

AMENDED IN ASSEMBLY MAY 23, 2014

AMENDED IN ASSEMBLY APRIL 24, 2014

AMENDED IN ASSEMBLY APRIL 9, 2014

AMENDED IN ASSEMBLY MARCH 25, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1790

Introduced by Assembly Member Dickinson

February 18, 2014

An act to amend Section 16125 of the Welfare and Institutions Code, relating to foster children.

LEGISLATIVE COUNSEL'S DIGEST

AB 1790, as amended, Dickinson. Foster children: mental health services.

Existing law provides for the Adoption Assistance Program, administered by the State Department of Social Services, which provides for the payment by the department and counties of cash assistance to eligible families that adopt eligible children, and bases the amount of the payment on the needs of the child and the circumstances of the family. Under existing law, the department, county adoption agency, or licensed adoption agency is required, among other duties, to provide the prospective adoptive family with information on the availability of mental health services through the Medi-Cal program or other programs. Existing law provides that a foster child whose adoption has become final and who is receiving or is eligible to receive Adoption Assistance Program assistance, including Medi-Cal, and whose foster care court supervision has been terminated, shall be provided medically necessary

specialty mental health services by the local mental health plan in the county of residence of his or her adoptive parents, as specified.

~~This bill would require the county mental health plan to take steps to increase the pool of specialty mental health providers who meet specified training or experience criteria and are available to meet the needs of children formerly in foster care who have been adopted or placed with a guardian. The bill would require the State Department of Social Services to convene a stakeholder group to recommend strategies and facilitate the development of processes relating to the education and training of these specialty mental health providers, and to consult with the State Department of Health Care Services to ensure that these provisions are implemented in compliance with state and federal requirements governing the Medi-Cal program.~~ *identify barriers to the provision of mental health services by mental health professionals with specialized clinical training in adoption or permanency issues to children receiving those medically necessary specialty mental health services. The bill would authorize the stakeholder group to make specific recommendations for voluntary measures to address those barriers, but would provide that those recommendations are not binding on any state or local government agency or private entity. The bill would require the stakeholder group to coordinate with, and endeavor not to duplicate, existing local, state, or national initiatives.*

~~To the extent that it would impose new duties on counties in connection with the provision of mental health services, this bill would impose a state-mandated local program.~~

~~The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

~~This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: ~~yes~~*no*.

The people of the State of California do enact as follows:

- 1 SECTION 1. ~~(a) The Legislature finds and declares all of the~~
- 2 ~~following:~~

1 (1) ~~Despite the increase in the number of children achieving~~
2 ~~permanence through adoption, placement of a child into a stable~~
3 ~~and motivated family is not considered sufficient to compensate~~
4 ~~for psychosocial problems related to prior trauma and chronic~~
5 ~~maltreatment. As the number of adopted children with significant~~
6 ~~developmental and emotional issues surrounding their adoption~~
7 ~~experience has grown, the need has increased for child welfare~~
8 ~~professionals and clinicians with an in-depth understanding of~~
9 ~~adoption issues and the skills to work effectively with adoptive~~
10 ~~persons and their families.~~

11 (2) ~~Many textbooks for counseling professionals have limited~~
12 ~~coverage of adoption. As a result, most mental health practitioners~~
13 ~~and many child welfare professionals lack knowledge about~~
14 ~~adoption and the issues that are unique to adoptive families. Many~~
15 ~~mental health professionals, for example, are unaware of the~~
16 ~~potential impact of adoption on clients. Given the absence of~~
17 ~~education on adoption issues, it is not surprising that many~~
18 ~~counselors report feeling unprepared to deal with adoption-related~~
19 ~~issues in their practice.~~

20 (3) ~~The interest in developing specialized clinical training in~~
21 ~~adoption has evolved over two decades as a result of the high~~
22 ~~demand for postadoption services by families and the lack of local~~
23 ~~mental health and post permanency supports that address the needs~~
24 ~~of adoptive families.~~

25 (4) ~~Adoption competence begins with a solid foundation of~~
26 ~~knowledge and clinical skills gained through an approved graduate~~
27 ~~program in psychiatry, psychology, social work, marriage and~~
28 ~~family therapy, or counseling. Meeting the needs of individuals~~
29 ~~and families touched by adoption also requires specialized training~~
30 ~~in assessment, diagnosis, and intervention. At each phase of the~~
31 ~~clinical process, therapists must be attuned to the complex array~~
32 ~~of historical and contemporary factors impacting the lives of their~~
33 ~~clients and, specifically, to the ways in which the adoption~~
34 ~~experience can influence their identity, relationships, and~~
35 ~~development.~~

36 (b) ~~It is the intent of the Legislature in enacting this act to~~
37 ~~increase stability of adoptive and guardianship families by~~
38 ~~increasing the pool of adoption and permanency competent mental~~
39 ~~health professionals.~~

1 ~~SEC. 2.~~

2 ~~SECTION 1.~~ Section 16125 of the Welfare and Institutions
3 Code is amended to read:

4 16125. A foster child whose adoption has become final, who
5 is receiving or is eligible to receive Adoption Assistance Program
6 assistance, including Medi-Cal, and whose foster care court
7 supervision has been terminated, shall be provided medically
8 necessary specialty mental health services by the local mental
9 health plan in the county of residence of his or her adoptive parents,
10 pursuant to all of the following:

11 (a) The host county mental health plan shall be responsible for
12 submitting the treatment authorization request (TAR) to the mental
13 health plan in the county of origin.

14 (b) The requesting public or private service provider shall
15 prepare the TAR.

16 (c) The county of origin shall retain responsibility for
17 authorization and reauthorization of services utilizing an expedited
18 TAR process.

19 ~~(d) (1) The county mental health plan shall take steps to increase
20 the pool of specialty mental health providers who meet all of the
21 following training or experience criteria and are available to meet
22 the needs of children formerly in foster care who have been adopted
23 or placed with a guardian:~~

24 ~~(A) The mental health professional has completed the requisite
25 education and obtained all necessary licenses otherwise required
26 by law.~~

27 ~~(B) The mental health professional has completed a minimum
28 of 48 hours of training from an evidence-informed post-graduate
29 adoption or permanency training program, continuing education
30 courses, or individual workshops. Topics covered in the curricula
31 shall be documented and shall include, at a minimum, all of the
32 following:~~

33 ~~(i) Separation, grief, and loss.~~

34 ~~(ii) Attachment.~~

35 ~~(iii) Trauma and brain development.~~

36 ~~(iv) Identity formation.~~

37 ~~(v) Openness in adoption.~~

38 ~~(vi) Impact of prenatal or postnatal exposure to drugs and
39 alcohol.~~

- 1 ~~(vii) Adoptive family formation, integration, and developmental~~
2 ~~stages.~~
- 3 ~~(viii) Family constellation challenges in adoption, including the~~
4 ~~birth family and the adoptive family.~~
- 5 ~~(ix) Race, ethnicity, sexual orientation, gender identity, and~~
6 ~~cultural competence.~~
- 7 ~~(x) Tools for skilled practice.~~
- 8 ~~(xi) Tools for adoptive parents, including, but not limited to,~~
9 ~~decoding behaviors, how to mitigate impacts of trauma, and~~
10 ~~recognizing behavioral and emotional challenges in context of life~~
11 ~~histories.~~
- 12 ~~(C) The mental health professional utilizes family-based,~~
13 ~~strength-based, and evidence-based approach to working with~~
14 ~~adoptive families and birth families.~~
- 15 ~~(D) The mental health professional utilizes developmental and~~
16 ~~systemic approach to understanding and working with adoptive~~
17 ~~and birth families.~~
- 18 ~~(E) The mental health professional demonstrates knowledge,~~
19 ~~clinical skills, and experience in treating individuals with a history~~
20 ~~of abuse, neglect, or trauma.~~
- 21 ~~(F) The mental health professional demonstrates knowledge,~~
22 ~~clinical skills, and experience in working with adoptive families~~
23 ~~and birth families.~~
- 24 ~~(2)~~
25 ~~(d) (1) The State Department of Social Services shall convene~~
26 ~~a stakeholder group comprised of adoptive parents, representatives~~
27 ~~from the mental health and child welfare fields, *representatives*~~
28 ~~*from relevant state and local agencies*, and others, as appropriate,~~
29 ~~to facilitate the development of a process to approve curricula and~~
30 ~~determine criteria for trainers, and to facilitate the establishment~~
31 ~~of a process by which mental health practitioners document~~
32 ~~adoption and permanency training and experience that satisfies~~
33 ~~the criteria set forth in paragraph (1). The stakeholder group shall~~
34 ~~recommend a strategy to educate mental health professionals~~
35 ~~working with adoptive and guardianship families about the~~
36 ~~importance of obtaining training and experience that will increase~~
37 ~~the pool of mental health professionals who can meet the needs of~~
38 ~~children who were formerly in foster care and are now in adoptive~~
39 ~~and guardianship families. The stakeholder group shall also consult~~
40 ~~with the State Department of Health Care Services to ensure that~~

1 ~~this subdivision is implemented in compliance with state and~~
2 ~~federal requirements governing the Medi-Cal program.~~ *to identify*
3 *barriers to the provision of mental health services by mental health*
4 *professionals with specialized clinical training in adoption or*
5 *permanency issues to children who are receiving services pursuant*
6 *to this section. The stakeholder group may make specific*
7 *recommendations for voluntary measures available to state and*
8 *local government agencies and private entities, as appropriate, to*
9 *address those barriers. The stakeholder group shall coordinate*
10 *with, and endeavor not to duplicate, existing local, state, or*
11 *national initiatives.*

12 *(2) A recommendation made pursuant to paragraph (1) shall*
13 *not be construed to be binding on any state or local government*
14 *agency or private entity.*

15 ~~SEC. 3. If the Commission on State Mandates determines that~~
16 ~~this act contains costs mandated by the state, reimbursement to~~
17 ~~local agencies and school districts for those costs shall be made~~
18 ~~pursuant to Part 7 (commencing with Section 17500) of Division~~
19 ~~4 of Title 2 of the Government Code.~~