

## PREPPING Teen’s Responsible Decision Making December 1st is World AIDS day

*World AIDS Day is held on 1st December each year and is an opportunity for people worldwide to unite in the fight against HIV, show their support for people living with HIV and to commemorate people who have died.*

Globally an estimated 33.3 million people have HIV; about 3.4 million of the 33.3 million are children (under the age of 15). More than 25 million people between 1981 and 2007 have died from the virus, making it one of the most destructive pandemics in history.

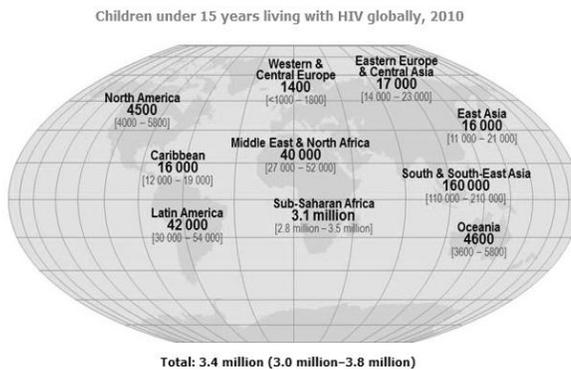
Today, many scientific advances have been made in HIV treatment; there are laws to protect people living with HIV; and we understand so much more about the condition. Despite this, people do not know the facts about how to protect themselves and others from HIV. The stigma and discrimination remain a reality for many people living with HIV. World AIDS Day is important as it reminds the public and governments that HIV has not gone away. It is still a vital need to raise money, increase awareness, and fight prejudice

and improve education. Roughly 17.1 million children under the age of 18 have lost one or both parents to AIDS. Millions more youth have been affected by a vastly increased risk of poverty,

homelessness, high school graduation failure, discrimination and loss of life opportunities. These childhood hardships include illness and death. Of the estimated 1.8 million people who died

of AIDS-related illnesses in 2010, 250,000 of them were children under 15 years old. Resources and attention are still greatly needed to help these children lead a better quality of life. The platform that World AIDS day provides brings international adoption agencies and NPO’s alike to provide for these children. Please visit the website <http://www.worldaidsday.org/> for more information.

Figures and statistics reported from [www.worldaidsday.org](http://www.worldaidsday.org)



Source: WHO, UNAIDS and UNICEF, *Global HIV/AIDS Response: Epidemic update and health sector progress towards universal access, Progress Report 2011.*

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# International Adoption Clinic: Adopting an HIV positive Child

International adoption has become commonplace America. Families cross cultural and geographical barriers to attain the families they desperately desire. Some families are looking for children with special needs and adopting HIV positive children is an option for these families.

At Nationwide Children's Hospital, the International Adoption Clinic (IAC) assists families with the adoption of HIV positive children. The clinic offers families a wide range of services before, during and after adoption. IAC provides families' extensive education about HIV and the impact that having an HIV positive child. will have on their families.

Dr. Katalin Koranyi, Pediatric Infectious Disease specialist and Dr. Dwight Powell, Pediatric Infectious Disease specialist have worked with families for the last six to eight years. They have been able to place eight children with families within Ohio. These children come from countries with high incidences of HIV/AIDS such as Ethiopia, Eastern Europe, China, Russia and South-East Asia. Dr. Koranyi explains "finding accurate medical information on these children is especially difficult. Together (adoptive parents and country of origin medical team) we collaborate to develop a treatment plan that will help the child transition to the U.S."

Families that are interested in starting the process to adopt an HIV positive child often receive misinformation. Here are a few truths about adopting an HIV positive child, provided by Jennifer Fulwiler, a mother of an adopted HIV positive child. Fulwiler provides great insight for potential parents.

- **HIV positive orphans often have almost no chance of being adopted in their home countries.**

Even though there is plenty of misinformation about the subject here in the United States, our understanding of HIV/AIDS is much further along than that of many countries.

Unfortunately, many of the areas of the world where there are the highest numbers of HIV

positive children needing homes are areas where people with the disease face the biggest stigmas.

- **Children with HIV who have access to good medical care usually have normal life expectancies.**

HIV is no longer considered a terminal illness, and is thought of by the medical community more as a chronic condition like Type I Diabetes. According to the National Institute of Health, the life expectancy of HIV positive people who have access to medical care is about the same as non-infected people.

- **There has never been a case of someone contracting HIV through normal household contact.**

You cannot get HIV from sharing food and drinks or using the same bed or toilet as an HIV positive person. You also can't contract it from changing diapers, hugging, kissing, or from bathing or swimming with someone who is infected with the virus.

- **Modern drug therapies can render the HIV virus almost undetectable.**

My friend who is the mother of two HIV positive children tells me, "On average, only one week after beginning HAART (highly active antiretroviral therapy), 90% of all HIV in the body is gone; within one month, 99% is gone." Related to the above, this also makes the disease much less likely to be transmitted, even in cases of blood contact.

- **It is usually possible to get health insurance for HIV positive kids.**

It is required by law that health insurance cover adopted children the same as biological children, regardless of pre-existing conditions. Also, employer-sponsored group plans usually cover HIV. In addition, most states offer assistance for the medical care of HIV-positive adults and children.

- **The laws have recently changed to make it easier to get HIV-positive children in the country.**

It used to be the case that adoptions of HIV positive children were complicated by the need to obtain a I-601 waiver, but a recent change in the laws took HIV off the list of the Centers for

Disease Control's List of Communicable Diseases of Public Health Significance. This means that parents adopting HIV positive children can expect similar timeframes for the visa process as there would be with any other adoption.

- **You can see pictures of HIV positive children currently in need of homes.**

One thing that made me really begin to pay attention to this issue was seeing pictures of kids with HIV who are currently in need of homes, like the ones here at Project Hopeful.”

If you would like more information about the International Adoption Clinic please visit <http://www.nationwidechildrens.org/international-adoption-clinic>. Project Hopeful ([projecthopeful.org](http://projecthopeful.org)) is an international adoption agency that specializes in the adoption of HIV+ children.

“Surprising Facts about Adopting HIV-Positive Kids” by Jennifer Fulwiler.

## Nationwide Children's Family AIDS Clinic and Education Services (FACES)

Principal Investigator/Medical Director: Kimberly Bates M.D., FACP, FAAP

Family AIDS Clinic and Education Services (FACES) operates as a single, one-stop-shop, clinical site located on the campus of Nationwide Children's Hospital. The FACES program has more than 25 years of experience providing HIV care for women, children, adolescents and their families. The HIV Program began seeing its first HIV infected patients in 1988. The program obtained funding as a Maternal Child Health Pediatric AIDS Demonstration Project from 1991-1997 and later became one of the initial Ryan White Part D grantees in the country in 1998.

In 2011, over 600 women, men, children, youth and infected family members from 44 counties, received services from FACES. Unlike many urban HIV medical centers, FACES serves an expansive catchment area that consists of both rural and urban counties. More than half of all our families receiving care at FACES come from Franklin County, while the remainder come from 43 other counties in Ohio (39 of these counties are rural). FACES serves a predominately minority HIV positive clientele (67% Black, 29% Caucasian, 4% Hispanic, 4% more than one race). African American women of child-bearing age (69%) are the most significantly impacted population the program serves followed by adolescents and gay youth (24%). Most of FACES clients receive Medicaid (57%) and have an income below 200% of the poverty level (79%).



The Family AIDS Clinic and Education Services is an innovative HIV care program that delivers comprehensive, family-focused, community-based care. The program is the only provider of HIV/AIDS medical (primary care, tertiary HIV care, gynecologic, counseling/testing, nutrition, and psychological) and social support services for women (pregnant and of child-bearing age), adolescents (transitioning), children, infants (exposed and infected), and families in central and southeastern Ohio. Additional services include case management, on-site childcare in the clinic, developmental assessments, support groups, pharmacist assessment, education and follow up, and transportation assistance.

Community partners assist FACES families with essential services such as housing, legal advice and assistance, and substance abuse counseling and treatment. Because FACES has been participating as a partner with many community agencies for more than 20 years, increased coordination of care with a notable reduction in duplicative services has actually been achieved over time.

FACES is an active member of the community HIV planning group which includes network partner agencies, individuals living with HIV, representation from all of the rural counties in the service consortium area and representatives from the Central Ohio HIV Case Management Network. Formal agreements have been established with network partners to ensure a continuum of high quality HIV services for the hardest-to-reach, underserved, ethnic minority communities and to ensure access to clinical trials for adults and adolescents. There are less formal but equally important collaborative relationships with multiple medical and psychosocial service providers in the remaining 43 counties of the program's catchment area. These relationships allow staff to tap into local resources for clients and to provide local providers, who have limited HIV experience, with the necessary education and support for patients' unique health and psychosocial requirements.

Please visit <http://www.nationwidechildrens.org/hiv-clinic> to view up to date information of the FACES program. If you are interested in participating in the FACES program please visit the website to view the clinic schedule and call the FACES/Immune Deficiency Clinic to schedule an appointment.

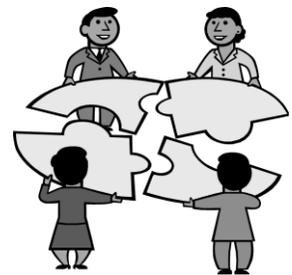
### **FACES/Immune Deficiency Clinic**

Nationwide Children's Hospital  
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season may bring up feelings of loss and grief, conflicting loyalties and lost dreams. This is especially true when the youth is old enough to have memories from past seasons. "Children who were removed from their families due to abuse, neglect, or substance abuse may associate the holidays with traumatic times," explains Lois Melina in the article, "Holidays Can Bring up Lots of Emotions" reprinted by The Foster Club. Rather than approaching them with a sense of joyful anticipation, these children may unconsciously associate holidays with disappointment or violence. Such emotions are dissonant with the prevailing mood and message of this season. This further prompts sadness and confused anger.

There are steps placement agencies, their staff and foster families can take to help a youth in care cope with the stresses of the holidays:

- Recognize that what the youth is feeling is perfectly normal and expected given the situation. Let him or her know that you understand and that it is alright to feel the way she or he does.
- Allow the youth to talk on her or his terms – resist the temptation to push the youngster into talking about painful feelings or the past, but do not try to avoid it either. Be a patient listener.
- Identify with them. Tell them about a time that you felt as they do. Most of us have experienced a year when the holiday was met with the loss of a loved one or other significant event. Identifying helps the youth not feel so isolated in his or her grief, and may help him or her to open up to you.
- Do something charitable. It can be easy to lose sight of what the holidays are really about. Doing something for someone else can help change one's outlook. For teens in care to think about those less safe, cared for and protected than themselves, assist them to view



## **Holidays are Hard Times**

As the holiday season approaches, many of us begin to look forward to spending time with family and friends, and to sharing in the joys of the season. However, for youth in out-of-home care, the holiday

their life situation in realistic dimensions.

- Get them involved in outside activities. Exercise or sports, holiday activities, volunteering – all help to ward off the sense of sadness that is a common thread for foster children this time of year. Keep them active but do keep things balanced. The holiday season tends to lend itself to busyness so use common sense to keep things in check.
- Religion is a sensitive issue and family and cultural holiday traditions are varied and diverse. Use this time of sharing to learn especially about the religious beliefs, customs, and activities of the youth in care.

Reports from adults who have exited out-of-home care cite that the holiday season each year persists as a specifically painful and lonely time. Helping teens in care cope adaptively with this time of year and learn insights about their own capacity for hope and resilient are genuine gift that will continue to benefit them lifelong.

An internet search yields a number of resources on the subject of the holiday season for youth in care. Resources worth review include:

*What Colleges can do to Support Students from Foster Care: Holiday and Summer Housing*

<http://www.oregon.gov/dhs/children/fostercare/docs/CollegeSupportBriefupdate.pdf>

*Holiday Stress in Foster Children:*

<http://suite101.com/article/holiday-stress-in-foster-children-a36753>

*Time to Reform: Hoping for a home during the Holidays:*

<http://www.pewhealth.org/reports-analysis/reports/time-for-reform-hoping-for-a-home-for-the-holidays-85899368328>

## Ohio PREP Region 9 News!



***“What am I going to do with these kids over break?”***

### PREP Sessions during School Breaks

Region 9 PREP Team will like to encourage agencies that have PREP Youth Instructors to conduct their PREP youth sessions during school breaks – winter, spring and summer. The youth PREP sessions can be completed within a few days off and will keep our youth from becoming idle. Fairfield Independent Living and New Leaf had recently partnered up to provide PREP to their youth over a 2 day period and worked out wonderfully for the agencies and teens! Refer to your local school district’s school calendar for potential dates.

Agencies that currently have PREP youth instructors are encouraged to send staff to the PREP trainings, so they might be able to provide ample opportunity to conduct PREP at their sites. If your agency has not trained with PREP please see the “Upcoming Training” column for training events.

## **Region 9's Sixth Youth Instructor Training: PREP represented in all 9 counties!**

Region 9 conducted its sixth train the trainer workshop November 16 2012 at Nationwide Children's Hospital Surgery Center located in Westerville Ohio. Agencies that participated in the PREP training were: Starr Foundation, New Story, The Village Network, Madison County Children Services, and Tri-State Youth Academy. Three different counties were represented at the training and Region 9 now has the ability to conduct Youth sessions in all nine counties!



Agencies and staff represented from the training include:

- Starr Foundation: Albert Moore, Bernadette Stone, James Echols, James M<sup>c</sup>Call, Lisa Castro, Mandi Cobb, Shonda Montroy and Carolyn Killeen
- New Story: Stephen Buckner
- The Village Network (Franklin County): Jennifer Foster
- Tri-State Youth Academy: Jamie M<sup>c</sup>Whoter
- Madison Co. Children Services: Stephanie Palmer

If you or your agency would like to train with PREP please contact Rekha Voruganti ([Rekha.voruganti@nationwidechildrens.org](mailto:Rekha.voruganti@nationwidechildrens.org)) to register for training.

## **Upcoming Youth Instructor Training Events**

Our train the trainer workshop is one-day 8 hour workshop. Below you will find dates for our upcoming PREP trainings.

**January 18, 2013**

**March 15, 2013**

**April 26, 2013**

**June 21, 2013**

**July 19, 2013**

Receive eight hours of continuing education credits (FREE) for all social workers for attending the training. To register for training or have questions, please contact

**Rekha Voruganti**  
([rekha.voruganti@nationwidechildrens.org](mailto:rekha.voruganti@nationwidechildrens.org))

## **Agency Highlight: Fairfield Independent Living REALITY program**

*Region 9 partnered with the Fairfield Independent Living team when Joshua Komives (Independent Living Supervisor) and Stephanie Jackson (Case Worker) participated in the August 17, 2012 PREP youth instructor training. Below Mr. Komives provides the services and outreach efforts the REALITY program provides for their youth.*

The REALITY (Realistic Employment and Living Independently Training for Youth) program is administered and staffed by Fairfield County Child Protective Services (CPS) as part of their Independent Living/Transitional Youth services. As part of Fairfield County CPS, we share their mission of strengthening families, ensuring quality outcomes, and providing education to our

community, to assure safety and stability for all children in Fairfield County. REALITY began as an initiative developed from the agency's 2005 strategic Plan and was originally funded via a TANF Demonstration grant. Currently, the agency continues to fund the program in order to best provide needed services to emancipating youth.

The REALITY Program itself is a specialized service offered to the youth in the custody of Fairfield County. Within the program, we offer hands-on experience in daily living skills, including providing youth the ability to apply for and receive benefits, complete budgeting and grocery shopping, control over scheduling appointments, work experience, community volunteer opportunities and a myriad of other activities geared toward preparing youth to live on their own. In addition, REALITY provides a unique housing option for a maximum of 4 youth working with the agency, as an alternative to placement in foster care. We work closely with the youth at the program toward securing solutions to their own needs as they near emancipation. Once emancipated, we provide them with belongings to start their own apartment/dorm room/living arrangement. These items are donated to the program through local community groups who help with mentoring our youth and assist with upkeep projects to the house itself. Throughout the year, the program offers a multitude of trainings and events geared towards providing youth valuable experience needed to emancipate successfully.

Fairfield County's philosophy related to "quality of care" is that it must be individualized to the youth or family we serve. We encourage youth to be involved in each step of their case plan including case services, case planning, placement, career planning, and continuing education. Through the use of Transition Plans/Independent Living Summary, Emancipation Plans, Family Team meetings and advocacy, agency staff strive to assure youth have an active voice in their case planning and life in general. The agency encourages youth participation in Youth Advisory Board activities at the state level and supported the development of a local YAB to provide youth a voice.

The REALITY Program is well known in our community and the knowledge of its services continues to grow. Local religious organizations, Boy Scout troops, the local United Way, community service teams from local businesses and schools, and Fairfield County staff members all provide regular assistance to our emancipating youth. This assistance may come in the form of assisting our youth gather items for their own apartment, providing emotional support or mentoring, assisting with projects at the house (landscaping, painting, etc.), providing transportation or simply coming to visit when the youth have an event at the house. Our youth have also volunteered at the local animal shelter, provided dinner for our local homeless shelters, and assisted in community cleanup projects.

Fairfield County Child Protective Services is dedicated to being a leader in child welfare by providing positive outcomes for our youth and families. Our Kinship and FTM teams are leaders in the Protect Ohio Consortium and both the Kinship Coordinator and FTM facilitator are active leaders in their respective areas. Our Independent Living Team has been inundated with requests for programming information and tours related to our unique REALITY program and IL staffs are active participants and leaders for the Ohio Independent Living Association. Our Direct Case Services team was one of the initial agencies to Pilot Alternative Response and is regularly sought out to provide guidance to others. Community partners and customers within the county are acutely aware of our agency's aggressive customer service policy and dedication to always do the right thing. A commitment to excellence and continuous quality improvement has helped the agency become a leader in the field of child welfare.

*If you would like more information about the work the REALITY program and the Fairfield County Independent Living Program please visit the Fairfield County Children Services webpage (<https://sites.google.com/a/fcifs.org/fcifs/independent-living>).*

## ***In the Spotlight!***

# **Fairfield County Independent Living PREP Trainers!**



## **Josh Komives and Stephanie Jackson**

### ***Fairfield Independent Living***

Josh Komives and Stephanie Jackson participated in the August 17, 2012 PREP Youth Instructor Training. Recently their agency partnered with the private agency New Leaf to provide PREP youth session over a 2-day period. As a result, the agencies were able to cover all 19 sessions and provided the PREP training to 15 youth! We applaud the forward thinking of both agencies and appreciate their efforts to provide PREP to their most deserving youth. Below Stephanie and Josh describe their experience with providing PREP to their youth.

#### ***About Joshua Komives and Stephanie Jackson***

*J. Komives:* “I attended Ohio University from 1998-2002 and graduated with a bachelor’s degree in Sociology and Criminology. I began working in the child welfare field out of college as an intake assessor at Fairfield County Child Protective Services. In 2006 I began working with

emancipating teens and became the manager of the IL Unit/REALITY Program in 2010.”

*S. Jackson:* “ I graduated from Ohio University as a non-traditional student majoring in Sociology and Political Science. I am always eager to learn new things and have participated in many continuing education opportunities including trainings involving intimate partner violence, mental health issues, drug and alcohol dependency and of course, independent living.”

*Mr. Komives’s and Ms. Jackson’s role within the Fairfield Independent Living and the REALITY program*

*J. Komives:* “I am the Independent Living Manager for Fairfield County Child Protective Services. I also manage the REALITY Program and assure that all youth in agency custody are receiving the best services available. I work with my staff to assure youth leaving agency custody have an active and realistic plan for their future. I am a PREP trainer and assist with teaching the youth at REALITY daily living skills through one-on-one instruction or in a class setting. I also assist with instructing the youth on personal safety, hygiene, and home/vehicle maintenance.”

*S. Jackson:* “I am one of two Independent Living Caseworkers with Fairfield County Child Protective Services. I work with youth fifteen to twenty-one. I am the primary worker for some of the youth and provide emancipation services only to youth working with our Ongoing and Adoption units. In addition to basic casework duties I also teach IL classes and other emancipation support services.”

*How did you hear about PREP and when did you complete your training?*

*J. Komives:* “I first heard of PREP when our agency considered the grant which would administer the program. Since then we have been actively following the program and monitoring its benefits to the youth they serve. I completed my PREP training on August 17, 2012. We recently held our own classes on November 10<sup>th</sup> and 21<sup>st</sup> in two, day-long sessions.”

*S. Jackson:* “Our director provided our unit with information regarding PREP. I completed my training in August 2012 and we just completed our first series on November 21, 2012.”

*What are the benefits of teaching the PREP program to your youth?*

*J. Komives:* “Youth in out of home placement settings often lack the guiding principles of the traditional family life. They are often ill-informed when it comes to relationships, sexual safety, pregnancy prevention, financial stability, and career planning. PREP addresses all of these issues in a very engaging, youth focused way. It allows youth to openly communicate about these topics and removes the stigma attached to their lack of knowledge.”

*S. Jackson:* “Our agency is currently participating in strategic planning and our youth were surveyed as part of the planning. Pregnancy and disease prevention have been part of our conversations with our youth; however, they asked for more information in a formal class. The PREP program was a good fit for their needs.”

*As an instructor, what have you gained from teaching PREP?*

*J. Komives:* “It has allowed me to present information to youth in a way that is engaging and, at times, entertaining. It provides me with a template on how to address these topics with teens who are uncomfortable discussing these things, but allows them to be themselves during the discussion. It is excellent to see how the youth recognize errors in their thinking and make plans on how to change their behavior in the future.”

*S. Jackson:* “I was very happy to learn that our youth already feel open to have conversations about sex and protection with us. I have always felt like we were the last people that they wanted to talk to, but in reality, they want us to talk to them about it.”

*What is your favorite section of PREP to teach and why?*

*J. Komives:* “Purely because of the raucous laughter it elicited from the teens at our class, many of whom I have known for years, and the knowledge I know it provided them, the STD/pregnancy prevention (especially the condom demonstration) was my favorite section to teach.”

*S. Jackson:* “I liked the sections related to STDs. I have not worked with a youth with an unplanned

pregnancy, but have worked with many youth with STDs. Many of them have had very little education about STDs prior to their own diagnosis and have ongoing health issues due to their choices.”

*Overall, do you find the PREP program beneficial to better serve your youth and your agency?*

*J. Komives:* “Based on this first class I feel it will be extremely beneficial. These youth are at a disadvantage in so many ways based on their living situations. It is very helpful to be able to give these youth the knowledge from the PREP curriculum and see that they seem to really understand it. Hopefully this knowledge will help them become successful young adults.”

*S. Jackson:* “I do believe that it is beneficial. I always consider information to be powerful and feel this information gives the youth the power to make a better choice. Our youth were receptive to the curriculum and enjoyed the classes.”

Region 9 is thankful to have such dedicated staff such as Joshua Komives and Stephanie Jackson and Fairfield Independent Living to provide Ohio PREP to our youth.

If your agency is interested in providing Ohio PREP to your youth, please see the “Upcoming Training Events” column within this newsletter and join the Region 9 PREP Team!

# Region 9 PREP Team



From the left to right : Rekha Voruganti (Education Coordinator) Dora Sterling (Project Consultant) Karen Heiser (Project Director) and Tammy Derden (Project Manager)

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**If you have any questions or would like to contribute to our newsletter, please email Rekha Voruganti (rekha.voruganti@nationwidechildrens.org). We appreciate your continual support and welcome any feedback!**

*Funded by The Department of Health and Human Services, Administration on Children, Youth and Families (ACYF) and administered by the Ohio Department of Health, Bureau of Community Health and Patient-Centered Primary Care, School and Adolescent Health Program.*