DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 WEST SARATOGA STREET
BALTIMORE, MARYLAND 21201

DATE:	**February 27, 2015**
POLICY #:	**SSA-CW # 15-15**
TO:	**Directors, Local Department of Social Services** **Assistant Directors of Services**
FROM:	**Deborah Ramelmeier, Acting Executive Director** **Social Services Administration**
RE:	**Sharing Information with Health Care Practitioners**
PROGRAMS AFFECTED:	**Child Protective Services**
ORIGINATING OFFICE:	**In-Home Services**
ACTION REQUIRED OF:	**All Local Departments**
REQUIRED ACTION:	**Implementation of Policy**
ACTION DUE DATE:	**March 2, 2015**
CONTACT PERSONS:	**Steve Berry, Manager** **In-Home Services** **410-767-7018** **sberry@maryland.gov** **Diane Banchiere, Policy Analyst** **In-Home Services** **410-767-7423** **diane.banchiere@maryland.gov**

PURPOSE:

During the 2014 legislative session, the General Assembly passed SB 685 Child Abuse and Neglect-Provision of Information to Health Care Providers, codified at section 5-712 of the Family Law Article (effective October 1, 2014), requiring local departments to disclose certain information to health care practitioners. The purpose of this policy is to clarify what information must be released and under what circumstances.

BACKGROUD:

Before this law, the only provision related to disclosure of CPS information to individuals or entities treating or caring for children was Human Services § 1-202, under which a local department has discretion as to what to release. That discretion may still be exercised in the absence of a request, however SB 685 has made disclosure mandatory under certain circumstances.

Under the new law, mandatory disclosure is ONLY triggered by a request of a health care practitioner or "other agency, institution, or program providing treatment or care to a child who is the subject of *a report of abuse or neglect*" at the time of the request. The definition of "Health care practitioner" is borrowed from § 1-301 of the Health Occupations Article. The law applies to all Child Protective Services (CPS) cases; those being investigated and those receiving an alternative response. The local department is not required to share information if the referral was something other than a report of abuse or neglect, such as a report of substantial risk of sexual abuse, substance exposed newborn, or domestic violence.

Under SB 685, no information may be released unless it *is relevant to treatment or care being provided* by the requestor. The law does not authorize release of information to a doctor or hospital staff, or other provider or entity no longer providing care or treatment.

The law requires the local department to give the requestor:

- Information regarding the condition and well-being of the child;
- Information regarding the medical, mental health, and developmental needs of the child;
- The name or any other health care practitioner identified in the record as providing care or treatment to the child;
- Any medications the child is known to be taking;
- Immunization status: and
- Any other relevant information in the report or record.

Under no circumstances may the local department disclose the identity of the reporter

ACTION:

SCREENING:

This legislation permits the sharing of the screening decision as it may be relevant to the discharge decision or to on-going treatment of the child. The screening decision may only be shared *after* it has been approved by the supervisor. If the request is made prior to the approval of the screening decision,

the screener should obtain a phone number and advise the requestor of the decision when approved. The ability to share the disposition is limited to only those cases in which a child is the subject of a report of child abuse or neglect. This does not include risk of harm cases that are accepted for assessment and where there is no evidence that they meet the criteria for child abuse or neglect, such as risk of harm cases (Substance Exposed Newborns, Substantial Risk of Sexual Abuse, Reports of Domestic Violence and Previous Death or Serious Injury of a Child Due to Child Abuse or Neglect).

Should a health care practitioner contact screening to request the name of the CPS worker assigned a case, the screener shall transfer the caller to the screening supervisor who can provide this information. The screening supervisor should be the point person in the agency who relates this information.

CHILD PROTECTIVE SERVICE (CPS) RESPONSE:

After screening has been completed, calls should be directed to the assigned CPS worker (providing either an Alternative Response (AR) or an Investigative Response (IR). For the investigative response, the worker does not have to have made a disposition before sharing information learned during the investigation. The CPS worker should engage the caller in a discussion of his or her current role with regard to the child. For example, a referring physician in an abuse case may be terminating his or her care but want to share information with the child's regular provider. The worker should also engage the caller in what kind of care he or she is providing and the purpose for which he or she is seeking the information. For example, a mental health professional may be in need of different information than staff in a discharging hospital.

Given that the need for early screening and treatment of children who have experienced trauma is critical to their long term care needs and life expectancy, it is important that those providing treatment and care have information appropriate to the care and treatment of the child. The Adverse Childhood Experiences Study (ACES) has documented the long term effects of early childhood trauma on both physical and mental health, suggesting that medical, mental and behavioral health practitioners are in need of information that will inform their treatment of child victims of maltreatment and trauma. Many health practitioners have incorporated this approach in their current screening process and, accordingly, may request information from CPSs.

Not only is sharing information good policy, but it is now mandatory. Generally, when requested, the worker should share with a current provider of care or treatment any information regarding the child's physical or mental state; injuries (nature, scope, and extent); the cause of any injuries or harm; any changes in the child's condition since the report; any treatment or care the child has been provided; and anything else that a person or program would want to know for making informed treatment decisions. The worker should also share any restrictions regarding caregiver contact (who may and may not have contact with the child).

The worker should also share the names of any other health care practitioners who the worker believes may be treating or caring for the child. The worker should share the finding and the identification of the alleged abuser or neglector *if* this information has relevance to the care or treatment of the child. For example, an emergency room physician or a specialist, who is unlikely to continue caring for the child beyond the initial treatment and discharge decisions, would have less of a need to know the identification of the maltreator than a child's primary care provider or therapist whose care or treatment may be informed or affected by knowing the identity of the maltreator.

UPON REQUEST:

If the local department has concern as to who is requesting the information, it would be appropriate for the requestor to be asked to fax the request on a piece of their ageny/practice letterhead. This is to confirm that the requestor is entitled to the information being shared. A copy of the letter should be scanned into the MD CHESSIE record.

POST-INVESTIGATION:

Requests made after a CPS case has been closed must still be honored if they pertain to the care or treatment of a child who was the subject of a report and the information requested relates to care and treatment provided as a result of the child's maltreatment. For example, if a doctor who reported a parent for failing to provide a child with proper treatment for an asthma condition requested information after the CPS case was closed, the agency would release information in a services case relating to the child's asthma but not information related to other unrelated health issues being addressed in the service case.

When the agency receives a request for information after a CPS case has been closed, the requestor should be referred to the CPS Unit or Program Manager or designee, for response. The Manager or designee should ask the requestor to fax the request to the local manager or designee on professional letterhead before sharing any information. This is to make certain that the requestor is entitled to the information.

QUESTIONS:

If you have questions regarding the provisions of this policy, they should be directed to the In-Home Manager or to a Policy Analyst. Their contact information is in on the first page of this Directive.