
CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 665 **VERSION: AMENDED JUNE 12, 2023**

AUTHOR: CARRILLO **SPONSOR: NUMEROUS – SEE BELOW**

PREVIOUS POSITION: SUPPORT

SUBJECT: MINORS: CONSENT TO MENTAL HEALTH SERVICES

Summary:

This bill seeks to make the requirements for a minor to consent to mental health treatment equal for both Medi-Cal recipients and non-Medi-Cal recipients.

Existing Law:

- 1) Establishes requirements for minors to consent to mental health services in two separate code sections: Health and Safety Code (HSC) §124260, and Family Code (FC) §6924.

Health and Safety Code Section 124260

- 2) Permits a minor 12 or older to consent to mental health treatment if, in the opinion of the attending professional person, the minor is mature enough to participate in the mental health treatment intelligently. (HSC §124260(b)(1))
- 3) Requires the mental health treatment of a minor to include involvement of the minor's parent or guardian, unless the professional person treating the minor, after consulting with the minor, determines that the involvement would be inappropriate. It must be stated in the client record whether and when the person treating the minor attempted to contact the minor's parent or guardian and whether or not that attempt was successful, or the reason why in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian. (HSC §124260(c))
- 4) Provides that the minor's parent or guardian is not liable for payment for mental health treatment pursuant to the provisions in items 2 and 3 above, unless the parent or guardian participate in the mental health treatment, and then only for services rendered with their participation. (HSC §124260(d))
- 5) Defines a "professional person" as several types of mental health professionals, including the Board's LMFT, LEP, LCSW, and LPCC licensees, and also its associate social workers and social work interns, associate marriage and family

therapists and MFT trainees, and associate professional clinical counselors and PCC trainees. (HSC §124260(a))

- 6) Specifies that the consent requirements for mental health treatment of minors specified in HSC §124260 do not apply to benefits under the Medi-Cal program. (Welfare and Institutions Code (WIC) 14029.8)

Family Code Section 6924

- 7) Permits a minor 12 or older to consent to outpatient mental health treatment or residential shelter services if both of the following are met (FC §6924(b)):
 - a) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services; and
 - b) The minor is either the alleged victim of incest or child abuse, or the minor would present a danger of serious physical or mental harm to self or others without the mental health treatment or residential shelter services.
- 8) Requires the mental health treatment of a minor to include involvement of the minor's parent or guardian, unless, in the opinion of the professional person treating the minor determines that the involvement would be inappropriate. It must be stated in the client record whether and when the person treating the minor attempted to contact the minor's parent or guardian and whether or not that attempt was successful, or the reason why in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian. (FC §6924(d))
- 9) Provides that the minor's parent or guardian is not liable for payment for mental health treatment pursuant to the provisions in items 7 and 8 above, unless the parent or guardian participates in the mental health treatment, and then only for services rendered with their participation. (FC §6924(e))
- 10) Defines a "professional person" as several types of mental health professionals, including the Board's LMFT, LEP, LPCC license types, associate marriage and family therapists, and associate professional clinical counselors (FC 6924(a)(2).
Note: Associate social workers, social work interns, MFT trainees, and PCC trainees are not included, as they are in HSC §124260. LCSWs are included, but indirectly, in the reference to "professional person" including a person designated as a mental health professional in Title 9 of the California Code of Regulations, §§622 to 626 (which includes LCSWs).

This Bill:

This bill, beginning July 1, 2024, amends FC §6924 in order to make minor consent to mental health requirements for Medi-Cal recipients more equitable.

- 1) Amends the definition of a “professional person” for purposes of the bill to reference the same definition that is in §124260 of the Health and Safety Code, so that consistent professionals who may determine consent are more consistent across both codes. (FC §6924(a)(2))
- 2) Removes the minor consent requirement in FC §6924 that in order to be able to consent, the minor must be either the alleged victim of incest or child abuse or would present a danger of serious physical or mental harm to self or others without the mental health treatment or residential shelter services. (FC §6924(b))
- 3) Removes the requirement that the parent or guardian must be included in the mental health treatment of a minor unless, in the opinion of the professional person treating the minor, involvement would be inappropriate. Instead, requires the parent or guardian must be included in the mental health treatment of a minor unless the professional person treating the minor, after consulting with the minor, determines that involvement would be inappropriate. (FC §6924(d))

Comment:

- 1) **Author’s Intent.** The sponsor notes that roughly half of children in California are on Medi-Cal, and states the following in their fact sheet for the bill:

“Existing law in both the Health and Safety Code (HSC § 124260) and the Family Code (FC § 6924) establishes that young people 12 and older may consent to outpatient mental health treatment or counseling in certain circumstances without a parent or guardian’s consent. However, language in the Family Code creates a higher standard for young people on Medi-Cal by only allowing the young person to consent if they are in serious danger of physical or mental harm or are the alleged victims of incest or child abuse. In practice, the standard in the Family Code functions as the equivalent of the “5150” legal standard that results in a person immediately being taken into custody by police or designated mental health professionals for involuntary evaluation and inpatient treatment, or to be reported to child protective services. Therefore, outpatient counseling is no longer a choice for a young person who must wait until they’re in severe distress under this exceptionally high bar.

This fundamentally inequitable policy is ultimately at odds with the state’s commitment to racial, ethnic, and health equity as demonstrated through ongoing efforts of the CYBHI and CalAIM, which are state efforts to advance the goal of greater early intervention to address the mental health needs of youth. Requiring young people from low-income families to delay sensitive treatment until they are in serious distress places low-income youth at unnecessary risk of not seeking care, increasing the likelihood of suicide, self-harm, or substance overdose.”

- 2) **Background.** The state’s two statutes regulating minor consent to mental health treatment, FC §6924 and HSC §124260, are similar but not identical. As noted by

the sponsor in their fact sheet for the bill, FC §6924 sets the standard for consent to mental health treatment higher than it is set in HSC §124260. FC §6924 is the statute that must be used if a minor is covered under Medi-Cal, leading to unequitable higher consent requirements for Medi-Cal recipients.

FC §6924 also includes minor consent for residential shelter services, while HSC §124260 does not.

HSC §124260 was established in 2010 via SB 543 (Chapter 503, Statutes of 2010) to expand the ability of minors to consent to mental health treatment. However, in that bill, it was specified that the consent provisions of HSC §124260 were not to apply to Medi-Cal benefits. This was possibly done at the time to limit the fiscal impacts of the bill, which was passed at a time of significant state budget difficulties.

FC §6924, the older of the two provisions, is housed in a chapter of the Family Code that addresses the ability of minors of varying ages to seek many various medical services without parental consent, as shown [here](#).

3) Previous Position. At its May 5, 2023 meeting, the Board took a “support” position on a previous version of the bill. In addition to its “support” position, the Board provided the author with the following feedback:

- That the author consider amending the “professional person” definition in FC §6926 to match the one in HSC §124260, so that all of the Board’s license types, associate registrations, and pre-degree practicum students have the same standards for minor consent whether the client is using Medi-Cal or not. *(The author has made this change in the most recent amendments.)*
- That the author consider correcting an incorrect reference to LEP statute. *(The author has made this change in the most recent amendments.)*
- Board staff also met with the author’s office and sponsors of the bill to discuss a question raised at the May board meeting regarding how the bill might interact with WIC sections 16001.9 and 361.5 with parental consent in foster child reunification cases if there were a court order, and whether adding a subdivision to address this would be beneficial. *(The sponsors noted that there is no conflict here, however they felt this was helpful feedback where an FAQ might be helpful for clarification, if the bill is signed into law.)*

4) Previous Legislation. SB 543 (Chapter 503, Statutes of 2010) expanded the ability of minors to consent to mental health treatment for non-Medi-Cal recipients.

5) Support and Opposition.

Support:

California Alliance of Child and Family Services (co-source)

The Children's Partnership (co-source)
National Health Law Program (co-source)
National Center for Youth Law (co-source)
A Greater Hope
ACCE Action
ACLU California Action
Alameda County Board of Supervisors
Alliance for a Better Community
Alum Rock Counseling Center
American Academy of Pediatrics
API Equality-LA
Asian Americans Advancing Justice Southern California
Aspiranet
Blue Shield of California
Board of Behavioral Sciences
Cal Voices
California Academy of Family Physicians
California Association of Certified Family Law Specialists
California Association of Social Rehabilitation Agencies
California Children's Trust
California Coalition for Youth
California Family Resource Association
California High School Democrats
California Latinas for Reproductive Justice
California Psychological Association
California School-Based Health Alliance
California State Association of Psychiatrists
California Youth Empowerment Network
Casa Pacifica Centers for Children and Families
Children Now
California Pan-Ethnic Health Network
Child Abuse Prevention Center
Children's Hospital of Los Angeles, Division of Adolescent and Young Adult
Medicine
Children's Specialty Care Coalition
Communities for Restorative Youth Justice
Community Health Councils
County Behavioral Health Directors Association of California
County of Santa Clara
County Welfare Directors Association of California
GENup
Health Net
Inland Coalition for Immigrant Justice
John Burton Advocates for Youth
KIPP SoCal Public Schools
Mental Health America of California

NAMI – CA
National Association of Social Workers – California Chapter
Oakland Privacy
Orange County United Way
Pacific Clinics
Public Counsel
Racial and Ethnic Mental Health Disparities Coalition
SEIU California
Seneca Family of Agencies
Sierra Vista Child and Family Services
Steinberg Institute
Sycamores
Thai Community Development Center
The Children's Partnership
The Kennedy Forum
The Los Angeles Trust for Children's Health
The W. Haywood Burns Institute
Vision y Compromiso
West Coast Children's Clinic
Western Center on Law & Poverty
Youth Forward

Opposition:

Bridge Network
CA Freedom Keepers Chapter of Freedom Keepers United
California Capitol Connection
California Catholic Families 4 Freedom CA
California Family Council
California Nurses United
California Parents Union
California Policy Center
California Rise Up
California's Legislative Voice
Concerned Women for America Legislative Action Committee
Freedom Angels
International Federation for Therapeutic & Counselling Choice
Natomas USD for Freedom
Our Duty
Parents for Liberty Pasadena
PERK
Real Impact
Silicon Valley Association of Republican Women
Stand Up California
Stand Up Sacramento County
Take A Stand Stanislaus
Approximately 150 individuals

6) History.

06/22/23 Read second time. Ordered to third reading.
06/21/23 From committee: Do pass. (Ayes 9. Noes 2.) (June 20).
06/12/23 From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on JUD.
06/06/23 In committee: Set, first hearing. Hearing canceled at the request of author.
05/03/23 Referred to Com. on JUD.
04/10/23 In Senate. Read first time. To Com. on RLS. for assignment.
04/10/23 Read third time. Passed. Ordered to the Senate. (Ayes 55. Noes 9.)
03/29/23 Read second time. Ordered to third reading.
03/28/23 From committee: Do pass. (Ayes 7. Noes 2.) (March 28).
03/28/23 Coauthors revised.
02/23/23 Referred to Com. on JUD.
02/14/23 From printer. May be heard in committee March 16.
02/13/23 Read first time. To print.

7) Attachments

Attachment A: Comparison of the two mental health consent laws in California: FC §6924 versus HSC §124260 (Source: National Center Youth Law, 2016)

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AMENDED IN SENATE JUNE 12, 2023
california legislature—2023–24 regular session

ASSEMBLY BILL

No. 665

Introduced by Assembly Member Wendy Carrillo
(Principal coauthor: Senator Wiener)

February 13, 2023

An act to ~~amend~~ *amend, repeal, and add* Section 6924 of the Family Code, relating to minors.

legislative counsel's digest

AB 665, as amended, Wendy Carrillo. Minors: consent to mental health services.

Existing law, for some purposes, authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, as specified, and either the minor would present a danger of serious physical or mental harm to themselves or to others or if the minor is the alleged victim of incest or child abuse. For other purposes, existing law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services if the minor is mature enough to participate intelligently in the outpatient services or counseling services.

This bill would align the existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse.

Existing law, for some purposes, requires that the mental health treatment or counseling include involvement of the minor's parent or guardian unless the professional person treating or counseling the minor determines that the involvement would be inappropriate. For other purposes, existing law requires the involvement of the parent or guardian unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate.

This bill would also align the existing laws by requiring the professional person treating or counseling the minor to consult with the minor before determining whether involvement of the minor's parent or guardian would be inappropriate.

Existing law defines professional person for these purposes to include, among other things, a mental health professional, a marriage and family therapist, a licensed educational psychologist, a clinical psychologist, the chief administrator of an agency, and a licensed professional clinical counselor, as defined.

This bill would add a registered psychologist, a registered psychological assistant, a psychological trainee, an associate clinical social worker, a social work intern, a clinical counselor trainee working under the supervision of a licensed professional, and a board-certified psychiatrist to the definition of professional person for these purposes.

This bill would make all of the above changes operative on July 1, 2024.

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

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

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) California is failing on children's mental health and
- 4 preventive care. According to the most recent Commonwealth
- 5 Fund Scorecard on State Health System Performance, our state
- 6 ranks 48th in the nation for providing children with needed mental
- 7 health care.
- 8 (b) Roughly one-half of California's children are covered by
- 9 Medi-Cal, the vast majority of whom are Black and children of
- 10 color.

1 (c) Less than 19 percent of low-income teenagers on Medi-Cal
2 received screenings for depression and a followup plan in 2020.
3 This is despite the reality that nearly one in three adolescents in
4 California reported symptoms that meet the criteria for serious
5 psychological distress.

6 (d) Less than 9 percent of Indigenous youth on Medi-Cal
7 received a screening and plan, the lowest of any racial or ethnic
8 group.

9 (e) Despite an overall decrease in the suicide rate in California,
10 in 2020, youth, particularly Black and Latinx youth, and girls all
11 showed disproportionate increases in suicide. A shocking 78
12 percent of LGBTQ+ youth who were surveyed shared they had
13 considered suicide, with the vast majority of those who had
14 considered suicide sharing they had done so in the last year, and
15 nearly one-third had made an attempt in the past year.

16 (f) Seeking care for mental health issues is complicated by
17 pervasive social stigma and centuries of systemic oppression by
18 government programs that create legitimate fears for families to
19 engage in services.

20 (g) Youth, especially youth of color, express significant
21 trepidation about needing to disclose to parents their mental health
22 concerns and their need to access services. Without access to a
23 trained professional, youth report they turn to mostly free resources
24 of mixed quality that they access without parental intervention or
25 adult assistance, such as social media accounts and online videos.

26 (h) For LGBTQ+ youth, the rejection from parents, harassment
27 in school, and the overall ~~LGBTQ~~ LGBTQ+ negativity present in
28 society can lead to depression, anxiety, drug and alcohol use, and
29 other negative outcomes. Over one-half of surveyed LGBTQ+
30 youth reported that not being able to get permission from their
31 parents or guardians was sometimes or always a barrier to accessing
32 mental health services.

33 (i) Providers, particularly school-based providers, find that
34 obtaining parental consent for a youth who needs support is
35 complicated by the parent or caretakers' beliefs and stigma about
36 mental health care.

37 (j) Most states allow youth under 18 years of age to consent to
38 receiving mental health care on their own.

39 (k) In California, existing law in both Section 124260 of the
40 Health and Safety Code and ~~the~~ Section 6924 of the Family Code

~~establishes~~ *establish* that a minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services; however, such services cannot be billed to Medi-Cal.

(l) Existing law in the Family Code authorizes providers to bill Medi-Cal if the above requirements are met and either the minor would present a danger of serious physical or mental harm to themselves or to others, or the minor is the alleged victim of incest or child abuse.

(m) Two laws with different standards are challenging for providers to implement and challenging for youth and families to understand, creating a chilling effect on their willingness to seek out care.

(n) This fundamentally inequitable policy is ultimately at odds with the state's commitment to racial, ethnic, and health equity as demonstrated through ongoing efforts of the Children and Youth Behavioral Health Initiative and CalAIM, which are state efforts to advance the goal of greater early intervention to address the mental health needs of youth.

(o) Requiring young people from low-income families to delay sensitive treatment until they are in serious distress places youth at unnecessary risk of not seeking care, increasing the likelihood of suicide, self-harm, or substance overdose, and contributing to the alarming disparities in mental health outcomes for youth from marginalized communities.

SEC. 2. ~~Section 6924 of the Family Code is amended to read:~~

~~6924. (a) As used in this section:~~

~~(1) "Mental health treatment or counseling services" means the provision of mental health treatment or counseling on an outpatient basis by any of the following:~~

~~(A) A governmental agency.~~

~~(B) A person or agency having a contract with a governmental agency to provide the services.~~

~~(C) An agency that receives funding from community united funds.~~

~~(D) A runaway house or crisis resolution center.~~

~~(E) A professional person, as defined in paragraph (2).~~

~~(2) "Professional person" means any of the following:~~

1 ~~(A) A person designated as a mental health professional in~~
2 ~~Sections 622 to 626, inclusive, of Article 8 of Subchapter 3 of~~
3 ~~Chapter 1 of Title 9 of the California Code of Regulations.~~

4 ~~(B) A marriage and family therapist as defined in Chapter 13~~
5 ~~(commencing with Section 4980) of Division 2 of the Business~~
6 ~~and Professions Code.~~

7 ~~(C) A licensed educational psychologist as defined in Article 5~~
8 ~~(commencing with Section 4986) of Chapter 13 of Division 2 of~~
9 ~~the Business and Professions Code.~~

10 ~~(D) A credentialed school psychologist as described in Section~~
11 ~~49424 of the Education Code.~~

12 ~~(E) A clinical psychologist as defined in Section 1316.5 of the~~
13 ~~Health and Safety Code.~~

14 ~~(F) The chief administrator of an agency referred to in paragraph~~
15 ~~(1) or (3).~~

16 ~~(G) A person registered as an associate marriage and family~~
17 ~~therapist, as defined in Chapter 13 (commencing with Section~~
18 ~~4980) of Division 2 of the Business and Professions Code, while~~
19 ~~working under the supervision of a licensed professional specified~~
20 ~~in subdivision (g) of Section 4980.03 of the Business and~~
21 ~~Professions Code.~~

22 ~~(H) A licensed professional clinical counselor, as defined in~~
23 ~~Chapter 16 (commencing with Section 4999.10) of Division 2 of~~
24 ~~the Business and Professions Code.~~

25 ~~(I) A person registered as an associate professional clinical~~
26 ~~counselor, as defined in Chapter 16 (commencing with Section~~
27 ~~4999.10) of Division 2 of the Business and Professions Code, while~~
28 ~~working under the supervision of a licensed professional specified~~
29 ~~in subdivision (h) of Section 4999.12 of the Business and~~
30 ~~Professions Code.~~

31 ~~(3) “Residential shelter services” means any of the following:~~

32 ~~(A) The provision of residential and other support services to~~
33 ~~minors on a temporary or emergency basis in a facility that services~~
34 ~~only minors by a governmental agency, a person or agency having~~
35 ~~a contract with a governmental agency to provide these services,~~
36 ~~an agency that receives funding from community funds, or a~~
37 ~~licensed community care facility or crisis resolution center.~~

38 ~~(B) The provision of other support services on a temporary or~~
39 ~~emergency basis by any professional person as defined in paragraph~~
40 ~~(2).~~

~~(b) A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services.~~

~~(c) A professional person offering residential shelter services, whether as an individual or as a representative of an entity specified in paragraph (3) of subdivision (a), shall make their best efforts to notify the parent or guardian of the provision of services.~~

~~(d) The mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor's parent or guardian unless, the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate. The professional person who is treating or counseling the minor shall state in the client record whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.~~

~~(e) The minor's parents or guardian are not liable for payment for mental health treatment or counseling services provided pursuant to this section unless the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the participation of the parent or guardian. The minor's parents or guardian are not liable for payment for any residential shelter services provided pursuant to this section unless the parent or guardian consented to the provision of those services.~~

~~(f) This section does not authorize a minor to receive convulsive therapy or psychosurgery as defined in subdivisions (f) and (g) of Section 5325 of the Welfare and Institutions Code, or psychotropic drugs without the consent of the minor's parent or guardian.~~

SEC. 2. Section 6924 of the Family Code is amended to read:

6924. (a) As used in this section:

(1) "Mental health treatment or counseling services" means the provision of mental health treatment or counseling on an outpatient basis by any of the following:

(A) A governmental agency.

(B) A person or agency having a contract with a governmental agency to provide the services.

1 (C) An agency that receives funding from community united
2 funds.

3 (D) A runaway house or crisis resolution center.

4 (E) A professional person, as defined in paragraph (2).

5 (2) “Professional person” means any of the following:

6 (A) A person designated as a mental health professional in
7 Sections 622 to 626, inclusive, of Article 8 of Subchapter 3 of
8 Chapter 1 of Title 9 of the California Code of Regulations.

9 (B) A marriage and family therapist as defined in Chapter 13
10 (commencing with Section 4980) of Division 2 of the Business
11 and Professions Code.

12 (C) A licensed educational psychologist as defined in ~~Article 5~~
13 ~~(commencing with Section 4986) of Chapter 13~~ *Chapter 13.5*
14 *(commencing with Section 4989.10)* of Division 2 of the Business
15 and Professions Code.

16 (D) A credentialed school psychologist as described in Section
17 49424 of the Education Code.

18 (E) A clinical psychologist as defined in Section 1316.5 of the
19 Health and Safety Code.

20 (F) The chief administrator of an agency referred to in paragraph
21 (1) or (3).

22 (G) A person registered as an associate marriage and family
23 therapist, as defined in Chapter 13 (commencing with Section
24 4980) of Division 2 of the Business and Professions Code, while
25 working under the supervision of a licensed professional specified
26 in subdivision (g) of Section 4980.03 of the Business and
27 Professions Code.

28 (H) A licensed professional clinical counselor, as defined in
29 Chapter 16 (commencing with Section 4999.10) of Division 2 of
30 the Business and Professions Code.

31 (I) A person registered as an associate professional clinical
32 counselor, as defined in Chapter 16 (commencing with Section
33 4999.10) of Division 2 of the Business and Professions Code, while
34 working under the supervision of a licensed professional specified
35 in subdivision (h) of Section 4999.12 of the Business and
36 Professions Code.

37 (3) “Residential shelter services” means any of the following:

38 (A) The provision of residential and other support services to
39 minors on a temporary or emergency basis in a facility that services
40 only minors by a governmental agency, a person or agency having

1 a contract with a governmental agency to provide these services,
2 an agency that receives funding from community funds, or a
3 licensed community care facility or crisis resolution center.

4 (B) The provision of other support services on a temporary or
5 emergency basis by any professional person as defined in paragraph
6 (2).

7 (b) A minor who is 12 years of age or older may consent to
8 mental health treatment or counseling on an outpatient basis, or
9 to residential shelter services, if both of the following requirements
10 are satisfied:

11 (1) The minor, in the opinion of the attending professional
12 person, is mature enough to participate intelligently in the
13 outpatient services or residential shelter services.

14 (2) The minor (A) would present a danger of serious physical
15 or mental harm to self or to others without the mental health
16 treatment or counseling or residential shelter services, or (B) is
17 the alleged victim of incest or child abuse.

18 (c) A professional person offering residential shelter services,
19 whether as an individual or as a representative of an entity specified
20 in paragraph (3) of subdivision (a), shall make their best efforts to
21 notify the parent or guardian of the provision of services.

22 (d) The mental health treatment or counseling of a minor
23 authorized by this section shall include involvement of the minor's
24 parent or guardian unless, in the opinion of the professional person
25 who is treating or counseling the minor, the involvement would
26 be inappropriate. The professional person who is treating or
27 counseling the minor shall state in the client record whether and
28 when the person attempted to contact the minor's parent or
29 guardian, and whether the attempt to contact was successful or
30 unsuccessful, or the reason why, in the professional person's
31 opinion, it would be inappropriate to contact the minor's parent
32 or guardian.

33 (e) The minor's parents or guardian are not liable for payment
34 for mental health treatment or counseling services provided
35 pursuant to this section unless the parent or guardian participates
36 in the mental health treatment or counseling, and then only for
37 services rendered with the participation of the parent or guardian.
38 The minor's parents or guardian are not liable for payment for any
39 residential shelter services provided pursuant to this section unless
40 the parent or guardian consented to the provision of those services.

1 (f) This section does not authorize a minor to receive convulsive
2 therapy or psychosurgery as defined in subdivisions (f) and (g) of
3 Section 5325 of the Welfare and Institutions Code, or psychotropic
4 drugs without the consent of the minor's parent or guardian.

5 (g) *This section shall become inoperative on July 1, 2024, and,*
6 *as of January 1, 2025, is repealed.*

7 SEC. 3. Section 6924 is added to the Family Code, to read:

8 6924. (a) *As used in this section:*

9 (1) *"Mental health treatment or counseling services" means*
10 *the provision of mental health treatment or counseling on an*
11 *outpatient basis by any of the following:*

12 (A) *A governmental agency.*

13 (B) *A person or agency having a contract with a governmental*
14 *agency to provide the services.*

15 (C) *An agency that receives funding from community united*
16 *funds.*

17 (D) *A runaway house or crisis resolution center.*

18 (E) *A professional person, as defined in paragraph (2).*

19 (2) *"Professional person" means either of the following:*

20 (A) *A professional person as defined in Section 124260 of the*
21 *Health and Safety Code.*

22 (B) *The chief administrator of an agency referred to in*
23 *paragraph (1) or (3).*

24 (3) *"Residential shelter services" means any of the following:*

25 (A) *The provision of residential and other support services to*
26 *minors on a temporary or emergency basis in a facility that*
27 *services only minors by a governmental agency, a person or agency*
28 *having a contract with a governmental agency to provide these*
29 *services, an agency that receives funding from community funds,*
30 *or a licensed community care facility or crisis resolution center.*

31 (B) *The provision of other support services on a temporary or*
32 *emergency basis by any professional person as defined in*
33 *paragraph (2).*

34 (b) *A minor who is 12 years of age or older may consent to*
35 *mental health treatment or counseling on an outpatient basis, or*
36 *to residential shelter services, if the minor, in the opinion of the*
37 *attending professional person, is mature enough to participate*
38 *intelligently in the outpatient services or residential shelter*
39 *services.*

1 (c) A professional person offering residential shelter services,
2 whether as an individual or as a representative of an entity
3 specified in paragraph (3) of subdivision (a), shall make their best
4 efforts to notify the parent or guardian of the provision of services.

5 (d) The mental health treatment or counseling of a minor
6 authorized by this section shall include involvement of the minor's
7 parent or guardian unless the professional person who is treating
8 or counseling the minor, after consulting with the minor,
9 determines that the involvement would be inappropriate. The
10 professional person who is treating or counseling the minor shall
11 state in the client record whether and when the person attempted
12 to contact the minor's parent or guardian, and whether the attempt
13 to contact was successful or unsuccessful, or the reason why, in
14 the professional person's opinion, it would be inappropriate to
15 contact the minor's parent or guardian.

16 (e) The minor's parents or guardian are not liable for payment
17 for mental health treatment or counseling services provided
18 pursuant to this section unless the parent or guardian participates
19 in the mental health treatment or counseling, and then only for
20 services rendered with the participation of the parent or guardian.
21 The minor's parents or guardian are not liable for payment for
22 any residential shelter services provided pursuant to this section
23 unless the parent or guardian consented to the provision of those
24 services.

25 (f) This section does not authorize a minor to receive convulsive
26 therapy or psychosurgery as defined in subdivisions (f) and (g) of
27 Section 5325 of the Welfare and Institutions Code, or psychotropic
28 drugs without the consent of the minor's parent or guardian.

29 (g) This section shall become operative on July 1, 2024.

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Minor Consent for Mental Health: A Side-by-Side Comparison of California's Two Laws

California has two different statutes that authorize minors to consent to mental health care under certain conditions. Services can be provided based on a minor's consent if the conditions under either statute are met. A minor does not have to qualify under both to consent to care. There are some important differences between the two statutes. This chart highlights key differences.

	Family Code § 6924	Health and Safety Code § 124260
When can a minor consent to services under this statute?	<p>A minor can consent to mental health treatment if he or she meets all of the following requirements:</p> <ul style="list-style-type: none"> • Age 12 or older, • The minor is mature enough to participate intelligently in the treatment in the opinion of the attending professional person, • The minor would be in danger of serious physical or mental harm to him/herself or others without treatment, or the minor is the alleged victim of incest or child abuse. 	<p>A minor can consent to mental health treatment if he or she meets both of the following requirements:</p> <ul style="list-style-type: none"> • Age 12 or older, • The minor is mature enough to participate intelligently in the treatment in the opinion of the attending professional person.
What mental health services can minors consent to under this statute?	<p>A minor can consent to:</p> <ul style="list-style-type: none"> • Outpatient mental health treatment and counseling 	<p>A minor can consent to:</p> <ul style="list-style-type: none"> • Outpatient mental health treatment and counseling by a "professional person."¹
What mental health services are not covered by this statute?	<p>Minors <i>cannot</i> consent to any of the following services under this statute:</p> <ul style="list-style-type: none"> • Inpatient mental health treatment • Psychotropic drugs • Convulsive therapy • Psychosurgery 	<p>Minors <i>cannot</i> consent to any of the following services under this statute:</p> <ul style="list-style-type: none"> • Inpatient mental health treatment • Psychotropic drugs • Convulsive therapy • Psychosurgery
Who can provide mental health services to consenting minors under this statute?	<p>The following agencies and individuals can provide services based on a minor's consent under this law:</p> <ul style="list-style-type: none"> • A professional person¹ as defined by statute (see below) • Government agencies • Agencies contracting with government agencies to provide the services • Agencies receiving community united funds • Runaway or crisis resolution center 	<p>The following agencies and individuals can provide services based on a minor's consent under this law:</p> <ul style="list-style-type: none"> • A professional person¹ as defined by statute (see below)

	Family Code § 6924	Health and Safety Code § 124260
Do parents need to be notified when a minor consents to mental health treatment under this law?	Parents must be involved in the minor’s treatment, unless the provider determines that their involvement would be inappropriate. Involving parents in treatment will necessitate sharing certain confidential information; however, having them participate does not mean parents have a right to access confidential records.	Parents must be involved in the minor’s treatment, unless the provider determines, after consulting with the minor, that the involvement would be inappropriate. Involving parents in treatment will necessitate sharing certain confidential information; however, having them participate does not mean parents have a right to access confidential records.
Do parents have a right to access the mental health records regarding services provided under this statute?	When a minor consents to treatment under this statute, the provider can only share the related mental health records with parents or guardians when the provider has a written authorization from the minor. ² (But see above regarding parent involvement)	When a minor consents to treatment under this statute, the provider can only share the related mental health records with parents or guardians when the provider has a written authorization from the minor. ² (But see above regarding parent involvement)
Are parents financially liable for services?	The minor’s parents or guardian are not liable for payment for treatment provided under minor consent unless the parent or guardian participates in the treatment.	The minor’s parents or guardian are not liable for payment for treatment provided under minor consent unless the parent or guardian participates in the treatment.
Are there any differences in the funding sources available for these services?	Family Code § 6924 contains no insurance funding restrictions.	“Section 124260 of the Health and Safety Code shall not apply to the receipt of benefits under the Medi-Cal program.” Welfare and Institutions Code § 14029.8

¹ A professional person includes a mental health professional as defined in the California Code of Regulations, a marriage and family therapist as defined in the Business and Professions Code, a licensed educational psychologist as defined in the Business and Professions Code, a credentialed school psychologist as defined in the Education Code, a clinical psychologist as defined in the Health and Safety Code, the chief administrator of an agency defined in 6924, a licensed professional clinical counselor and a person registered as a MFT intern as defined in the Business and Professions code. In addition, Health and Safety Code § 124260 also includes a licensed clinical social worker as defined in the Business and Professions Code and a person registered as a clinical counselor intern. For the exact code sections containing these definitions, see Family Code § 6924(a)(2) and Health and Safety Code § 124260(a)(2).

² Cal. Health & Saf. Code §§ 123110(a), 123115(a); Cal. Civ. Code § 56.10(b)(7), 56.11(c); 45 C.F.R. 164.502(g)(3); 45 C.F.R. 164.508(a).