



CDSS

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**DEPARTMENT OF SOCIAL SERVICES**  
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GOVERNOR

January 15, 2014

ALL COUNTY INFORMATION NOTICE NO: I-05-14

REASON FOR THIS TRANSMITTAL

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

TO: ALL CHILD WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL FOSTER FAMILY HOMES  
ALL FOSTER FAMILY AGENCIES  
ALL TITLE IV-E TRIBES  
ALL CDSS ADOPTIONS DISTRICT OFFICES

SUBJECT: SHARING INFORMATION WITH CAREGIVERS

REFERENCE: COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION ACT (CAAPTR) 42 USC 209dd-2; CIVIL CODE SECTIONS 56.10, 56.103, 56.13; HEALTH AND SAFETY CODE SECTIONS 11845.5, 123110 AND 123115; WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS 317(f), 362.04, 16010, 16010.4, 16010.5, AND 16501.1; MANUAL OF POLICIES AND PROCEDURES (MPP) 31- 405(s) AND (t); 22 CCR SECTIONS 83068.1(b)(1) AND (2), 89468(a), 89468(b)(1)-(10), 89468(d), 89372(a)(10)(A)-(B), AND 89378(a)(1)(B)(4)(a) AND (b).

The California Department of Social Services (CDSS) wishes to remind counties of the importance of sharing information with caregivers in child welfare cases. **Information sharing is not only permitted under state and federal law, it is required.** Giving caregivers such information better enables them to meet the needs of children and youth living in their homes.

This All County Information Notice (ACIN) addresses information about the parents and the minor dependent child that should be shared with the caregiver as well as limitations on information sharing. Additionally, this ACIN describes approaches to sharing information in situations where the law appears to create barriers. This ACIN does *not* address sharing of information regarding nonminor dependents (NMDs), as NMDs are legal adults and have more control over what personal medical, mental health, and educational information is shared with others.

### **QUALITY PARENTING INITIATIVE (QPI)**

The QPI is a collaborative effort of the Youth Law Center, the County Welfare Directors Association (CWDA) and the CDSS. The goal of the QPI is to develop a statewide approach to recruiting and retaining high-quality caregivers for children and youth in foster care. Attracting and retaining quality caregivers is critical to achieving positive outcomes for children and families and to ensuring the success of child welfare improvement efforts. The QPI aims to strengthen foster care, including kinship care, by ensuring that a foster or relative family caring for a child provides the loving, committed, and skilled care that the child needs, while working effectively with the child welfare system to reach the child's goals. The QPI also seeks to clearly define the expectations of caregivers, to articulate those expectations, and to align the expectations of the child welfare system to support quality foster care. The major successes of the project have been in systems change and improved relationships. The QPI sites have also reported measurable improvement in outcomes, such as reduced unplanned placement changes, reduced use of group care, reduced numbers of sibling separation and more successful improvements in reunification. Currently, eighteen counties are participating in the initiative.

Counties engaging in the QPI have discussed the importance of sharing information with caregivers in order to make the caregiver a partner in the child's case. Because the CDSS recognizes that the subject of sharing information with caregivers is of statewide concern, the CDSS is issuing this ACIN.

### **INFORMATION SHARING BY SOCIAL WORKERS, PROBATION OFFICERS AND TRIBAL SOCIAL WORKERS**

#### **SHARING INFORMATION ABOUT THE CHILD OR YOUTH WITH THE CAREGIVER**

California law requires the social worker to share information regarding the child with the caregiver. In fact, many sections of the W&IC require the social worker to provide specific information to the caregiver or potential caregiver within a specific time frame. Attachment A lists specific information and documents that must be provided to the caregiver pursuant to federal and state law, as well as relevant citations.

Sharing information regarding the child with the caregiver is a critical component of effective service delivery. A well-informed caregiver or potential caregiver is better able to meet the needs of a child in care and is better prepared to handle challenges particular to the child. In addition to improving the quality of care, a well-informed caregiver becomes a partner with the social worker in the child welfare case. Information regarding the child's educational, medical, dental and mental health history and current needs must be shared so that the caregiver can appropriately care for the child and fulfill his or her obligation to cooperate with the child's case plan. Information about relatives, including siblings, with whom the child may have contact or visits should be provided to the caregiver, especially when the caregiver is participating in scheduling

or supervising visitation between the child and the family. The CDSS regulations require the social worker to provide the caregiver with information regarding the child's family background, which is also essential to assist the caregiver in providing quality care to the child.

Under statute, the social worker must provide the child's Health and Education Passport (HEP) to the caregiver. In addition to historical information, the HEP includes information such as the names and addresses of the child's health, dental and educational providers. If the social worker has failed to provide the HEP, the CDSS regulations require that a caregiver request the HEP and a written plan identifying the needs and services of a child or youth in care from the placement social worker when the child or youth is placed in the home. If a caregiver in a certified family home of a foster family agency or licensed foster family home does not receive this information from the placement social worker, he or she is required to ask the placement social worker specified questions to help the caregiver determine if he or she can meet the child's or youth's needs prior to placement in the caregiver's home.

Finally, California law requires the child welfare agency to provide the caregiver with contact information for important individuals involved in the case, such as the social worker and his or her supervisor, the child's attorney and any assigned Court Appointed Special Advocate (CASA). Making the caregiver aware of upcoming court hearings, the recommendations at those hearings and the manner in which the caregiver can provide information to the court and/or participate in those hearings increases the caregiver's ability to be a partner in the child's case.

#### SHARING INFORMATION ABOUT THE CHILD'S PARENTS WITH THE CAREGIVER

While California law is explicit in describing the variety of information that can be shared with the caregiver regarding the child, the law does not provide for the same level of sharing of information about the parent. Recognizing that some information about family history is necessary to provide appropriate care to the child, the CDSS regulations require the social worker to share relevant family background with the foster parent when making a placement. However, the social worker should gain the consent of the parent prior to disclosing other sensitive information, such as any medical or mental health condition of the parent. For information regarding the sharing of this type of information, please see the section titled "Addressing Barriers to Sharing Information" on page five of this document.

#### SHARING INFORMATION ABOUT THE CHILD OR THE FAMILY WITH FORMER CAREGIVERS

A child or youth in foster care often forms a meaningful and significant bond with his or her caregiver. When that child moves from the caregiver's home, either to reunify with a parent or to be placed in another foster care placement, the child may desire and benefit from a continued relationship with the former caregiver. Adults in the child's life should make appropriate efforts to recognize both the importance of the child's relationship with the former caregiver and the role the former caregiver could continue

to play in the life of the child. Nothing prohibits the caregiver from continuing a relationship with the child and/or the child's family after the placement episode ends, if such a relationship is consistent with the desires of the child and the family and the needs of the child.

Creating a team of people who support the child and family within the child welfare case is increasingly common within counties. From multidisciplinary teams to Team Decision Making meetings to the Child and Family Team, many counties have used a teaming approach in child welfare cases in order to identify both professionals and nonprofessionals who provide critical services and supports to the child and family. The current caregiver is often a valuable member of the team, as he or she is familiar with the immediate, day-to-day needs of the child. Nothing prevents a former caregiver from continuing to be part of the family's support team in counties that are using a teaming approach. Including a former caregiver in the ongoing team permits the social worker to share updates on the child with former caregivers as long as consents to exchange information are kept current. For more information on teaming and sharing information within a team, please see pages 12-16 of *Pathways to Mental Health Services: Core Practice Model Guide*, available at <http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>. Although this document was released to assist with the implementation of the *Katie A. Core Practice Model*, the discussion regarding teaming is relevant to any teaming activities.

### **INFORMATION SHARING BY CAREGIVERS**

#### **SHARING INFORMATION ABOUT THE CHILD OR YOUTH**

A caregiver will encounter a variety of circumstances where he or she needs to share otherwise confidential information about the child or youth. For example, the foster parent may need to disclose the child's status as a foster child and provide other confidential information to enroll the child in school, secure priority mental health treatment, or obtain other services as identified in the child's case plan. The CDSS regulations permit a caregiver to provide information regarding the child or youth to others in order to secure care, supervision or education of the child, unless prohibited by court order. Additionally, California law expressly permits the caregiver or education rights holder to provide the contact information for the child's attorney to the child's local educational agency.

When a certified foster parent, a licensed foster parent, a relative caregiver and a nonrelative extended family member arranges for occasional short-term babysitter for a child in his or her care, the caregiver is encouraged to provide comprehensive information that the babysitter will need to care for the child. This includes information about the child's emotional, physical, medical and behavioral health necessary to provide care to the child. The babysitter should be provided any medications the child may need while the caregiver is gone. Finally, the caregiver must ensure that the babysitter knows how to contact the caregiver in case of an emergency.

If a caregiver anticipates being absent from the home for longer than 24 hours, the caregiver is permitted to arrange for an alternative caregiver to provide care and supervision to a child, unless certain restrictions apply. When a certified foster parent, a licensed foster parent, a relative caregiver and a nonrelative extended family member arranges for an alternative caregiver, the caregiver must ensure that the alternative caregiver has information that includes the child's emotional, physical, medical or behavioral conditions; any medications the child may need while the caregiver is away; the name and telephone number of the social worker for the child; and contact information for the caregiver in case of an emergency.

### **LIMITATIONS ON SHARING INFORMATION**

Although many laws permit the broad sharing of information regarding the child within the child welfare context, the sharing of some information in the possession of the child welfare agency is limited and requires specific authorization. Some records, such as child welfare petitions and court reports, substance abuse treatment records, and certain medical records, have limitations on sharing based on state and federal law. Documents that are part of the juvenile case file, such as the petition, court reports, delivered service logs, etc., are permitted to be released only when consistent with W&IC section 827. Unless inspection is permitted under that section, a court order is required to share these documents.

Please see Attachment B for a non-exhaustive list of documents and information that generally cannot be shared without explicit consent or a prior court order. If there is any question regarding whether a particular document or piece of information not addressed in this ACIN can be shared with the caregiver or others, social workers are encouraged to consult with their county counsel prior to disclosing the information to the caregiver.

### **ADDRESSING BARRIERS TO SHARING INFORMATION**

As discussed above, there may be some information in the possession of the child welfare agency that cannot be shared without the express consent of the individual or a court order. The agency may also have information that falls into a "gray area," meaning that the child welfare agency is uncertain whether it can share the information or is uncomfortable sharing the information without consent. When sharing the information would benefit the child and the family, the child welfare agency is encouraged to find a method to share the information within the parameters of the law.

Generally, obtaining the written, informed consent of the individual about whom the information pertains is sufficient in order to share the information. Consistent with a "teaming" approach, counties may consider having affected individuals execute a consent early in the case in order to share all necessary information as soon as possible to provide better service to the child and the family. The child welfare agency should be explicit about the type of information to be shared, the persons with whom the

information will be shared, and the purpose of sharing the information. If the agency cannot obtain the consent of an affected individual, seeking an order from the juvenile court is another acceptable method to gain authorization to share confidential information.

Counties and caregivers are reminded that the flow of information between the social worker and the caregiver is critical to meet the needs of the child and the family in the child welfare setting. The CDSS encourages open communication between the caregiver and the social worker throughout the placement of a child in the caregiver's home.

If you have any questions regarding the ACIN, please contact Tracy Doan of the Children and Family Services Division, at (916) 657-2614.

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

## **Attachment A**

The child welfare agency is required to share the following information with the caregiver when initially placing the child and within 48 hours after each subsequent placement<sup>1</sup>:

- Prescribed medications for the child that are in the possession of the agency, with instructions for the use of the medication.
- All information regarding any treatments that are known to the agency that are in effect at the time of the placement.

As soon as possible, but not more than thirty (30) days after placement, the social worker must provide the child's health and education summary to the caregiver. This can take the form of a health and education passport. The information that must be provided to the caregiver is<sup>2</sup>:

- Names and addresses of the child's health care providers (including medical care, mental health care and dental providers)
- Names of the child's educational providers
- School documentation, including any documentation or proof of the child's age that may be required for enrollment in school or activities that require proof of age.
- Records indicating grade level performance
- Assurances that the child's placement takes into account the proximity to the child's school of origin
- The number of school transfers the child has already experienced
- The child's educational progress
- Immunizations and known allergies
- All known medical problems
- The child's past health problems and hospitalizations known to the agency
- The child's relevant mental health history
- Known mental health conditions and medications

Additional information to be provided to the caregiver upon placement:

- Child's case plan<sup>3</sup>
- Child's family and behavioral background<sup>4</sup>
- Any known or suspected dangerous behavior on the part of the child<sup>5</sup>
- Child's transitional independent living plan, when applicable

Other basic information that should be provided to the caregiver in order to assist the caregiver with meeting the needs of the child<sup>6</sup>:

- Contact information for the social worker
- Contact information for the child's attorney and CASA
- Child's birth certificate or passport
- Child's juvenile court case number
- Child's State Department of Social Services ID number
- Medi-Cal number or other health insurance number
- Plan outlining the child's needs and services, including information on the family and sibling visitation.

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<sup>1</sup> Welf. & Inst. Code section 16010.5(a).

<sup>2</sup> Welf. & Inst. Code section 16010.

<sup>3</sup> MPP 31-405(r).

<sup>4</sup> MPP 31-405(s).

<sup>5</sup> MPP 31-405(t).

<sup>6</sup> Welf. & Inst. Code section 16010.4(e).

## Attachment B

The following is a non-exhaustive list of documents or information that cannot be shared absent a court order or consent from the affected individual. If there is any question regarding whether particular information may be shared with a caregiver, CDSS recommends that the child welfare agency consult with county counsel.

<i>Type of information or record</i>	<i>Authorization needed to share information</i>
WIC 300 Petition and court reports	Court order <sup>7</sup>
Medical or mental health treatment where the minor has a right to consent to the care	If the minor consents to mental health services or could have consented to such services under Family Code § 6924 or Health & Safety Code § 124260, information may be shared only with the signed authorization of the minor or court order. <sup>8</sup>
Substance abuse treatment records of the parent	Parent's consent or court order <sup>9</sup>
Substance abuse treatment records of the child	Child's consent, child and parental consent or court order, depending on the circumstances <sup>10</sup>
HIV antibody test results related to the child	Consent of parent or child (if over 12) or court order <sup>11</sup>
Prevention or treatment of pregnancy	Child's consent <sup>12</sup>

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<sup>7</sup> Welf. & Inst. Code § 827.

<sup>8</sup> Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.106; 56.11.

<sup>9</sup> 42 C.F.R. §2.14

<sup>10</sup> 42 C.F.R. §2.14

<sup>11</sup> Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11.

<sup>12</sup> Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11.