

AMENDED IN ASSEMBLY AUGUST 28, 2015

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

Introduced by Senators Mitchell and Beall

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

February 17, 2015

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, 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, 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, to amend and adopt rules of court and develop appropriate forms for the implementation of these provisions, 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. stakeholders.~~ The bill would require the ~~updates to ensure, rules of court and forms to address,~~ among other things, that the child or ward and his or her caregiver and court-appointed special advocate, if any, have ~~a meaningful~~ *an* 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. The bill would also require a county child welfare department, probation agency, or other person who requests authorization for the administration of psychotropic medication to provide the child's caregiver with a copy of the resulting court order, thereby imposing a state-mandated local program.~~

This bill would also require the State Department of Social Services, in consultation with specified parties, to develop and ~~provide~~ *distribute* a monthly report to each county ~~child welfare services placing agency that is a signatory to a specified data sharing agreement,~~ 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, paid for under Medi-Cal,~~ including, among other things, the psychotropic medications that have been authorized for the child. The bill would also require a county ~~child welfare placing agency to share information pertaining to the child 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. appointed. By imposing additional duties on social workers and county child welfare agencies, county employees, the bill would impose a state-mandated local program.~~

Existing law requires certain individuals involved in the care and oversight of ~~dependent children, children in foster care~~, 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 developed by the State Department of Social Services, in consultation with specified parties, regarding the authorization, uses, risks, benefits, administration, assistance with self-administration, oversight, and monitoring of psychotropic medications, and trauma, behavioral health, and other available behavioral and substance use disorder and mental 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. The bill would also require foster care public health nurses to receive this training. By imposing additional training requirements on social workers, workers and public health nurses, 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
 7 a certification program to ensure that administrators of group home
 8 facilities have appropriate training to provide the care and services
 9 for which a license or certificate is issued.
 10 (b) (1) In addition to any other requirements or qualifications
 11 required by the department, an administrator of a group home
 12 facility shall successfully complete a department-approved
 13 certification program, pursuant to subdivision (c), prior to
 14 employment. An administrator employed in a group home on the
 15 effective date of this section shall meet the requirements of
 16 paragraph (2) of subdivision (c).
 17 (2) In those cases when the individual is both the licensee and
 18 the administrator of a facility, the individual shall comply with all
 19 of the licensee and administrator requirements of this section.
 20 (3) Failure to comply with this section shall constitute cause for
 21 revocation of the license of the facility.
 22 (4) The licensee shall notify the department within 10 days of
 23 any change in administrators.
 24 (c) (1) The administrator certification programs shall require
 25 a minimum of 40 hours of classroom instruction that provides
 26 training on a uniform core of knowledge in each of the following
 27 areas:
 28 (A) Laws, regulations, and policies and procedural standards
 29 that impact the operations of the type of facility for which the
 30 applicant will be an administrator.

1 (B) Business operations.

2 (C) Management and supervision of staff.

3 (D) Psychosocial and educational needs of the facility residents,
4 including, but not limited to, the ~~authorization, uses, risks, benefits,~~
5 ~~administration, oversight, and monitoring of psychotropic~~
6 ~~medications, and trauma, behavioral health, and other available~~
7 ~~behavioral health treatments, for children receiving child welfare~~
8 ~~services, including how to access those treatments.~~ *information*
9 *described in subdivision (d) of Section 16501.4 of the Welfare and*
10 *Institutions Code.*

11 (E) Community and support services.

12 (F) Physical needs for facility residents.

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

15 (H) Resident admission, retention, and assessment procedures,
16 including the right of a foster child to have fair and equal access
17 to all available services, placement, care, treatment, and benefits,
18 and to not be subjected to discrimination or harassment on the
19 basis of actual or perceived race, ethnic group identification,
20 ancestry, national origin, color, religion, sex, sexual orientation,
21 gender identity, mental or physical disability, or HIV status.

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

25 (J) Nonviolent emergency intervention and reporting
26 requirements.

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

33 (2) The department shall adopt separate program requirements
34 for initial certification for persons who are employed as group
35 home administrators on the effective date of this section. A person
36 employed as an administrator of a group home facility on the
37 effective date of this section shall obtain a certificate by completing
38 the training and testing requirements imposed by the department
39 within 12 months of the effective date of the regulations
40 implementing this section. After the effective date of this section,

1 these administrators shall meet the requirements imposed by the
2 department on all other group home administrators for certificate
3 renewal.

4 (3) Individuals applying for certification under this section shall
5 successfully complete an approved certification program, pass a
6 written test administered by the department within 60 days of
7 completing the program, and submit to the department the
8 documentation required by subdivision (d) within 30 days after
9 being notified of having passed the test. The department may
10 extend these time deadlines for good cause. The department shall
11 notify the applicant of his or her test results within 30 days of
12 administering the test.

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

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

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

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

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

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

26 (e) It shall be unlawful for any person not certified under this
27 section to hold himself or herself out as a certified administrator
28 of a group home facility. Any person willfully making any false
29 representation as being a certified administrator or facility manager
30 is guilty of a misdemeanor.

31 (f) (1) Certificates issued under this section shall be renewed
32 every two years and renewal shall be conditional upon the
33 certificate holder submitting documentation of completion of 40
34 hours of continuing education related to the core of knowledge
35 specified in subdivision (c). No more than one-half of the required
36 40 hours of continuing education necessary to renew the certificate
37 may be satisfied through online courses. All other continuing
38 education hours shall be completed in a classroom setting. For
39 purposes of this section, an individual who is a group home facility
40 administrator and who is required to complete the continuing

1 education hours required by the regulations of the State Department
2 of Developmental Services, and approved by the regional center,
3 may have up to 24 of the required continuing education course
4 hours credited toward the 40-hour continuing education
5 requirement of this section. Community college course hours
6 approved by the regional centers shall be accepted by the
7 department for certification.

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

10 (3) Certificates issued under this section shall expire every two
11 years on the anniversary date of the initial issuance of the
12 certificate, except that any administrator receiving his or her initial
13 certification on or after July 1, 1999, shall make an irrevocable
14 election to have his or her recertification date for any subsequent
15 recertification either on the date two years from the date of issuance
16 of the certificate or on the individual's birthday during the second
17 calendar year following certification. The department shall send
18 a renewal notice to the certificate holder 90 days prior to the
19 expiration date of the certificate. If the certificate is not renewed
20 prior to its expiration date, reinstatement shall only be permitted
21 after the certificate holder has paid a delinquency fee equal to three
22 times the renewal fee and has provided evidence of completion of
23 the continuing education required.

24 (4) To renew a certificate, the certificate holder shall, on or
25 before the certificate expiration date, request renewal by submitting
26 to the department documentation of completion of the required
27 continuing education courses and pay the renewal fee of one
28 hundred dollars (\$100), irrespective of receipt of the department's
29 notification of the renewal. A renewal request postmarked on or
30 before the expiration of the certificate shall be proof of compliance
31 with this paragraph.

32 (5) A suspended or revoked certificate shall be subject to
33 expiration as provided for in this section. If reinstatement of the
34 certificate is approved by the department, the certificate holder,
35 as a condition precedent to reinstatement, shall submit proof of
36 compliance with paragraphs (1) and (2) of subdivision (f), and
37 shall pay a fee in an amount equal to the renewal fee, plus the
38 delinquency fee, if any, accrued at the time of its revocation or
39 suspension. Delinquency fees, if any, accrued subsequent to the
40 time of its revocation or suspension and prior to an order for

1 reinstatement, shall be waived for a period of 12 months to allow
2 the individual sufficient time to complete the required continuing
3 education units and to submit the required documentation.
4 Individuals whose certificates will expire within 90 days after the
5 order for reinstatement may be granted a three-month extension
6 to renew their certificates during which time the delinquency fees
7 shall not accrue.

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

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

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

19 (g) Unless otherwise ordered by the department, the certificate
20 shall be considered forfeited under either of the following
21 conditions:

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

24 (2) The department has issued an exclusion order against the
25 administrator pursuant to Section 1558, 1568.092, 1569.58, or
26 1596.8897, after the department issued the certificate, and the
27 administrator did not appeal the exclusion order or, after the appeal,
28 the department issued a decision and order that upheld the
29 exclusion order.

30 (h) (1) The department, in consultation and collaboration with
31 county placement officials, provider organizations, the State
32 Department of Health Care Services, and the State Department of
33 Developmental Services, shall establish, by regulation, the program
34 content, the testing instrument, the process for approving
35 certification training programs, and criteria to be used in
36 authorizing individuals, organizations, or educational institutions
37 to conduct certification training programs and continuing education
38 courses. The department may also grant continuing education hours
39 for continuing courses offered by accredited educational institutions
40 that are consistent with the requirements in this section. The

1 department may deny vendor approval to any agency or person in
2 any of the following circumstances:

3 (A) The applicant has not provided the department with evidence
4 satisfactory to the department of the ability of the applicant to
5 satisfy the requirements of vendorization set out in the regulations
6 adopted by the department pursuant to subdivision (j).

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

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

15 (2) The department may authorize vendors to conduct the
16 administrator's certification training program pursuant to this
17 section. The department shall conduct the written test pursuant to
18 regulations adopted by the department.

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

21 (4) The department may inspect certification training programs
22 and continuing education courses, including online courses, at no
23 charge to the department, to determine if content and teaching
24 methods comply with regulations. If the department determines
25 that any vendor is not complying with the requirements of this
26 section, the department shall take appropriate action to bring the
27 program into compliance, which may include removing the vendor
28 from the approved list.

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

32 (6) The department may charge a reasonable fee, not to exceed
33 one hundred fifty dollars (\$150) every two years, to certification
34 program vendors for review and approval of the initial 40-hour
35 training program pursuant to subdivision (c). The department may
36 also charge the vendor a fee, not to exceed one hundred dollars
37 (\$100) every two years, for the review and approval of the
38 continuing education courses needed for recertification pursuant
39 to this subdivision.

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

3 (i) An interactive portion in which the participant receives
4 feedback, through online communication, based on input from the
5 participant.

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

8 (iii) A final screen displaying a printable statement, to be signed
9 by the participant, certifying that the identified participant
10 completed the course. The vendor shall obtain a copy of the final
11 screen statement with the original signature of the participant prior
12 to the issuance of a certificate of completion. The signed statement
13 of completion shall be maintained by the vendor for a period of
14 three years and be available to the department upon demand. Any
15 person who certifies as true any material matter pursuant to this
16 clause that he or she knows to be false is guilty of a misdemeanor.

17 (B) Nothing in this subdivision shall prohibit the department
18 from approving online programs for continuing education that do
19 not meet the requirements of subparagraph (A) if the vendor
20 demonstrates to the department's satisfaction that, through
21 advanced technology, the course and the course delivery meet the
22 requirements of this section.

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

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

28 (k) Notwithstanding any law to the contrary, vendors approved
29 by the department who exclusively provide either initial or
30 continuing education courses for certification of administrators of
31 a group home facility as defined by regulations of the department,
32 an adult residential facility as defined by regulations of the
33 department, or a residential care facility for the elderly as defined
34 in subdivision (k) of Section 1569.2, shall be regulated solely by
35 the department pursuant to this chapter. No other state or local
36 governmental entity shall be responsible for regulating the activity
37 of those vendors.

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

1 1529.2. (a) In addition to the foster parent training provided
2 by community colleges, foster family agencies shall provide a
3 program of training for their certified foster families.

4 (b) (1) Every licensed foster parent shall complete a minimum
5 of 12 hours of foster parent training, as prescribed in paragraph
6 (3), before the placement of any foster children with the foster
7 parent. In addition, a foster parent shall complete a minimum of
8 eight hours of foster parent training annually, as prescribed in
9 paragraph (4). No child shall be placed in a foster family home
10 unless these requirements are met by the persons in the home who
11 are serving as the foster parents.

12 (2) (A) Upon the request of the foster parent for a hardship
13 waiver from the postplacement training requirement or a request
14 for an extension of the deadline, the county may, at its option, on
15 a case-by-case basis, waive the postplacement training requirement
16 or extend any established deadline for a period not to exceed one
17 year, if the postplacement training requirement presents a severe
18 and unavoidable obstacle to continuing as a foster parent. Obstacles
19 for which a county may grant a hardship waiver or extension are:

20 (i) Lack of access to training due to the cost or travel required.

21 (ii) Family emergency.

22 (B) Before a waiver or extension may be granted, the foster
23 parent should explore the opportunity of receiving training by
24 video or written materials.

25 (3) The initial preplacement training shall include, but not be
26 limited to, training courses that cover all of the following:

27 (A) An overview of the child protective system.

28 (B) The effects of child abuse and neglect on child development.

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

30 (D) Health issues in foster care, including, but not limited to,
31 ~~the authorization, uses, risks, benefits, administration, oversight,~~
32 ~~and monitoring of psychotropic medications, and trauma,~~
33 ~~behavioral health, and other available behavioral health treatments,~~
34 ~~for children receiving child welfare services, including how to~~
35 ~~access those treatments. information described in subdivision (d)~~
36 ~~of Section 16501.4 of the Welfare and Institutions Code.~~

37 (E) Accessing education and health services available to foster
38 children.

39 (F) The right of a foster child to have fair and equal access to
40 all available services, placement, care, treatment, and benefits, and

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

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

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

14 (4) The postplacement annual training shall include, but not be
15 limited to, training courses that cover all of the following:

16 (A) Age-appropriate child development.

17 (B) Health issues in foster care, including, but not limited to,
18 ~~the authorization, uses, risks, benefits, administration, oversight,~~
19 ~~and monitoring of psychotropic medications, and trauma,~~
20 ~~behavioral health, and other available behavioral health treatments,~~
21 ~~for children receiving child welfare services, including how to~~
22 ~~access those treatments. *information described in subdivision (d)*~~
23 ~~*of Section 16501.4 of the Welfare and Institutions Code.*~~

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

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

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

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

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

1 (6) A candidate for placement of foster children shall submit a
2 certificate of training to document completion of the training
3 requirements. The certificate shall be submitted with the initial
4 consideration for placements and provided at the time of the annual
5 visit by the licensing agency thereafter.

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

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

11 304.7. (a) The Judicial Council shall develop and implement
12 standards for the education and training of all judges who conduct
13 hearings pursuant to Section 300. The training shall include, but
14 not be limited to, all of the following:

15 (1) A component relating to Section 300 proceedings for newly
16 appointed or elected judges and an annual training session in
17 Section 300 proceedings.

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

21 ~~(3) The authorization, uses, risks, benefits, administration,
22 oversight, and monitoring of psychotropic medications, and trauma,
23 behavioral health, and other available behavioral health treatments,
24 for children receiving child welfare services, including how to
25 access those treatments.~~

26 ~~(3) The information described in subdivision (d) of Section
27 16501.4.~~

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

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

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

38 317. (a) (1) When it appears to the court that a parent or
39 guardian of the child desires counsel but is presently financially

1 unable to afford and cannot for that reason employ counsel, the
2 court may appoint counsel as provided in this section.

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

9 (b) When it appears to the court that a parent or guardian of the
10 child is presently financially unable to afford and cannot for that
11 reason employ counsel, and the child has been placed in
12 out-of-home care, or the petitioning agency is recommending that
13 the child be placed in out-of-home care, the court shall appoint
14 counsel for the parent or guardian, unless the court finds that the
15 parent or guardian has made a knowing and intelligent waiver of
16 counsel as provided in this section.

17 (c) (1) If a child or nonminor dependent is not represented by
18 counsel, the court shall appoint counsel for the child or nonminor
19 dependent, unless the court finds that the child or nonminor
20 dependent would not benefit from the appointment of counsel. The
21 court shall state on the record its reasons for that finding.

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

26 (3) Counsel may be a district attorney, public defender, or other
27 member of the bar, provided that he or she does not represent
28 another party or county agency whose interests conflict with the
29 child's or nonminor dependent's interests. The fact that the district
30 attorney represents the child or nonminor dependent in a
31 proceeding pursuant to Section 300 as well as conducts a criminal
32 investigation or files a criminal complaint or information arising
33 from the same or reasonably related set of facts as the proceeding
34 pursuant to Section 300 is not in and of itself a conflict of interest.

35 (4) The court may fix the compensation for the services of
36 appointed counsel.

37 (5) (A) The appointed counsel shall have a caseload and training
38 that ensures adequate representation of the child or nonminor
39 dependent. The Judicial Council shall promulgate rules of court
40 that establish caseload standards, training requirements, and

1 guidelines for appointed counsel for children and shall adopt rules
2 as required by Section 326.5 no later than July 1, 2001.

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

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

8 ~~(ii) The authorization, uses, risks, benefits, administration,
9 oversight, and monitoring of psychotropic medications, and trauma,
10 behavioral health, and other available behavioral health treatments,
11 for children receiving child welfare services, including how to
12 access those treatments.~~

13 ~~(ii) The information described in subdivision (d) of Section
14 16501.4.~~

15 (d) Counsel shall represent the parent, guardian, child, or
16 nonminor dependent at the detention hearing and at all subsequent
17 proceedings before the juvenile court. Counsel shall continue to
18 represent the parent, guardian, child, or nonminor dependent unless
19 relieved by the court upon the substitution of other counsel or for
20 cause. The representation shall include representing the parent,
21 guardian, or the child in termination proceedings and in those
22 proceedings relating to the institution or setting aside of a legal
23 guardianship. On and after January 1, 2012, in the case of a
24 nonminor dependent, as described in subdivision (v) of Section
25 11400, no representation by counsel shall be provided for a parent,
26 unless the parent is receiving court-ordered family reunification
27 services.

28 (e) (1) Counsel shall be charged in general with the
29 representation of the child's interests. To that end, counsel shall
30 make or cause to have made any further investigations that he or
31 she deems in good faith to be reasonably necessary to ascertain
32 the facts, including the interviewing of witnesses, and shall
33 examine and cross-examine witnesses in both the adjudicatory and
34 dispositional hearings. Counsel may also introduce and examine
35 his or her own witnesses, make recommendations to the court
36 concerning the child's welfare, and participate further in the
37 proceedings to the degree necessary to adequately represent the
38 child. When counsel is appointed to represent a nonminor
39 dependent, counsel is charged with representing the wishes of the
40 nonminor dependent except when advocating for those wishes

1 conflicts with the protection or safety of the nonminor dependent.
2 If the court finds that a nonminor dependent is not competent to
3 direct counsel, the court shall appoint a guardian ad litem for the
4 nonminor dependent.

5 (2) If the child is four years of age or older, counsel shall
6 interview the child to determine the child's wishes and assess the
7 child's well-being, and shall advise the court of the child's wishes.
8 Counsel shall not advocate for the return of the child if, to the best
9 of his or her knowledge, return of the child conflicts with the
10 protection and safety of the child.

11 (3) Counsel shall investigate the interests of the child beyond
12 the scope of the juvenile proceeding, and report to the court other
13 interests of the child that may need to be protected by the institution
14 of other administrative or judicial proceedings. Counsel
15 representing a child in a dependency proceeding is not required to
16 assume the responsibilities of a social worker, and is not expected
17 to provide nonlegal services to the child.

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

21 (i) Counsel shall provide his or her contact information to the
22 educational liaison, as described in subdivision (b) of Section
23 48853.5 of the Education Code, of each local educational agency
24 serving counsel's foster child clients in the county of jurisdiction.

25 (ii) If counsel is part of a firm or organization representing foster
26 children, the firm or organization may provide its contact
27 information in lieu of contact information for the individual
28 counsel. The firm or organization may designate a person or
29 persons within the firm or organization to receive communications
30 from educational liaisons.

31 (B) The child's caregiver or other person holding the right to
32 make educational decisions for the child may provide the contact
33 information of the child's attorney to the child's local educational
34 agency.

35 (C) Counsel for the child and counsel's agent may, but are not
36 required to, disclose to an individual who is being assessed for the
37 possibility of placement pursuant to Section 361.3 the fact that the
38 child is in custody, the alleged reasons that the child is in custody,
39 and the projected likely date for the child's return home, placement
40 for adoption, or legal guardianship. Nothing in this paragraph shall

1 be construed to prohibit counsel from making other disclosures
2 pursuant to this subdivision, as appropriate.

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

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

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

11 (f) Either the child or counsel for the child, with the informed
12 consent of the child if the child is found by the court to be of
13 sufficient age and maturity to consent, which shall be presumed,
14 subject to rebuttal by clear and convincing evidence, if the child
15 is over 12 years of age, may invoke the psychotherapist-client
16 privilege, physician-patient privilege, and clergyman-penitent
17 privilege. If the child invokes the privilege, counsel may not waive
18 it, but if counsel invokes the privilege, the child may waive it.
19 Counsel shall be the holder of these privileges if the child is found
20 by the court not to be of sufficient age and maturity to consent.
21 For the sole purpose of fulfilling his or her obligation to provide
22 legal representation of the child, counsel shall have access to all
23 records with regard to the child maintained by a health care facility,
24 as defined in Section 1545 of the Penal Code, health care providers,
25 as defined in Section 6146 of the Business and Professions Code,
26 a physician and surgeon or other health practitioner, as defined in
27 former Section 11165.8 of the Penal Code, as that section read on
28 January 1, 2000, or a child care custodian, as defined in former
29 Section 11165.7 of the Penal Code, as that section read on January
30 1, 2000. Notwithstanding any other law, counsel shall be given
31 access to all records relevant to the case that are maintained by
32 state or local public agencies. All information requested from a
33 child protective agency regarding a child who is in protective
34 custody, or from a child’s guardian ad litem, shall be provided to
35 the child’s counsel within 30 days of the request.

36 (g) In a county of the third class, if counsel is to be provided to
37 a child at the county’s expense other than by counsel for the
38 agency, the court shall first use the services of the public defender
39 before appointing private counsel. Nothing in this subdivision shall
40 be construed to require the appointment of the public defender in

1 any case in which the public defender has a conflict of interest. In
 2 the interest of justice, a court may depart from that portion of the
 3 procedure requiring appointment of the public defender after
 4 making a finding of good cause and stating the reasons therefor
 5 on the record.

6 (h) In a county of the third class, if counsel is to be appointed
 7 to provide legal counsel for a parent or guardian at the county’s
 8 expense, the court shall first use the services of the alternate public
 9 defender before appointing private counsel. Nothing in this
 10 subdivision shall be construed to require the appointment of the
 11 alternate public defender in any case in which the public defender
 12 has a conflict of interest. In the interest of justice, a court may
 13 depart from that portion of the procedure requiring appointment
 14 of the alternate public defender after making a finding of good
 15 cause and stating the reasons therefor on the record.

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

18 369.5. (a) (1) If a child is adjudged a dependent child of the
 19 court under Section 300 and the child has been removed from the
 20 physical custody of the parent under Section 361, only a juvenile
 21 court judicial officer shall have authority to make orders regarding
 22 the administration of psychotropic medications for that child. The
 23 juvenile court may issue a specific order delegating this authority
 24 to a parent upon making findings on the record that the parent
 25 poses no danger to the child and has the capacity to authorize
 26 psychotropic medications. Court authorization for the
 27 administration of psychotropic medication shall be based on a
 28 request from a physician, indicating the reasons for the request, a
 29 description of the child’s diagnosis and behavior, the expected
 30 results of the medication, and a description of any side effects of
 31 the medication.

32 (2) (A) On or before July 1, 2016, the Judicial Council ~~shall~~
 33 *shall amend and adopt rules of court and develop appropriate*
 34 *forms for the implementation of this section,* in consultation with
 35 the State Department of Social Services, the State Department of
 36 Health Care Services, and stakeholders, including, but not limited
 37 to, the County Welfare Directors Association of California, *the*
 38 *County Behavioral Health Directors Association of California,*
 39 *the Chief Probation Officers of California,* associations
 40 representing current and former foster children, ~~county behavioral~~

1 ~~health departments, the Chief Probation Officers of California,~~
2 ~~caregivers, and children’s attorneys, develop updates to the~~
3 ~~implementation of this section and related forms: caregivers, and~~
4 ~~children’s attorneys.~~ This effort shall be undertaken in coordination
5 with the updates required under paragraph (2) of subdivision (a)
6 of Section 739.5.

7 (B) ~~The implementation updates rules of court and forms~~
8 developed pursuant to subparagraph (A) shall ~~ensure~~ *address* all
9 of the following:

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

13 (ii) Information regarding the child’s overall ~~behavioral~~ *mental*
14 health assessment and treatment plan is provided to the court.

15 (iii) Information regarding the rationale for the proposed
16 medication, provided in the context of past and current treatment
17 efforts, is provided to the court. This information shall include,
18 but not be limited to, information on other pharmacological and
19 nonpharmacological treatments that have been utilized and the
20 child’s response to those treatments, a discussion of symptoms not
21 alleviated or ameliorated by other current or past treatment efforts,
22 and an explanation of how the psychotropic medication being
23 prescribed is expected to improve the child’s symptoms.

24 (iv) Guidance is provided to the court on how to evaluate the
25 request for authorization, including how to proceed if information,
26 otherwise required to be included in a request for authorization
27 under this section, is not included in a request for authorization
28 submitted to the court.

29 (C) ~~The implementation updates rules of court and forms~~
30 developed pursuant to subparagraph (A) shall include a process
31 for periodic oversight by the court of orders regarding the
32 administration of psychotropic medications that includes the
33 caregiver’s and child’s observations ~~relating to~~ *regarding* the
34 effectiveness of the medication and side effects, information on
35 medication management appointments and other followup
36 appointments with medical practitioners, and information on the
37 delivery of other ~~behavioral~~ *mental* health treatments that are a
38 part of the child’s overall treatment plan. The periodic oversight
39 shall be facilitated by the county social worker, public health nurse,
40 or other appropriate county staff. This oversight process shall be

1 conducted in conjunction with other regularly scheduled court
2 hearings and reports provided to the court by the county child
3 welfare agency.

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

7 (b) (1) In counties in which the county child welfare agency
8 completes the request for authorization for the administration of
9 psychotropic medication, the agency is encouraged to complete
10 the request within three business days of receipt from the physician
11 of the information necessary to fully complete the request.

12 (2) Nothing in this subdivision is intended to change current
13 local practice or local court rules with respect to the preparation
14 and submission of requests for authorization for the administration
15 of psychotropic medication.

16 (c) (1) Within seven court days from receipt by the court of a
17 completed request, the juvenile court judicial officer shall either
18 approve or deny in writing a request for authorization for the
19 administration of psychotropic medication to the child, or shall,
20 upon a request by the parent, the legal guardian, or the child's
21 attorney, or upon its own motion, set the matter for hearing.

22 (2) *Notwithstanding Section 827 or any other law, upon the*
23 *approval or denial by the juvenile court judicial officer of a request*
24 *for authorization for the administration of psychotropic medication,*
25 *the county child welfare agency or other person or entity who*
26 *submitted the request shall provide a copy of the court order*
27 *approving or denying the request to the child's caregiver.*

28 (d) Psychotropic medication or psychotropic drugs are those
29 medications administered for the purpose of affecting the central
30 nervous system to treat psychiatric disorders or illnesses. These
31 medications include, but are not limited to, anxiolytic agents,
32 antidepressants, mood stabilizers, antipsychotic medications,
33 anti-Parkinson agents, hypnotics, medications for dementia, and
34 psychostimulants.

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

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

1 SEC. 6. Section 739.5 of the Welfare and Institutions Code is
2 amended to read:

3 739.5. (a) (1) If a minor who has been adjudged a ward of the
4 court under Section 601 or 602 is removed from the physical
5 custody of the parent under Section 726 and placed into foster
6 care, as defined in Section 727.4, only a juvenile court judicial
7 officer shall have authority to make orders regarding the
8 administration of psychotropic medications for that minor. The
9 juvenile court may issue a specific order delegating this authority
10 to a parent upon making findings on the record that the parent
11 poses no danger to the minor and has the capacity to authorize
12 psychotropic medications. Court authorization for the
13 administration of psychotropic medication shall be based on a
14 request from a physician, indicating the reasons for the request, a
15 description of the minor's diagnosis and behavior, the expected
16 results of the medication, and a description of any side effects of
17 the medication.

18 (2) (A) On or before July 1, 2016, the Judicial Council ~~shall,~~
19 *shall amend and adopt rules of court and develop appropriate*
20 *forms for the implementation of this section,* in consultation with
21 the State Department of Social Services, the State Department of
22 Health Care Services, and stakeholders, including, but not limited
23 to, the County Welfare Directors Association of California, *the*
24 *County Behavioral Health Directors Association of California,*
25 *the Chief Probation Officers of California,* associations
26 representing current and former foster children, ~~county behavioral~~
27 ~~health departments, the Chief Probation Officers of California,~~
28 ~~caregivers, and children's attorneys, develop updates to the~~
29 ~~implementation of this section and related forms. caregivers, and~~
30 ~~minor's attorneys.~~ This effort shall be undertaken in coordination
31 with the updates required under paragraph (2) of subdivision (a)
32 of Section 369.5.

33 (B) ~~The implementation of the updates~~ *rules of court and forms*
34 *developed pursuant to subparagraph (A) shall ensure address* all
35 of the following:

36 (i) ~~The child~~ *minor* and his or her caregiver and court-appointed
37 special advocate, if any, ~~have a meaningful an~~ opportunity to
38 provide input on the medications being prescribed.

1 (ii) Information regarding the ~~child's~~ *minor's* overall ~~behavioral~~
2 *mental* health assessment and treatment plan is provided to the
3 court.

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

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

19 (C) ~~The implementation updates~~ *rules of court and forms*
20 developed pursuant to subparagraph (A) shall include a process
21 for periodic oversight by the court of orders regarding the
22 administration of psychotropic medications that includes the
23 caregiver's and ~~child's~~ *minor's* observations ~~relating to~~ *regarding*
24 the effectiveness of the medication and side effects, information
25 on medication management appointments and other followup
26 appointments with medical practitioners, and information on the
27 delivery of other ~~behavioral~~ *mental* health treatments that are a
28 part of the ~~child's~~ *minor's* overall treatment plan. ~~The periodic~~
29 ~~oversight shall be facilitated by the county social worker, public~~
30 ~~health nurse, or other appropriate county staff.~~ This oversight
31 process shall be conducted in conjunction with other regularly
32 scheduled court hearings and reports provided to the court by the
33 county ~~child welfare~~ *probation* 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) (1) 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 (2) *Notwithstanding Section 827 or any other law, upon the*
14 *approval or denial by the juvenile court judicial officer of a request*
15 *for authorization for the administration of psychotropic medication,*
16 *the county probation agency or other person or entity who*
17 *submitted the request shall provide a copy of the court order*
18 *approving or denying the request to the minor's caregiver.*

19 (d) Psychotropic medication or psychotropic drugs are those
20 medications administered for the purpose of affecting the central
21 nervous system to treat psychiatric disorders or illnesses. These
22 medications include, but are not limited to, anxiolytic agents,
23 antidepressants, mood stabilizers, antipsychotic medications,
24 anti-Parkinson agents, hypnotics, medications for dementia, and
25 psychostimulants.

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

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

31 SEC. 7. Section 16003 of the Welfare and Institutions Code is
32 amended to read:

33 16003. (a) In order to promote the successful implementation
34 of the statutory preference for foster care placement with a relative
35 caretaker as set forth in Section 7950 of the Family Code, each
36 community college district with a foster care education program
37 shall make available orientation and training to the relative or
38 nonrelative extended family member caregiver into whose care
39 the county has placed a foster child pursuant to Section 1529.2 of

1 the Health and Safety Code, including, but not limited to, courses
2 that cover the following:

3 (1) The role, rights, and responsibilities of a relative or
4 nonrelative extended family member caregiver caring for a child
5 in foster care, including the right of a foster child to have fair and
6 equal access to all available services, placement, care, treatment,
7 and benefits, and to not be subjected to discrimination or
8 harassment on the basis of actual or perceived race, ethnic group
9 identification, ancestry, national origin, color, religion, sex, sexual
10 orientation, gender identity, mental or physical disability, or HIV
11 status.

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

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

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

15 (5) 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: information described in subdivision (d)~~
21 ~~of Section 16501.4.~~

22 (6) Accessing education and health services that are available
23 to foster children.

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

26 (8) Permanency options for relative or nonrelative extended
27 family member caregivers, including legal guardianship, the
28 Kinship Guardianship Assistance Payment Program, and kin
29 adoption.

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

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

37 (11) Basic instruction on the existing laws and procedures
38 regarding the safety of foster youth at school and the ensuring of
39 a harassment and violence free school environment contained in
40 the School Safety and Violence Prevention Act (Article 3.6

1 (commencing with Section 32228) of Chapter 2 of Part 19 of
2 Division 1 of Title 1 of the Education Code).

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

8 (1) Age-appropriate child development.

9 (2) 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. information described in subdivision (d)~~
15 ~~of Section 16501.4.~~

16 (3) Positive discipline and the importance of self-esteem.

17 (4) Emancipation and independent living.

18 (5) Accessing education and health services available to foster
19 children.

20 (6) Relationship and safety issues regarding contact with one
21 or both of the birth parents.

22 (7) Permanency options for relative or nonrelative extended
23 family member caregivers, including legal guardianship, the
24 Kinship Guardianship Assistance Payment Program, and kin
25 adoption.

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

32 (c) In addition to the requirements of subdivisions (a) and (b),
33 each community college district with a foster care education
34 program, in providing the orientation program, shall develop
35 appropriate program parameters in collaboration with the counties.

36 (d) Each community college district with a foster care education
37 program shall make every attempt to make the training and
38 orientation programs for relative or nonrelative extended family
39 member caregivers highly accessible in the communities in which
40 they reside.

1 (e) When a child is placed with a relative or nonrelative extended
2 family member caregiver, the county shall inform the caregiver
3 of the availability of training and orientation programs and it is
4 the intent of the Legislature that the county shall forward the names
5 and addresses of relative or nonrelative extended family member
6 caregivers to the appropriate community colleges providing the
7 training and orientation programs.

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

12 SEC. 8. Section 16206 of the Welfare and Institutions Code is
13 amended to read:

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

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

- 1 (c) The training provided pursuant to this section shall include
2 all of the following:
- 3 (1) Crisis intervention.
 - 4 (2) Investigative techniques.
 - 5 (3) Rules of evidence.
 - 6 (4) Indicators of abuse and neglect.
 - 7 (5) Assessment criteria, including the application of guidelines
8 for assessment of relatives for placement according to the criteria
9 described in Section 361.3.
 - 10 (6) Intervention strategies.
 - 11 (7) Legal requirements of child protection, including
12 requirements of child abuse reporting laws.
 - 13 (8) Case management.
 - 14 (9) Use of community resources.
 - 15 (10) Information regarding the dynamics and effects of domestic
16 violence upon families and children, including indicators and
17 dynamics of teen dating violence.
 - 18 (11) Posttraumatic stress disorder and the causes, symptoms,
19 and treatment of posttraumatic stress disorder in children.
 - 20 (12) The importance of maintaining relationships with
21 individuals who are important to a child in out-of-home placement,
22 including methods to identify those individuals, consistent with
23 the child's best interests, including, but not limited to, asking the
24 child about individuals who are important, and ways to maintain
25 and support those relationships.
 - 26 (13) The legal duties of a child protective services social worker,
27 in order to protect the legal rights and safety of children and
28 families from the initial time of contact during investigation
29 through treatment.
 - 30 ~~(14) The authorization, uses, risks, benefits, administration,~~
31 ~~oversight, and monitoring of psychotropic medications, and trauma,~~
32 ~~behavioral health, and other available behavioral health treatments,~~
33 ~~for children receiving child welfare services, including how to~~
34 ~~access those treatments.~~
 - 35 *(14) The information described in subdivision (d) of Section*
36 *16501.4.*
- 37 (d) The training provided pursuant to this section may also
38 include any or all of the following:
- 39 (1) Child development and parenting.
 - 40 (2) Intake, interviewing, and initial assessment.

- 1 (3) Casework and treatment.
- 2 (4) Medical aspects of child abuse and neglect.
- 3 (e) The training program in each county shall assess the
- 4 program’s performance at least annually and forward it to the State
- 5 Department of Social Services for an evaluation. The assessment
- 6 shall include, at a minimum, all of the following:
- 7 (1) Workforce data, including education, qualifications, and
- 8 demographics.
- 9 (2) The number of persons trained.
- 10 (3) The type of training provided.
- 11 (4) The degree to which the training is perceived by participants
- 12 as useful in practice.
- 13 (5) Any additional information or data deemed necessary by
- 14 the department for reporting, oversight, and monitoring purposes.
- 15 (f) The training program shall provide practice-relevant training
- 16 to county child protective services social workers who screen
- 17 referrals for child abuse or neglect and for all workers assigned to
- 18 provide emergency response, family maintenance, family
- 19 reunification, and permanent placement services. The training shall
- 20 be developed in consultation with the Child Welfare Training
- 21 Advisory Board and domestic violence victims’ advocates and
- 22 other public and private agencies that provide programs for victims
- 23 of domestic violence or programs of intervention for perpetrators.
- 24 SEC. 9. Section 16501.3 of the Welfare and Institutions Code
- 25 is amended to read:
- 26 16501.3. (a) The State Department of Social Services shall
- 27 establish and maintain a program of public health nursing in the
- 28 child welfare services program that meets the federal requirements
- 29 for the provision of ~~healthcare~~ *health care* to minor and nonminor
- 30 dependents in foster care consistent with Section 30026.5 of the
- 31 Government Code. The purpose of the public health nursing
- 32 program shall be to identify, respond to, and enhance the physical,
- 33 mental, dental, and developmental well-being of children in the
- 34 child welfare system.
- 35 (b) Under this program, counties shall use the services of a foster
- 36 care public health nurse. The foster care public health nurse shall
- 37 work with the appropriate child welfare services workers to
- 38 coordinate health care services and serve as a liaison with health
- 39 care professionals and other providers of health-related services.

1 This shall include coordination with county mental health plans
2 and local health jurisdictions, as appropriate.

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

5 (1) Documenting that each child in foster care receives initial
6 and followup health screenings that meet reasonable standards of
7 medical practice.

8 (2) Collecting health information and other relevant data on
9 each foster child as available, receiving all collected information
10 to determine appropriate referral and services, and expediting
11 referrals to providers in the community for early intervention
12 services, specialty services, dental care, mental health services,
13 and other health-related services necessary for the child.

14 (3) Participating in medical care planning and coordinating for
15 the child. This may include, but is not limited to, assisting case
16 workers in arranging for comprehensive health and mental health
17 assessments, interpreting the results of health assessments or
18 evaluations for the purpose of case planning and coordination,
19 facilitating the acquisition of any necessary court authorizations
20 for procedures or medications, advocating for the health care needs
21 of the child and ensuring the creation of linkage among various
22 providers of care.

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

25 (5) At the request of and under the direction of a nonminor
26 dependent, as described in subdivision (v) of Section 11400, assist
27 the nonminor dependent in accessing physical health and mental
28 health care, coordinating the delivery of health and mental health
29 care services, advocating for the health and mental health care that
30 meets the needs of the nonminor dependent, and to assist the
31 nonminor dependent to assume responsibility for his or her ongoing
32 physical and mental health care management.

33 (d) The services provided by foster care public health nurses
34 under this section shall be limited to those for which reimbursement
35 may be claimed under Title XIX at an enhanced rate for services
36 delivered by skilled professional medical personnel.
37 Notwithstanding any other provision of law, this section shall be
38 implemented only if, and to the extent that, the department
39 determines that federal financial participation, as provided under

1 Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396
2 et seq.), is available.

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

7 (2) Commencing in the fiscal year immediately following the
8 fiscal year in which the necessary federal approval pursuant to
9 paragraph (1) is secured, county child welfare agencies shall
10 provide health care oversight and coordination services pursuant
11 to this section, and may accomplish this through agreements with
12 local public health agencies.

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

16 (2) Commencing in the 2011–12 fiscal year, and each fiscal
17 year thereafter, funding and expenditures for programs and
18 activities under this section shall be in accordance with the
19 requirements provided in Sections 30025 and 30026.5 of the
20 Government Code.

21 (g) Public health nurses shall receive training developed pursuant
22 to ~~subdivision (d) of Section 16501.4 regarding the authorization,~~
23 ~~uses, risks, benefits, administration, oversight, and monitoring of~~
24 ~~psychotropic medications, and trauma, behavioral health, and other~~
25 ~~available behavioral health treatments for children receiving child~~
26 ~~welfare services, including how to access those treatments.~~
27 *subdivision (d) of Section 16501.4.*

28 SEC. 10. Section 16501.4 is added to the Welfare and
29 Institutions Code, to read:

30 16501.4. In order to ensure the oversight of psychotropic
31 medications that are prescribed for children ~~receiving child welfare~~
32 ~~services, pursuant to Section 369.5 or 739.5, all of the following~~
33 shall occur:

34 (a) *The State Department of Health Care Services shall provide*
35 *to the State Department of Social Services, pursuant to a data*
36 *sharing agreement meeting the requirements of applicable state*
37 *and federal law and regulations, information for administration,*
38 *oversight, and implementation of federal and state health and*
39 *public social service programs for children in foster care. The*
40 *departments shall also develop, in consultation with counties, a*

1 *data sharing agreement in which county placing agencies may opt*
2 *to participate, which shall enable the county to, at a minimum,*
3 *receive data reports developed pursuant to this section.*

4 ~~(a)~~

5 *(b) (1) In consultation with the State Department of Health*
6 *Care Services, the County Welfare Directors Association of*
7 *California, the County Behavioral Health Directors Association*
8 *of California, the Chief Probation Officers of California, and other*
9 *stakeholders, the State Department of Social Services shall develop*
10 *and provide an individualized monthly report to each county child*
11 *welfare services agency. At a minimum, that report shall include*
12 *all of the following information regarding each child receiving*
13 *child welfare services from the county child welfare services*
14 *agency and for whom one or more psychotropic medications have*
15 *been authorized: the content and format for monthly,*
16 *county-specific reports that describe each child for whom one or*
17 *more psychotropic medications have been paid for under Medi-Cal,*
18 *including paid claims and managed care encounters. At a*
19 *minimum, the report shall include the following information:*

20 ~~(1)~~

21 *(A) Psychotropic medications that have been authorized for the*
22 *child pursuant to Section 369.5 or 739.5.*

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

25 ~~(3) Durational information relating to the child's authorized~~
26 ~~psychotropic medication, including, but not limited to, the length~~
27 ~~of time a medication has been authorized and the length of time~~
28 ~~for which a medication has been dispensed by a pharmacy.~~

29 ~~(4) Behavioral health services provided to the child, other than~~
30 ~~psychotropic medication.~~

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

33 *(B) Pharmacy data, based on paid claims and managed care*
34 *encounters, including the name of the psychotropic medication,*
35 *quantity, and dose prescribed for the child.*

36 *(C) Other available data, including, but not limited to,*
37 *information regarding psychosocial interventions and incidents*
38 *of polypharmacy.*

39 *(2) The report shall include an indicator that identifies each*
40 *child under five years of age for whom one or more psychotropic*

1 *medications is prescribed and each child of any age for whom*
2 *three or more psychotropic medications are prescribed.*

3 *(c) (1) The State Department of Social Services shall distribute*
4 *to a county placing agency the monthly report for children under*
5 *its jurisdiction, if the placing agency is a signatory to the data*
6 *sharing agreement described in subdivision (a).*

7 ~~(b) (1)~~

8 *(2) A county-child welfare services placing agency shall use*
9 *the form developed pursuant to paragraph (2) (3) to share*
10 *information pertaining to a child with the appropriate juvenile*
11 *court, the child's attorney, the county department of behavioral*
12 *health, and the court-appointed special advocate, if one has been*
13 *appointed, the information described in subdivision (a) regarding*
14 *an individual child receiving child welfare services and for whom*
15 *one or more psychotropic medications have been authorized.*
16 *appointed.*

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

20 *(B) In the case of the child's attorney, the county department*
21 *of behavioral health, and court-appointed special advocate, the*
22 *information described in subdivision (a) shall be shared initially*
23 *for each child served by these individuals upon the authorization*
24 *of psychotropic medication, and subsequently when that*
25 *information changes.*

26 ~~(2)~~

27 *(3) In consultation with the State Department of Health Care*
28 *Services, the County Welfare Directors Association, the County*
29 *Behavioral Health Directors Association of California, the Chief*
30 *Probation Officers of California, and other stakeholders, the State*
31 *Department of Social Services shall develop a form to be utilized*
32 *in sharing the information required by paragraph (1) (2).*

33 ~~(e) (1) In consultation with the State Department of Health Care~~
34 ~~Services, the County Welfare Directors Association of California,~~
35 ~~and other stakeholders, the State Department of Social Services~~
36 ~~shall either develop, or ensure access to, a system that automatically~~
37 ~~alerts the social worker of a child receiving child welfare services~~
38 ~~when psychotropic medication has been prescribed that fits any~~
39 ~~of the following descriptions:~~

1 ~~(A) The psychotropic medication has been prescribed in~~
2 ~~combination with another psychotropic medication and the~~
3 ~~combination is unusual or has the potential for a dangerous~~
4 ~~interaction.~~

5 ~~(B) The psychotropic medication is prescribed in a dosage that~~
6 ~~is unusual for a child of that age.~~

7 ~~(C) The psychotropic medication has the potential for a~~
8 ~~dangerous interaction with other prescribed psychotropic or~~
9 ~~nonpsychotropic medications.~~

10 ~~(D) The psychotropic medication is not typically indicated for~~
11 ~~a child of that age.~~

12 ~~(2) If a child's social worker receives an alert from the system~~
13 ~~described in paragraph (1), upon receipt of the alert, the social~~
14 ~~worker shall indicate to the child's attorney, the county department~~
15 ~~of behavioral health, the child's caregiver, and the child's~~
16 ~~court-appointed special advocate, if one has been appointed, that~~
17 ~~the alert has been received. The social worker shall also include a~~
18 ~~discussion of the alert and the resolution, if any, of the issue raised~~
19 ~~by the alert in the next court report filed in the child's case.~~

20 ~~(d) In consultation with the State Department of Health Care~~
21 ~~Services, the Judicial Council, the County Welfare Directors~~
22 ~~Association of California, the County Behavioral Health Directors~~
23 ~~Association of California, the Chief Probation Officers of~~
24 ~~California, and other stakeholders, the State Department of Social~~
25 ~~Services shall develop training that may be provided to county~~
26 ~~child welfare social workers, probation officers, courts hearing~~
27 ~~cases pursuant to Section 300, 601, or 602, children's attorneys,~~
28 ~~children's caregivers, court-appointed special advocates, and other~~
29 ~~relevant staff who work with children receiving child welfare~~
30 ~~services under the jurisdiction of the juvenile court that addresses~~
31 ~~the authorization, uses, risks, benefits, administration, assistance~~
32 ~~with self-administration, oversight, and monitoring of psychotropic~~
33 ~~medications, and trauma, behavioral health, and other available~~
34 ~~behavioral and substance use disorder and mental health~~
35 ~~treatments, for children receiving child welfare services, including~~
36 ~~how to access those treatments.~~

37 SEC. 11. To the extent that this act has an overall effect of
38 increasing the costs already borne by a local agency for programs
39 or levels of service mandated by the 2011 Realignment Legislation
40 within the meaning of Section 36 of Article XIII of the California

1 Constitution, it shall apply to local agencies only to the extent that
2 the state provides annual funding for the cost increase. Any new
3 program or higher level of service provided by a local agency
4 pursuant to this act above the level for which funding has been
5 provided shall not require a subvention of funds by the state nor
6 otherwise be subject to Section 6 of Article XIII B of the California
7 Constitution.

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