



CDSS

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REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

June 6, 2016

ALL COUNTY INFORMATION NOTICE NO. I-26-16

TO: ALL COUNTY CHILD WELFARE DIRECTORS
 ALL COUNTY CHIEF PROBATION OFFICERS
 ALL COUNTY BEHAVIORAL HEALTH DIRECTORS
 ALL COUNTY MENTAL HEALTH DIRECTORS
 ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
 ADOPTION REGIONAL AND FIELD OFFICES
 ALL COUNTY ADOPTION OFFICES
 PRIVATE ADOPTION AGENCIES
 ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: ASSEMBLY BILL 1790 (CHAPTER 766, STATUTES OF 2014),
 BARRIERS TO AVAILABILITY OF MENTAL HEALTH THERAPISTS
 WITH SPECIALIZED CLINICAL TRAINING IN ADOPTION OR
 PERMANENCY ISSUES

REFERENCE: [ASSEMBLY BILL \(AB\) 1790 \(CHAPTER 766, STATUTES OF 2014\);
 WELFARE AND INSTITUTIONS CODE \(W&IC\) SECTION 16125.](#)

The purpose of this All County Information Notice (ACIN) is to provide information regarding the barriers and recommendations that were identified from the stakeholder workgroup that was convened as a result of the passage of AB 1790 on September 29, 2014. The W&IC section 16125 provides for any child adopted from the foster care system that is receiving or is eligible to receive Adoption Assistance benefits including Medi-Cal, to receive medically necessary specialty mental health services by local mental health providers in the county of residence of his or her adoptive parents. The AB 1790 amends W&IC section 16125 to require the California Department of Social Services (CDSS) to convene a stakeholder workgroup to identify barriers to the provision of these mental health services by mental health professionals with specialized clinical training in adoption or permanency issues. This bill further required the stakeholder group to make specific recommendations for voluntary measures available to both state and local government agencies and private entities, as appropriate, to address those barriers. The stakeholder group was to include but not be

limited to: adoptive parents, former foster youth, county mental health departments, private organizations providing specialty mental health services, child welfare agency representatives, association representatives, representatives from mental health and social work graduate degree granting postsecondary education institutions, and representatives from relevant state and local agencies.

The stakeholder group was charged to make these specific recommendations to the various entities by January 31, 2016, while coordinating with, but not duplicating existing local, state, or national initiatives. The stakeholder group believes that incorporation of the recommendations will lead to improved stability and well-being of adoptive and other permanency-based families. For the remainder of this ACIN the terminology “adoption, adoptive, or adopted/permanency” refers to any and all types of life-long connections between children and caring adults, where at least one adult will provide a permanent parent-like relationship for a child, regardless of judicial involvement.

Background:

Each year thousands of California foster children join adoptive/permanency families who are committed to help them achieve positive outcomes and have a better life. The toll of their past trauma before and during their time in foster care, often results in emotional distress and challenging behaviors. Acting-out behavior by the adopted child can create situations in which the adoptive parents feel frightened, helpless, defeated, and emotionally paralyzed. The challenging behaviors of the children, insufficient parental preparation and lack of supports coupled with the resulting feelings of hopelessness can place the adoption/permanency at risk for disruption.

A rich body of research makes it clear that adopted/permanency children, youth and their families have a profound need for therapeutic support by mental health professionals, who understand the specific needs of this population. Mental health professionals typically do not receive the training required to fill adoption/permanency related counseling needs of children, youth, and parents. Too often these professionals either do not fully understand why such training is necessary, or mistakenly believe the knowledge they already possess is sufficient and are unaware of the unique characteristics of adoption/permanency families. As an adoptive parent stated in her testimony for the bill; “Mental health providers with a trauma-informed practice, successfully address many of the issues but, adoption turns everything on its head.”

Stakeholders Process:

In compliance with the legislation, CDSS convened and facilitated the stakeholder group process which determined there was a need for specialized adoption/permanency clinical training, identified the barriers to the provision of such specialized services and developed recommendations for addressing this need. The stakeholder group met from January through November 2015 to articulate their understanding of the barriers and

compile their recommendations. The information was then consolidated into issue areas and divided into categories for consideration by counties, the state, and private entities. The CDSS is assisting in the dissemination of information gathered through this ACIN to our regional offices, the county child welfare and probation departments, private adoption agencies and the Title IV-E Tribes. Listed below are the consolidated issues, barriers, and their accompanying recommendations that pertain to these groups.

I. Lack of Awareness, Knowledge, or Interest in Adoption Competency:

Barrier 1: Many providers of services to children, youth, and families are not fully aware of pre and post adoption/permanency clinical issues and/or the need for mental health providers with specialized training and experience in these clinical issues.

Recommendations:

- Promote widespread awareness of specialized mental health providers of adoption/permanency clinical issues through training and dissemination of educational and outreach materials;
- This same pre-service training should be culturally relevant and include adoption-focused information on trans-racial, Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) and Sexual Orientation and Gender Identity Expression (SOGIE), sibling sets, children and youth transitioning from congregate care placements, and family-focused therapy;
- Disseminate educational and outreach materials on adoption/permanency issues and their behavioral impacts to a broad array of stakeholders including the educational and medical communities, family resource centers, network providers, county administered plans, schools, child welfare, probation, and behavioral health departments; and
- All service agreements, contracts and collaborations in the provision of services and supports to adoption/permanency families should utilize service providers who can demonstrate expertise in working with this population, and the agreement and documents written specific to these services should reflect this expectation.

Barrier 2: Families parenting children formerly in foster care may not understand the importance of working with mental health providers that have specialized training and experience in adoption/permanency clinical issues.

Recommendations:

- Provide written information to all current and prospective adoptive/permanency families about the importance of selecting and working with mental health providers with specialized training and experience in adoption/permanency clinical issues; useful links include: <http://kinshipcenter.org/services/education->

[institute/classes/professional-classes.html](http://www.kinshipcenter.org/education-institute/classes/professional-classes.html) and <http://california-adoption.org/post-adoption-services.html>;

- Include the above information at the signing of Adoptive Placement as well;
- Broadly disseminate the above information via the distribution of flyers at agencies, courthouses, libraries, resource centers, Boys and Girls Clubs/YMCA/YWCA and the like, health clinics, schools, churches, grocery store bulletin boards, etc. This could also include enclosing in Adoption Assistance Payment (AAP) check mailings and notices and by posting on county specific community resource boards or websites;
- Encourage and support the formation of support groups facilitated by child welfare and mental health professionals with specialized training and experience in adoption/permanency issues for adoptive parents, children and youth; and
- Network and share resources for these families through use of electronic communication vehicles including internet and social media outlets such as <http://www.meetup.com>, <http://www.postadoptionlink.org>).

II. Adoption/Permanency Professional and Caregiver Clinical Development:

Barrier 1: There is very limited adoption- focused university level education and accessible post-graduate training. This results in a lack of social workers, therapists, clinical supervisors, and consultants with specialized training and experience in adoption/permanency clinical issues.

Recommendations:

- Make Adoption Clinical Training (ACT) (<http://www.kinshipcenter.org/education-institute/classes/professional-classes.html>) or Training for Adoption Competence (TAC) <http://adoptionssupport.org/adoption-competency-initiatives/training-for-adoption-competency-tac/> available to child welfare, behavioral health, probation, and private agency staff and strongly encourage or require contracted providers to participate;
- Require all specialty mental health providers working with families impacted by adoption/permanency to complete specialized training in adoption/permanency issues;
- Encourage existing state, county and independent training partners to include awareness, knowledge and skills regarding adoption/permanency clinical issues in their training curriculum;
- This includes adoption focused information on trans-racial, LGBTQQ and SOGIE, sibling sets, children and youth transitioning from congregate care placements, and family-focused therapy; and

- Increase adoption/permanency clinical issues topics and/or courses in undergraduate, graduate, and doctoral programs of social work and other social science degrees and Title IV E programs.

Barrier 2: Training for child welfare social workers and their private agency partners does not always include specialized training in adoption/permanency clinical issues.

Recommendations:

- Encourage child welfare staff to participate in beta testing of federal grant funded National Training Initiative (NTI) through the Center for Adoption Support and Education (C.A.S.E) (<http://adoptionsupport.org/education-resources/for-professionals/>), which is anticipated to be available in near future;
- Request training entities such as the Regional Training Academies, Resource Center for Family Focused Practice and the California Institute for Behavioral Health Solutions to include advanced training on adoption/permanency clinical issues; and
- Encourage private agencies and their associations to provide specialized staff training in adoption/permanency clinical issues.

Barrier 3: Adopting parents, guardians, and the children and youth are frequently not prepared to understand adoption/permanency issues.

Recommendations:

- Require agencies approving families for adoption and guardianship to include information on adoption/permanency clinical issues and specialized parenting techniques they may need to be successful in pre-service caregiver training and
- Require pre-service training to be culturally competent and developmentally appropriate which includes permanency focused information on trans-racial, LGBTQQ and SOGIE, sibling sets, children and youth transitioning from congregate care placements, and family-focused therapy.

Barrier 4 a): County mental health plans and providers and other mental health professionals often do not know if the family is impacted by adoption.

Barrier 4 b): County mental health plans often do not know which providers have the specialized training and experience needed.

Recommendations:

- Add a question to all child welfare, behavioral health, probation, specialty mental health, and private agency intake forms that would identify if members of the family have experienced foster care, adoption/permanency;
- Add a protocol for county staff members in any department providing information on therapeutic resources and private agencies to inquire if specialty mental health providers have received specialized training and experience in adoption/permanency clinical issues before referring an adoptive/permanency family;
- County departments could then create and maintain a separate list of mental health providers with specialized training and experience in adoption/permanency clinical issues for future reference and distribution;
- Request that county mental health plans include in their credentialing or certification process the identification of professionals with specialized training in adoption/permanency clinical issues; and
- Request that county welfare and mental health agencies consider the availability of clinical staff with specialized training and experience in adoption/permanency clinical issues when awarding or renewing specialty mental health contracts and plans.

Barrier 5: Clinicians and providers have difficulty attending training because it is costly and requires many hours away from billable treatment services.

Recommendations:

- Make training available outside of normal clinical hours;
- When available, make use of free, online training being developed by the National Adoption Competency Mental Health Training Initiative (NTI);
- Maximize all available training funds to provide quality training to contracted specialty mental health providers and others providing clinical services to adoptive families (Note: IV-E training funds may be used to make clinicians aware of adoption issues); and
- Open up and/or expand adoption/permanency focused county training events and activities to partner agencies, county Departments, and other service providers.

III. Lack of Availability of Service and Support by Providers with Specialized Training and Experience in Adoption/Permanency Clinical Issues/Lack of Access to Services:

Barrier 1: Lack of available services and support by providers with specialized training and experience in adoption/permanency and the associated culturally relevant issues including but not limited to: transracial, LGBTQQ and SOGIE, sibling sets, children and

youth transitioning from congregate care placements, and family-focused therapy. This need is even more pronounced for families in rural counties.

Recommendations:

- Conduct county resource mapping to find out what supports are available for adoptive families.
- Counties Behavioral Health and Child Welfare Departments review current service delivery system to assess their capacity to meet the adoption competencies identified by NTI;
- Leverage existing resources to ensure availability of culturally-competent mental health and support services by providers with specialized training and experiences in adoption/permanency clinical issues;
- Educate and improve awareness for foster, adoptive/permanency parents by creating environments where they can utilize 'down-time' to receive training such as making training DVD's available, like QPI Florida's Just-In-Time online training <http://www.qpiflorida.org/justintime/index.html>;
- Survey locally served adoptive and guardianship families on their satisfaction with the services that are provided as well as to identify their needs for additional services;
- Include specific stakeholder meetings for adoptive/permanency families as part of the counties formal Mental Health Services Act (MHSA) stakeholder process (See V, recommendation b); and
- Develop and implement adoption/permanency focused respite and other adoption/permanency support programs.

Barrier 2: There is a need for youth and family coaching and mentoring, to provide trained peers that can understand and normalize the emotions and behaviors.

Recommendations:

- Develop opportunities for youth to participate in support groups where they can talk with other youth and share their experiences; and
- Prepare and support youth to speak at adoption events/conferences in order to promote awareness and opportunities for mentoring.

IV. Addressing the stigma of seeking and receiving Mental Health Services:

Barrier 1a: Adoptive/permanency families often are reluctant to seek help because of mental health stigma; and,

Barrier 1b: The reluctance is heightened because adoptive/permanency families often mistakenly believe they need to demonstrate competency in all areas of parenting and in all situations to make up for the losses their children have experienced.

Recommendations:

- Provide training and/or information for families to explain the value of mental health services in dealing with trauma, loss, abuse and neglect issues;
- Build on or develop mental health parent and youth partner program models specific to supporting youth around adoption/permanency clinical issues; (i.e. <http://www.nacac.org/>);
- Provide training and/or information for current and former youth in care to explain the value of mental health services in dealing with trauma, loss, abuse and neglect issues;
- Provide training and an on-going support program for children, youth, and families of transracial and transcultural adoption;
- Encourage the development social opportunities such as camps to address the unique dynamics of families in transracial, LGBTQQ and SOGIE, sibling sets, and children and youth transitioning from congregate care placements;
- Provide preventative and supportive activities to bring adoptive/permanency families together. Consider specialized groups and activities for married couples, singles, youth, LGBTQQ and SOGIE etc., or for the whole family; and
- Request adoption/permanency focused specialty mental health training for key staff and leadership within various youth engagement organizations such as California Youth Connection (CYC), Youth Engagement Project (YEP), the Foster Care Ombudsmen's Office, and others. This could also include more general mental health training in engaging youth who seem to be struggling with mental health issues. For example, (<https://www.ruok.org.au>), a training developed by youth, and (<http://creatingcommunitysolutions.org/texttalkact>) a program developed in partnership with youth.

V. Need for Data:

Barrier 1a: Counties are unable to define the need for adoption/permanency competent mental health providers, or make it meaningful because they lack data on the number of adopted children, especially those who are Medi-Cal eligible. It is difficult to know what capacity-building is needed when we have no data supporting the need.

Barrier 1b: There is no tracking method to see how many adoptive parents call the ACCESS line or the AAP worker requesting assistance. There is also a lack of data and no tracking method to see whether those who request assistance are able to

access adoption/permanency competent services that adequately meet the needs of families and youth in a timely manner.

Recommendations:

- Create a survey to gather information and elicit clarification regarding the status of current child welfare/behavioral health collaborative efforts in the areas of adoption/permanency clinical issue training and direct service provisions. Survey could address: existing county collaborative relationships, awareness of need for specialty mental health training, experience in adoption/permanency issues, cost of providing training, understanding of best practice, local value and availability of programs, cultural issues and concerns, and data which the counties need and can provide;
- Survey locally-served adoptive/permanency families on their needs and their satisfaction with the services provided;
- Facilitate town-hall meetings for adoptive/permanency families to illicit their input as to services needed and use of resources;
- Provide specific stakeholder meetings for adoptive/permanency families as part of the county formal Mental Health Service Act (MHSA) stakeholder process;
- Analyze data on youth who enter an out-of-home placement post-adoption;
- Survey the youth who have experienced an out-of-home placement post-adoption, as well as their parents and ask about the following: what necessitated the out-of-home placement from the parent and youth's perspective; did the family try to access adoption/permanency competent services before the out-of-home placement; were those services available in a timely manner; if available, were they helpful; if not helpful, what about them could have been improved; were there any other services the youth or family thinks would have helped, if available, to prevent the need for an out-of-home placement post-adoption/permanency; and
- Collect data on children who reenter foster care after a prior finalization of an adoption or guardianship, including surveying children and parents, to assess the extent to which a lack of permanency-competent services contributed to the child's reentry into care.

VI. Funding:

Barrier 1: Lack of awareness of funding streams available to pay for post-permanency services, including funds for direct clinical services and funds for non-clinical support services.

Recommendations:

- Explore using MHSA Prevention and Early Intervention funds and county realignment dollars for adoption support services;
- Explore using Promoting Safe and Stable Funds (PSSF) for adoption promotion and support services in partnership with county behavioral health agencies;
- Use Adoption Initiative funds to improve post adoption/permanency services, including partnerships with private agency partners; and create public-private funding partnerships with foundations such as Annie E. Casey or Co-Investment Partnership foundations; and
- Maximize use of AAP Delink funding

Barrier 2: Perceived lack of funding available for specialized training in adoption/permanency clinical training. There is an erroneous belief that mental health professionals and clinicians may not be included in training fund with Title IV-E training dollars.

Recommendations:

- Open up child welfare Title IV-E funded training events to behavioral health and private agency partner staff and other service providers; and
- Explore the use of alternative funding streams available through MHSA, including any available Workforce Education and Training (WET) funds.

California remains committed to creating and sustaining adoption, guardianship, and other permanency options for all children and youth in care. These permanency options are meant to create the stable, nurturing, and supportive environments that all children deserve and need in order to thrive. The AB 1790 stakeholder group believes that with proper supports of specialty mental health providers trained in adoption/permanency clinical issues, stable, nurturing, and supportive environments can be the reality for many adoptive/permanency homes that are presently struggling. The CDSS remains committed to joining with and supporting our county and private agency partners and associations to bring about and expand appropriate clinical and support services for our adoptive/permanency children and youth and their families.

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Questions pertaining to this legislation can be directed to Adoption Policy Unit at apu@dss.ca.gov or at (916) 657-1858.

Sincerely,

Original Document Signed By:

LORI FULLER, Acting Chief
Child and Youth Permanency Branch
Children and Family Services Division

c: County Welfare Directors Association
Chief Probation Officers of California
Judicial Council of California