

AMENDED IN ASSEMBLY JULY 1, 2015

AMENDED IN SENATE JUNE 2, 2015

AMENDED IN SENATE APRIL 7, 2015

AMENDED IN SENATE MARCH 24, 2015

**SENATE BILL**

**No. 238**

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**Introduced by Senators Mitchell and Beall**

(~~Coauthor: Assembly Member Chiu~~)

(*Coauthors: Assembly Members Chiu, Gatto, Gordon, and Rodriguez*)

February 17, 2015

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An act to amend Sections 1522.41 and 1529.2 of the Health and Safety Code, and to amend Sections 304.7, 317, 369.5, 739.5, 16003, ~~and 16206~~ 16206, *and 16501.3* of, and to add Section 16501.4 to, the Welfare and Institutions Code, relating to foster care.

LEGISLATIVE COUNSEL'S DIGEST

SB 238, as amended, Mitchell. Foster care: psychotropic medication.

Existing law authorizes only a juvenile court judicial officer to make orders regarding the administration of psychotropic medications for a dependent child or a ward *of the court* who has been removed from the physical custody of his or her ~~parent~~ *parent, as specified*. Existing law requires the court authorization for the administration of psychotropic medication to be based on a request from a physician, indicating the reasons for the request, a description of the child's or ward's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. Existing law requires the officer to approve or deny the request for authorization to administer psychotropic medication, or set the matter for hearing, as specified, within 7 court days. Existing law requires the Judicial Council to adopt

rules of court and develop appropriate forms for the implementation of these provisions.

This bill would require the Judicial Council, on or before July 1, 2016, to, in consultation with the State Department of Social Services, the State Department of Health Care Services, and *specified* stakeholders, develop updates to the implementation of these provisions with regard to dependent children *or a ward of the court* and related forms. The bill would require the updates to ensure, among other things, that the child *or ward* and his or her caregiver and court-appointed special advocate, if any, have a meaningful opportunity to provide input on the medications being prescribed, and would require the updates to include a process for periodic oversight by the court of orders regarding the administration of psychotropic medications. The bill would require the Judicial Council, on or before July 1, 2016, to adopt or amend rules of court and forms to implement the updates.

This bill would also require the State Department of Social Services, in consultation with *specified parties*, to develop and provide a monthly report to each county child welfare services agency, and would require this report to include *specified information* regarding each child receiving services from the county child welfare services agency and for whom one or more psychotropic medications have been authorized, including, among other things, the psychotropic medications that have been authorized for the child. The bill would also require a county child welfare agency to share with the juvenile court, the child's attorney, and *the county department of behavioral health*, the child's court-appointed special advocate, if one has been appointed, *specified information* regarding an individual child receiving child welfare services, including, among other things, the psychotropic medications that have been authorized for the child. The bill would require the State Department of Social Services, in consultation with *specified parties*, to develop, or ensure access to, a system that automatically alerts a child's social worker when psychotropic medication has been prescribed that fits certain descriptions, and would require the social worker to take *specified actions* upon receipt of an alert from that system. By imposing additional duties on social workers and county child welfare agencies, ~~this~~ *the* bill would impose a state-mandated local program.

Existing law requires certain individuals involved in the care and oversight of dependent children, including group home administrators, foster parents, relative caregivers, nonrelative extended family member

caregivers, social workers, judges, and attorneys, to receive training on various topics.

This bill would require the training to include training on the authorization, uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, behavioral health, and other available behavioral health treatments, for those children. The bill would require the State Department of Social Services, in consultation with specified parties, to develop training that may be used for these purposes. By imposing additional training requirements on social workers, ~~this~~ the bill would impose a state-mandated local program.

*Existing law requires the State Department of Social Services to establish a program of public health nursing in the child welfare services program, and requires counties to use the services of the foster care public health nurse under this program. Existing law requires the foster care public health nurse to perform specified duties, including participating in medical care planning and coordinating for a child in foster care.*

*This bill would require a foster care public health nurse to receive training on the authorization, uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, behavioral health, and other available behavioral health treatments, for those children. By imposing additional duties on a foster care public health nurse, the 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 no reimbursement is required by this act for a specified reason.

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

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

- 1 SECTION 1. Section 1522.41 of the Health and Safety Code
- 2 is amended to read:
- 3 1522.41. (a) The director, in consultation and collaboration
- 4 with county placement officials, group home provider
- 5 organizations, the Director of Health Care Services, and the
- 6 Director of Developmental Services, shall develop and establish

1 a certification program to ensure that administrators of group home  
2 facilities have appropriate training to provide the care and services  
3 for which a license or certificate is issued.

4 (b) (1) In addition to any other requirements or qualifications  
5 required by the department, an administrator of a group home  
6 facility shall successfully complete a department-approved  
7 certification program, pursuant to subdivision (c), prior to  
8 employment. An administrator employed in a group home on the  
9 effective date of this section shall meet the requirements of  
10 paragraph (2) of subdivision (c).

11 (2) In those cases when the individual is both the licensee and  
12 the administrator of a facility, the individual shall comply with all  
13 of the licensee and administrator requirements of this section.

14 (3) Failure to comply with this section shall constitute cause for  
15 revocation of the license of the facility.

16 (4) The licensee shall notify the department within 10 days of  
17 any change in administrators.

18 (c) (1) The administrator certification programs shall require  
19 a minimum of 40 hours of classroom instruction that provides  
20 training on a uniform core of knowledge in each of the following  
21 areas:

22 (A) Laws, regulations, and policies and procedural standards  
23 that impact the operations of the type of facility for which the  
24 applicant will be an administrator.

25 (B) Business operations.

26 (C) Management and supervision of staff.

27 (D) Psychosocial and educational needs of the facility residents,  
28 including, but not limited to, the authorization, uses, risks, benefits,  
29 administration, oversight, and monitoring of psychotropic  
30 medications, and trauma, behavioral health, and other available  
31 behavioral health treatments, for children receiving child welfare  
32 services, including how to access those treatments.

33 (E) Community and support services.

34 (F) Physical needs for facility residents.

35 (G) Administration, storage, misuse, and interaction of  
36 medication used by facility residents.

37 (H) Resident admission, retention, and assessment procedures,  
38 including the right of a foster child to have fair and equal access  
39 to all available services, placement, care, treatment, and benefits,  
40 and to not be subjected to discrimination or harassment on the

1 basis of actual or perceived race, ethnic group identification,  
2 ancestry, national origin, color, religion, sex, sexual orientation,  
3 gender identity, mental or physical disability, or HIV status.

4 (I) Instruction on cultural competency and sensitivity relating  
5 to, and best practices for, providing adequate care to lesbian, gay,  
6 bisexual, and transgender youth in out-of-home care.

7 (J) Nonviolent emergency intervention and reporting  
8 requirements.

9 (K) Basic instruction on the existing laws and procedures  
10 regarding the safety of foster youth at school and the ensuring of  
11 a harassment- and violence-free school environment contained in  
12 the School Safety and Violence Prevention Act (Article 3.6  
13 commencing with Section 32228) of Chapter 2 of Part 19 of  
14 Division 1 of Title 1 of the Education Code).

15 (2) The department shall adopt separate program requirements  
16 for initial certification for persons who are employed as group  
17 home administrators on the effective date of this section. A person  
18 employed as an administrator of a group home facility on the  
19 effective date of this section shall obtain a certificate by completing  
20 the training and testing requirements imposed by the department  
21 within 12 months of the effective date of the regulations  
22 implementing this section. After the effective date of this section,  
23 these administrators shall meet the requirements imposed by the  
24 department on all other group home administrators for certificate  
25 renewal.

26 (3) Individuals applying for certification under this section shall  
27 successfully complete an approved certification program, pass a  
28 written test administered by the department within 60 days of  
29 completing the program, and submit to the department the  
30 documentation required by subdivision (d) within 30 days after  
31 being notified of having passed the test. The department may  
32 extend these time deadlines for good cause. The department shall  
33 notify the applicant of his or her test results within 30 days of  
34 administering the test.

35 (d) The department shall not begin the process of issuing a  
36 certificate until receipt of all of the following:

37 (1) A certificate of completion of the administrator training  
38 required pursuant to this chapter.

1 (2) The fee required for issuance of the certificate. A fee of one  
2 hundred dollars (\$100) shall be charged by the department to cover  
3 the costs of processing the application for certification.

4 (3) Documentation from the applicant that he or she has passed  
5 the written test.

6 (4) Submission of fingerprints pursuant to Section 1522. The  
7 department may waive the submission for those persons who have  
8 a current clearance on file.

9 (5) That person is at least 21 years of age.

10 (e) It shall be unlawful for any person not certified under this  
11 section to hold himself or herself out as a certified administrator  
12 of a group home facility. Any person willfully making any false  
13 representation as being a certified administrator or facility manager  
14 is guilty of a misdemeanor.

15 (f) (1) Certificates issued under this section shall be renewed  
16 every two years and renewal shall be conditional upon the  
17 certificate holder submitting documentation of completion of 40  
18 hours of continuing education related to the core of knowledge  
19 specified in subdivision (c). No more than one-half of the required  
20 40 hours of continuing education necessary to renew the certificate  
21 may be satisfied through online courses. All other continuing  
22 education hours shall be completed in a classroom setting. For  
23 purposes of this section, an individual who is a group home facility  
24 administrator and who is required to complete the continuing  
25 education hours required by the regulations of the State Department  
26 of Developmental Services, and approved by the regional center,  
27 may have up to 24 of the required continuing education course  
28 hours credited toward the 40-hour continuing education  
29 requirement of this section. Community college course hours  
30 approved by the regional centers shall be accepted by the  
31 department for certification.

32 (2) Every administrator of a group home facility shall complete  
33 the continuing education requirements of this subdivision.

34 (3) Certificates issued under this section shall expire every two  
35 years on the anniversary date of the initial issuance of the  
36 certificate, except that any administrator receiving his or her initial  
37 certification on or after July 1, 1999, shall make an irrevocable  
38 election to have his or her recertification date for any subsequent  
39 recertification either on the date two years from the date of issuance  
40 of the certificate or on the individual's birthday during the second

1 calendar year following certification. The department shall send  
2 a renewal notice to the certificate holder 90 days prior to the  
3 expiration date of the certificate. If the certificate is not renewed  
4 prior to its expiration date, reinstatement shall only be permitted  
5 after the certificate holder has paid a delinquency fee equal to three  
6 times the renewal fee and has provided evidence of completion of  
7 the continuing education required.

8 (4) To renew a certificate, the certificate holder shall, on or  
9 before the certificate expiration date, request renewal by submitting  
10 to the department documentation of completion of the required  
11 continuing education courses and pay the renewal fee of one  
12 hundred dollars (\$100), irrespective of receipt of the department's  
13 notification of the renewal. A renewal request postmarked on or  
14 before the expiration of the certificate shall be proof of compliance  
15 with this paragraph.

16 (5) A suspended or revoked certificate shall be subject to  
17 expiration as provided for in this section. If reinstatement of the  
18 certificate is approved by the department, the certificate holder,  
19 as a condition precedent to reinstatement, shall submit proof of  
20 compliance with paragraphs (1) and (2) of subdivision (f), and  
21 shall pay a fee in an amount equal to the renewal fee, plus the  
22 delinquency fee, if any, accrued at the time of its revocation or  
23 suspension. Delinquency fees, if any, accrued subsequent to the  
24 time of its revocation or suspension and prior to an order for  
25 reinstatement, shall be waived for a period of 12 months to allow  
26 the individual sufficient time to complete the required continuing  
27 education units and to submit the required documentation.  
28 Individuals whose certificates will expire within 90 days after the  
29 order for reinstatement may be granted a three-month extension  
30 to renew their certificates during which time the delinquency fees  
31 shall not accrue.

32 (6) A certificate that is not renewed within four years after its  
33 expiration shall not be renewed, restored, reissued, or reinstated  
34 except upon completion of a certification training program, passing  
35 any test that may be required of an applicant for a new certificate  
36 at that time, and paying the appropriate fees provided for in this  
37 section.

38 (7) A fee of twenty-five dollars (\$25) shall be charged for the  
39 reissuance of a lost certificate.

1 (8) A certificate holder shall inform the department of his or  
2 her employment status and change of mailing address within 30  
3 days of any change.

4 (g) Unless otherwise ordered by the department, the certificate  
5 shall be considered forfeited under either of the following  
6 conditions:

7 (1) The department has revoked any license held by the  
8 administrator after the department issued the certificate.

9 (2) The department has issued an exclusion order against the  
10 administrator pursuant to Section 1558, 1568.092, 1569.58, or  
11 1596.8897, after the department issued the certificate, and the  
12 administrator did not appeal the exclusion order or, after the appeal,  
13 the department issued a decision and order that upheld the  
14 exclusion order.

15 (h) (1) The department, in consultation and collaboration with  
16 county placement officials, provider organizations, the State  
17 Department of Health Care Services, and the State Department of  
18 Developmental Services, shall establish, by regulation, the program  
19 content, the testing instrument, the process for approving  
20 certification training programs, and criteria to be used in  
21 authorizing individuals, organizations, or educational institutions  
22 to conduct certification training programs and continuing education  
23 courses. The department may also grant continuing education hours  
24 for continuing courses offered by accredited educational institutions  
25 that are consistent with the requirements in this section. The  
26 department may deny vendor approval to any agency or person in  
27 any of the following circumstances:

28 (A) The applicant has not provided the department with evidence  
29 satisfactory to the department of the ability of the applicant to  
30 satisfy the requirements of vendorization set out in the regulations  
31 adopted by the department pursuant to subdivision (j).

32 (B) The applicant person or agency has a conflict of interest in  
33 that the person or agency places its clients in group home facilities.

34 (C) The applicant public or private agency has a conflict of  
35 interest in that the agency is mandated to place clients in group  
36 homes and to pay directly for the services. The department may  
37 deny vendorization to this type of agency only as long as there are  
38 other vendor programs available to conduct the certification  
39 training programs and conduct education courses.

1 (2) The department may authorize vendors to conduct the  
2 administrator’s certification training program pursuant to this  
3 section. The department shall conduct the written test pursuant to  
4 regulations adopted by the department.

5 (3) The department shall prepare and maintain an updated list  
6 of approved training vendors.

7 (4) The department may inspect certification training programs  
8 and continuing education courses, including online courses, at no  
9 charge to the department, to determine if content and teaching  
10 methods comply with regulations. If the department determines  
11 that any vendor is not complying with the requirements of this  
12 section, the department shall take appropriate action to bring the  
13 program into compliance, which may include removing the vendor  
14 from the approved list.

15 (5) The department shall establish reasonable procedures and  
16 timeframes not to exceed 30 days for the approval of vendor  
17 training programs.

18 (6) The department may charge a reasonable fee, not to exceed  
19 one hundred fifty dollars (\$150) every two years, to certification  
20 program vendors for review and approval of the initial 40-hour  
21 training program pursuant to subdivision (c). The department may  
22 also charge the vendor a fee, not to exceed one hundred dollars  
23 (\$100) every two years, for the review and approval of the  
24 continuing education courses needed for recertification pursuant  
25 to this subdivision.

26 (7) (A) A vendor of online programs for continuing education  
27 shall ensure that each online course contains all of the following:

28 (i) An interactive portion in which the participant receives  
29 feedback, through online communication, based on input from the  
30 participant.

31 (ii) Required use of a personal identification number or personal  
32 identification information to confirm the identity of the participant.

33 (iii) A final screen displaying a printable statement, to be signed  
34 by the participant, certifying that the identified participant  
35 completed the course. The vendor shall obtain a copy of the final  
36 screen statement with the original signature of the participant prior  
37 to the issuance of a certificate of completion. The signed statement  
38 of completion shall be maintained by the vendor for a period of  
39 three years and be available to the department upon demand. Any

1 person who certifies as true any material matter pursuant to this  
2 clause that he or she knows to be false is guilty of a misdemeanor.

3 (B) Nothing in this subdivision shall prohibit the department  
4 from approving online programs for continuing education that do  
5 not meet the requirements of subparagraph (A) if the vendor  
6 demonstrates to the department's satisfaction that, through  
7 advanced technology, the course and the course delivery meet the  
8 requirements of this section.

9 (i) The department shall establish a registry for holders of  
10 certificates that shall include, at a minimum, information on  
11 employment status and criminal record clearance.

12 (j) Subdivisions (b) to (i), inclusive, shall be implemented upon  
13 regulations being adopted by the department, by January 1, 2000.

14 (k) Notwithstanding any law to the contrary, vendors approved  
15 by the department who exclusively provide either initial or  
16 continuing education courses for certification of administrators of  
17 a group home facility as defined by regulations of the department,  
18 an adult residential facility as defined by regulations of the  
19 department, or a residential care facility for the elderly as defined  
20 in subdivision (k) of Section 1569.2, shall be regulated solely by  
21 the department pursuant to this chapter. No other state or local  
22 governmental entity shall be responsible for regulating the activity  
23 of those vendors.

24 SEC. 2. Section 1529.2 of the Health and Safety Code is  
25 amended to read:

26 1529.2. (a) In addition to the foster parent training provided  
27 by community colleges, foster family agencies shall provide a  
28 program of training for their certified foster families.

29 (b) (1) Every licensed foster parent shall complete a minimum  
30 of 12 hours of foster parent training, as prescribed in paragraph  
31 (3), before the placement of any foster children with the foster  
32 parent. In addition, a foster parent shall complete a minimum of  
33 eight hours of foster parent training annually, as prescribed in  
34 paragraph (4). No child shall be placed in a foster family home  
35 unless these requirements are met by the persons in the home who  
36 are serving as the foster parents.

37 (2) (A) Upon the request of the foster parent for a hardship  
38 waiver from the postplacement training requirement or a request  
39 for an extension of the deadline, the county may, at its option, on  
40 a case-by-case basis, waive the postplacement training requirement

- 1 or extend any established deadline for a period not to exceed one  
2 year, if the postplacement training requirement presents a severe  
3 and unavoidable obstacle to continuing as a foster parent. Obstacles  
4 for which a county may grant a hardship waiver or extension are:
- 5 (i) Lack of access to training due to the cost or travel required.
  - 6 (ii) Family emergency.
- 7 (B) Before a waiver or extension may be granted, the foster  
8 parent should explore the opportunity of receiving training by  
9 video or written materials.
- 10 (3) The initial preplacement training shall include, but not be  
11 limited to, training courses that cover all of the following:
- 12 (A) An overview of the child protective system.
  - 13 (B) The effects of child abuse and neglect on child development.
  - 14 (C) Positive discipline and the importance of self-esteem.
  - 15 (D) Health issues in foster care, including, but not limited to,  
16 the authorization, uses, risks, benefits, administration, oversight,  
17 and monitoring of psychotropic medications, and trauma,  
18 behavioral health, and other available behavioral health treatments,  
19 for children receiving child welfare services, including how to  
20 access those treatments.
  - 21 (E) Accessing education and health services available to foster  
22 children.
  - 23 (F) The right of a foster child to have fair and equal access to  
24 all available services, placement, care, treatment, and benefits, and  
25 to not be subjected to discrimination or harassment on the basis  
26 of actual or perceived race, ethnic group identification, ancestry,  
27 national origin, color, religion, sex, sexual orientation, gender  
28 identity, mental or physical disability, or HIV status.
  - 29 (G) Instruction on cultural competency and sensitivity relating  
30 to, and best practices for, providing adequate care to lesbian, gay,  
31 bisexual, and transgender youth in out-of-home care.
  - 32 (H) Basic instruction on the existing laws and procedures  
33 regarding the safety of foster youth at school and the ensuring of  
34 a harassment and violence free school environment contained in  
35 the School Safety and Violence Prevention Act (Article 3.6  
36 commencing with Section 32228) of Chapter 2 of Part 19 of  
37 Division 1 of Title 1 of the Education Code).
- 38 (4) The postplacement annual training shall include, but not be  
39 limited to, training courses that cover all of the following:
- 40 (A) Age-appropriate child development.

1 (B) Health issues in foster care, including, but not limited to,  
2 the authorization, uses, risks, benefits, administration, oversight,  
3 and monitoring of psychotropic medications, and trauma,  
4 behavioral health, and other available behavioral health treatments,  
5 for children receiving child welfare services, including how to  
6 access those treatments.

7 (C) Positive discipline and the importance of self-esteem.

8 (D) Emancipation and independent living skills if a foster parent  
9 is caring for youth.

10 (E) The right of a foster child to have fair and equal access to  
11 all available services, placement, care, treatment, and benefits, and  
12 to not be subjected to discrimination or harassment on the basis  
13 of actual or perceived race, ethnic group identification, ancestry,  
14 national origin, color, religion, sex, sexual orientation, gender  
15 identity, mental or physical disability, or HIV status.

16 (F) Instruction on cultural competency and sensitivity relating  
17 to, and best practices for, providing adequate care to lesbian, gay,  
18 bisexual, and transgender youth in out-of-home care.

19 (5) Foster parent training may be attained through a variety of  
20 sources, including community colleges, counties, hospitals, foster  
21 parent associations, the California State Foster Parent Association's  
22 conference, adult schools, and certified foster parent instructors.

23 (6) A candidate for placement of foster children shall submit a  
24 certificate of training to document completion of the training  
25 requirements. The certificate shall be submitted with the initial  
26 consideration for placements and provided at the time of the annual  
27 visit by the licensing agency thereafter.

28 (c) Nothing in this section shall preclude a county from requiring  
29 county-provided preplacement or postplacement foster parent  
30 training in excess of the requirements in this section.

31 SEC. 3. Section 304.7 of the Welfare and Institutions Code is  
32 amended to read:

33 304.7. (a) The Judicial Council shall develop and implement  
34 standards for the education and training of all judges who conduct  
35 hearings pursuant to Section 300. The training shall include, but  
36 not be limited to, all of the following:

37 (1) A component relating to Section 300 proceedings for newly  
38 appointed or elected judges and an annual training session in  
39 Section 300 proceedings.

1 (2) Cultural competency and sensitivity relating to, and best  
2 practices for, providing adequate care to lesbian, gay, bisexual,  
3 and transgender youth.

4 (3) The authorization, uses, risks, benefits, administration,  
5 oversight, and monitoring of psychotropic medications, and trauma,  
6 behavioral health, and other available behavioral health treatments,  
7 for children receiving child welfare services, including how to  
8 access those treatments.

9 (b) A commissioner or referee who is assigned to conduct  
10 hearings held pursuant to Section 300 shall meet the minimum  
11 standards for education and training established pursuant to  
12 subdivision (a), by July 31, 1998.

13 (c) The Judicial Council shall submit an annual report to the  
14 Legislature on compliance by judges, commissioners, and referees  
15 with the education and training standards described in subdivisions  
16 (a) and (b).

17 SEC. 4. Section 317 of the Welfare and Institutions Code is  
18 amended to read:

19 317. (a) (1) When it appears to the court that a parent or  
20 guardian of the child desires counsel but is presently financially  
21 unable to afford and cannot for that reason employ counsel, the  
22 court may appoint counsel as provided in this section.

23 (2) When it appears to the court that a parent or Indian custodian  
24 in an Indian child custody proceeding desires counsel but is  
25 presently unable to afford and cannot for that reason employ  
26 counsel, the provisions of Section 1912(b) of Title 25 of the United  
27 States Code and Section 23.13 of Title 25 of the Code of Federal  
28 Regulations shall apply.

29 (b) When it appears to the court that a parent or guardian of the  
30 child is presently financially unable to afford and cannot for that  
31 reason employ counsel, and the child has been placed in  
32 out-of-home care, or the petitioning agency is recommending that  
33 the child be placed in out-of-home care, the court shall appoint  
34 counsel for the parent or guardian, unless the court finds that the  
35 parent or guardian has made a knowing and intelligent waiver of  
36 counsel as provided in this section.

37 (c) (1) If a child or nonminor dependent is not represented by  
38 counsel, the court shall appoint counsel for the child or nonminor  
39 dependent, unless the court finds that the child or nonminor

1 dependent would not benefit from the appointment of counsel. The  
2 court shall state on the record its reasons for that finding.

3 (2) A primary responsibility of counsel appointed to represent  
4 a child or nonminor dependent pursuant to this section shall be to  
5 advocate for the protection, safety, and physical and emotional  
6 well-being of the child or nonminor dependent.

7 (3) Counsel may be a district attorney, public defender, or other  
8 member of the bar, provided that he or she does not represent  
9 another party or county agency whose interests conflict with the  
10 child's or nonminor dependent's interests. The fact that the district  
11 attorney represents the child or nonminor dependent in a  
12 proceeding pursuant to Section 300 as well as conducts a criminal  
13 investigation or files a criminal complaint or information arising  
14 from the same or reasonably related set of facts as the proceeding  
15 pursuant to Section 300 is not in and of itself a conflict of interest.

16 (4) The court may fix the compensation for the services of  
17 appointed counsel.

18 (5) (A) The appointed counsel shall have a caseload and training  
19 that ensures adequate representation of the child or nonminor  
20 dependent. The Judicial Council shall promulgate rules of court  
21 that establish caseload standards, training requirements, and  
22 guidelines for appointed counsel for children and shall adopt rules  
23 as required by Section 326.5 no later than July 1, 2001.

24 (B) The training requirements imposed pursuant to subparagraph  
25 (A) shall include instruction on both of the following:

26 (i) Cultural competency and sensitivity relating to, and best  
27 practices for, providing adequate care to lesbian, gay, bisexual,  
28 and transgender youth in out-of-home care.

29 (ii) The authorization, uses, risks, benefits, administration,  
30 oversight, and monitoring of psychotropic medications, and trauma,  
31 behavioral health, and other available behavioral health treatments,  
32 for children receiving child welfare services, including how to  
33 access those treatments.

34 (d) Counsel shall represent the parent, guardian, child, or  
35 nonminor dependent at the detention hearing and at all subsequent  
36 proceedings before the juvenile court. Counsel shall continue to  
37 represent the parent, guardian, child, or nonminor dependent unless  
38 relieved by the court upon the substitution of other counsel or for  
39 cause. The representation shall include representing the parent,  
40 guardian, or the child in termination proceedings and in those

1 proceedings relating to the institution or setting aside of a legal  
2 guardianship. On and after January 1, 2012, in the case of a  
3 nonminor dependent, as described in subdivision (v) of Section  
4 11400, no representation by counsel shall be provided for a parent,  
5 unless the parent is receiving court-ordered family reunification  
6 services.

7 (e) (1) Counsel shall be charged in general with the  
8 representation of the child's interests. To that end, counsel shall  
9 make or cause to have made any further investigations that he or  
10 she deems in good faith to be reasonably necessary to ascertain  
11 the facts, including the interviewing of witnesses, and shall  
12 examine and cross-examine witnesses in both the adjudicatory and  
13 dispositional hearings. Counsel may also introduce and examine  
14 his or her own witnesses, make recommendations to the court  
15 concerning the child's welfare, and participate further in the  
16 proceedings to the degree necessary to adequately represent the  
17 child. When counsel is appointed to represent a nonminor  
18 dependent, counsel is charged with representing the wishes of the  
19 nonminor dependent except when advocating for those wishes  
20 conflicts with the protection or safety of the nonminor dependent.  
21 If the court finds that a nonminor dependent is not competent to  
22 direct counsel, the court shall appoint a guardian ad litem for the  
23 nonminor dependent.

24 (2) If the child is four years of age or older, counsel shall  
25 interview the child to determine the child's wishes and assess the  
26 child's well-being, and shall advise the court of the child's wishes.  
27 Counsel shall not advocate for the return of the child if, to the best  
28 of his or her knowledge, return of the child conflicts with the  
29 protection and safety of the child.

30 (3) Counsel shall investigate the interests of the child beyond  
31 the scope of the juvenile proceeding, and report to the court other  
32 interests of the child that may need to be protected by the institution  
33 of other administrative or judicial proceedings. Counsel  
34 representing a child in a dependency proceeding is not required to  
35 assume the responsibilities of a social worker, and is not expected  
36 to provide nonlegal services to the child.

37 (4) (A) At least once every year, if the list of educational  
38 liaisons is available on the Internet Web site for the State  
39 Department of Education, both of the following shall apply:

1 (i) Counsel shall provide his or her contact information to the  
2 educational liaison, as described in subdivision (b) of Section  
3 48853.5 of the Education Code, of each local educational agency  
4 serving counsel’s foster child clients in the county of jurisdiction.

5 (ii) If counsel is part of a firm or organization representing foster  
6 children, the firm or organization may provide its contact  
7 information in lieu of contact information for the individual  
8 counsel. The firm or organization may designate a person or  
9 persons within the firm or organization to receive communications  
10 from educational liaisons.

11 (B) The child’s caregiver or other person holding the right to  
12 make educational decisions for the child may provide the contact  
13 information of the child’s attorney to the child’s local educational  
14 agency.

15 (C) Counsel for the child and counsel’s agent may, but are not  
16 required to, disclose to an individual who is being assessed for the  
17 possibility of placement pursuant to Section 361.3 the fact that the  
18 child is in custody, the alleged reasons that the child is in custody,  
19 and the projected likely date for the child’s return home, placement  
20 for adoption, or legal guardianship. Nothing in this paragraph shall  
21 be construed to prohibit counsel from making other disclosures  
22 pursuant to this subdivision, as appropriate.

23 (5) Nothing in this subdivision shall be construed to permit  
24 counsel to violate a child’s attorney-client privilege.

25 (6) The changes made to this subdivision during the 2011–12  
26 Regular Session of the Legislature by the act adding subparagraph  
27 (C) of paragraph (4) and paragraph (5) are declaratory of existing  
28 law.

29 (7) The court shall take whatever appropriate action is necessary  
30 to fully protect the interests of the child.

31 (f) Either the child or counsel for the child, with the informed  
32 consent of the child if the child is found by the court to be of  
33 sufficient age and maturity to consent, which shall be presumed,  
34 subject to rebuttal by clear and convincing evidence, if the child  
35 is over 12 years of age, may invoke the psychotherapist-client  
36 privilege, physician-patient privilege, and clergyman-penitent  
37 privilege. If the child invokes the privilege, counsel may not waive  
38 it, but if counsel invokes the privilege, the child may waive it.  
39 Counsel shall be the holder of these privileges if the child is found  
40 by the court not to be of sufficient age and maturity to consent.

1 For the sole purpose of fulfilling his or her obligation to provide  
2 legal representation of the child, counsel shall have access to all  
3 records with regard to the child maintained by a health care facility,  
4 as defined in Section 1545 of the Penal Code, health care providers,  
5 as defined in Section 6146 of the Business and Professions Code,  
6 a physician and surgeon or other health practitioner, as defined in  
7 former Section 11165.8 of the Penal Code, as that section read on  
8 January 1, 2000, or a child care custodian, as defined in former  
9 Section 11165.7 of the Penal Code, as that section read on January  
10 1, 2000. Notwithstanding any other law, counsel shall be given  
11 access to all records relevant to the case that are maintained by  
12 state or local public agencies. All information requested from a  
13 child protective agency regarding a child who is in protective  
14 custody, or from a child's guardian ad litem, shall be provided to  
15 the child's counsel within 30 days of the request.

16 (g) In a county of the third class, if counsel is to be provided to  
17 a child at the county's expense other than by counsel for the  
18 agency, the court shall first use the services of the public defender  
19 before appointing private counsel. Nothing in this subdivision shall  
20 be construed to require the appointment of the public defender in  
21 any case in which the public defender has a conflict of interest. In  
22 the interest of justice, a court may depart from that portion of the  
23 procedure requiring appointment of the public defender after  
24 making a finding of good cause and stating the reasons therefor  
25 on the record.

26 (h) In a county of the third class, if counsel is to be appointed  
27 to provide legal counsel for a parent or guardian at the county's  
28 expense, the court shall first use the services of the alternate public  
29 defender before appointing private counsel. Nothing in this  
30 subdivision shall be construed to require the appointment of the  
31 alternate public defender in any case in which the public defender  
32 has a conflict of interest. In the interest of justice, a court may  
33 depart from that portion of the procedure requiring appointment  
34 of the alternate public defender after making a finding of good  
35 cause and stating the reasons therefor on the record.

36 SEC. 5. Section 369.5 of the Welfare and Institutions Code is  
37 amended to read:

38 369.5. (a) (1) If a child is adjudged a dependent child of the  
39 court under Section 300 and the child has been removed from the  
40 physical custody of the parent under Section 361, only a juvenile

1 court judicial officer shall have authority to make orders regarding  
2 the administration of psychotropic medications for that child. The  
3 juvenile court may issue a specific order delegating this authority  
4 to a parent upon making findings on the record that the parent  
5 poses no danger to the child and has the capacity to authorize  
6 psychotropic medications. Court authorization for the  
7 administration of psychotropic medication shall be based on a  
8 request from a physician, indicating the reasons for the request, a  
9 description of the child's diagnosis and behavior, the expected  
10 results of the medication, and a description of any side effects of  
11 the medication.

12 (2) (A) On or before July 1, 2016, the Judicial Council shall,  
13 in consultation with the State Department of Social Services, the  
14 State Department of Health Care Services, and stakeholders,  
15 including, but not limited to, the County Welfare Directors  
16 Association of California, associations representing current and  
17 former foster children, county behavioral health departments, *the*  
18 *Chief Probation Officers of California*, caregivers, and children's  
19 attorneys, develop updates to the implementation of this section  
20 and related forms. *This effort shall be undertaken in coordination*  
21 *with the updates required under paragraph (2) of subdivision (a)*  
22 *of Section 739.5.*

23 (B) The implementation updates developed pursuant to  
24 subparagraph (A) shall ensure all of the following:

25 (i) The child and his or her caregiver and court-appointed special  
26 advocate, if any, have a meaningful opportunity to provide input  
27 on the medications being prescribed.

28 (ii) Information regarding the child's overall behavioral health  
29 assessment and treatment plan is provided to the court.

30 (iii) Information regarding the rationale for the proposed  
31 medication, provided in the context of past and current treatment  
32 efforts, is provided to the court. This information shall include,  
33 but not be limited to, information on other pharmacological and  
34 nonpharmacological treatments that have been utilized and the  
35 child's response to those treatments, a discussion of symptoms not  
36 alleviated or ameliorated by other current or past treatment efforts,  
37 and an explanation of how the psychotropic medication being  
38 prescribed is expected to improve the child's symptoms.

39 (iv) Guidance is provided to the court on how to evaluate the  
40 request for authorization, including how to proceed if information,

1 otherwise required to be included in a request for authorization  
2 under this section, is not included in a request for authorization  
3 submitted to the court.

4 (C) The implementation updates developed pursuant to  
5 subparagraph (A) shall include a process for periodic oversight by  
6 the court of orders regarding the administration of psychotropic  
7 medications that includes the caregiver's and child's observations  
8 relating to the effectiveness of the medication and side effects,  
9 information on medication management appointments and other  
10 followup appointments with medical practitioners, and information  
11 on the delivery of other behavioral health treatments that are a part  
12 of the child's overall treatment plan. The periodic oversight shall  
13 be facilitated by the county social worker, public health nurse, or  
14 other appropriate county staff. This oversight process shall be  
15 conducted in conjunction with other regularly scheduled court  
16 hearings and reports provided to the court by the county child  
17 welfare agency.

18 (D) On or before July 1, 2016, the Judicial Council shall adopt  
19 or amend rules of court and forms to implement the updates  
20 developed pursuant to this paragraph.

21 (b) (1) In counties in which the county child welfare agency  
22 completes the request for authorization for the administration of  
23 psychotropic medication, the agency is encouraged to complete  
24 the request within three business days of receipt from the physician  
25 of the information necessary to fully complete the request.

26 (2) Nothing in this subdivision is intended to change current  
27 local practice or local court rules with respect to the preparation  
28 and submission of requests for authorization for the administration  
29 of psychotropic medication.

30 (c) Within seven court days from receipt by the court of a  
31 completed request, the juvenile court judicial officer shall either  
32 approve or deny in writing a request for authorization for the  
33 administration of psychotropic medication to the child, or shall,  
34 upon a request by the parent, the legal guardian, or the child's  
35 attorney, or upon its own motion, set the matter for hearing.

36 (d) Psychotropic medication or psychotropic drugs are those  
37 medications administered for the purpose of affecting the central  
38 nervous system to treat psychiatric disorders or illnesses. These  
39 medications include, but are not limited to, anxiolytic agents,  
40 antidepressants, mood stabilizers, antipsychotic medications,

1 anti-Parkinson agents, hypnotics, medications for dementia, and  
2 psychostimulants.

3 (e) Nothing in this section is intended to supersede local court  
4 rules regarding a minor's right to participate in mental health  
5 decisions.

6 (f) This section does not apply to nonminor dependents, as  
7 defined in subdivision (v) of Section 11400.

8 *SEC. 6. Section 739.5 of the Welfare and Institutions Code is*  
9 *amended to read:*

10 739.5. (a) (1) If a minor who has been adjudged a ward of the  
11 court under Section 601 or 602 is removed from the physical  
12 custody of the parent under Section 726 and placed into foster  
13 care, as defined in Section 727.4, only a juvenile court judicial  
14 officer shall have authority to make orders regarding the  
15 administration of psychotropic medications for that minor. The  
16 juvenile court may issue a specific order delegating this authority  
17 to a parent upon making findings on the record that the parent  
18 poses no danger to the minor and has the capacity to authorize  
19 psychotropic medications. Court authorization for the  
20 administration of psychotropic medication shall be based on a  
21 request from a physician, indicating the reasons for the request, a  
22 description of the minor's diagnosis and behavior, the expected  
23 results of the medication, and a description of any side effects of  
24 the medication. ~~On or before July 1, 2008, the Judicial Council~~  
25 ~~shall adopt rules of court and develop appropriate forms for~~  
26 ~~implementation of this section.~~

27 (2) (A) *On or before July 1, 2016, the Judicial Council shall,*  
28 *in consultation with the State Department of Social Services, the*  
29 *State Department of Health Care Services, and stakeholders,*  
30 *including, but not limited to, the County Welfare Directors*  
31 *Association of California, associations representing current and*  
32 *former foster children, county behavioral health departments, the*  
33 *Chief Probation Officers of California, caregivers, and children's*  
34 *attorneys, develop updates to the implementation of this section*  
35 *and related forms. This effort shall be undertaken in coordination*  
36 *with the updates required under paragraph (2) of subdivision (a)*  
37 *of Section 369.5.*

38 (B) *The implementation of the updates developed pursuant to*  
39 *subparagraph (A) shall ensure all of the following:*

1 (i) *The child and his or her caregiver and court-appointed*  
2 *special advocate, if any, have a meaningful opportunity to provide*  
3 *input on the medications being prescribed.*

4 (ii) *Information regarding the child’s overall behavioral health*  
5 *assessment and treatment plan is provided to the court.*

6 (iii) *Information regarding the rationale for the proposed*  
7 *medication, provided in the context of past and current treatment*  
8 *efforts, is provided to the court. This information shall include,*  
9 *but not be limited to, information on other pharmacological and*  
10 *nonpharmacological treatments that have been utilized and the*  
11 *child’s response to those treatments, a discussion of symptoms not*  
12 *alleviated or ameliorated by other current or past treatment efforts,*  
13 *and an explanation of how the psychotropic medication being*  
14 *prescribed is expected to improve the child’s symptoms.*

15 (iv) *Guidance is provided to the court on how to evaluate the*  
16 *request for authorization, including how to proceed if information,*  
17 *otherwise required to be included in a request for authorization*  
18 *under this section, is not included in a request for authorization*  
19 *submitted to the court.*

20 (C) *The implementation updates developed pursuant to*  
21 *subparagraph (A) shall include a process for periodic oversight*  
22 *by the court of orders regarding the administration of psychotropic*  
23 *medications that includes the caregiver’s and child’s observations*  
24 *relating to the effectiveness of the medication and side effects,*  
25 *information on medication management appointments and other*  
26 *followup appointments with medical practitioners, and information*  
27 *on the delivery of other behavioral health treatments that are a*  
28 *part of the child’s overall treatment plan. The periodic oversight*  
29 *shall be facilitated by the county social worker, public health nurse,*  
30 *or other appropriate county staff. This oversight process shall be*  
31 *conducted in conjunction with other regularly scheduled court*  
32 *hearings and reports provided to the court by the county child*  
33 *welfare agency.*

34 (D) *On or before July 1, 2016, the Judicial Council shall adopt*  
35 *or amend rules of court and forms to implement the updates*  
36 *developed pursuant to this paragraph.*

37 (b) (1) *The agency that completes the request for authorization*  
38 *for the administration of psychotropic medication is encouraged*  
39 *to complete the request within three business days of receipt from*

1 the physician of the information necessary to fully complete the  
2 request.

3 (2) Nothing in this subdivision is intended to change current  
4 local practice or local court rules with respect to the preparation  
5 and submission of requests for authorization for the administration  
6 of psychotropic medication.

7 (c) Within seven court days from receipt by the court of a  
8 completed request, the juvenile court judicial officer shall either  
9 approve or deny in writing a request for authorization for the  
10 administration of psychotropic medication to the minor, or shall,  
11 upon a request by the parent, the legal guardian, or the minor's  
12 attorney, or upon its own motion, set the matter for hearing.

13 (d) Psychotropic medication or psychotropic drugs are those  
14 medications administered for the purpose of affecting the central  
15 nervous system to treat psychiatric disorders or illnesses. These  
16 medications include, but are not limited to, anxiolytic agents,  
17 antidepressants, mood stabilizers, antipsychotic medications,  
18 anti-Parkinson agents, hypnotics, medications for dementia, and  
19 psychostimulants.

20 (e) Nothing in this section is intended to supersede local court  
21 rules regarding a minor's right to participate in mental health  
22 decisions.

23 (f) *This section does not apply to nonminor dependents, as*  
24 *defined in subdivision (v) of Section 11400.*

25 ~~SEC. 6.~~

26 *SEC. 7.* Section 16003 of the Welfare and Institutions Code is  
27 amended to read:

28 16003. (a) In order to promote the successful implementation  
29 of the statutory preference for foster care placement with a relative  
30 caretaker as set forth in Section 7950 of the Family Code, each  
31 community college district with a foster care education program  
32 shall make available orientation and training to the relative or  
33 nonrelative extended family member caregiver into whose care  
34 the county has placed a foster child pursuant to Section 1529.2 of  
35 the Health and Safety Code, including, but not limited to, courses  
36 that cover the following:

37 (1) The role, rights, and responsibilities of a relative or  
38 nonrelative extended family member caregiver caring for a child  
39 in foster care, including the right of a foster child to have fair and  
40 equal access to all available services, placement, care, treatment,

1 and benefits, and to not be subjected to discrimination or  
2 harassment on the basis of actual or perceived race, ethnic group  
3 identification, ancestry, national origin, color, religion, sex, sexual  
4 orientation, gender identity, mental or physical disability, or HIV  
5 status.

6 (2) An overview of the child protective system.

7 (3) The effects of child abuse and neglect on child development.

8 (4) Positive discipline and the importance of self-esteem.

9 (5) Health issues in foster care, including, but not limited to,  
10 the authorization, uses, risks, benefits, administration, oversight,  
11 and monitoring of psychotropic medications, and trauma,  
12 behavioral health, and other available behavioral health treatments,  
13 for children receiving child welfare services, including how to  
14 access those treatments.

15 (6) Accessing education and health services that are available  
16 to foster children.

17 (7) Relationship and safety issues regarding contact with one  
18 or both of the birth parents.

19 (8) Permanency options for relative or nonrelative extended  
20 family member caregivers, including legal guardianship, the  
21 Kinship Guardianship Assistance Payment Program, and kin  
22 adoption.

23 (9) Information on resources available for those who meet  
24 eligibility criteria, including out-of-home care payments, the  
25 Medi-Cal program, in-home supportive services, and other similar  
26 resources.

27 (10) Instruction on cultural competency and sensitivity relating  
28 to, and best practices for, providing adequate care to lesbian, gay,  
29 bisexual, and transgender youth in out-of-home care.

30 (11) Basic instruction on the existing laws and procedures  
31 regarding the safety of foster youth at school and the ensuring of  
32 a harassment and violence free school environment contained in  
33 the School Safety and Violence Prevention Act (Article 3.6  
34 (commencing with Section 32228) of Chapter 2 of Part 19 of  
35 Division 1 of Title 1 of the Education Code).

36 (b) In addition to training made available pursuant to subdivision  
37 (a), each community college district with a foster care education  
38 program shall make training available to a relative or nonrelative  
39 extended family member caregiver that includes, but need not be  
40 limited to, courses that cover all of the following:

- 1 (1) Age-appropriate child development.
- 2 (2) Health issues in foster care, including, but not limited to,  
3 the authorization, uses, risks, benefits, administration, oversight,  
4 and monitoring of psychotropic medications, and trauma,  
5 behavioral health, and other available behavioral health treatments,  
6 for children receiving child welfare services, including how to  
7 access to those treatments.
- 8 (3) Positive discipline and the importance of self-esteem.
- 9 (4) Emancipation and independent living.
- 10 (5) Accessing education and health services available to foster  
11 children.
- 12 (6) Relationship and safety issues regarding contact with one  
13 or both of the birth parents.
- 14 (7) Permanency options for relative or nonrelative extended  
15 family member caregivers, including legal guardianship, the  
16 Kinship Guardianship Assistance Payment Program, and kin  
17 adoption.
- 18 (8) Basic instruction on the existing laws and procedures  
19 regarding the safety of foster youth at school and the ensuring of  
20 a harassment and violence free school environment contained in  
21 the School Safety and Violence Prevention Act (Article 3.6  
22 commencing with Section 32228) of Chapter 2 of Part 19 of  
23 Division 1 of Title 1 of the Education Code).
- 24 (c) In addition to the requirements of subdivisions (a) and (b),  
25 each community college district with a foster care education  
26 program, in providing the orientation program, shall develop  
27 appropriate program parameters in collaboration with the counties.
- 28 (d) Each community college district with a foster care education  
29 program shall make every attempt to make the training and  
30 orientation programs for relative or nonrelative extended family  
31 member caregivers highly accessible in the communities in which  
32 they reside.
- 33 (e) When a child is placed with a relative or nonrelative extended  
34 family member caregiver, the county shall inform the caregiver  
35 of the availability of training and orientation programs and it is  
36 the intent of the Legislature that the county shall forward the names  
37 and addresses of relative or nonrelative extended family member  
38 caregivers to the appropriate community colleges providing the  
39 training and orientation programs.

1 (f) This section shall not be construed to preclude counties from  
2 developing or expanding existing training and orientation programs  
3 for foster care providers to include relative or nonrelative extended  
4 family member caregivers.

5 ~~SEC. 7.~~

6 *SEC. 8.* Section 16206 of the Welfare and Institutions Code is  
7 amended to read:

8 16206. (a) The purpose of the program is to develop and  
9 implement statewide coordinated training programs designed  
10 specifically to meet the needs of county child protective services  
11 social workers assigned emergency response, family maintenance,  
12 family reunification, permanent placement, and adoption  
13 responsibilities. It is the intent of the Legislature that the program  
14 include training for other agencies under contract with county  
15 welfare departments to provide child welfare services. In addition,  
16 the program shall provide training programs for persons defined  
17 as a mandated reporter pursuant to the Child Abuse and Neglect  
18 Reporting Act (Article 2.5 (commencing with Section 11164) of  
19 Chapter 2 of Title 1 of Part 4 of the Penal Code). The program  
20 shall provide the services required in this section to the extent  
21 possible within the total allocation. If allocations are insufficient,  
22 the department, in consultation with the grantee or grantees and  
23 the Child Welfare Training Advisory Board, shall prioritize the  
24 efforts of the program, giving primary attention to the most  
25 urgently needed services. County child protective services social  
26 workers assigned emergency response responsibilities shall receive  
27 first priority for training pursuant to this section.

28 (b) The training program shall provide practice-relevant training  
29 for mandated child abuse reporters and all members of the child  
30 welfare delivery system that will address critical issues affecting  
31 the well-being of children, and shall develop curriculum materials  
32 and training resources for use in meeting staff development needs  
33 of mandated child abuse reporters and child welfare personnel in  
34 public and private agency settings.

35 (c) The training provided pursuant to this section shall include  
36 all of the following:

- 37 (1) Crisis intervention.
- 38 (2) Investigative techniques.
- 39 (3) Rules of evidence.
- 40 (4) Indicators of abuse and neglect.

- 1 (5) Assessment criteria, including the application of guidelines  
2 for assessment of relatives for placement according to the criteria  
3 described in Section 361.3.
- 4 (6) Intervention strategies.
- 5 (7) Legal requirements of child protection, including  
6 requirements of child abuse reporting laws.
- 7 (8) Case management.
- 8 (9) Use of community resources.
- 9 (10) Information regarding the dynamics and effects of domestic  
10 violence upon families and children, including indicators and  
11 dynamics of teen dating violence.
- 12 (11) Posttraumatic stress disorder and the causes, symptoms,  
13 and treatment of posttraumatic stress disorder in children.
- 14 (12) The importance of maintaining relationships with  
15 individuals who are important to a child in out-of-home placement,  
16 including methods to identify those individuals, consistent with  
17 the child's best interests, including, but not limited to, asking the  
18 child about individuals who are important, and ways to maintain  
19 and support those relationships.
- 20 (13) The legal duties of a child protective services social worker,  
21 in order to protect the legal rights and safety of children and  
22 families from the initial time of contact during investigation  
23 through treatment.
- 24 (14) The authorization, uses, risks, benefits, administration,  
25 oversight, and monitoring of psychotropic medications, and trauma,  
26 behavioral health, and other available behavioral health treatments,  
27 for children receiving child welfare services, including how to  
28 access those treatments.
- 29 (d) The training provided pursuant to this section may also  
30 include any or all of the following:
- 31 (1) Child development and parenting.
- 32 (2) Intake, interviewing, and initial assessment.
- 33 (3) Casework and treatment.
- 34 (4) Medical aspects of child abuse and neglect.
- 35 (e) The training program in each county shall assess the  
36 program's performance at least annually and forward it to the State  
37 Department of Social Services for an evaluation. The assessment  
38 shall include, at a minimum, all of the following:
- 39 (1) Workforce data, including education, qualifications, and  
40 demographics.

- 1 (2) The number of persons trained.
- 2 (3) The type of training provided.
- 3 (4) The degree to which the training is perceived by participants
- 4 as useful in practice.

5 (5) Any additional information or data deemed necessary by  
6 the department for reporting, oversight, and monitoring purposes.

7 (f) The training program shall provide practice-relevant training  
8 to county child protective services social workers who screen  
9 referrals for child abuse or neglect and for all workers assigned to  
10 provide emergency response, family maintenance, family  
11 reunification, and permanent placement services. The training shall  
12 be developed in consultation with the Child Welfare Training  
13 Advisory Board and domestic violence victims' advocates and  
14 other public and private agencies that provide programs for victims  
15 of domestic violence or programs of intervention for perpetrators.

16 *SEC. 9. Section 16501.3 of the Welfare and Institutions Code*  
17 *is amended to read:*

18 16501.3. (a) The State Department of Social Services shall  
19 establish and maintain a program of public health nursing in the  
20 child welfare services program that meets the federal requirements  
21 for the provision of healthcare to minor and nonminor dependents  
22 in foster care consistent with Section 30026.5 of the Government  
23 Code. The purpose of the public health nursing program shall be  
24 to identify, respond to, and enhance the physical, mental, dental,  
25 and developmental well-being of children in the child welfare  
26 system.

27 (b) Under this program, counties shall use the services of a foster  
28 care public health nurse. The foster care public health nurse shall  
29 work with the appropriate child welfare services workers to  
30 coordinate health care services and serve as a liaison with health  
31 care professionals and other providers of health-related services.  
32 This shall include coordination with county mental health plans  
33 and local health jurisdictions, as appropriate.

34 (c) The duties of a foster care public health nurse shall include,  
35 but need not be limited to, the following:

36 (1) Documenting that each child in foster care receives initial  
37 and followup health screenings that meet reasonable standards of  
38 medical practice.

39 (2) Collecting health information and other relevant data on  
40 each foster child as available, receiving all collected information

1 to determine appropriate referral and services, and expediting  
2 referrals to providers in the community for early intervention  
3 services, specialty services, dental care, mental health services,  
4 and other health-related services necessary for the child.

5 (3) Participating in medical care planning and coordinating for  
6 the child. This may include, but is not limited to, assisting case  
7 workers in arranging for comprehensive health and mental health  
8 assessments, interpreting the results of health assessments or  
9 evaluations for the purpose of case planning and coordination,  
10 facilitating the acquisition of any necessary court authorizations  
11 for procedures or medications, advocating for the health care needs  
12 of the child and ensuring the creation of linkage among various  
13 providers of care.

14 (4) Providing followup contact to assess the child's progress in  
15 meeting treatment goals.

16 (5) At the request of and under the direction of a nonminor  
17 dependent, as described in subdivision (v) of Section 11400, assist  
18 the nonminor dependent in accessing physical health and mental  
19 health care, coordinating the delivery of health and mental health  
20 care services, advocating for the health and mental health care that  
21 meets the needs of the nonminor dependent, and to assist the  
22 nonminor dependent to assume responsibility for his or her ongoing  
23 physical and mental health care management.

24 (d) The services provided by foster care public health nurses  
25 under this section shall be limited to those for which reimbursement  
26 may be claimed under Title XIX at an enhanced rate for services  
27 delivered by skilled professional medical personnel.  
28 Notwithstanding any other provision of law, this section shall be  
29 implemented only if, and to the extent that, the department  
30 determines that federal financial participation, as provided under  
31 Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396  
32 et seq.), is available.

33 (e) (1) The State Department of Health Care Services shall seek  
34 any necessary federal approvals for child welfare agencies to  
35 appropriately claim enhanced federal Title XIX funds for services  
36 provided pursuant to this section.

37 (2) Commencing in the fiscal year immediately following the  
38 fiscal year in which the necessary federal approval pursuant to  
39 paragraph (1) is secured, county child welfare agencies shall  
40 provide health care oversight and coordination services pursuant

1 to this section, and may accomplish this through agreements with  
2 local public health agencies.

3 (f) (1) Notwithstanding Section 10101, prior to the 2011–12  
4 fiscal year, there shall be no required county match of the  
5 nonfederal cost of this program.

6 (2) Commencing in the 2011–12 fiscal year, and each fiscal  
7 year thereafter, funding and expenditures for programs and  
8 activities under this section shall be in accordance with the  
9 requirements provided in Sections 30025 and 30026.5 of the  
10 Government Code.

11 (g) *Public health nurses shall receive training developed*  
12 *pursuant to subdivision (d) of Section 16501.4 regarding the*  
13 *authorization, uses, risks, benefits, administration, oversight, and*  
14 *monitoring of psychotropic medications, and trauma, behavioral*  
15 *health, and other available behavioral health treatments for*  
16 *children receiving child welfare services, including how to access*  
17 *those treatments.*

18 ~~SEC. 8.~~

19 *SEC. 10.* Section 16501.4 is added to the Welfare and  
20 Institutions Code, to read:

21 16501.4. In order to ensure the oversight of psychotropic  
22 medications that are prescribed for children receiving child welfare  
23 services, all of the following shall occur:

24 (a) In consultation with the State Department of Health Care  
25 Services, the County Welfare Directors Association of California,  
26 and other stakeholders, the State Department of Social Services  
27 shall develop and provide an individualized monthly report to each  
28 county child welfare services agency. At a minimum, that report  
29 shall include all of the following information regarding each child  
30 receiving child welfare services from the county child welfare  
31 services agency and for whom one or more psychotropic  
32 medications have been authorized:

33 (1) Psychotropic medications that have been authorized for the  
34 child pursuant to Section 369.5.

35 (2) Data for medications that have been dispensed to the child,  
36 including both psychotropic and nonpsychotropic medication.

37 (3) Durational information relating to the child’s authorized  
38 psychotropic medication, including, but not limited to, the length  
39 of time a medication has been authorized and the length of time  
40 for which a medication has been dispensed by a pharmacy.

1     ~~Claims paid for behavioral~~ Behavioral health services  
2 provided to the child, other than ~~claims paid for~~ psychotropic  
3 medication.

4     (5) The dosage of psychotropic medications that have been  
5 authorized for the child and that have been dispensed.

6     (b) (1) A county child welfare services agency shall use the  
7 form developed pursuant to paragraph (2) to share with the juvenile  
8 court, the child's attorney, *the county department of behavioral*  
9 *health*, and the court-appointed special advocate, if one has been  
10 appointed, the information described in subdivision (a) regarding  
11 an individual child receiving child welfare services and for whom  
12 one or more psychotropic medications have been authorized.

13     (A) In the case of the juvenile court, the information described  
14 in subdivision (a) shall be shared in conjunction with reports  
15 prepared for each regularly scheduled court hearing.

16     (B) In the case of the child's ~~attorney~~ *attorney*, *the county*  
17 *department of behavioral health*, and court-appointed special  
18 advocate, the information described in subdivision (a) shall be  
19 shared initially for each child upon the authorization of  
20 psychotropic medication, and subsequently when that information  
21 changes.

22     (2) In consultation with the State Department of Health Care  
23 Services, the County Welfare Directors Association, and other  
24 stakeholders, the State Department of Social Services shall develop  
25 a form to be utilized in sharing the information required by  
26 paragraph (1).

27     (c) (1) In consultation with the State Department of Health Care  
28 Services, the County Welfare Directors Association of California,  
29 and other stakeholders, the State Department of Social Services  
30 shall either develop, or ensure access to, a system that automatically  
31 alerts the social worker of a child receiving child welfare services  
32 when psychotropic medication has been prescribed that fits any  
33 of the following descriptions:

34     (A) The psychotropic medication has been prescribed in  
35 combination with another psychotropic medication and the  
36 combination is unusual or has the potential for a dangerous  
37 interaction.

38     (B) The psychotropic medication is prescribed in a dosage that  
39 is unusual for a child of that age.

1 (C) The psychotropic medication has the potential for a  
2 dangerous interaction with other prescribed psychotropic or  
3 nonpsychotropic medications.

4 (D) The psychotropic medication is not typically indicated for  
5 a child of that age.

6 (2) If a child’s social worker receives an alert from the system  
7 described in paragraph (1), upon receipt of the alert, the social  
8 worker shall indicate to the child’s attorney, *the county department*  
9 *of behavioral health*, the child’s caregiver, and the child’s  
10 court-appointed special advocate, if one has been appointed, that  
11 the alert has been received. The social worker shall also include a  
12 discussion of the alert and the resolution, if any, of the issue raised  
13 by the alert in the next court report filed in the child’s case.

14 (d) In consultation with the State Department of Health Care  
15 Services, the Judicial Council, the County Welfare Directors  
16 Association of California, and other stakeholders, the State  
17 Department of Social Services shall develop training that may be  
18 provided to county child welfare social workers, ~~courts~~, *courts*  
19 *hearing cases pursuant to Section 300, 601, or 602*, children’s  
20 attorneys, children’s caregivers, court-appointed special advocates,  
21 and other relevant staff who work with children receiving child  
22 welfare services that addresses the authorization, uses, risks,  
23 benefits, administration, oversight, and monitoring of psychotropic  
24 medications, and trauma, behavioral health, and other available  
25 behavioral health treatments, for children receiving child welfare  
26 services, including how to access those treatments.

27 ~~SEC. 9.~~

28 *SEC. 11.* To the extent that this act has an overall effect of  
29 increasing the costs already borne by a local agency for programs  
30 or levels of service mandated by the 2011 Realignment Legislation  
31 within the meaning of Section 36 of Article XIII of the California  
32 Constitution, it shall apply to local agencies only to the extent that  
33 the state provides annual funding for the cost increase. Any new  
34 program or higher level of service provided by a local agency  
35 pursuant to this act above the level for which funding has been  
36 provided shall not require a subvention of funds by the state nor  
37 otherwise be subject to Section 6 of Article XIII B of the California  
38 Constitution.

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