Safe & Drug-Free Schools & Communities Technical Assistance Project California's Governor's Program

Safe and Drug-Free Schools and Communities Technical Assistance Project Workshop-By-Request



<u>NO COST</u>

Co-Sponsor:

Butte County Department of Behavioral Health

<u>WHEN</u>

Wednesday, March 17th, 2010

WHERE

Butte County Department of Behavioral Health 109 Parmac Road Suite 1 Chico, CA 95926

<u>TIME</u>

Registration begins at 8:30 am; Training from 9:00 am—4:00 pm

6 CEU's for LCSW, MFT and AOD Counselors

BBSE Provider #2190 CAADAC Provider #4N-08-923-0610

Sponsored by Center for Applied Research Solutions (CARS)

Drug and Alcohol Prevention with Youth in Foster Care

Facilitated by: Dustianne North

Workshop Description

The purpose of this training is to enhance the ability of SDFSC grantees to address the drug and alcohol prevention needs of youth involved in the child welfare and juvenile justice systems by:

- Increasing your knowledge and understanding of the particular needs and challenges of these youth
- Providing strategies to work with these youth more effectively by:
 - Promoting stability in the lives of youth
 - Raising staff awareness of issues of foster youth
 - Understanding nonconventional family dynamics
 - _ Reaching out without labeling or stigmatizing

Learning Objectives

After completing this training, you will be able to:

- Suggest at least five events that can cause a child to be placed into foster care
- Suggest at least three reasons why a child may lose their placement
- Identify at least six risk factors for substance abuse that may be more pronounced for youth in foster care
- Suggest at least three strengths that may be developed by the experiences of youth in foster care
- When given the history of a particular child in foster care, suggest risk factors and strengths

Register Online on clicking the below link or FAX Registration Form http://www.mypreventioncommunity.org/event/Prevention_Butte

The Workshop-By-Request Series is a program of the SDFSC TA Project, managed by the Center for Applied Research Solutions and funded by the California Department of Alcohol and Drug Programs.

About the Presenter

Dustianne North has been working in the field of youth prevention and mentoring since 1995, when she began building a mentor and volunteer program for the youth in foster care at the Florence Crittenton Center in Los Angeles. After creating the first mentor program to receive official approval from LA County agencies who govern foster care, Ms. North began providing training and technical assistance through CARS/EMT Associates for all types of prevention programs nationwide. Additionally, she has significant experience in the design and development of large-scale collaborative efforts to provide services for youth in foster care and on probation in Los Angeles County and other counties in California. She specializes in assisting programs that serve youth in distressed situations such as court-involved youth. Ms.North has now completed her M.S.W. at UCLA, and she continues to work toward her Ph.D. in Social Welfare, also at UCLA. As a trainer and consultant, she draws upon her experiences in prevention and mentoring, her clinical training as a social worker, her administrative expertise in designing curricula, her arts and culture background, and her experience as a trainer. This diverse scope of knowledge allows her to work with direct practice issues such as communicating with youth, as well as macro-level issues, program design, and interagency partnerships.

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Center for Applied Research Solutions

923 College Avenue, Santa Rosa, CA 95404 Phone: 707-568-3800 Fax: 707-568-3810

Registration Transmission

DATE:

TO: Maria Traylor

FAX: 707-568-3810

SENDER: _

SUBJECT: SDFSC TA Workshop-By-Request **Drug and Alcohol Prevention with Youth in Foster Care** March 17th, 2010 Butte County

Pages: 1 total

Please submit your registration <u>at least 5 days prior</u> to the workshop date. Please fax request to (707) 568-3810 or contact Maria Traylor at (707) 568-3800

Name:	Title:
Organization:	County:
Address:	City:
Zip:	Email:
Phone:	Fax:
CEU Please check box :LCSW/MFT BBSE Provider #	2190 License Number
AOD Counselor <u>CAADAC Provider #4N-08-923-0610</u> License Number	
Thank you for submitting your registration! We will contact you shortly.	



