50 State Well-Being Legislative Enactments, 2008-2013

The legislation below represents state legislation across the fifty states related to the well-being of children in foster care. The legislation is divided into the following categories: Behavioral and Mental Health, Physical Health, Psychotropic Medications, Substance Abuse, Child Well-Being Finance, and Cross Agency Collaborations. Education is also considered a part of well-being but is not included in this chart. For education legislation, please see NCSL's 2013 publication, Educating Children in Foster Care: State Legislation, 2008-2012.

State	Citation	Behavioral and Mental Health Legislative Enactments
AZ	2013 Ariz. SB 1375, Chap. 220	Requires the Arizona Department of Economic Security (DES), in collaboration with the Arizona Department of Health Services and the Arizona Health Care Cost Containment System to determine the most efficient and effective way to provide comprehensive medical, dental and behavioral health services for children who are in a foster home, in the custody of DES or in the custody of a probation department; relates to child protective services.
CA	*2010 Cal. Stats., AB 1758, Chap. 561*	Authorizes all counties to provide children with service alternatives to group home care through development of expanded family-based services programs, including individualized or "wraparound" services. Wraparound services are community-based intervention services that emphasize the strengths of the child and family and include coordinated, highly individualized, unconditional services to address needs and achieve positive outcomes. These service are available to a child living with his or her birth parent, relative, non-relative extended family member, adoptive parent, licensed or certified foster parent, or guardian. The law authorizes a county to develop and implement a plan for providing wraparound services designed to enable children who would otherwise be placed in a group home setting to remain in the least restrictive, most family-like setting possible. It also imposes specified evaluation and reporting requirements for participating counties and training requirements for staff in these counties.
CO	*2008 Colo. Sess., Laws, HB 1391, Chap. 219*	Creates the Child Welfare and Mental Health Services Pilot Program in the Department of Human Services to provide mental health screenings, evaluations and services for any child from ages 4 through 10 who has been the subject of a substantiated case of abuse and neglect. Requires the department to develop and establish the program and to submit a report to the General Assembly concerning the outcomes of the program.
CT	*2013 Conn. Acts, SB 972 P.A. 178*	Requires the development of a plan for meeting children's mental, emotional and behavioral health needs; requires the inclusion of certain strategies, including school and community-based mental health services integration and early intervention enhancement; provides for collaboration with emergency mobile psychiatric service providers, training of school resource officers, mental health providers, pediatricians and child care providers, home visitation, and a study on nutrition and psychotropic drugs.

KY	*2010 Ky. Acts, HB 231, Chap. 7*	Requires the Cabinet for Health and Family Services to investigate the need for specialty residential treatment facilities for children with mental health disorders, and requires formal written inter-sector agreements between residential facilities and agencies that treat, educate or serve the children. The law requires that treatment facilities submit a "certificate of need" showing compliance with specific criteria.
MI	*2011 Mich. Pub. Acts, HB 4526, Act 63*	Sec. 578: Directs the Department of Human Services and child-placing agencies to use a standardized assessment tool to ensure greater cooperation between the department and the Department of Community Health and to measure the mental health treatment needs of every child supervised by the department.
MN	*2011 Minn. Laws, SB 1285, Chap. 86*	The County Board must arrange for or provide a children's mental health screening for a child receiving child protective services; a child in out-of-home placement; a child for whom parental rights have been terminated; a child found to be delinquent; or a child found to have committed a juvenile petty offense for the third or subsequent time. Provides that a children's mental health screening is not required when an assessment has been performed within the previous 180 days or the child currently is under the care of a mental health professional. When a child is receiving protective services or is in out-of-home placement, the court or county agency must notify a parent or guardian whose parental rights have not been terminated of the potential mental health screening and the option to prevent the screening by notifying the court or county agency in writing.
MN	*2010 Minn. Laws, HB 2912, Chap. 303*	Stipulates that all children referred for treatment of severe emotional disturbance in a treatment foster care setting or residential treatment facility or informally admitted to a regional treatment center shall, prior to admission, undergo an assessment to determine the appropriate level of care if public funds are used to pay for the services, except in the case of an emergency admission. The law requires that, if a child is determined to be an Indian child, the treatment team shall provide notice to the tribe or tribes that accept jurisdiction for the child and permit the tribe's representative to participate in the screening team.
MT	*2011 Mont. Laws, HB 565, Chap. 377*	Requires the Department of Public Health and Human Services (DPHHS) to consider placement options in in-state treatment facilities for high-risk children with mental health needs who have multiagency service needs before the department places children out of state. The DPHHS will create rules to ensure that out-of-state placement is a last resort. The rules will establish a procedure for in-state facilities to offer a treatment plan for high-risk children with mental health needs that will be considered by DPHHS before children are placed out of state.
NE	*2010 Neb. Laws, L.B. 901*	Sec. 43-2923: Requires the court, in determining the best interests of a minor child regarding custody and parenting arrangements, to include several items in its considerations, including the general health, welfare and social behavior of the minor child.
NE	*2009 Neb. Laws, LB 603*	Adopts the Behavioral Health Workforce Act and the Children and Family Behavioral Health Support Act. Provides coverage under the medical assistance program for community-based secure residential and subacute behavioral health services. Makes pregnant women with a family income equal to or less than 185 percent of the Office of Management and Budget income poverty guideline eligible for medical assistance. Creates the Family Navigator Program to respond to children's behavioral health needs.

NE	*2009 Nev. Stats., AB 227, Chap. 332*	Requires the Division of Child and Family Services to adopt regulations regarding the placement of children in foster care, including, without limitation, regulations establishing the minimum standards for foster care agencies to be issued and have renewed a license to operate a foster care agency. The law relates to licensing specialized foster homes, meaning a family home that provides full-time care and services to children who require special care for physical, mental or emotional issues.
NV	*2011 Nev. Stats., SB 371, Chap. 444*	Requires appointment of a person who is legally responsible for the psychiatric care of each child who is in the custody of an agency that provides child welfare services. The person appointed is to be responsible for making all decisions concerning services and treatment provided to such children. The law allows the court to appoint the person nominated by the agency or to appoint any other person the court determines is qualified to carry out such duties and responsibilities. To the extent that a parent or legal guardian of the child is able and willing to serve as the person legally responsible for the child's psychiatric care, the parent or guardian must be nominated and appointed pursuant to this law. It also requires the person who is legally responsible for the child's psychiatric care to provide written consent or denial of consent for each appointment or for a course of routine treatment for the child's psychiatric care; to maintain current information concerning the child's medical history and emotional, behavioral and educational needs.
OK	*2009 Okla. Sess. Laws, HB 1734, Chap. 338*	Creates a Passport Program in the Department of Human Services to compile education, medical and behavioral health records for children in protective custody, kinship care and foster care. The Passport shall accompany each child to wherever the child resides so long as the child is in the custody of the department.
OR	*2013 Or. Laws, SB 123, Chap. 515*	Requires the Department of Human Services to adopt rules to establish the Oregon Foster Children's Bill of Rights; provides for rights including to obtain health care and mental health care, including services and treatments available without parental consent.
PA	*2010 Pa. Laws, HB 2338, Act. 119*	Creates the Children in Foster Care Act. The law stipulates that all foster children have rights, including have access to necessary health services and consent to medical and mental health treatment consistent with current law.
TN	*2008 Tenn. Pub. Acts, SB 2582, Chap 1062*	Adds to the Department of Mental Health's service principles, and implements a comprehensive public children's mental health service delivery system.
TX	*2013 Tex. Gen. Laws, SB 58*	Relates to integrating behavioral health and physical health services provided under the Medicaid program using managed care organizations; relates to delivery of mental health, behavioral health, substance abuse, and certain other services.
TX	*2009 Tex. Gen. Laws, HB 1629, Chap. 108*	Requires that provision of and consent for medical, dental or psychological treatment for a foster child committed to the Texas Youth Commission be governed by the provisions related to the medical care of a foster child in the Family Code.
VA	*2011 Va. Acts, HB 1984, Chap. 9*	Establishes that, in cases where a child cannot be returned to his or her family or cannot be placed for adoption or where kinship care is not in the best interests of the child, the Department of Social Services shall consider other placements and services that afford the best alternative for protecting the child's welfare. These include family foster care; treatment foster care and residential services; and services such as wraparound, respite, mentoring, adoption support and crisis stabilization that may be in the best interests of the child.

WA	*2012 Wash. Laws, HB 2536*	Concerns the use of evidence-based practices for the delivery of services to children and juveniles, provides for a baseline assessment of utilization of evidence-based and research-based practices in the areas including child welfare and and children's mental health services and recommendations for the reallocation of resources for evidence-based and research-based practices.
WI	*2010 Wis. Laws, AB 823, Act 336*	Requires that all foster parents complete training regarding the care and support needs of children who are placed in foster care or treatment foster care. The training shall be completed on an ongoing basis and include parenting skills, the teaching and encouragement of independent living skills, and issues that may confront foster parents of children with special needs.
WV	*2010 W.V. Acts, HB 4164, Chap. 20*	Establishes a pilot program (to be known as Jacob's Law) for the placement of children ages 4 to 10 in foster care to provide children in crisis with early intervention, assistance with emotional needs, medical evaluations and independent advocates. Requires foster family training and education. The law also requires immediate evaluation and testing following removal from a home.

State	**Citation**	**Physical Health Legislative Enactments**
CA	*2009 Cal. Stats., SB 597, Chap. 339*	Requires the department, in consultation with pediatricians, health care experts and experts in and recipients of child welfare services, to develop a plan for the ongoing oversight and coordination of health care services for a child in a foster care placement.
CT	*2013 Conn. Acts, SB 833 P.A. 228*	Extends to the Department of Children and Families (DCF) or any agency or person to whom DCF has granted temporary care and custody of a child or youth on the basis of a court order of temporary custody (OTC), the following rights regarding that child or youth: 1. the obligation of care and control; 2. the authority to make decisions regarding emergency medical, psychological, psychiatric, or surgical treatment; and 3. other rights and duties that the court orders.
HI	*2008 HI Sess. Laws, HB 523, Act 183*	Established guiding principles for the Department of Human Services concerning foster children, including ensuring safety from abuse; adequate food, shelter, clothing, medical, dental and mental health care.
IA	*2009 Iowa Acts, HB 152, Chap. 120*	Added health care coverage planning to transitional planning for older youth.
KS	2012 *Kan. Sess. Laws, HB 2631, Chap.*	Relates to dental care availability and access, provides that the practice of dental hygiene may be performed with consent of the parent or legal guardian, on children participating in residential and nonresidential centers for therapeutic services or receiving family preservation services, on all children in foster care homes, runaway youth programs and homeless shelters as well as on children in schools. Relates to Health.
KS	*2008 Kan. Sess. Laws, HB 2214, Chap. 134*	Amends the Dental Practices Act to expand the practice of dental hygiene to include service to (1) children receiving services in residential or nonresidential centers for therapeutic services, (2) children in families receiving family preservation services, (3) children in the custody of the Secretary of Social and Rehabilitation Services or the Commissioner of the Juvenile Justice Authority and in out-of-home placement in foster care homes and (4) children being served by runaway youth programs and homeless shelters.
MD	*2009 Md. Laws, HB 580, Chap. 681*	Required comprehensive medical care for independent foster care adolescents, who are individuals younger than age 21 who, on their 18th birthday, were in state foster care.

OK	*2009 Okla. Sess. Laws, HB 1734, Chap. 338*	Creates a Passport Program in the Department of Human Services to compile education, medical and behavioral health records for children in protective custody, kinship care and foster care. The Passport shall accompany each child to wherever the child resides so long as the child is in the custody of the department.
OR	*2013 Or. Laws, SB 123, Chap. 515*	Requires the Department of Human Services to adopt rules to establish the Oregon Foster Children's Bill of Rights; provides for rights including to obtain health care and mental health care, including services and treatments available without parental consent.
OR	*2013 Or. Laws, SB 601, Chap. 231*	Authorizes a relative caregiver with whom a minor child lives to consent to medical treatment and educational services for a minor child if consent of legal parent or guardian cannot be obtained after reasonable efforts; specifies required information in relative caregiver affidavits; relieves health care provider and school of criminal and civil liability for medical treatment or educational services provided in good faith.
PA	*2010 Pa. Laws, HB 2338, Act. 119*	Creates the Children in Foster Care Act. The law stipulates that all foster children have rights, including have access to necessary health services and consent to medical and mental health treatment consistent with current law.
TN	*2010 Tn. Pub. Acts, SB 2797, Chap. 881*	Requires a child-placing agency to collect the medical and social history of a foster child and the child's biological family within 30 days of foster care placement,
TX	*2013 Tex. Gen. Laws, SB 58*	Relates to integrating behavioral health and physical health services provided under the Medicaid program using managed care organizations; relates to delivery of mental health, behavioral health, substance abuse, and certain other services.
TX	*2009 Tex. Gen. Laws, HB 1629, Chap. 108*	Requires that provision of and consent for medical, dental or psychological treatment for a foster child committed to the Texas Youth Commission be governed by the provisions related to the medical care of a foster child in the Family Code.

State	Citation	Psychotropic Medication Legislative Enactments
IL	*2011 Ill. Laws, HB 286, P.A. 245*	Creates the Administration of Psychotropic Medications to Children Act. Requires the Department of Children and Family Services to promulgate rules establishing and maintaining standards and procedures to govern the administration of psychotropic medications to children and youth in state care. Such rules shall include administration to youth in correctional facilities, residential facilities, group homes and psychiatric hospitals.
NV	*2011 Nev. Stats., SB 246, Chap. 259*	Requires a medical facility that accepts custody of children pursuant to a court order to adopt a policy concerning administration and management of medication to such children and to ensure that each employee of the medical facility who will administer medication to a child in the facility receives a copy of and understands the policy. The law imposes the same requirement on 1) a public or private institution or agency to which a juvenile court commits a child, 2) a state facility for detention or commitment of children, 3) a specialized foster home or a group foster home, 4) a child care facility that occasionally or regularly has physical custody of children pursuant to the order of a court, and 5) a treatment facility and any other facility of the Division of Child and Family Services into which a child may be committed by a court order.

NV	*2011 Nev. Stats., SB 371, Chap. 444*	Requires appointment of a person who is legally responsible for the psychiatric care of each child who is in the custody of an agency that provides child welfare services. The person appointed is to be responsible for making all decisions concerning services, treatment and psychotropic medications provided to such children. The law allows the court to appoint the person nominated by the agency or to appoint any other person the court determines is qualified to carry out such duties and responsibilities. To the extent that a parent or legal guardian of the child is able and willing to serve as the person legally responsible for the child's psychiatric care, the parent or guardian must be nominated and appointed pursuant to this law. It also requires the person who is legally responsible for the child's psychiatric care to provide written consent or denial of consent for each appointment or for a course of routine treatment for the child's psychiatric care; to maintain current information concerning the child's medical history and emotional, behavioral and educational needs; and to approve or deny administration of each psychotropic medication recommended for the child. The law prohibits administration of a psychotropic medication to a child in the custody of an agency without consent from the person who is legally responsible for the child's psychiatric care.
NV	*2011 Nev. Stats., SB 370, Chap. 443*	Sec. 3: Requires a foster home licensee to obtain written explanation from a medical professional who provides a prescription for medication for a foster child. The explanation must include the need for the medication and the effect of the medication.
OR	*2009 Or. Laws, HB 3114, Chap. 853*	Requires the development of procedures for an assessment by a qualified mental health professional or licensed medical professional prior to the issuance of a prescription to a child in foster care for multiple psychotropic medications. Requires an annual review of prescriptions when a child in foster care has more than a specified number of such medications or is under a specified age. Prohibits prescribing of such medication unless used for a medically accepted indication that is age-appropriate.
TX	*2013 Tex. Gen. Laws, HB 915*	Increases accountability and awareness for those making medical decisions by defining informed consent; requires notification of biological parents when there are changes in the psychotropic medication plan for their youth in foster care; strengthens transition plans for foster youth by including resources to manage medications after exiting foster care; requires the authorized medical consenter for a foster child who has been prescribed a psychotropic medication to ensure the child sees the prescribing physician at least once every 90 days; strengthens training on psychotropic medications for medical consenters; provides tools to the child's guardian ad litem, attorney ad litem, caseworker, and court to protect the health and safety of a child.
TX	*2011 Tex. Gen.Laws, HB 3531, Chap. 843*	Requires the Health and Human Services Commission to implement a system under which the commission is to use Medicaid prescription drug data to monitor the prescribing of psychotropic drugs for children who are in care.

State	Citation	Substance Abuse Legislative Enactments
CA	*2012 Cal. Stats., SB 1014, Chap.*	Declares the states interest in the Women and Children's Residential Treatment Services WCRTS program, recognizes the eight current programs, and allows for the establishment of additional programs for the purpose of pursuing four primary goals: 1) demonstrate that alcohol and other drug abuse treatment services delivered in a residential setting and coupled with primary health, mental health, and social services for women and children, can improve overall treatment outcomes for women, children, and the family unit as a whole, 2) demonstrate the effectiveness of six-month or 12-month stays in a comprehensive residential treatment program, 3) develop models of effective comprehensive services delivery for women and their children that can be replicated in similar communities, and 4) provide services to promote safe and healthy pregnancies and perinatal outcomes.

CO	*2013 Colo. Sess., Laws, SB 278, Chap. 300*	Requires the State Methamphetamine Task Force to develop a definition of a drug-endangered child with respect to child abuse or neglect.
IA	*2008 Iowa Acts, HF 2310, Chap. 1121*	Requires the Departments of Public Health and Human Services to collect data and develop a protocol to address the relationship between substance misuse, abuse or dependency by a child's parent, guardian, custodian or other person responsible for the child's care and child abuse. The departments shall make an initial report to the governor and the Standing Committees on Human Resources of the Senate and House of Representatives concerning the initial data collected, preliminary recommendations and the status of protocol implementation.
MD	*2013 Md. Laws, HB 245, Chap. 90*	Requires a health practitioner involved in the delivery or care of a substance-exposed newborn to make a report to a local department of social services except under specified circumstances; provides that such report does not create a presumption that a child is abused; relates to a positive toxicology screen for a controlled drug; relates to fetal alcohol spectrum disorder; relates to the number of mothers referred to drug abuse treatments and the number of terminations of parental rights.
NM	*2009 N.M. Laws, HB 117, Chap. 2009-259*	Provides that exposing a child to methamphetamine use is prima facie evidence of child abuse.
OK	*2010 Okla. Sess. Laws, HB 1741, Chap. 278*	Authorizes district courts to establish family drug courts; requires the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to assist in developing family drug courts; and provides for procedural guidelines, fees and costs. The law authorizes each county treasurer to create a Family Drug Court Revolving Fund and allows the ODMHSAS to contract for family drug court treatment services if funds are available. It provides for treatment of both children adjudicated as deprived and their families, in cases where the parent has a substance abuse disorder. It also modifies various judicial and procedural requirements regarding children alleged to be deprived.
SD	*2008 S.D. Sess. Laws, HB 1201, Chap. 26*	Allows the courts to consider whether the apparent, alleged or adjudicated abuse or neglect of a child was related to the use of alcohol, marijuana or any controlled drug or substance. The placement or return of the child may be subject to the condition, if the court so orders, that a parent, guardian, custodian or any other adult residing in the home submit to tests for alcohol, marijuana or any controlled drug or substance prior to or during the placement or return of the child. If a parent, guardian, custodian or any other adult who resides in the home and has been ordered by the court to submit to testing for alcohol, marijuana or any controlled drug or substance tests positive for alcohol, marijuana or any controlled drug or substance or fails to submit to the test as required, the Department of Social Services may immediately remove the child from the physical custody of the parent, guardian or custodian. This may occur without prior court order and is subject to a review hearing, which may occur by telephone, within 48 hours excluding Saturdays, Sundays and court holidays.
SD	*2008 S.D. Sess. Laws, SB 69, Chap. 26*	Adds marijuana to the list of abusive substances for the purposes of determining child abuse.

UT	*2011 Utah Laws, HB 216, Chap. 167*	Creates a presumption that reunification services should not be provided to a birth mother if the court finds, by clear and convincing evidence, that the child has fetal alcohol syndrome or was exposed to an illegal or prescription drug that was abused by the child's mother while the child was in utero and if the child was taken into custody for that reason, unless the mother agrees to enroll in, is currently enrolled in, or has recently and successfully completed a substance abuse treatment program. The law further permits a judge to waive the provisions of this bill if the judge finds that the substance abuse treatment was not warranted.
UT	*2009 Utah Laws, HB 26*	Provides that a person who knowingly or intentionally causes or permits a child or a vulnerable adult to be exposed to, inhale, ingest or have contact with a controlled substance, chemical substance or drug paraphernalia is: Guilty of a third-degree felony; guilty of a second-degree felony if, as a result of the conduct described above, a child or vulnerable adult suffers bodily injury, substantial bodily injury or serious bodily injury; or Guilty of a first-degree felony if, as a result of the conduct described above, a child or vulnerable adult dies. Provides an affirmative defense to the crime described above, if the controlled substance is obtained by lawful prescription.
VA	*2012 Va. Acts, SB 299*	Provides that a local board or child-placing agency may approve as a kinship foster care parent an applicant convicted of drugs or arson under certain circumstances.

State	**Citation**	**Trauma –Informed Care Legislative Enactments**
MD	*2008 Md. Laws, HB 790, Chap. 91*	Requires Maryland Child Abuse Medical Providers to collaborate with child advocacy centers and forensic nurse examiner programs to ensure that medical professionals have information on cooperating with social services departments, child advocacy centers and local law enforcement officers to protect children from trauma during child abuse and neglect investigations and prosecutions.
NM	2011 N.M. Laws, HB 196, Chap. 98	Creates the Uniform Child Witness Protective Measures Act to give judges authority to allow a child to testify other than in an open courtroom to protect a child witness from the emotional trauma that may be associated with giving testimony. If a judge determines in a criminal case that an alleged child victim would suffer serious emotional trauma that would substantially impair the ability to communicate or, in a noncriminal case, that it would be in the best interests of the child, the child may testify in an alternative manner, and the testimony may be taken by alternative means, such as videotaping.
TX	*2013 Tex. Gen. Laws, SB 245, Chap. 136*	Relates to eligibility of children's advocacy centers for contracts to provide services for children and family members in child abuse and neglect cases; relates to trauma-oriented mental health services and case tracking; provides that a public entity operated as a center or nonprofit entity is eligible if the center implements a family advocacy and victim support services that include comprehensive case management and victim support services for each child and the child's non-offending family members.

WA	*2011 Wash. Laws, HB 1965, Chap. 32*	Sec. 1: States that adverse childhood experiences determine a child's ability to be successful at school, to avoid behavioral and chronic physical health conditions, and to build healthy relationships. The law identifies the primary causes of adverse childhood experiences and mobilizes public and private support to prevent harm to young children and to reduce accumulated harm of adverse experiences throughout childhood. The law notes that a focused effort is needed to: 1) identify and promote the use of innovative strategies based on evidence-based and research-based approaches and practices; and 2) align public and private policies and funding with approaches and strategies that have demonstrated effectiveness. Sec. 2: Defines adverse childhood experiences to include indicators of severe childhood stressors, including child physical, sexual, or emotional abuse or neglect; alcohol or other substance abuse in the home; mental illness, depression or suicidal behaviors in the home; incarceration of a family member; witnessing intimate partner violence; and parental divorce or separation. The law states that adverse childhood experiences have been demonstrated to affect the development of the brain and other major body systems.

State	Citation	Well-Being Finance Legislative Enactments
CO	*2008 Colo. Sess. Laws, SB 99, Chap. 329*	Extends Medicaid eligibility for persons who are in the foster care system prior to emancipation. Allows a person younger than age 21 for whom the state made subsidized adoption payments when the person attained age 18 to continue to be eligible for Medicaid.
CT	*2009 Conn. Acts, HB 6476, P.A. 166*	Required the General Assembly's Program Review and Investigations Committee to begin a pilot project study that assessed selected human services programs using the Results Based Accountability (RBA) framework. RBA is a policy-making method that begins with the identification of societal goals and then moves on to analyze the specific means of achieving those goals. These societal goals (sometimes called results) tend to be broadly-defined and not specific to particular programs (for example, healthy children or safe cities). These results concern entire populations, which may be defined as broadly as all the state's residents, or restricted to a group such as children with learning disabilities. Programs are evaluated based on how much, and how efficiently, they contribute to achieving the societal goal identified. Connecticut began the first of five phases of RBA in 2005, when the Appropriations Committee of the General Assembly began a pilot program to implement RBA with Connecticut's Department of Environmental Protection Long Island Sound program and the Early Childhood Cabinet's Ready by Five program. In the fifth year of the project (2009), each agency proposed three to five programs to be analyzed under the RBA framework. The Appropriations Committee generally approved the proposals. Connecticut continues to integrate the RBA framework across agencies.
IL	*2010 Ill. Laws, SB 3420, P.A. 1127*	Allows the appropriation of funds paid to the state by the federal government under titles XIX and XXI of the Social Security Act for child welfare services delivered by community mental health providers that were certified and paid as Medicaid providers by the Department of Children and Family Services (DCFS) for child welfare services related to Medicaid-eligible clients and families served, consistent with the purposes of the DCFS.

IN	*2009 Ind. Acts, SB 365, P.L. 131*	Establishes that the Department of Child Services is responsible for the cost of treatment or maintenance of a child under the department's custody or supervision who is placed by or with the consent of the Department of Child Services in a state institution, only if the costs are reimbursable under the state Medicaid program.
ME	*2010 Me. Laws, HB 1204, Chap. 204*	Requires the departments of Corrections, Education, Health and Human Services and Labor to work with the coordinated services district system to ensure flexible funding and timely response and provision of services, to develop a plan that will detail a statewide system for in-home and out-of-home placements for youth in the juvenile justice system, and to develop a plan that identifies an ongoing mechanism for providing flexible funding for youth who are served by multiple state agencies.
ME	*2008 Me. Laws, HB 1971, Chap. 683*	Creates the Children's Growth Council, and defines both the membership provisions and the council's duties. These include to develop and evaluate a plan for sustainable social and financial investment in the healthy development of the state's young children and their families. Offers a voluntary universal home-visiting program for new families with children.
MT	*2013 Mont. Laws, HB 262, Chap. 387*	Extends Medicaid eligibility for minors placed in a subsidized guardianship.
TX	*2011 Tex. Gen. Laws, SB 218, Chap. 598*	Sec. 11: Authorizes the Health and Human Services Commission to use alternative payment rates for foster care under the newly redesigned system for 24-hour residential child care. The law also allows the alternative rates to include incentive payments and funding for additional services. It prohibits the alternative rates from exceeding the amounts appropriated for foster care and other purchased services for any fiscal year, except to the extent that an increase in total foster care expenditures is the direct result of caseload growth.
WA	*2009 Wash. Laws, 2SHB 2106, Chap. 520*	Creates the child welfare transformation design committee to establish a transition plan containing recommendations to the legislature and the governor for the provision of child welfare services by supervising agencies. Addresses conversion of DSHS current contracts for child welfare services into performance-based contracts and reinvestment of savings into evidence-based prevention and intervention programs to prevent the need for or reduce the duration of foster care placements.
WA	*2012 Wash. Laws, HB 2263, Chap. 204*	The Child and Family Reinvestment Account (Account) is created and may be used to: (1) safely reduce entries and prevent re-entry into the foster care system; (2) safely increase reunifications; (3) achieve permanency for children unable to reunify; and (4) improve outcomes for youth who age out of care. Revenues to the Account consist of savings from reductions in the foster care caseload and per capita costs and other public or private funds. The Department of Social and Health Services must develop a methodology for calculating state savings for deposit into the Account for the 2013-15 biennium. The methodology must include any relevant provision of a federal Title IV-E demonstration waiver. The savings calculation must be based on actual caseload and per capita expenditures.

WV	*2010 W.V. Acts, SB 636, Chap. 25*	Creates a commission to study the residential placement of children who are in need of or at risk of needing social, emotional and behavioral health services. The law finds that the existing categorical structure of government programs and their funding streams discourage collaboration, resulting in duplication of efforts and a waste of limited resources. It establishes a mechanism to achieve systemic reform by which all the state's child-serving agencies involved in the residential placement of at-risk youth jointly and continually study and improve the current system and make recommendations to their respective agencies and to the Legislature regarding funding and statutory, regulatory and policy changes.

State	Citation	Cross-Agency Collaboration Legislative Enactments
CT	*2009 Conn. Acts, SB 877 P.A. 205*	Implements the recommendations of the Program Review and Investigations Committee concerning the Department of Children and Families by improving the Department's monitoring and evaluation system. Requires that the Department of Children and Families develop a single, comprehensive strategic plan for meeting the needs of children and families served by the Department and identify agency goals and indicators of progress in achieving such goals.
LA	*La. Acts 2008, SB 701, Act 775*	Establishes that state departments, including the Department of Health and Hospitals and the Department of Social Services, shall guide the implementation of service delivery integration designed to meet the needs of children and their families. Authorizes the state leadership group to establish a Neighborhood Place to implement the service integration delivery model. Identifies the goals of the integrated case management delivery model, including to provide citizens with timely access to an array of health care, education and human services and to address foster care and adoption as well as family safety and stability.
MI	*2011 Mich. Pub. Acts, HB 4526, Act 63*	Sec. 580: Instructs the Department of Human Services and the Department of Community Health to initiate efforts to identify mental health programs and activities where the services of the two departments overlap or are uncoordinated, with a goal of providing adequate and stable mental health services that address the needs of the individual child without duplicate, confusing or needlessly complex services.
MT	*2009 Mont. Laws, HB 243, Chap. 190*	Directs the Children's System of Care Planning Committee to study the system of care for high-risk children with multi-agency service needs; requires a report to the Legislature.
NE	*2012 Neb. Laws, L.B. 1160*	Requires the implementation of a web-based, statewide automated child welfare information system to integrate child welfare information into one system, requires the system to include integration across related social services programs through automated interfaces, including, but not limited to, the courts, Medicaid eligibility, financial processes, and child support; and provides for a report concerning access of individuals with co-occurring intellectual disability and mental illness to services.
OR	*2009 Or. Laws, HB 244, Chap. 540*	Requires child services entities to participate in a wraparound initiative for the provision of services to youth identified as having been or being at risk of developing emotional, behavioral or substance use-related needs who are involved with multiple systems of care. Imposes requirements on state agencies to ensure cultural competence in provision of services and to collect and evaluate data; establishes the Children's Wraparound Initiative Advisory Committee and requires an annual report.

TX	*2009 Tex. Gen. Laws, SB 1646, Chap. 819*	Establishes the Council on Children and Families to coordinate the state's health, education and human services systems to ensure that children and families have access to needed services; improve coordination and efficiency in state agencies, advisory councils on issues affecting children, and local levels of service; prioritize and mobilize resources for children; and facilitate an integrated approach to providing services for children and youth.
VA	*2008 Va. Acts., SB 472, Chap. 873*	Eliminates the interdepartmental regulation of children's residential facilities and group homes, and provides that the Departments of Mental Health, Mental Retardation and Substance Abuse Services, Social Services, and Juvenile Justice shall regulate and license children's residential facilities and group homes for which they are the primary licensing agency. Each licensing agency shall conduct background checks of persons working or volunteering at facilities. Requires the Department of Education to be solely responsible for licensure of educational programs in children's residential facilities and group homes.