

November 1, 2018

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 18-100

The purpose of this All County Letter (ACL) is to inform county child welfare and probation agencies of the changes mandated by AB 1006, chapter 714, Statutes of 2017.



PAT LEARY
ACTING DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

November 1, 2018

ALL COUNTY LETTER NO. 18-100

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL FOSTER CARE MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL ADOPTION REGIONAL OFFICES
ALL PRIVATE ADOPTION AGENCY DIRECTORS

SUBJECT: **Assembly Bill (AB) 1006 implementation**

REFERENCE: [AB 1006](#), [AB 1790](#), [WELFARE AND INSTITUTIONS CODE \(W&IC\) 371](#), SECTIONS [11463](#), [16119](#), [16125](#), [16206](#), [16501](#), AND [16501.1](#), [ALL COUNTY INFORMATION NOTICE \(ACIN\) NO. 1-26-16](#), TITLE 9 OF THE CALIFORNIA CODE OF REGULATIONS SECTIONS [1830.205](#) AND [1830.210](#)

PURPOSE

The purpose of this All County Letter (ACL) is to inform county child welfare and probation agencies of the changes mandated by AB 1006, chapter 714, Statutes of 2017. The legislation amended W&IC Sections 16119, 16206, 16501, and 16501.1 and added W&IC Section 371. This legislation clarified existing permanency services requirements and added the following:

1. A definition of specialized permanency services,
2. Additional requirements for case plan documentation, and
3. New mandates for the development and dissemination of resource materials to adoptive and guardianship families and to Child and Family teams (CFT).

Background

In 2014, AB 1790 was enacted to require the CDSS to convene a stakeholder group to identify barriers to the provision of mental health services to former foster youth who had achieved permanency through adoption by mental health professionals with specialized clinical training in adoption or permanency topics. One of the key issues noted by the workgroup was the lack of post-graduate training specific for adoption/permanency clinical issues for mental health professionals. The group also noted the lack of information for adoptive and legal guardianship families regarding how to identify a permanency competent mental health provider. For additional information regarding AB 1790 review [ACIN No. 1-26-16](#).

Prior to AB 1006, California child welfare statutes already define permanent placement services as activities designed to provide a permanent family structure for youth who cannot safely remain at home and who may not return home. Further, the statutes require that reasonable efforts be made to make and finalize a permanent placement for youth. Practices from the Pathways to Mental Health (formerly the Katie A. lawsuit settlement), California Wraparound, the Children's System of Care and other permanency practices all require permanency services. Previous permanency services focused on finding an appropriate family but did not include the importance of addressing the child's histories of trauma, separation, and loss, which are key factors in the disruption of adoptive and guardianship placements.

Specialized Permanency Services

AB 1006 provided clarity to existing requirements for foster youth to receive specialized permanency services. The AB 1006 more clearly defined "specialized permanency services" as "services to assist a child or nonminor dependent whose case plan is for permanent placement or supportive transition to adulthood in achieving a permanent family through reunification, adoption, legal guardianship, or other lifelong connection to caring adults, including at least one adult who will provide a permanent, parent-like relationship for the child or nonminor dependent." Specialized permanency services are to be designed for and with the youth to address their unique histories of trauma, separation, and loss. Specialized permanency services may include, but are not limited to, all of the following:

- Medically necessary mental health services;
- Other services designed to address the dependent youth's history of trauma, grief, loss, stigma, and rejection that reduce the likelihood of the youth achieving a permanent family;
- Permanency support services, as appropriate to achieve, stabilize, and sustain the dependent youth in a permanent family; and
- Services designed to prepare the identified permanent family to meet the youth's needs, set appropriate expectations before and after permanency is achieved, and stabilize the placement.

Mental Health Services

Specialized permanency services, per AB 1006, may include medically necessary Medi-Cal specialty mental health services if the foster youth has met the criteria. Criteria for Medi-Cal specialty mental health services are outlined in Section [1830.205](#) and [1830.210](#) of Title 9 of the California Code of Regulations. Medically necessary mental health services, are now clearly defined and may include other services designed to address the youth's history of trauma, grief, loss, stigma, and rejection. The amelioration of these impairments in significant areas of life functioning may increase the likelihood of the dependent youth achieving and sustaining permanence. Additionally, services to dependent children, either directly, or secured through agreements with other agencies, include specialty mental health services for eligible youth.

Permanency Support Services

Permanency support services for a dependent youth help prepare that youth and, as appropriate, his or her family, for permanence, including reunification. [W&IC 11463\(B\)\(5\)\(E\)](#), dependent youth are to receive "services to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or youth, as appropriate". Permanency services must also be trauma informed and culturally relevant. The services are intended to support adoption, guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the youth, as appropriate.

Sustained Permanency

Specialized permanency services may also include services designed for and with the youth to prepare the permanent family to meet the dependent youth's needs. These services set applicable expectations before and after permanency is achieved, and stabilize the placement.

NEW Case Plan Documentation**Statement of the Dependent Youth's Wishes for Youth with a Case Plan Goal of Another Planned Permanent Living Arrangement (APPLA)**

The case plan for a foster youth with a case plan goal of APPLA shall include the youth's wishes for their permanent placement plan and an assessment of those stated wishes. The agency must also include documentation of the steps the agency is taking to find an appropriate adoptive family, legal guardian, or other permanent living arrangements. At a minimum, the documentation shall include child-specific recruitment efforts, which may include the use of state, regional, and national adoption exchanges, when the youth has been freed for adoption. Regardless of whether the child has been freed for adoption, documentation shall include a description of any barriers to achieving legal permanence and the steps the agency will take to address those barriers. Note

that, prior to the enactment of AB 1006, this was an existing requirement for youth whose case plans are either adoption or guardianship.

CDSS recommends that the assessment of the child's stated wishes include a review of specialized permanency services provided to address the child's history of trauma, grief, loss, stigma, and rejection that reduce the likelihood of the dependent youth achieving permanency.

Specialized Permanency Services

When the case plan has as its goal for the child a permanent plan of adoption, legal guardianship, or APPLA, it may now include specific elements of specialized permanency services as needed to meet the youth's permanency needs.

Youth in Care for Three or More Years

This section pertains to foster youth with a case plan goal of adoption or legal guardianship, or APPLA. If a youth has been in care for three or more years, the case plan must include documentation describing the specialized permanency services used. If no specialized permanency services have been used, the case plan must include a statement as to why the agency did not provide those services.

Statewide Coordinated Training Programs

AB 1006 clarified that training provided pursuant to the Statewide Coordinated Training Programs for county child protective services social workers and as mandated reporters must include the types of and behavioral manifestations of trauma, grief and loss. These trainings will be updated, consistent with AB 1006.

Written Materials REQUIRED BY AB 1006

Prospective Adoptive Families

AB 1006 added requirements (W&IC 371 & 16119) for potential adoptive parents to receive written information regarding the importance of working with mental health providers that have specialized adoption or permanency clinical training and experience if the family needs clinical support. The materials also include information for families to use to identify mental health providers with specialized adoption or permanency training and experience. The CDSS publication *Finding a Competent Therapist Tips for Adoptive and Guardianship Families* includes the necessary information. The decimation guide and brochure is below.

The statute requires that these materials be provided as follows:

- At the time of application for adoption of a child who is potentially eligible for Adoption Assistance Program benefits,
- At a time immediately prior to the finalization of the adoption decree.
- By the social worker or probation officer when the court has ordered a dependent child or ward of the juvenile court placed for adoption.

The CDSS recommends that county and licensed adoption agencies provide prospective adoptive families with this information prior to signing the adoption placement agreement. Youth adopted from the child welfare system have unique needs and may need mental health services that are relevant to their experiences. Permanency competent service providers are best suited to provide clinical interventions which may sustain permanency and avoid disruptions.

If a Resource Family expresses interest in adoption, the CDSS recommends that the prospective adoptive families then receive this brochure. Commonly, child(ren) may display destructive behaviors prior to the completion of an adoption. By educating adopting parent's adoption with resources on how to obtain a permanency competent therapist, placements may be preserved.

Legal Guardianship Families

AB 1006 requires the social worker or probation officer to provide a guardian written information regarding the importance of working with mental health providers that have specialized adoption or permanency clinical training and experience if the family needs clinical support when the court has appointed a legal guardian. The materials will also include information for families to use to identify mental health providers with specialized adoption or permanency training and experience.

The CDSS recommends that county child welfare and probation departments provide prospective legal guardians with this information prior to the recommending a plan of legal guardianship to the juvenile court. Youth from the child welfare system reaching permanency through guardianship also have unique needs and may need mental health service providers who are able to provide permanency-focused treatment.

The CDSS publication *Finding a Competent Therapist Tips for Adoptive and Guardianship Families* includes the necessary information. The decimation guide and brochure is below.

Child and Family Team Meetings

Per statute ([W&IC 16501.1](#)), CFTs are convened by the county placing agency. One of the purposes of these meeting is to identify the supports and services needed to achieve permanency and enable the youth to be placed in the least restrictive family setting that promotes normal childhood experiences. CFTs must now receive written or electronic documentation developed by the department regarding specialized permanency services and activities shown to be effective in achieving and sustaining permanency.

Dissemination Guide for the *Finding a Competent Therapist Tips for Adoptive and Guardianship Families* publication

Adoption and guardianship are a lifelong process, and families may need professional help when concerns arise which may occur shortly after placement, or years later. An appropriate therapist may assist a family to develop, strengthen and practice parenting skills that support attachment, healthy family relationships and long-term well-being. The brochure provides adoptive and guardianship families with resources on how to identify an appropriate therapist.

Key Considerations

When providing the publication highlight the following:

1. A child's display of trauma, through external or internal behaviors, is a normal response to their past experiences.
2. Children and youth with a history of abuse, neglect, trauma, and other adverse early experiences, have unique needs.
3. Not all therapists are trained to meet the needs of adoptive and guardianship families.
4. Honoring a child's past experience by accessing an appropriate therapist can strengthen family relationships and long-term well-being.

Obtaining a Copy of the Publication

Information on how to order publications is available on the CDSS webpage at www.cdss.ca.gov/inforesources/Forms-Brochures/How-to-Order-Forms.

Electric copies of the publication (PUB 511) are available at, www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-Alphabetic-List/M-P or www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB511.pdf?ver=2019-05-14-110438-993.

If you have any questions about the publication or AB 1006, please contact the Adoption Policy Unit at apu@dss.ca.gov or at (916) 651-7464.

Sincerely,

Original Document Signed By

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

c: County Welfare Directors Association of California

Attachment

Finding a Competent Therapist

Tips for Adoptive and
Guardianship Families

Asking for Help
Is a Strength

CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES



Questions For Potential Therapists

Professional Education and Experience

Question (Q)

Possible Responses (PR)

Q: How long have you been in practice, and what degrees, licenses, or certifications do you have?

PR: Therapist should be a licensed mental health professional with experience and training working with adoptive and guardianship families.

Q: What training have you received regarding working with adoptive and guardianship families?

PR: Training and education should be specific to working with adoptive and guardianship families. Their training should be ongoing.

Q: What is your experience with adoption or guardianship and related issues?

PR: Therapist should have an understanding of the effects of trauma, as well as an understanding of topics such as how children process their adoption stories, open adoption, transracial adoption, grief and loss, searching for birth relatives, abuse and neglect history, and/or attachment difficulties.

Q: What percentage of your clients are adoptive or guardianship families?

PR: A therapist should know the answer and ideally some of their clients should be adoptive or guardianship families.

Q: Have you ever worked with children who were not infants at the time of their adoption, or with older children and youth in foster care?

PR: A therapist should have a wide range of experience working with children of varying ages. They should understand that there are different needs for children adopted as newborns and those placed later in life.

My Additional Questions:

Treatment Settings

Q: Do you see the child individually or with a family?

PR: The therapist should see the child both individually and with the family in order to develop, strengthen and practice parenting skills that support attachment, healthy family relationships and long-term well-being

Q: What forms of discipline do you promote?

PR: The therapist should not recommend punitive measures, including corporal punishment. Positive parenting discipline methods that teach a helpful lesson relevant to the incident while still strengthening the parent-child relationship should be encouraged.

Q: Do you know of any local support groups for adoptive parents, adoptees or birth parents?

PR: Therapist should know of and provide community resources to families.

My Additional Questions:

Notes to Self:

A therapist capable of serving adoptive and guardianship families should have the required education, training and experience. The following question and answer guide can be used when interviewing a potential therapist.

Positive Flags

- Therapist favors open adoption, when possible.
- Therapist has experience working with international and trans-racial adoptees.
- Therapist is able to engage families.
- Therapist understands that children and youth with a history of abuse, neglect, trauma, and other adverse early experiences, have unique needs.
- Therapist can communicate the significance of adoption to the adoptee.

Negative Flags

- Therapist is against open adoption, even when it is possible.
- Therapist makes negative comments about the family of origin or country of origin.
- Therapist dodges your questions.
- You feel judged, shamed or emotionally unsafe with the therapist.
- Therapist minimizes the adoptees' early life experiences.
- Therapist does not embrace the emotional significance of adoption or guardianship.



RESOURCES FOR FAMILIES:

- Parenting After Adoption: www.childwelfare.gov/topics/adoption/adopt-parenting/
- Adoption Assistance Program: www.cdss.ca.gov/inforesources/Adoptions/Adoption-Assistance-Program
- Directory of Adoption Professionals: www.adoptionsupport.org/member-types/adoption-competent-professionals

RESOURCES FOR PROVIDERS:

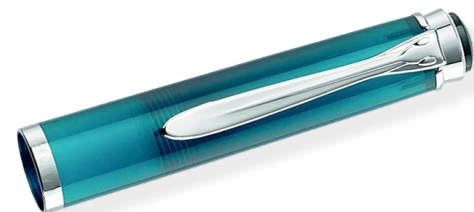
Assembly Bill (AB) 1790 Implementation guides. Each guide includes a self-assessment tool to help the agency know where they are, tips, resources, etc. The guides are available on the Sierra Health Foundations site at www.sierrahealth.org/AB1790-Implementation-Guide.

- Community Health, Managed Care and Fee-for-Service Providers: www.sierrahealth.org/assets/AB1790_Comm_MH_Guide_Revision_2_Web.pdf
- County Behavioral Health Agencies: www.sierrahealth.org/assets/AB1790_Behavioral_Health_Guide_Revision_2_Web.pdf
- Private Nonprofit Child Welfare Agencies: www.sierrahealth.org/assets/AB1790_Private_Nonprofit_Child_Welfare_Agency_Guide_Revision_2_Web.pdf
- Public Child Welfare Agencies: www.sierrahealth.org/assets/AB1790_Public_Child_Welfare_Agencies_Guide_Web.pdf

TRAINING FOR PROVIDERS

The National Adoption Competency Mental Health Training Initiative (NTI): www.adoptionsupport.org/adoption-competency-initiatives/national-training-initiative-nti

MY COUNTY'S CONTACT INFORMATION:





This brochure provides adoptive and guardianship families with resources on how to identify an appropriate therapist. Not all therapists are trained to meet the needs of adoptive and guardianship families.

Families may need professional help when concerns arise.

A therapist experienced in adoption and guardianship can assist families with the types of unique problems they have. An appropriate therapist may assist a family to develop, strengthen and practice parenting skills that support attachment, healthy family relationships and long-term well-being.



STATE OF CALIFORNIA
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