caregivers
- Partners Make Better Decisions: Caregivers and Social Workers Working Together
- Resilience Trumps Adverse Childhood Experiences (ACES)
- So You Have a New Placement...Now What?
- Why Children Lie
- Youth Missing from Care for Caregivers

### JULY TRAININGS IN NEW REGION 3: I-5 CORRIDOR SNOHOMISH COUNTY TO WHATCOM COUNTY + ISLANDS

- Caregiving for Children with Physically Aggressive Behavior Concerns (Formerly Physically Aggressive Youth)
- Emotion Coaching
- Kinship 101: Information for Relatives and Suitable Others
- Paper Trail: Documentation Training for Caregivers

### JULY TRAININGS IN NEW REGION 4: KING COUNTY

- Caregiving for Children with Sexually Aggressive Behavior Concerns (Formerly Sexually Aggressive Youth)
- Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents From the National Child Traumatic Stress Network
- Emotion Coaching
- Introduction to Adoption from Foster Care
- Kinship 101: Information for Relatives and Suitable Others
- Paper Trail: Documentation Training for Caregivers

## Caregiver Training from the Alliance continued

### JUNE TRAININGS IN REGION 3: OLYMPIC PENINSULA AND I-5 CORRIDOR SOUTH OF SEATTLE, (INCLUDING TACOMA)

- Caregiving for Children with Physically Aggressive Behavior Concerns (Formerly Physically Aggressive Youth)
- Caregiving for Children with Sexual Behavior Concerns (formerly Sexually Aggressive Youth)
- Cultural Diversity for Foster Parents and Caregivers: Being Culturally Responsive To Our Children and Youth of Color
- Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth
- Healthy Engagement With Children of Trauma
- I-LABS: Early Music Experience
- I-LABS: “Racing” Toward Equality: Why Talking to Your Kids About Race is Good for Everyone
- I-LABS: Temperament in Early Childhood
- I-LABS: Understanding Emotion
- Introduction to Adoption from Foster Care
- Kinship 101: Information for Relatives and Suitable Others
- Paper Trail: Documentation Training for Caregivers
- So You Have a New Placement...Now What?
- Talking With Children About Race
- Verbal De-Escalation

### JULY TRAININGS IN NEW REGION 5: PIERCE AND KITSAP COUNTY

- Kinship 101
- Introduction to Adoption from Foster Care
- So You Have a New Placement...Now What? (Webinar)
- Youth Missing from Care for Caregivers

### JULY TRAININGS IN NEW REGION 6: I-5 CORRIDOR SOUTH OF PIERCE COUNTY TO CLARK COUNTY + OLYMPIA PENINSULA

- Infant Safety and Care for Caregivers
- Kinship 101
- Paper Trail: Documentation Training for Caregivers
- So You Have a New Placement...Now What? (Webinar)

## Your Child Welfare Training Team for Region 1

### Eastern Washington

Michael Tyers . . . . . 425-268-9375 [tyersm@uw.edu](mailto:tyersm@uw.edu)  
(Caregiver Education and Training Administrator)

Renee Siers . . . . . 509-363-3399 [siersr@uw.edu](mailto:siersr@uw.edu)

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Ryan Krueger . . . . . 509-660-0350 [krry300@uw.edu](mailto:krry300@uw.edu)

Sherry Colomb . . . . . 509-322-2552 [scolomb1@uw.edu](mailto:scolomb1@uw.edu)

Join us on Social Media for  
inspiration, tips, trainings, the  
latest events and to be part of  
a caregiver community



## Your Child Welfare Training Team for Region 2

### King County and North to Whatcom County and Island County

Yolonda Marzest . . . . . 206-923-4955 [ymarzest@uw.edu](mailto:ymarzest@uw.edu) (Manager)

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El-Freda Stephenson . . . 206-923-4922 [elfreda@uw.edu](mailto:elfreda@uw.edu)

## Your Child Welfare Training Team for Region 3

### Pierce County & South to Clark County plus the Olympic Peninsula & Coast

Arthur Fernandez . . . . . 206-276-4549 [sart300@uw.edu](mailto:sart300@uw.edu) (Manager)

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Robert Judd . . . . . 360-344-3003 [juddre@uw.edu](mailto:juddre@uw.edu)

Gracia Hahn . . . . . 253-983-6362 [hahng@uw.edu](mailto:hahng@uw.edu)

### Your Registration Help Desk

Registration Help . . . . . 866-577-1915 [help@acwe.on.spiceworks.com](mailto:help@acwe.on.spiceworks.com)

# Meet Our Recruitment Partners Who Support You



**Olive Crest's Fostering Together program supports the west side of the state (Regions 2 and 3) through foster care Liaisons.**

Children's Administration (CA) works in partnership with two separate agencies to provide foster parent recruitment and retention / support services to prospective foster parents, current foster parents and relative caregivers in all areas of Washington. Our goals are to:

- Increase the numbers of safe, quality foster families to meet the diverse needs of children and youth placed in out-of-home care in Washington State, and
- Offer support to foster parents and relative caregivers

Prospective foster parents are welcome to license through either CA's Division of Licensed Resources (DLR), or any private child placing agency licensed in Washington. Our recruitment partners serve all families, regardless of where they choose to become licensed. Prospective foster parents are welcome to license through either CA's Division of Licensed Resources (DLR), or any private child placing agency licensed in Washington. Our recruitment partners serve all families, regardless of where they choose to become licensed.

The Liaisons or RPMs provide information, help and guidance for you from your first inquiry, through training, and throughout the licensing process to become foster parents. Liaisons and RPMs both answer questions and share helpful information during your foster care journey. They offer:

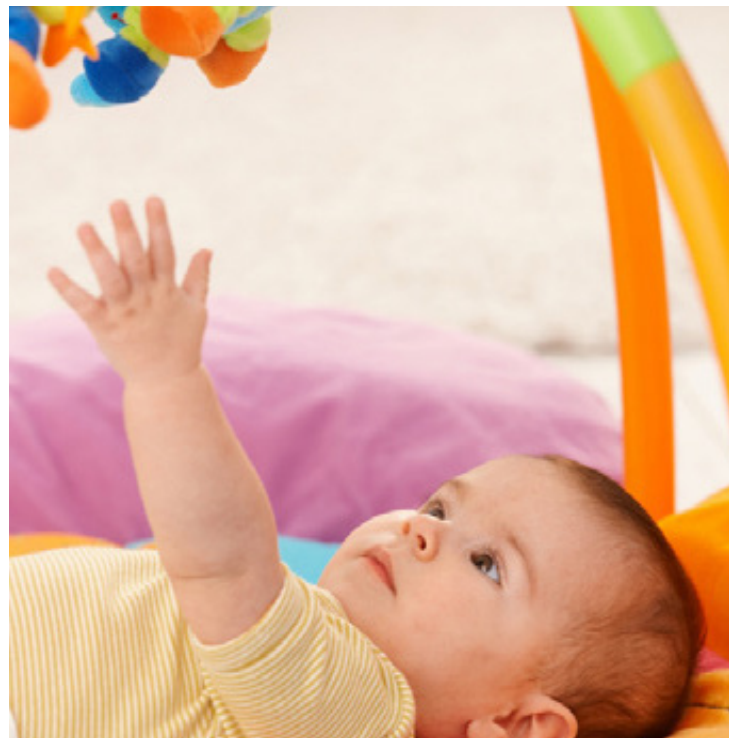
- Support at your first placement,
- Support groups , (some with training hours available and some provide a meal and / or child care)
- Mentoring,
- Training, and
- On-line Facebook groups

All supports are designed with our caregivers in mind.



**Eastern Washington University's Fostering Washington program supports (Region 1) the east side of the state through Resource Peer Mentors (RPMs),**

We want to help you connect with other caregivers, obtain additional training, and find answers to questions. Both Olive Crest and Eastern Washington University offer information and referral services to foster parents and relative caregivers. The regional liaisons or peer mentors also help resolve issues foster parents may experience in their local area. Contact the liaison or RPM listed for your area with any questions you might have.



## Eastern Washington University Fostering Washington



Position/ Area Covered	Name	E-mail	Phone
Director All Counties	Kim Fordham	kfordham@ewu.edu	(208)-659-7401
Associate Director All Counties	Mon Ra' Muse	mmuse@ewu.edu	(509) 359-0791
Recruitment Coordinator Ferry, Pend Oreille, Spokane, Stevens Counties	Amber Sherman	asherman4@ewu.edu	(509) 359-0874
Recruitment Coordinator Benton, Franklin, Yakima Kittitas, Klickitat, Counties	Tyann Whitworth	twhitworth@ewu.edu	(509) 731-2060
Recruitment Coordinator Asotin, Columbia, Garfield, Walla Walla, Whitman Counties	Katie Stinson	mstinson2@ewu.edu	(208) 699-8419
Recruitment Coordinator Adams, Chelan, Grant, Douglas, Okanogan	Hayley Stoebner	hstoebner@ewu.edu	(509) 322-1191
FIRST Program Mngr. All Counties	Dru Powers	Dpowers8@ewu.edu	(509) 928-6697

Fostering Washington's website [www.ewu.edu/css/fostering-washington](http://www.ewu.edu/css/fostering-washington) can help you locate your local foster parent Resource Peer Mentor (RPM) from the county map on their website.

Click on: ➔ *County where you live*

## Olive Crest's Fostering Together: 1-866-958-KIDS (5437)



Position	Name	E-mail	Phone
Shala Crow	Program Director	(360) 220-3785	<a href="mailto:Shala-Crow@olivecrest.org">Shala-Crow@olivecrest.org</a>
Leeann Marshel	Critical Support	(855) 395-7990	<a href="mailto:Leeann-Marshel@olivecrest.org">Leeann-Marshel@olivecrest.org</a>
Patrice Vansligtenhorst	Program Coordinator	(425) 462-1612 x 1308	<a href="mailto:Patrice-Vansligtenhorst@olivecrest.org">Patrice-Vansligtenhorst@olivecrest.org</a>
Megan Harp	FIRST Coordinator	(425) 350-3839	<a href="mailto:Megan-Harp@olivecrest.org">Megan-Harp@olivecrest.org</a>

Fostering Together's website [fosteringtogether.org](http://fosteringtogether.org) can help you locate your local foster parent liaison.

Click on: ➔ *Region where you live* ➔ *Find Your Liaison*