

## Assembly Bill No. 1790

### CHAPTER 766

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

[Approved by Governor September 29, 2014. Filed with  
Secretary of State September 29, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 1790, 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 State Department of Social Services to convene a stakeholder group to 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 require the stakeholder group to make specific recommendations by January 31, 2016, 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.

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

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

16125. A foster child whose adoption has become final, 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, pursuant to all of the following:

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

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

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

(d) (1) The State Department of Social Services shall convene a stakeholder group to identify barriers to the provision of mental health services by mental health professionals with specialized clinical training in adoption or permanency issues to children who are receiving services pursuant to this section. The stakeholder group shall include, but is not limited to, all of the following persons:

(A) Adoptive parents.

(B) Former foster youth.

(C) Representatives from the mental health and child welfare fields, including associations representing county mental health departments and private organizations providing specialty mental health services.

(D) Representatives from mental health and social work graduate degree-granting postsecondary education institutions.

(E) Representatives from relevant state and local agencies.

(2) The stakeholder group shall, on or before January 31, 2016, make specific recommendations for voluntary measures available to state and local government agencies and private entities, as appropriate, to address those barriers. The department shall collect existing research and professional literature pertinent to the need for specialized clinical training in adoption and permanency issues, and shall distribute the information to the stakeholder group for consideration and use in making its recommendations. The stakeholder group shall coordinate with, and endeavor not to duplicate, existing local, state, or national initiatives.

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