# THE IMPACT OF PRIVACY LAWS ON CROSS AGENCY COLLABORATION

## CROSS OVER YOUTH PROJECT MODEL

A Thesis

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MASTER OF PUBLIC POLICY AND ADMINISTRATION

by

Victoria Losé

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Department of Public Policy and Administration

Abstract

of

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*Statement of Problem*

The U.S. Department of Justice started to notice an influx of youth becoming wards of the state throughout the United States. A common pattern that judges noticed for these youth included being in the child welfare system along with the justice system. Judges ordered all the participating agencies that coordinate care for youth in the child welfare system to come together to provide more effective and efficient services to their shared clientele. This cross-agency collaboration includes Child Welfare, Probation, Behavioral Health Services, Department of Education, and Juvenile Courts. These agencies must work together to help their shared client. However, that includes sharing personally identifiable information. With these collaborations' privacy laws prohibit data sharing amongst outside agencies. My thesis explored how the impact of privacy laws could be overcome, by focusing on Sacramento County's implementation of the Cross Over Youth Project Mode as a case study.

*Sources of Data*

I used a qualitative approach for this research. I conducted non-participant observations of meetings to see if these privacy laws impacted any information these stakeholders shared amongst each other. Additionally, I conducted interviews of the staff from the different agencies participating in this cross-agency collaboration.

*Conclusions Reached*

The current policy does allow for sharing data. However, the process could be expedited if the language in the policy actually explicitly stated that all stakeholders that form a multidisciplinary team are also allowed to share data with one another.

_____, Committee Chair
Su Jin Jez, Ph.D.

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Date

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# Chapter 1

## INTRODUCTION

Judge Johnson of Juvenile Courts in County X received a case for a teen named John Smith. Probation officers reported that Smith committed a crime of robbery and vandalism throughout his neighborhood. At the age of 14 Smith entered into the Child Welfare system because he lived in an abusive household. Smith's social worker placed him into a group home. Smith's absence from school for various weeks resulted in poor academic performance. Smith's social workers reached out for assistance from the schools for more resources to improve Smith's academic record. Smith's social worker sought assistance for Smith's medical health and Smith received medication for his depression. Through this process of seeking help and information from different agencies such as the schools, and hospitals the social worker ran into issues of privacy and confidentiality enforced by state and federal laws. This is not the first time Judge Johnson experienced a case such as Smith's.

Judge Johnson and other Judges in the Juvenile Courts noticed that too many of these youths who are involved in the child welfare system and juvenile justice system are the most likely to become wards of the state (Freundlich & Morris, 2004). Teens in multiple systems are referred to as dually involved youth. The research shows that dually involved youth are at higher risk to struggle as an adult (CJJR & McCourt School of Public Policy, 2015). These youth struggle academically which leads to lower educational attainment. Dually involved youth also experience homelessness, health

disorders, and unemployment at higher levels as adults than their counterparts (CJJR & McCourt School of Public Policy, 2015).

*Problem Statement*

In response, the Judges ordered for the systems to work together to coordinate care for the youth receiving their services. This means that the agencies involved in caring for the youth must collaborate and coordinate care for their client. In addition, the Center for Juvenile Justice Reform at Georgetown University McCourt School of Public Policy developed the Cross Over Youth Project Model (CYPM) to improve the outcomes for youth involved both in the child welfare system and the juvenile justice system. The CYPM Model is not limited to just the child welfare and juvenile justice systems but emphasizes these two systems. Although the coordination of care may seem simple to organize, these agencies uphold strict privacy laws that make it difficult to cross share information which may further impact the cross-agency collaboration. This thesis uses CYPM as a case study to help understand the impact privacy laws have on cross-agency collaborations that need to coordinate care and provide comprehensive services to their clients.

Individual privacy plays an important role in one's personal identity and personal freedom (Mills, 2008). The purpose of the privacy laws is to protect individuals' information that can be collected by different agencies. This in turn should protect individuals from any harm that may come when sharing personal information in confidence. Information collected by some agencies includes first and last name, birthdate, gender, social security number, and any other demographic information.

Although sharing personal information may seem daunting, it can benefit the individual. For example, disclosing information with the Social Security Administration allows individuals to save for retirement. Disclosing information to government intelligence agencies such as the FBI, and CIA can help with personal protection and help national security. Sharing personal information with government agencies should be for the benefit of the general population and cross agency collaboration can enhance this public benefit.

Cross agency collaboration can help the public by providing more effective and comprehensive services. Cross agency collaboration is a process where agencies work together on the best approach to provide efficient services to the individuals they serve (Olson, 2003). This process involves two or more agencies coming together to achieve goals that one agency could not carry out as effective on their own (Olson, 2003). For example, ISIS beheaded American journalists Steven Sotloff. Prior to his death, ISIS requested a release of all Muslims in American custody or 100 million euros (CBS, 2017). The Sotloff family raised money to help save their son's life; however, it is against US Policy and families can be prosecuted if they pay ransom. In order to prevent future American families experiencing this tragedy the government created the U.S. Hostage Policy (Office of White House Press Secretary, 2015). The FBI takes the lead on this policy and it includes the CIA, U.S. State Department, and Department of Defense to share intelligence and keep families informed (Office of White House Press Secretary, 2015). This is important because it can help agencies give better and more effective services to individuals.

When Social Security Administration (SSA) shares information with other agencies it is in the benefit of the individual. For example, if an individual becomes disabled then SSA shares the data with federal agencies to aid with other benefits such as veteran benefits if applicable to the individual (Evangelista, 2017). Cross agency collaboration is important because in understanding other agencies, employees can be more aware of how their work affects other agencies which in turn affect the individuals they both serve. Collaboration allows an exchange of dialogue amongst other agencies whom may be struggling with similar issues in serving the same population. Collaboration allows agencies to discuss and brainstorm new ideas to improve providing comprehensive services to the public.

However, privacy laws may make cross agency collaboration difficult. Privacy laws may make it harder for government agencies to share information. Privacy laws can prevent agencies from using a shared database system that may help them in providing comprehensive services that can benefit the individuals these agencies serve.

As such, it is important to understand the relationship between privacy laws and collaboration. My research question is, how do privacy laws impact collaboration? As mentioned previously, I conduct a case study of a cross agency collaboration, the Cross Over Youth Project Model (CYPM). I chose CYPM as a case study because I believe the work this collaborative does to help prevent youth from being wards of the court is crucial to improve and create more successful opportunities for these youth as adults. CYPM helps make a difference in the lives of these youth where they are more likely to be safe, healthy, and contribute to society as a responsible adult.

*Thesis Layout*

In the next chapter, I provide a comprehensive literature review on the role of privacy laws and its effects on cross agency collaboration. Following the literature review, I provide a chapter that includes a methodology section discussing in depth the approaches taken in order to help me answer the research question. After the methodology section, I discuss the findings of my research. In the final chapter, I make conclusions based on the analysis of the findings and provide any recommendations on how the impacts of privacy laws on collaboration can be better resolved.

Through a comprehensive analysis of the impact of privacy laws on collaboration, this thesis provides insight into how the agencies in CYPM provide comprehensive services for dually involved youth. In addition, this thesis will give insight not only to the impact of privacy laws but other problems the CYPM collaboration experiences that may be shared amongst a host of collaborations. This analysis serves as a good way to understand the barriers to collaboration and how the legislature can assist in creating a smoother process of collaboration amongst agencies to better serve the general public.

# Chapter 2

# LITERATURE REVIEW

The purpose of privacy laws is to protect individuals sharing their personal information from others that might misuse their information for other purposes. Throughout this literature review I refer to privacy laws and confidentiality laws which are interchangeable terms. Although these privacy laws are in place to protect the individual, privacy laws can negatively impact cross agency collaborations that seek to benefit the individuals they serve and the public at large. The purpose of this literature review is to understand the effect privacy laws have on cross agency collaboration. In reviewing the literature, two main themes emerge as to how privacy laws impact collaboration: they make it a difficult process to share data between agencies and they cause some confusion for employees who try enforce them. First, I discuss how privacy laws prohibit data-sharing and how this limited access affects different cross agency collaborations. Then, I discuss how federal and state privacy laws cause confusion and misunderstanding for employees in which certain agencies are allowed to gain access to information for collaborations.

## *Difficult process to share data*

One of the main implications that relates to the strict confidentiality laws is the difficulty of data-sharing between agencies. There are very strict guidelines on who gets access to certain data. This affects agencies that try to collaborate with other agencies to have better outcomes for the individuals they serve. This section goes into depth about

how privacy laws limit access for agencies to share data with other entities and uses examples of multidisciplinary teams to display this strain.

*Confidentiality laws*

There are confidentiality laws that make it a difficult process to share data that agencies may need to better serve the individuals using their services (Child Welfare, 2014, Darlington et al, 2005, Cole, 2011, Marshall & Solomon 2004, Immigrant Legal Resource Center, 2016, Feinstein e. al, 2009). This section covers privacy policies known as The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Family Educational Rights and Privacy Act (FERPA) and California Penal Codes that affect collaboration.

*HIPPA*

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) secures the privacy and confidentiality of an individual's medical records also known as protected health information (PHI) (AOC Center for Families, 2010). Only certain people can obtain medical information (AOC Center for Families, 2010).

Mental health providers also enforce HIPPA to secure that their client's information (Marshall & Solomon, 2004, Feinstein et.al, 2009, Liew, 2012). These confidentiality allegations make it difficult for providers, consumers, and families to discuss the needs of the individual. It is difficult for families to help provide enough care for their loved one without ongoing contact with mental health providers that can prevent a crisis (Marshall & Solomon, 2004). Mental health providers include counselors, therapists, psychologists, etc. Again, if parents wanted to obtain information about their

child from their mental health provider a consent from the minor is needed (Feinstein et.al, 2009).

HIPPA over rules any state laws that goes against it but defers to state laws if it is stricter in protecting of a patient's privacy (AOC Center for Families, 2010). For example, California enforces the Confidentiality of Medical Information Act (CMIA). With CMIA, records cannot be given to any entity without consent from the individual or minor (Health & Saf. Code, §123115). The minor must give consent even if it is a parent or guardian (Health & Saf. Code, §123115). In addition, a health care provider cannot show information to a social worker or probation officer (Civ. Code, §56.103(e)(2) &(h)). Both HIPPA and the CIMA make it difficult to share information that other agencies can use to improve their services to the individual they serve.

HIPPA makes this a difficult process to share data information because at all times it is at the discretion of the client. Health providers must obtain a release form the client in order to share information with other agencies. The purpose of HIPPA is to protect the client's identifiable information and if the client does not see fit and does not sign a waiver for their information to be shared at a collaboration it can hinder the agencies' ability to provide comprehensive services which may be beneficial to the client.

*FERPA*

Educational records are protected by Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 C.F.R.). Schools can share information only if it is an emergency and to protect the health and safety of the student and other individuals. [FERPA, 1974-a, sec.(b)(1)(I)]. With allowing schools to share information only in an

emergency does not help the collaboration effort with other agencies that may need to take place to better serve the student's educational needs (Day,2013).

With the education system enforcing FERPA it makes it very difficult for other working partners to share data information. For example, if a child is in the child welfare system, FERPA makes it a difficult process for the social worker to obtain educational records of their client. With only allowing schools to share information in the case of an emergency makes it difficult to ensure that the client's educational needs are met daily for improvement. In addition, FERPA may actually hinder a student getting the resources they need to progress due to the strict guidelines.

*California Penal Codes*

In addition, juvenile courts, probation, and Child Welfare (CW) all share minors they serve. However, certain agencies such as CW is limited to the disclosure of abuse and investigation reports (CA Pen. Code. §11675.5). CW also limits the disclosure of certain information to the courts (CA Evid. Code, §§990 et seq).

This impedes the services probation and juvenile courts provide. More information for the probation officers will help them in their understanding approach in serving these minors. Judges need full information to make the best judgement of the minor in court. These laws make collaboration amongst the entities difficult. These organizations have a responsibility to serve and protect the well-being of the children and youth receiving their services (Day, 2013).

The California Penal Codes have strict guidelines and therefore make it a difficult process for the courts, probation, and child welfare to share data that may be beneficial to

the clients. In the past each of these entities worked by themselves, started their case from when they knew the client, but did not have full information on their client which resulted in most clients becoming wards of the state. For example, full information means that in some cases the judges not informed that the client meets with a therapist to help with depression and suicidal thoughts. Probation officers are not aware that the client grew up in an abusive household and that the best approach is not the typical excessive force some officers use to get individuals to comply. Sometimes social workers are notified weeks after their client committed a crime. California Penal Codes make it difficult for all these agencies to work together and be on the same page in serving their shared client. It is a complete disservice to the client and the coordination of care amongst these agencies is crucial.

In addition, this law does not include immigration attorneys (Immigrant Legal Resource Center, 2016). This impedes on immigration attorneys working with undocumented youth. Immigration attorneys in this situation need to put in a request to have access to this file (Immigrant Legal Resource Center, 2016). However, this adds an extra step and makes it more work for the immigration attorneys to do their best to help their client. This is a difficult situation for undocumented youth. For example, upon their arrest the attorney must find out if Immigration and Customs Enforcement (ICE) has information on their youth (Immigrant Legal Resource Center, 2016). The attorney is recommended to contact the Public Defender's office to see if ICE issues a "notification of request" for the client (Immigrant Legal Resource Center, 2016). Both the attorney and the Public Defender can work together to help work with ICE for a no dissemination

order to help protect the undocumented youth. Immigration attorneys do not have access to this information because the privacy laws make it difficult to best represent their client.

*Cross-Agency Collaboration*

The privacy laws mentioned previously make it difficult for cross agency collaboration also known as multidisciplinary teams (MDTs). MDTs make up of multiple different agencies that come together to best serve their shared population. Agencies in a MDT work with others to carry out something they could not on their own. It is encouraged that the client is well informed about the agencies that are a part of the collaborative effort (Liew, 2012). In this section I discuss MDTs in different aspect such as MDTs in medical research, mental health, and chaplains participating in collaborations.

*Medical Research*

State privacy laws make it difficult for agencies to collect public health information for research. Specifically, disease prevention research. Begley et al, (2017) writes how privacy laws impede on the collaboration of health departments for public health purposes. The Center for Disease Control (CDC) developed a strategy to develop a collaboration between various health department to help prevent HIV/AIDS, viral hepatitis, other sexually transmitted diseases, and tuberculosis (TB) (Begley et al, 2017). CDC conducted a study of the privacy laws of all 50 states through a database system called Westlaw Next. Researchers found that the privacy laws are very broad and vary amongst every state. They found that many states have a general provision release protocol but do not have a disease specific release protocol. With these strict state privacy

laws, it is difficult to conduct research that can help the public and prevent certain diseases.

*Mental Health*

As mentioned previously, MDTs operate on various different names and are dependent on the agencies they comprise of but still serve the same purpose in collaboration. For example, the Suspected Child Abuse and Neglect (SCAN) teams include child protection and mental health services (Darlington, et. al, 2005). Darlington, et.al used a regression analysis with a cross sectional survey to understand the attitudes and experiences of the employees from different agencies and the barriers to their collaboration. The authors received 232 completed responses with an overall response rate of 21% (Darlington, et. al, 2005). One of the main factors reported as a barrier to their collaboration was confidentiality (Darlington, et. al, 2005). Confidentiality accounted for five percent of the variance (Darlington, et. al, 2005). Although the variance is small, the results showed to be statistically significant (Darlington, et. al, 2005).

*Victim Advocates*

In addition to mental health providers, victim advocates provide a similar service to their clients. Some of the victim advocates serve on MDTs called the Sexual Assault Response Team (SART) (Cole, 2011). SART consisted of 78 professionals from different backgrounds such as 28% medical professions, 44% criminal justice, and 28% victim advocates (Cole, 2011). As previously mentioned about the hard position of a psychologist on a MDT it is the same for victim advocates. Victim advocates need client

consent to share anything with the team. (Cole,2011). Cole developed a study of 3 SARTs. SART A covers 4 counties with a population of 376.626 in 2006. SART B is in a metropolitan area with a population of 270,789 in 2006. SART C is also a metropolitan area with an estimated population 699,827 in 2006. Cole (2011) measured victim confidentiality with a question if victim confidentiality served as a barrier with a Likert scale between one (strongly disagree) to five (strongly agree) for a response. Results reported that majority of the participants in SART did not see victim confidentiality as a barrier to collaboration (Cole,2011). However, about one third of the respondents were concerned about victim confidentiality which is still a large amount (Cole,2011). The concerned 1/3 of responses came from victim advocates. Victim advocates reported that keeping victim confidentiality is extremely difficulty while collaborating with the other agencies (Cole,2011).

*Chaplains*

Chaplains serve as a figure of faith to the people. Chaplains meet with many people to help support their spiritual needs. In this position, Chaplains will learn many things that others hold very close to their hearts and do not want to be shared. The role of a chaplain has evolved over the years due to collaboration with mental health providers (Carey et al, 2014). Erde et al. (2006) interviewed 174 acute care patients within a US university hospital to gain insight into the patient's perspective. About 76 (42%) out of the 179 did not want, without their consent their details released to a chaplain or a clergy (Carey et al, 2014). However, it was interesting that although patients did not want their

information to be disclosed they still were welcoming to a visit from the chaplain while in the hospital (Carey et al, 2014).

Furthermore, Cantrell et. al (2014) conducted a study of chaplains to understand how military Chaplains collaborate with mental health professions to better serve their patients. The authors interviewed 198 chaplains and 201 mental health professional sin 33 Department of Defense (DoD) and Veteran Affair (VA) facilities. Compared to VA chaplains, DoD chaplains expressed more concerned with how confidentiality of chaplains is important, chaplain confidentiality is an incentive for people to talk with them, chaplain confidentiality can serve as a barrier to a referral, and chaplains can fully encourage self-referral to mental services (Cantrell et. al, 2014). One Navy chaplain that when people tell information to him it goes to the grave and that no discussion with mental health providers takes place (Cantrell et. al, 2014). An Army chaplain shared that anything shared with him is not shared with mental health providers even if the individual is suicidal (Cantrell et. al, 2014). Some DoD mental health providers discussed that when they refer a case to chaplains sometimes the chaplains do not get back to them because of confidentiality reasons (Cantrell et. al, 2014). The VA requires chaplains to document their discussions, the VA chaplains can provide information but very minimal and do not under any circumstances disclose confidential information (Cantrell et. al, 2014). Authors found that these confidential laws make it difficult for both military chaplains and mental health to provide comprehensive services to the individual receiving their services.

*Confusion and Misunderstanding of Privacy Laws*

Research consistently finds a lack of understanding and confusion in the privacy laws or confidentiality laws themselves (Child Welfare, 2014, Darlington et al, 2005, Cole, 2011 Marshall & Solomon 2004, Immigrant Legal Resource Center, 2016, Feinstein e. al, 2009). With confusion and a lack of understanding many agencies do not clearly understand what they are able to do or not in certain situations.

*Confusion*

Sometimes obligations of child welfare employees are not so clear. Some federal and state laws require them to report and to disclose information to help coordinate care for the child. On the other hand, some states and federal restrain them from cross sharing information with other agencies that can help improve the child's situation (Child Welfare, 2014).

*Misunderstanding*

Cole (2011) reported that law enforcement and medical employees did not understand the statutory guidelines to communicate with victim advocates and the rape crisis victims. Issues also may arise when different confidentiality policies (Cole, 2011). In Cole's (2011) research the victim advocates reported that they uphold a more rigorous and strict line of confidentiality which impedes the collaboration process. Victim advocates in any situation will not share information with their collaborative team unless given consent from their client (Cole, 2011).

According to Begley et al, (2017) there is a gap in the law about personal identifiable information use and release. Begley means that the law does not explicitly

discuss how health departments may use or share that information (Begley et al, 2017). Public Health agencies can struggle with interpreting these laws and if it applies to certain situations or not (Begley et al, 2017). With the lack of clarity, it becomes very difficult for public health agencies and the Center for Disease Control to conduct research on prevention of specific diseases.

*Conclusion*

The literature review discusses that privacy laws impact collaboration by making it difficult to share data and that the lack of transparent policies also makes it difficult for collaboration to take place. Privacy laws make it difficult to share data amongst different agencies because they protect personal information and sometimes agencies in collaboration need that information to provide better comprehensive services. In addition, data-sharing limits how well other agencies can collaborate with others. Many agencies have trouble working with one another because of the privacy law protection.

Furthermore, when there is a lack of transparent privacy policy agencies do not know what their role is or certain things that are not defined well or discussed thoroughly can lead to misunderstandings. When agencies cannot decipher clearly the written policy it creates confusion, and a lack of understanding, and when certain positions are not included in the privacy policy collaboration becomes very difficult. Most agencies that do not have a clear understanding tend to do nothing at all due to the risk they may face within their agencies.

Although confidentiality laws protect the individual it can highly affect a greater benefit to the individual of cross agency collaboration. This literature review showed that

privacy laws allow for limited access to data and are not very transparent which impact collaboration. In the next section, I provide my methods chapter into my own study on learning how privacy laws impact cross agency collaboration.

# Chapter 3

## METHODOLOGY

In this chapter, I summarize the methods I used to assess how privacy laws impact cross agency collaboration. I used a qualitative case study methodology. A qualitative approach fit best for my research because it provides me with details about human behavior, emotions, and personality characteristics that a quantitative approach could not provide. I chose to conduct a case study because it allows for me gain a deeper of understanding with a specific lens. It helped my research study become more specific and concise. A qualitative approach captures and encompasses a more holistic picture of the cross-agency collaboration of Sacramento CYPM. I chose to focus on CYPM because I believe the work this collaborative does can truly help make a difference in the lives of the clients they serve.

More specifically, I used a non- participant observation of CYPM meetings and employee interviewees about the process and barriers experienced in this specific cross agency collaboration. A non-participant observation approach allows me to see Sacramento CYPM in real time and witness them in their true manner and behavior to understand the impact privacy laws makes on their collaboration. In addition, interviews allowed me to gain in-depth experiences, gave me the ability to ask to follow up questions, and provided me a more holistic understanding of the collaboration in Sacramento CYPM.

*Case Study: CYPM*

CYPM is a cross agency collaboration that seeks to improve the outcomes for dually involved youth by enhancing communication across systems (CJJR & McCourt School of Public Policy, 2015). I chose CYPM because it includes many agencies working together to help improve the outcomes for dually involved youth. In addition, I believe CYPM served as an interesting model that included agencies that usually do not work together. CYPM allowed these agencies to learn more about each other, learn about the other's perspective and how the work that their agency performs directly affects the other system. CYPM also is crucial to help coordinate more improved care for these youths. I also believe that CYPM serves as a good case study because the population this collaboration serves is challenging and CYPM has the potential to not only help the youth it serves now but to have long term effects into their adulthood.

The goals for CYPM include reducing the number of youths in out of home care, reducing the number of youth reentering child welfare from juvenile justice placements, and reducing recidivism for dually involved youth. CYPM focuses on youth entering the child welfare systems from the juvenile justice system (CJJR & McCourt School of Public Policy, 2015). More specifically, CYPM aims to reduce the number of youths in juvenile detention facilities, reduce the number of youth reentering child welfare from juvenile justice placements, reduce congregate care, and reduce recidivism (CJJR & McCourt School of Public Policy, 2015).

In March 2015, Sacramento County adopted CYPM. The stakeholders include Child Welfare, Probation, Behavioral Health Services, Sacramento County of Education,

and the Juvenile Justice Courts. Representatives from each agency attend monthly meetings to discuss data and the best approaches to provide comprehensive services for dually involved youth. In 2018, Sacramento County identified and engaged all 88 dually involved youth in their jurisdiction. Sacramento County's region includes the City of Citrus Heights, City of Elk Grove, City of Folsom, City of Galt, City of Isleton, City of Rancho Cordova, and the City of Sacramento.

*Method 1: Non-participation Observation*

I used non-participant observation because this approach allowed me to explore collaboration in real time. This approach allowed me to capture the truest behaviors of my sample and is flexible. A non-participation observation allowed me to envision the bigger picture of the collaboration and gain an insight from participants. This approach helped me capture re-occurring patterns that can help me answer my research question. The non-participant observation notes served as supplemental data in addition to interviews. Using my non-participant observation notes allowed me to compare notes from interviews to verify any common patterns. Attending the monthly meetings and collecting observational data allowed me to take note of how many times the discussion of privacy law occurred and its impact on the cross-agency collaboration.

I created a table (See Appendix B) to organize my notes for the non-participant observations at the CYPM meetings. I attended CYPM meetings monthly that took place from 1:30pm -3:30pm. I observed 4 meetings in 2018 from May - September. CYPM cancelled a meeting in June and I extended my observation of the meetings until September to include 4 meetings. Throughout these meetings, I observed the level of

collaboration between agencies as demonstrated by employee actions. I also focused on if the agencies mentioned how they could not share information because of the privacy laws they must follow.

*Method 2: Employee Interviews*

The second part of the qualitative approach included employee interviews. This approach allowed me to relay the importance and purpose of the research to the interviewee. This approach gave the interviewee time to ask clarifying questions during the interview process. Interviews also allowed me to ask follow up questions. In addition to the non-observation approach, interviews allowed me to explore and learn new things about the cross-agency collaboration in Sacramento County CYPM. Interviews allowed for employees to share in depth experiences of taking part in CYPM. Interviews allowed me to obtain more detailed information about an employee's perspective on the cross-agency collaboration. Interviews gave a more holistic perspective on the impact of privacy laws on the cross-agency collaboration.

I conducted all 11 interviews in June of 2018. Each week varied in how many individuals I interviewed because I based it on the employees' availability. Sometimes I had one interview a day and other times I had 4 interviews a day. I conducted two phone interviews due to scheduling issues for an in-person interview. I conducted seven interviews at the individuals' office space of their department and two interviews at local coffee shops due upon the interviewees request. These interviews gave great insight into CYPM and the role privacy laws affected the collaboration.

CYPM consists of five different agencies including Child Welfare, Probation, Behavioral Health Services, Sacramento County of Education, and Juvenile Justice Courts. I requested an interview of 2-3 people from each agency. I interviewed individuals that consistently attended every meeting I observed as I built rapport with them over the months and it was easier to request an interview. I interviewed individuals that worked with CYPM from the very beginning of its implementation because they have the more information to share about the whole collaborative process. My sample size included 11 participants. The questionnaire included 15 questions and the themes for the questions included a basic intake and CYPM questions (See Appendix B). A basic intake included questions such as agency the employee represents, their position, and the amount of years in their current position. The basic intake questions served as a brief introduction for me to learn more about the individual and their background in their agency before jumping straight into questions about the cross-agency collaboration. CYPM questions focused on employee's perspective on their agency's role in the collaboration, barriers in the collaboration, and how privacy laws affected their agency sharing information in the cross-agency collaboration.

I shared questions with interviewees prior to the interviews. At the interview I gave an informed consent form for permission to continue with the interview and a copy of the questions for the interviewee. With every interview, I opened a new version of the questions on my laptop and types their answers. Interviews varied in length but the majority took 30 minutes to a 1 hour. Interviews took place at the interviewees' offices and coffee shops. Most interviewees responded very well and gave full on responses and

explanations. After writing down the responses of the interviews, I coded the responses in to an excel sheet. I used excel sheets, highlighted the commonalities between interviews and observational data and that allowed me to compile my findings in an organized manner which I will discuss in the next chapter.

To analyze the findings of the employee interviews, I used an Excel sheet. The top row included identification numbers with the agency such as Employee #1, date and time of the interview. The left column included the questions. I placed the answers to these questions under the corresponding identifier number and aligned it with the correct questions. I highlighted any similarities that stood out amongst all agencies. All excel boxes that are not highlighted served as the differences. One of the challenging parts of coding included double checking that I accurately transcribed all responses for the correct questions for the correct interviewee. From these observations and interviews, I understood how these privacy laws enhanced, hindered, or did not affect the agencies level of collaboration in CYPM.

*Overall Case Study Analysis*

Through the data collected from monthly meetings and interviews I understood how privacy laws affected the cross-agency collaboration. Both qualitative methods allowed me to capture the bigger picture of the impact of privacy laws on cross-agency collaboration. In Chapter 4 I present my findings, while in Chapter 5 I turn to the policy recommendations that follow from these findings.

# Chapter 4

# FINDINGS AND INTERPRETATIONS

In this chapter, I discuss the findings of the non-participation observation of the CYPM meetings and the interviews conducted with the different employees who participate in CYPM. These findings comprise (a) the impact of privacy laws on sharing data in CYPM, (b) different challenges the participating agencies in CYPM encountered, and (c) how CYPM resolved issues by becoming a multidisciplinary team.

## *The Impact of Privacy Laws on Sharing Data in CYPM*

In the beginning of implementing CYPM, all interviewees reported that their partners could not share any individual level information due to confidentiality laws. All interviewees stated that the only information these agencies shared was aggregate data, which did not contain any personally identifiable information. All interviews revealed that the participating agencies in CYPM acknowledged their limit in the type of information they can share with one another due to the privacy laws and confidentiality they need to abide by. Interviewees reported that individual identifiable information shared by the agencies needed to follow the guidelines of a 'need to know' or 'right to know basis'. A 'need to know' or 'right to know' basis means that individual identifiable information can be shared with them if it is absolutely necessary to help coordinate care. If a person qualifies as a 'need to know' or 'right to know' person they are able to obtain individual identifiable information. All interviews reported that only people that are essential and play a role in the coordination of care for the clients are able to obtain this information. The interviewees noted that they needed to get more in-depth data such as

individual identifiable information from each other to do a better assessment on how to best provide comprehensive services for their clients. The privacy and confidentiality laws limited the type of information the participating agencies in CYPM can share with one another which affected how well these agencies could coordinate effective and efficient services to the clients.

*Different Challenges the Participating Agencies in CYPM Encountered*

Throughout the collaboration process, the agencies in CYPM faced many challenges. Through my research I found that these challenges comprise (a) lack of a shared database, (b) retirements in CYPM's employees and (c) different organizational cultures. The methods I used gave insight into how each challenge affected CYPM's progress in providing effective and efficient services to their clients.

*Lack of a shared database*. Throughout the meetings observed and interviews conducted, I found the lack of a shared database system was mentioned as a common challenge amongst the CYPM participating agencies. A database is a system where information is stored and updated, usually in computers. A shared database is a system that is accessible to all parties involved in gathering, storing, and updating information all at once. From the meetings, I learned that a designated person from each agency sends their information to a designated data person for CYPM as a whole. From this point, the CYPM designated data person collects everyone's information and updates an excel spreadsheet. Only one agency has access to this excel sheet. The other agencies do not update, or store information on this excel spreadsheet on their own. They must send their

information to the CYPM designated data person who gathers all their information and enters it into the excel spreadsheet.

Through the interviews, I learned that this system was perceived to be very tedious and interviewees reported that this took a huge toll on the employees who performed these duties. First, each participating agency manually goes through their data, which can take days to weeks, to transmit their information to the designated person at CYPM. Second, each agencies data person enters their data into an excel spreadsheet. Third, the data is sent to the CYPM designated person who then inputs all the data into a separate excel spreadsheet that contains all the information. Another related issue associated with data sharing was that when one agency's system updates, all the other system do not update at the same time. In other words, data systems are not simultaneously updated. Each agency has a different system, and not all employees have access to other systems.

Also, when creating the spreadsheet, CYPMs designated person only shared information about an approved youth in the protocol. As a result, employees needed to come up with a uniform image that symbolized individual's as a dually involved youth. Not having a shared database system delays each agency on reporting and obtaining accurate information to help provide the best approach in dealing with the youth. One person I interviewed argued that if CYPM had an electronic database system similar to the medical field, it would be beneficial. For example, when a doctor pulls up a patients file, the doctor can see the prescriptions, or any other notes made on the patients file in one area. All interviewees reported that if CYPM had an electronic sharing database

system that mirrors the medical field, it can will speed up the process and would help CYPM be more efficient and effective. The shared database system can improve reporting on behalf of all agencies involved in CYPM to provide comprehensive services. A majority of the respondents stressed the importance of having a shared database because the comprehensive reporting system allows judges to make a more fully informed decision on how to deal with the dually involved youth present in their courtroom. Besides, interviewees surmised that judges might view these partners working as a whole and that the needs and progress of the dually involved youth are met in a more holistic approach.

*Retirements in CYPM's Employees.* In 2015, CYPM comprised of different agencies with designated employees from each agency. As time went on, some agencies experienced more retirements than others. Interviewees reported that four of the positions in CYPM experienced high retirement in positions such as a Presiding Judge, Assistant Probation Chief, and three Deputy Probation Chiefs. These positions experienced more than one retirement at certain times of CYPM. These retirements served as a setback for the CYPM collaborative because the designated employees for participating agencies would need to start back at square one which impacted the progress of implementing CYPM in Sacramento County. Participants shared that retirements in an agency lead to a loss of progress and knowledge about the CYPM process. The loss of personnel through retirement was a frustrating process for other agencies because they felt that when CYPM made progress, they took 10 steps back. Participants reported that when one agency experienced retirement it was a constant game of catch up and making sure everybody

was back up to speed. The designated employees from the agency that experienced retirements kept changing. The designated employees whom participated in the collaboration longer ensured new employees received the proper training, understood the purpose of CYPM and, explained the new employees role in CYPM. Although a wave of new employees was hired since 2015, a majority of the original CYPM employees remained since CYPM's implementation.

*Different organizational cultures impact cross agency collaboration in CYPM.* As mentioned previously, there are five agencies involved in CYPM such as (a) Child Welfare, (b) Probation, (c) Juvenile Courts, (d) Behavioral Health Services and, (e) Sacramento County of Education. With different agencies, different cultural behaviors arise. Before the full implementation of CYPM, many agencies tend to have their own culture and their own system of getting things done which can impact how well they work with other agencies. Organizational cultural differences may lead to conflicting perceptions on how to best support dually involved youth. Interviewees shared that with different organizational cultures, it was a bit difficult for agencies to see 'eye to eye'. Some organizations viewed others as too lenient and soft. While others viewed other agencies as too harsh and authoritarian. Participants shared that these perceptions of culture impacted collaboration because some agencies were not very open minded. This was a difficult process for the participating agencies when they tried to work together even though they all worked for different agencies, with different systems, and different cultures. For example, other participating agencies involved in CYPM view law enforcement employees to be too harsh and authoritarian with their approach when

dealing with their youth. Interviewees stated that law enforcement employees seemed to be the hardest for the youth. On the other hand, interviewees asserted that mental and health services appear to be too soft and lenient with dually involved youth in the system.

While there are many different organizational cultures, with some are perceived as too benign or too stringent, CYPM participating agencies must all work together. Each agency received training about cultural differences from other participating agencies, prior to the full-on implementation of CYPM and the creation of the written protocol which is an agreement created by the participating agencies for all of the agencies to adhere by in regards to sharing data.

In addition, this training covered the differences between each CYPM participating agency. One interview reported that Child Welfare and Sacramento County Probation hosted the training. Supervisors of the different agencies distributed information flyers (See Appendix C) amongst all of their staff assigned to CYPM along with additional information posted on Child Welfare and Sacramento County Probation websites. The training involved all the agencies who presented how their data systems work and the role their work plays in CYPM. Moreover, the training involved how best to work with each other and how the employees can gain a deeper understanding of each CYPM participating agency. CYPM provided training before creating a written agreement between the agencies and the full implementation of CYPM in Sacramento County.

In addition, these trainings provided an introductory to CYPM and the protocol open to different employees of the agencies involved with CYPM. The training also

offered a four-hour training offered through the UC Davis Extension in the practice of Child and Family Teams. Child and Family Teams occur when the different employees from the agencies come together as a joint team to assist the child and family's needs. This specific four-hour training on Child and Family was open to Behavioral Health Services Providers, Youth and Family Advocates, Community Partners, Educators, Probation Officers, Social Workers, Managers and walked participants through the Protocol and practice a Child and Family Teams.

This training also provided various strategies on how each agency can best work with each other to be effective and efficient. At these trainings, the agencies defined the roles of each other and how their approach in helping dually involved youth have better life outcomes. Despite the cultural differences between the agencies, this training allowed agencies to learn about each other and discuss the best approaches all the participating agencies in CYPM can take in dealing with their shared clientele. This training allowed for agencies in CYPM to understand each other which helps these agencies figure out the best way to coordinate care and provide effective and efficient services for their clients.

*CYPM Resolved Issues by becoming a Multidisciplinary Team*

Respondents shared that the County Counsel decided that CYPM would govern themselves as an MDT to legally share data with one another. All interviewees shared that CYPM resolved the issues with confidentiality and sharing data prior to my research. Participants shared that the attorneys are referred to as the County Counsel and helped orchestrate CYPM as a Multi-Disciplinary Team (MDT), which allowed them to share data. California created the Welfare and Institutions Code Section 18951 (See Appendix

C) that allowed for (MDTs) to share data that includes personally identifiable information for coordination of care. Agencies within the MDT created and developed a written protocol for their agencies to agree on specific criteria such as how to share and secure information.

During my 4-month non-participant observation, the impact of privacy laws on collaboration was discussed at one meeting and with only one comment. The comment mentioned that prior to all agencies sharing data with one another they needed all their attorneys to come together and figure out the legalities that allowed all the agencies participating in CYPM to share data with one another. The discussion before this comment included the process of CYPM and how the participating agencies would share their report with their report with Georgetown University and the Center for Juvenile Justice Reform (CJJR). The participating agencies reported back to Georgetown University and CJJR because Sacramento County adopted CYPM from these entities. A monthly check-in process was implemented to review CYPMS progress. This comment briefly mentioned how all the agencies needed their attorneys to come together to see how they could all legally share information.

Participants asserted that as an MDT, all the agencies involved in CYPM are given full disclosure on the information they are sharing as long as it follows the written protocol. In addition, only agencies involved in CYPM have access to this information, and no third party can obtain this data. Interviewees shared that agencies needed to reassure each other that the personally identifiable information is safe and secure. One interviewee shared that although full disclosure of the information is allowed between

agencies, the representative for the courts needed approval from the court executive team to share anything at the meetings.

In addition, it is reported that all agencies signed a CYPM written protocol where they agreed to (a) only use the data for CYPM purposes, (b) keep the information safe and secure and, (c) to not release any information to a third party. With this written protocol as an MDT, all agencies either had a right to know or need to know access to this data. Many respondents discussed that if an agency or specific person did not qualify as a designated person/agency as a need to know or right to know basis they needed to request this information. An example of this is AB 320 – Child Advocacy Centers (See Appendix C).

From the interviews, I learned that it took months for the attorneys to gather develop a written protocol for the CYPM participants. In addition to an MDT, a memorandum of understanding (MOU) can be created to help hold the partners involved in the MDT accountable. For example, with all the agencies involved in the MDT, SCOE requested an MOU of the group to ensure the MDT requirements. It is important to note that an MOU is not needed to share data, but an MOU can be requested if desired. Many believed that the privacy laws did not serve as a hindrance or a barrier due to the ability to operate under the law as an MDT.

*Conclusion*

Overall, most of my findings showed that CYPM managed these issues very well which helped CYPM progress in providing more effective and efficient services. All

interviewees reported that with the help of the inter-agency cultural training and the development of CYPM as a MDT paved the way to deeper collaboration.

All interviewees noted that the inter- agency cultural training allowed for walls to be broken between the agencies which allowed them to work together with a more open and understanding mindset. All interviewees noted that the training was a crucial step before getting to the legalities of sharing data arose as an issue. All interviewees mentioned that this training served well and increased collaboration amongst the participating agencies in CYPM.

All interviewees agreed that due to the law of the Multi-Disciplinary Teams, it became a more transparent process for CYPM participating agencies. Developed guidelines of an MDT created a legal and safe way for these agencies to share data. All whom I interviewed believed that this type of collaboration as necessary to help dually involved youth have better life outcomes. Interviewees shared that one of the most rewarding aspects of being a part of CYPM is developing relationships with other partners that have an aligned purpose and accomplishing those goals together. All interviewees shared that although the process to get all the agencies together to agree on a written protocol was long, it was necessary to help provide comprehensive services to their clients to have better life outcomes.

Unfortunately, I could not obtain a lot of information on the process of the written protocol due to the lack of access. I interviewed a representative from County Counsel about the written protocol and this individual mentioned that creating CYPM into a multidisciplinary team was not much of hindrance because CYPM simply needed to

operate under a different lens such as an MDT and follow the template and regulations of creating an MDT. With MDT instated in the law, it helps the process of collaboration become more efficient and effective.

# Chapter 5

# CONCLUSION

The purpose of this study is to understand how privacy laws affect cross- agency collaboration specifically using the Cross Over Youth Project Model as an example. Furthermore, I aim to provide any recommendations for policies to help create a smoother process for collaboration to occur. I used a qualitative approach to understand the impact privacy laws have on cross agency collaboration. I decided to use both a non-participant observation approach and conduct interviews. Through these research methods I gained a deeper understanding of how privacy laws impacted cross agency collaboration.

In this chapter I begin by discussing the implications for successful practices and policy based on my findings. Following that, I discuss the conclusions and limitations in my research. Lastly, I discuss how this research can help future cross agency collaborations and provide policy recommendations.

## *CYPM governing themselves as a MDT*

CYPM consists of five different agencies that are all obligated to uphold confidentiality laws, which can make an impact on the progress of cross agency collaboration. Through non-participant observations and interviews, I learned that although in the beginning of the collaboration process confidentiality laws did hinder the type and amount of information shared amongst agencies, creating a Multidisciplinary team (MDT) solved that issue. When CYPM decided to govern themselves under the

MDT model, the collaboration process became smoother because it allowed for the agencies in CYPM to share data for the purpose of coordination of care. As part of the MDT requirements, CYPM developed a protocol that all five agencies agreed upon and would uphold. In this protocol it discusses the purpose of sharing information and every person's obligation once obtaining that information to be safe and secure.

Based on some of the findings, the privacy laws or confidentiality laws do not serve as a huge barrier to cross agency collaboration *if* certain conditions are met. Due to the creation of CYPM as an MDT, it allows CYPM to share data that will help them provide more effective and efficient services to their clients. In addition to CYPM performing as an MDT, a Memorandum of Understanding (MOU) can be requested to ensure the written protocol produced by MDT to reiterate the purpose and guidelines for CYPM. An MOU gives additional support to make sure that the original written protocol is maintained. An MOU is not always necessary while creating an MDT but it can be requested. Data sharing did not seem the problem; instead it was the lack of a shared database system. The lack of an electronic shared data system impacts their progress in providing efficient and effective services. This electronic data system could mirror the medical fields and would make it easier and more efficient for the agencies in CYPM to produce more efficient services.

*Public Administration Implications*

Prior to a full force collaboration taking place between agencies the main leaders from each agency needs to trust each other, dedicate themselves to a shared purpose,

and distribute or share resources as needed to help improve their collaboration. Next, the agencies need to clearly outline written goals in how they will deal with the issue at hand. Following, the agencies need to discuss the approach in how they will share data with one another such as how it will be pulled from the different database systems, exchanged, merged and protected. These cross-agency collaborations also need to clearly outline an action plan on how to come up with a uniformed system in defining terms, interpreting data and creating ways to maintain progress. Cross agency collaboration has the potential to truly impact our public agencies and improve them to provide more effective and efficient services. Cross agency allows for a more holistic approach to issues.

*Public Policy Implications*

In the beginning of this research I hypothesized that the privacy laws served as a barrier to cross agency collaborations sharing personally identifiable information. However, through this research I learned that the current policies actually help create a legal way for cross agency collaborations to share individual level data as long as it is needed and benefits the individual receiving the services. The current Welfare and Institutions Code Section 18951 allows for public agencies to develop themselves as a multidisciplinary team for the purposes of the client. In addition, the policy development of MOUs helps agencies further ensure that the information being shared with one another is safe and secure. Both policies allow for different agencies to come together and share more in-depth information to provide a more holistic approach and improvement in their services to their clients.

Sharing data remains an issue for collaboration. There are currently many laws in place to protect personal identifiable information. However, in order for the cross-agency collaborations to actually make a difference sharing individual level information will benefit stakeholders) in obtaining more information; it is also beneficial to their clients. In order to make the process of sharing data with different agencies a bit faster once they developed themselves as an MDT, the language in WIC 18951 needs to include additional information. WIC 18951 currently includes language that explicitly states it is legal for the multidisciplinary team to be formed. However, it also needs to explicitly state that it is legal for all these agencies involved in the MDT to share data with one another as long as it is it in the best interest of their shared client. By including this explicit language, it allows the participants in an MDT to move a bit faster and make farther progress in their collaboration.

*Limitations of Qualitative Approach to CYPM Research*

Some of the limitations in this research developed over time, such as non-response from some people I emailed for an interview. A non-response impacts my study because it automatically cuts me off from gathering more information that may have impacted my findings. With more information I would be more confident in applying what I learned from this research to the general population of cross agency collaborations.

Other limitations include responder bias, cost, and the questionnaire. Responder bias can happen as to the fact these individuals know they were interviewed. Responder bias impacts my findings because instead of sharing objective information, it can skew my report and impacts the accuracy of my findings.

In terms of cost, this means the time it took to email people and set up interviews along with actually scheduling a location, date and time for the interviews. In terms of scheduling, I used a whole month for interviews. However, some people needed to take time off from their busy schedules or some people just were not available for interviews. If I had more time, I could interview more people whom then in turn would bring more data and I could get a more holistic understanding of how the privacy laws impact cross agency collaboration.

Some of my questions on the questionnaire asked the same thing just in different ways. When an interviewee believed that some questions asked the same thing they stated my answer is the same as to the previous question. Although I followed up to ensure if there was a difference in response, most interviewees left the answer the same as previous. This impacted my findings because if the question even sounded the slightest similar to the previous some interviewees would not bother to report any new information. If the interviewees shared new information, it may impact my findings to report a more accurate depiction of the impact privacy laws have on cross agency collaboration.

As stated previously this research study helps us understand that privacy laws do not have to hinder cross agency collaboration because collaborations can utilize MDTs. Instead, policies need to address the lack of an electronic shared database system. Furthermore, if an electronic shared databased system was developed it would potentially make the collaboration and shared data systems more effective and less time consuming. With an electronic shared database system, it allows for the participating agencies in CYPM to update, enter, and filter through clientele information all at one time. Instead of

having to go through it manually and then send it to another person to put a spreadsheet together full of information. The electronic database allows progress to be made faster, and the participating agencies can observe and discuss the best approach in dealing with their clients at a much fast speed. The electronic database system enforces what we do know because there are various MDT teams that work together and share information based on the literature review. However, the literature review does not touch base on the electronic database system needed for cross agency collaborations to work more effective with one another.

*Conclusion*

In conclusion, this research finds that privacy laws do not necessarily hinder cross agency collaboration. With all the interviews and data, I gathered the bigger problem is the lack of an electronic shared database system. An electronic database system will help cross agency collaborations such as CYPM and others provide more efficient and effective services for their client. As of right now the California law Welfare and Institutions Code Section 18951 allows for agencies to share data if there is a need for the coordination of care for a youth. I believe that this law does well for CYPM and similar cross agencies as well. Additionally, I believe that the Welfare Institution Code 18951 does well to have certain requirements of other potential partners that may need to share data to ensure the information is not being pawned onto others without good reason. In the end, these privacy laws are in place for protection of the individual and if a cross agency collaboration develops and is need of sharing data the cross-agency collaboration can to progress themselves as an MDT along with sharing MOUs between agencies helps

further that collaboration. Allowing agencies to develop themselves as an MDT with a policy that explicitly states approval for sharing data allows for further collaboration and allows for agencies to provide a more effective, holistic, and efficient approach in providing service to their clients.

# Appendix A Privacy Laws

1. HIPPA. Data Source: United States Department of Health & Human Services.

## SUMMARY OF THE HIPAA PRIVACY RULE

The *Standards for Privacy of Individually Identifiable Health Information* ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").[1] The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights ("OCR") has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

This is a summary of key elements of the Privacy Rule and not a complete or comprehensive guide to compliance. Entities regulated by the Rule are obligated to comply with all of its applicable requirements and should not rely on this summary as a source of legal information or advice. To make it easier for entities to review the complete requirements of the Rule, provisions of the Rule referenced in this summary are cited in notes at the end of this document. To view the entire Rule, and for other additional helpful information about how it applies, see the OCR website: [redacted] In the event of a conflict between this summary and the Rule, the Rule governs.

Links to the OCR Guidance Document are provided throughout this paper. Provisions of the Rule referenced in this summary are cited in endnotes at the end of this document. To review the entire Rule itself, and for other additional helpful information about how it applies, see the OCR website: [redacted]

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of HHS to publicize standards for the electronic exchange, privacy and security of health information. Collectively these are known as the *Administrative Simplification* provisions.

HIPAA required the Secretary to issue privacy regulations governing individually identifiable health information, if Congress did not enact privacy legislation within

three years of the passage of HIPAA. Because Congress did not enact privacy legislation, HHS developed a proposed rule and released it for public comment on November 3, 1999. The Department received over 52,000 public comments. The final regulation, the Privacy Rule, was published December 28, 2000.[2]

In March 2002, the Department proposed and released for public comment modifications to the Privacy Rule. The Department received over 11,000 comments. The final modifications were published in final form on August 14, 2002.[3] A text combining the final regulation and the modifications can be found at 45 CFR Part 160 and Part 164, Subparts A and E on the OCR website: [redacted]

The Privacy Rule, as well as all the Administrative Simplification rules, apply to health plans, health care clearinghouses, and to any health care provider who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA (the "covered entities"). For help in determining whether you are covered, use the decision tool at: [redacted]

**Health Plans.** Individual and group plans that provide or pay the cost of medical care are covered entities.[4] Health plans include health, dental, vision, and prescription drug insurers, health maintenance organizations ("HMOs"), Medicare, Medicaid, Medicare+Choice and Medicare supplement insurers, and long-term care insurers (excluding nursing home fixed-indemnity policies). Health plans also include employer-sponsored group health plans, government and church-sponsored health plans, and multi-employer health plans. There are exceptions—a group health plan with less than 50 participants that is administered solely by the employer that established and maintains the plan is not a covered entity. Two types of government-funded programs are not health plans: (1) those whose principal purpose is not providing or paying the cost of health care, such as the food stamps program; and (2) those programs whose principal activity is directly providing health care, such as a community health center,[5] or the making of grants to fund the direct provision of health care. Certain types of insurance entities are also not health plans, including entities providing only workers' compensation, automobile insurance, and property and casualty insurance.

**Health Care Providers.** Every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity. These transactions include claims, benefit eligibility inquiries, referral authorization requests, or other transactions for which HHS has established standards under the HIPAA Transactions Rule.[6] Using electronic technology, such as email, does not mean a health care provider is a covered entity; the transmission must be in connection with a standard transaction. The Privacy Rule covers a health care provider whether it electronically transmits these transactions directly or uses a billing service or other third party to do so on its behalf. Health care providers include all "providers of services" (e.g., institutional providers such as hospitals) and "providers of medical or health services" (e.g., non-institutional providers such as physicians, dentists and other practitioners) as defined by Medicare, and any other person or organization that furnishes, bills, or is paid for health care.

**Health Care Clearinghouses.** *Health care clearinghouses* are entities that process nonstandard information they receive from another entity into a standard (i.e., standard format or data content), or vice versa.[7] In most instances, health care clearinghouses will receive individually identifiable health information only when they are providing these processing services to a health plan or health care provider as a business associate. In such instances, only certain provisions of the Privacy Rule are applicable to the health care clearinghouse's uses and disclosures of protected health information.[8] Health care clearinghouses include billing services, repricing companies, community health management information systems, and value-added networks and switches if these entities perform clearinghouse functions.

2. Confidentiality of Medical Information Act (CIMA). Data Source: California Legislative Information.

**CIVIL CODE - CIV**

**DIVISION 1. PERSONS [38 - 86]** *( Heading of Division 1 amended by Stats. 1988, Ch. 160, Sec. 12. )*

**PART 2.6. CONFIDENTIALITY OF MEDICAL INFORMATION [56 - 56.37]** *( Part 2.6 repealed and added by Stats. 1981, Ch. 782, Sec. 2. )*

**CHAPTER 2. Disclosure of Medical Information by Providers [56.10 - 56.16]** *( Chapter 2 added by Stats. 1981, Ch. 782, Sec. 2. )*

**56.10.** (a) A provider of health care, health care service plan, or contractor shall not disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).

(b) A provider of health care, a health care service plan, or a contractor shall disclose medical information if the disclosure is compelled by any of the following:

(1) By a court pursuant to an order of that court.

(2) By a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.

(3) By a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear served pursuant to Section 1987 of the Code of Civil Procedure, or any provision authorizing discovery in a proceeding before a court or administrative agency.

(4) By a board, commission, or administrative agency pursuant to an investigative subpoena issued under Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the Government Code.

(5) By an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum issued under Section 1282.6 of the Code of Civil Procedure, or another provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.

(6) By a search warrant lawfully issued to a governmental law enforcement agency.

(7) By the patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(8) By a medical examiner, forensic pathologist, or coroner, when requested in the course of an investigation by a medical examiner, forensic pathologist, or coroner's office for the purpose of identifying the decedent or locating next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisonings, accidents, sudden infant deaths, suspicious deaths, unknown deaths, or criminal deaths, or upon notification of, or investigation of, imminent deaths that may involve organ or tissue donation pursuant to Section 7151.15 of the Health and Safety Code, or when otherwise authorized by the decedent's representative. Medical information requested by a medical examiner, forensic pathologist, or coroner under this paragraph shall be limited to information regarding the patient who is the decedent and who is the subject of the investigation or who is the prospective donor and shall be disclosed to a medical examiner, forensic pathologist, or coroner without delay upon request. A medical examiner, forensic pathologist, or coroner shall not disclose the information contained in the medical record obtained pursuant to this paragraph to a third party without a court order or authorization pursuant to paragraph (4) of subdivision (c) of Section 56.11.

(9) When otherwise specifically required by law.

(c) A provider of health care or a health care service plan may disclose medical information as follows:

(1) The information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

(2) The information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the information may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.

(3) The information may be disclosed to a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, information so disclosed shall not be further disclosed by the recipient in a way that would violate this part.

(4) The information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges.

(5) The information in the possession of a provider of health care or a health care service plan may be reviewed by a private or public body responsible for licensing or accrediting the provider of health care or a health care service plan. However, no patient-identifying medical information may be removed from the premises except as expressly permitted or required elsewhere by law, nor shall that information be further disclosed by the recipient in a way that would violate this part.

(6) The information may be disclosed to a medical examiner, forensic pathologist, or county coroner in the course of an investigation by a medical examiner, forensic pathologist, or coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b). A medical examiner, forensic pathologist, or coroner shall not disclose the information contained in the medical record obtained pursuant to this paragraph to a third party without a court order or authorization pursuant to paragraph (4) of subdivision (c) of Section 56.11.

(7) The information may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in a way that would disclose the identity of a patient or violate this part.

(8) A provider of health care or health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the information that:

(A) Is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.

(B) Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed.

(9) Unless the provider of health care or a health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

(10) The information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information shall not otherwise be disclosed by a health care service plan except in accordance with this part.

(11) This part does not prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code, of medical information if the insurance institution, agent, or support organization has complied with all of the requirements for obtaining the information pursuant to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code.

(12) The information relevant to the patient's condition, care, and treatment provided may be disclosed to a probate court investigator in the course of an investigation required or authorized in a conservatorship proceeding under the Guardianship-Conservatorship Law as defined in Section 1400 of the Probate Code, or to a probate court investigator, probation officer, or domestic relations investigator engaged in determining the need for an initial guardianship or continuation of an existing guardianship.

(13) The information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant. For the purpose of this paragraph, "tissue bank" and "tissue" have the same meanings as defined in Section 1635 of the Health and Safety Code.

(14) The information may be disclosed when the disclosure is otherwise specifically authorized by law, including, but not limited to, the voluntary reporting, either directly or indirectly, to the federal Food and Drug Administration of adverse events related to drug products or medical device problems, or to disclosures made pursuant to subdivisions (b) and (c) of Section 11167 of the Penal Code by a person making a report pursuant to Sections 11165.9 and 11166 of the Penal Code, provided that those disclosures concern a report made by that person.

(15) Basic information, including the patient's name, city of residence, age, sex, and general condition, may be disclosed to a state-recognized or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.

(16) The information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in a way that would violate this part, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information.

(17) For purposes of disease management programs and services as defined in Section 1399.901 of the Health and Safety Code, information may be disclosed as follows: (A) to an entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, if the disease management services and care are authorized by a treating physician, or (B) to a disease management organization, as defined in Section 1399.900 of the Health and Safety Code, that complies fully with the physician authorization requirements of Section 1399.902 of the Health and Safety Code, if the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. This paragraph does not require physician authorization for the care or treatment of the adherents of a well-recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.

(18) The information may be disclosed, as permitted by state and federal law or regulation, to a local health department for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events, including, but not limited to, birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions, as authorized or required by state or federal law or regulation.

(19) The information may be disclosed, consistent with applicable law and standards of ethical conduct, by a psychotherapist, as defined in Section 1010 of the Evidence Code, if the psychotherapist, in good faith, believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

(20) The information may be disclosed as described in Section 56.103.

(21) (A) The information may be disclosed to an employee welfare benefit plan, as defined under Section 3(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002(1)), which is formed under Section 302(c)(5) of the Taft-Hartley Act (29 U.S.C. Sec. 186(c)(5)), to the extent that the employee welfare benefit plan provides medical care, and may also be disclosed to an entity contracting with the employee welfare benefit plan for billing, claims management, medical data processing, or other administrative services related to the provision of medical care to persons enrolled in the employee welfare benefit plan for health care coverage, if all of the following conditions are met:

(i) The disclosure is for the purpose of determining eligibility, coordinating benefits, or allowing the employee welfare benefit plan or the contracting entity to advocate on the behalf of a patient or enrollee with a provider, a health care service plan, or a state or federal regulatory agency.

(ii) The request for the information is accompanied by a written authorization for the release of the information submitted in a manner consistent with subdivision (a) and Section 56.11.

(iii) The disclosure is authorized by and made in a manner consistent with the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(iv) Any information disclosed is not further used or disclosed by the recipient in any way that would directly or indirectly violate this part or the restrictions imposed by Part 164 of Title 45 of the Code of Federal Regulations, including the manipulation of the information in any way that might reveal individually identifiable medical information.

(B) For purposes of this paragraph, Section 1374.8 of the Health and Safety Code shall not apply.

(22) Information may be disclosed pursuant to subdivision (a) of Section 15633.5 of the Welfare and Institutions Code by a person required to make a report pursuant to Section 15630 of the Welfare and Institutions Code, provided that the disclosure under subdivision (a) of Section 15633.5 concerns a report made by that person. Covered entities, as they are defined in Section 160.103 of Title 45 of the Code of Federal Regulations, shall comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) privacy rule pursuant to subsection (c) of Section 164.512 of Title 45 of the Code of Federal Regulations if the disclosure is not for the purpose of public health surveillance, investigation, intervention, or reporting an injury or death.

(d) Except to the extent expressly authorized by a patient, enrollee, or subscriber, or as provided by subdivisions (b) and (c), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall not intentionally share, sell, use for marketing, or otherwise use medical information for a purpose not necessary to provide health care services to the patient.

(e) Except to the extent expressly authorized by a patient or enrollee or subscriber or as provided by subdivisions (b) and (c), a contractor or corporation and its subsidiaries and affiliates shall not further disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan or insurer or self-insured employer received under this section to a person or entity that is not engaged in providing direct health care services to the patient or his or her provider of health care or health care service plan or insurer or self-insured employer.

(f) For purposes of this section, a reference to a "medical examiner, forensic pathologist, or coroner" means a coroner or deputy coroner as described in subdivision (c) of Section 830.35 of the Penal Code, or a licensed physician who currently performs official autopsies on behalf of a county coroner's office or a medical examiner's office, whether as a government employee or under contract to that office.

*(Amended by Stats. 2016, Ch. 690, Sec. 1. (AB 2119) Effective January 1, 2017.)*

3. FERPA. Data Source: U.S. Department of Education

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;

- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [redacted]

Or you may contact us at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520

4. CA Pen. Code. §11675.5. Data Source: California Legislative Information.

**PENAL CODE - PEN**

**PART 1. OF CRIMES AND PUNISHMENTS [25 - 680]** *( Part 1 enacted 1872. )*

**TITLE 7. OF CRIMES AGAINST PUBLIC JUSTICE [92 - 186.34]** *( Title 7 enacted 1872. )*

**CHAPTER 6. Falsifying Evidence, and Bribing, Influencing, Intimidating or Threatening Witnesses [132 - 141]** *( Heading of Chapter 6 amended by Stats. 1985, Ch. 982, Sec. 2. )*

**137.** (a) Every person who gives or offers, or promises to give, to any witness, person about to be called as a witness, or person about to give material information pertaining to a crime to a law enforcement official, any bribe, upon any understanding or agreement that the testimony of such witness or information given by such person shall be thereby influenced is guilty of a felony.

(b) Every person who attempts by force or threat of force or by the use of fraud to induce any person to give false testimony or withhold true testimony or to give false material information pertaining to a crime to, or withhold true material information pertaining to a crime from, a law enforcement official is guilty of a felony, punishable by imprisonment pursuant to subdivision (h) of Section 1170 for two, three, or four years.

As used in this subdivision, "threat of force" means a credible threat of unlawful injury to any person or damage to the property of another which is communicated to a person for the purpose of inducing him to give false testimony or withhold true testimony or to give false material information pertaining to a crime to, or to withhold true material information pertaining to a crime from, a law enforcement official.

(c) Every person who knowingly induces another person to give false testimony or withhold true testimony not privileged by law or to give false material information pertaining to a crime to, or to withhold true material information pertaining to a crime from, a law enforcement official is guilty of a misdemeanor.

(d) At the arraignment, on a showing of cause to believe this section may be violated, the court, on motion of a party, shall admonish the person who there is cause to believe may violate this section and shall announce the penalties and other provisions of this section.

(e) As used in this section "law enforcement official" includes any district attorney, deputy district attorney, city attorney, deputy city attorney, the Attorney General or any deputy attorney general, or any peace officer included in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2.

(f) The provisions of subdivision (c) shall not apply to an attorney advising a client or to a person advising a member of his or her family.

*(Amended by Stats. 2011, Ch. 15, Sec. 251. (AB 109) Effective April 4, 2011. Operative October 1, 2011, by Sec. 636 of Ch. 15, as amended by Stats. 2011, Ch. 39, Sec. 68.)*

5. CA Evidence Code, §§990 et seq. Data Source: California Legislative Information.

EVIDENCE CODE - EVID

DIVISION 8. PRIVILEGES [900 - 1070] ( Division 8 enacted by Stats. 1965, Ch. 299. )

CHAPTER 4. Particular Privileges [930 - 1063] ( Chapter 4 enacted by Stats. 1965, Ch. 299. )

ARTICLE 6. Physician-Patient Privilege [990 - 1007] ( Article 6 enacted by Stats. 1965, Ch. 299. )

[redacted] As used in this article, "physician" means a person authorized, or reasonably believed by the patient to be authorized, to practice medicine in any state or nation.

(Enacted by Stats. 1965, Ch. 299.)

[redacted] As used in this article, "patient" means a person who consults a physician or submits to an examination by a physician for the purpose of securing a diagnosis or preventive, palliative, or curative treatment of his physical or mental or emotional condition.

(Enacted by Stats. 1965, Ch. 299.)

[redacted] As used in this article, "confidential communication between patient and physician" means information, including information obtained by an examination of the patient, transmitted between a patient and his physician in the course of that relationship and in confidence by a means which, so far as the patient is aware, discloses the information to no third persons other than those who are present to further the interest of the patient in the consultation or those to whom disclosure is reasonably necessary for the transmission of the information or the accomplishment of the purpose for which the physician is consulted, and includes a diagnosis made and the advice given by the physician in the course of that relationship.

(Amended by Stats. 1967, Ch. 650.)

[redacted] As used in this article, "holder of the privilege" means:

(a) The patient when he has no guardian or conservator.

(b) A guardian or conservator of the patient when the patient has a guardian or conservator.

(c) The personal representative of the patient if the patient is dead.

(Enacted by Stats. 1965, Ch. 299.)

[redacted] Subject to Section 912 and except as otherwise provided in this article, the patient, whether or not a party, has a privilege to refuse to disclose, and to prevent another from disclosing, a confidential communication between patient and physician if the privilege is claimed by:

(a) The holder of the privilege;

(b) A person who is authorized to claim the privilege by the holder of the privilege; or

(c) The person who was the physician at the time of the confidential communication, but such person may not claim the privilege if there is no holder of the privilege in existence or if he or she is otherwise instructed by a person authorized to permit disclosure.

The relationship of a physician and patient shall exist between a medical or podiatry corporation as defined in the Medical Practice Act and the patient to whom it renders professional services, as well as between such patients and licensed physicians and surgeons employed by such corporation to render services to such patients. The word "persons" as used in this subdivision includes partnerships, corporations, limited liability companies, associations, and other groups and entities.

(Amended by Stats. 1994, Ch. 1010, Sec. 105. Effective January 1, 1995.)

[redacted] The physician who received or made a communication subject to the privilege under this article shall claim the privilege whenever he is present when the communication is sought to be disclosed and is authorized to claim the privilege under subdivision (c) of Section 994.

(Enacted by Stats. 1965, Ch. 299.)

[redacted] There is no privilege under this article as to a communication relevant to an issue concerning the condition of the patient if such issue has been tendered by:

(a) The patient;

(b) Any party claiming through or under the patient;

(c) Any party claiming as a beneficiary of the patient through a contract to which the patient is or was a party; or

(d) The plaintiff in an action brought under Section 376 or 377 of the Code of Civil Procedure for damages for the injury or death of the patient.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article if the services of the physician were sought or obtained to enable or aid anyone to commit or plan to commit a crime or a tort or to escape detection or apprehension after the commission of a crime or a tort.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article in a criminal proceeding.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article as to a communication relevant to an issue concerning the condition of the patient in a proceeding to recover damages on account of the conduct of the patient if good cause for disclosure of the communication is shown.

*(Amended by Stats. 1975, Ch. 318.)*

[redacted] There is no privilege under this article as to a communication relevant to an issue between parties all of whom claim through a deceased patient, regardless of whether the claims are by testate or intestate succession or by inter vivos transaction.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article as to a communication relevant to an issue of breach, by the physician or by the patient, of a duty arising out of the physician-patient relationship.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article as to a communication relevant to an issue concerning the intention of a patient, now deceased, with respect to a deed of conveyance, will, or other writing, executed by the patient, purporting to affect an interest in property.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article as to a communication relevant to an issue concerning the validity of a deed of conveyance, will, or other writing, executed by a patient, now deceased, purporting to affect an interest in property.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article in a proceeding to commit the patient or otherwise place him or his property, or both, under the control of another because of his alleged mental or physical condition.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article in a proceeding brought by or on behalf of the patient to establish his competence.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article as to information that the physician or the patient is required to report to a public employee, or as to information required to be recorded in a public office, if such report or record is open to public inspection.

*(Enacted by Stats. 1965, Ch. 299.)*

[redacted] There is no privilege under this article in a proceeding brought by a public entity to determine whether a right, authority, license, or privilege (including the right or privilege to be employed by the public entity or to hold a public office) should be revoked, suspended, terminated, limited, or conditioned.

*(Enacted by Stats. 1965, Ch. 299.)*

## Appendix B Methodology

1. Non-Participant Observation Consent Form

**INFORMED OBSERVATIONAL CONSENT FORM**
(Collaboration Assessment on The Cross Over Youth Project Model)

My name is Victoria Losé, and I am a graduate student at California State University, Sacramento, College of Social Sciences Interdisciplinary Studies. I am conducting this research study to understand the impact privacy laws have on cross agency collaboration. As Chair of the Sacramento Coutny Cross Over Youth Project Model if you consent to this observational study, I will request to atend the meetings. Your participation in this study will last about 4 months which incldues observing 4 meetings. Each meeting will be two hours.

As Chair, your participation in this study is voluntary. You have the right to inform me to withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled. There are some possible risks involved for participants. These risks are not anticipated to be any greater than risks you encounter in daily life. There are some benefits to this research, particularly that it can help Sacramento County agencies invovled in The Cross Over Youth Project Model to see what they may need to work on in order to imporve cross agency collaboration to provide improved services to their clients.

Collecting completely anonymous information: It is anticipated that study results will be shared with the public through presentations and/or publications. Information collected for this study is anticipated to be completely anonymous and cannot be linked back to you. The anonymous data will be maintained in a safe, locked location and may be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you. Raw data will be destroyed after a period of 3 years after study completion.

If you have any questions about the research at any time, please contact me at [redacted] or email me at victoria.lose@csus.edu Dr. Su Jin Jez at jezs@csus.edu. If you have any questions about your rights as a participant in a research project please call the Office of Research, Innovation, and Economic Development, California State University, Sacramento, (916) 278-5674, or email irb@csus.edu.

Your consent indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

---

CONSENT

I read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

2. Non-Participant Observation Form

| **Cross Over Youth Project Model Observational Tool** | | | | | |
|---|---|---|---|---|---|
| Date | Privacy Law Mentioned | Impact on Collaboration | Resolved | Body Language/Side Discussion | Other |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

3. Interview Consent Form

**INFORMED INTERVIEW CONSENT FORM**
(Collaboration Assessment on The Cross Over Youth Project Model)

My name is Victoria Losé, and I am a graduate student at California State University, Sacramento, College of Social Sciences Interdisciplinary Studies. I am conducting this research study to understand the impact privacy laws have on cross agency collaboration. If you volunteer to participate, you will be asked to paticipate in an interview. Your participation in this study will last about 30 min -1 hour for only one session.

Your participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time without penalty or loss of benefits to which you are otherwise entitled. There are some possible risks involved for participants. These risks are not anticipated to be any greater than risks you encounter in daily life. There are some benefits to this research, particularly that it can help Sacramento County agencies invovled in The Cross Over Youth Project Model to see what they may need to work on in order to imporve cross agency collaboration to provide improved services to their clients.

Collecting completely anonymous information: It is anticipated that study results will be shared with the public through presentations and/or publications. Information collected for this study is anticipated to be completely confidential and cannot be linked back to you. This is confidentional data will be maintained in a safe, locked location and may be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you. Raw data will be destroyed after a period of 3 years after study completion.

If you have any questions about the research at any time, please contact me at [redacted] or email me at victoria.lose@csus.edu Dr. Su Jin Jez at jezs@csus.edu. If you have any questions about your rights as a participant in a research project please call the Office of Research, Innovation, and Economic Development, California State University, Sacramento, (916) 278-5674, or email irb@csus.edu.

Your participation indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Please keep this form as your copy.

CONSENT

I read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

4. Interview Questions

Cross-Over Youth Project Model (CYPM) Interview Questions

Employee #_____

Date: _____

Basic intake

1. What agency do you represent?

2. What is your position?

3. How long have you worked for this agency?

4. What is your agency's privacy law?

5. What is your agency's confidentiality law?

CYPM

6. What is your perspective on collaboration with other agencies?

7. What are the specific barriers that hinder your collaboration?

8. How much does your agency share during this collaboration?

9. Is there a certain way to get approval for the information you wish to share with the other agencies?

10. Do the privacy laws of your agency hinder your level of collaboration? If so, how?

11. How does your agency collaborate with others knowing your specific privacy laws?

12. If privacy laws arise as an issue, how does your agency and the other agencies work together to reach a solution?

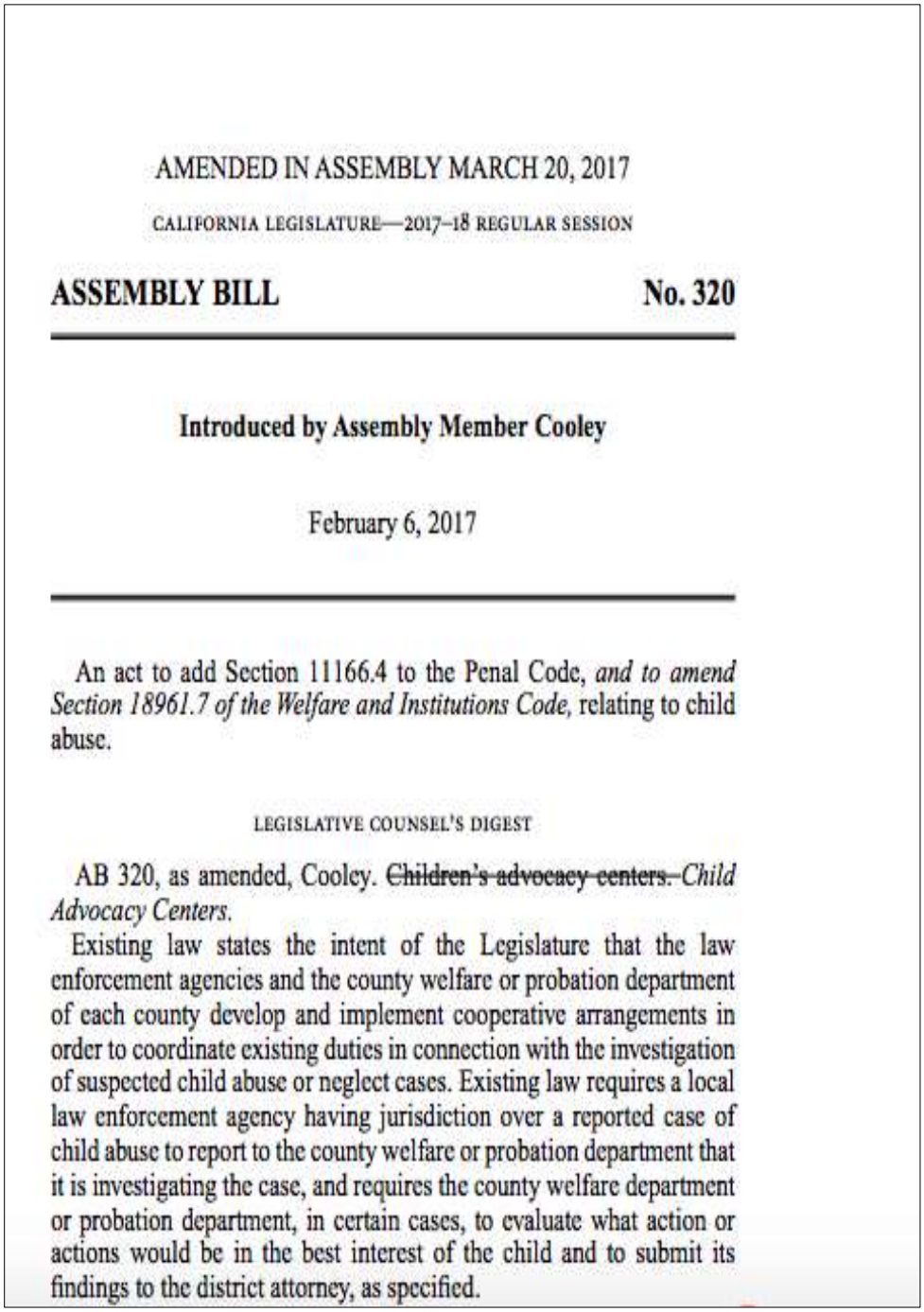
13. What things are needed to help your cross-agency collaboration?

14. What is the most frustrating experience about CYPM?

15. What is the most rewarding experience about CYPM?

Appendix C Policies and CYPM Flyers

1. AB 320. Data Source: California Legislative Information.



AMENDED IN ASSEMBLY MARCH 20, 2017

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

**ASSEMBLY BILL** **No. 320**

**Introduced by Assembly Member Cooley**

February 6, 2017

An act to add Section 11166.4 to the Penal Code, *and to amend Section 18961.7 of the Welfare and Institutions Code,* relating to child abuse.

LEGISLATIVE COUNSEL'S DIGEST

AB 320, as amended, Cooley. ~~Children's advocacy centers.~~ *Child Advocacy Centers.*

Existing law states the intent of the Legislature that the law enforcement agencies and the county welfare or probation department of each county develop and implement cooperative arrangements in order to coordinate existing duties in connection with the investigation of suspected child abuse or neglect cases. Existing law requires a local law enforcement agency having jurisdiction over a reported case of child abuse to report to the county welfare or probation department that it is investigating the case, and requires the county welfare department or probation department, in certain cases, to evaluate what action or actions would be in the best interest of the child and to submit its findings to the district attorney, as specified.

*This bill would authorize a county, in order to implement a multidisciplinary response to investigate reports involving child physical or sexual abuse, exploitation, or maltreatment, to use a Child Advocacy Center. The bill would require a Child Advocacy Center to meet specified standards, including the use of representatives from specified disciplines and providing dedicated child-focused settings for interviews and other services. The bill* would authorize multidisciplinary team members to share with each other information in their possession concerning the child, the family of the child, and the person who is the subject of the abuse or neglect investigation, as specified. ~~The bill would~~

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

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

SECTION 1. Section 11166.4 is added to the Penal Code, to read:

11166.4. (a) The Legislature finds and declares all of the following:

(1) Perpetration of child abuse and neglect is detrimental to children.

(2) All victims of child abuse or neglect deserve to be treated with dignity, respect, courtesy, and sensitivity as a matter of high public importance.

(3) In any investigation of suspected child abuse or neglect, all persons participating in the investigation of the case should consider the needs of the child victim and do whatever is necessary

to prevent psychological harm to the child and ensure that children disclosing abuse are not further victimized by the intervention systems designed to protect them.

(4) A multidisciplinary approach to investigating child abuse and neglect is associated with less anxiety, fewer interviews, and increased support for the child, as well as interagency collaboration, coordination, intervention, and sharing of information.

(5) A multidisciplinary response to allegations of child abuse and neglect has been found most effective and least traumatic when coordinated through a children's advocacy center.

(6) The ~~formation~~ *use* of multidisciplinary teams and the establishment of children's advocacy centers throughout the State of California ~~are~~ *is* necessary to coordinate investigation and prosecution of child abuse and neglect and to facilitate treatment referrals.

(b) (1) Each county may ~~initiate a formal interagency protocol agreement with the appropriate agencies to create multidisciplinary teams in order~~ *use a Child Advocacy Center, pursuant to paragraph (2),* to implement a coordinated multidisciplinary ~~response to intervention in~~ *response, including a multidisciplinary personnel team pursuant to Section 18961.7 of the Welfare and Institutions Code, to investigate* reports involving child physical or sexual abuse, exploitation, or maltreatment. ~~The purpose of the team shall be to assist in the evaluation and investigation of reports and to provide consultation and coordination for agencies involved in child abuse cases.~~

~~(2) A county that initiates an interagency protocol agreement pursuant to paragraph (1), shall include as members of the multidisciplinary team representatives from the district attorney's office, local city and county law enforcement agencies, and the child protective services agency. Members may also include individuals or representatives from organizations that have knowledge of and experience in child abuse and neglect, including, but not limited to, medical and mental health practitioners, victim advocacy, and trained child forensic interviewers on the staff of, or professionally connected with, a children's advocacy center.~~

~~(3) The interagency protocol agreement shall be signed by all members of the multidisciplinary team.~~

~~(c) (1) Representatives of the multidisciplinary team shall work~~

facility-based program, to conduct interviews and make informed ~~decisions about the investigation, treatment, management, and prosecution of child abuse cases and to provide culturally competent services or referrals that include, but are not limited to, forensic interviews, forensic medical examinations, mental health services, and victim support and advocacy.~~

~~(2) A children's advocacy center shall regularly coordinate multidisciplinary team discussions and information sharing related to case status and services needed, provided, or both, and monitor case outcomes.~~

*(2) A county that utilizes a Child Advocacy Center to coordinate its multidisciplinary response pursuant to paragraph (1) shall require that the Child Advocacy Center meet the following standards:*

*(A) The multidisciplinary team associated with the Child Advocacy Center has at least one representative from each of the following disciplines: law enforcement, child protective services, district attorney's offices, medical providers, mental health providers, and victim advocates, as well as a representative of the Child Advocacy Center. Members of the multidisciplinary team may fill more than one role as needed.*

*(B) The multidisciplinary team associated with the Child Advocacy Center shall have cultural competency and diversity training to meet the needs of the community it serves.*

*(C) The Child Advocacy Center shall have a designated legal entity responsible for the governance of its operations. This entity shall oversee ongoing business practices of the Child Advocacy Center, including setting and implementing administrative policies, hiring and managing personnel, obtaining funding, supervising program and fiscal operations, and long-term planning.*

*(D) The Child Advocacy Center shall provide a dedicated child-focused setting designed to provide a safe, comfortable, and neutral place where forensic interviews and other Child Advocacy Center services can be appropriately provided for children and families.*

*(E) The Child Advocacy Center shall use written protocols for case review and case review procedures. Additionally, the center*

*(F) The Child Advocacy Center shall verify that members of the multidisciplinary team responsible for medical evaluations have specific training in child abuse or child sexual abuse examinations.*

*(G) The Child Advocacy Center shall verify that members of the multidisciplinary team responsible for mental health services are trained in, and deliver, trauma-focused, evidence-supported mental health treatments.*

*(H) The Child Advocacy Center shall verify that interviews conducted in the course of investigations are conducted in a forensically sound manner and occur in a child-focused setting designed to provide a safe, comfortable, and dedicated place for children and families.*

*(3) Nothing in this section precludes a county from utilizing more than one Child Advocacy Center.*

~~(d)~~

*(c)* Notwithstanding any other law providing for the confidentiality of information or records relating to the investigation of suspected child abuse or neglect, the multidisciplinary team members, including agency representatives, child forensic interviewers, and other providers at ~~the Children's Advocacy Centers,~~ *a Child Advocacy Center,* are authorized to share with other multidisciplinary team members any information or records concerning the child and family and the person who is the subject of the investigation of suspected child abuse or neglect for the sole purpose of facilitating a forensic interview or case discussion or providing services to the child or family; provided, however, that the shared information or records shall be treated as privileged and confidential to the extent required by law by the receiving multidisciplinary team members.

~~(e) A member of a multidisciplinary team and a child forensic interviewer or other provider of a children's advocacy center shall not be civilly or criminally liable for providing services to children or nonoffending family members.~~

*SEC. 2. Section 18961.7 of the Welfare and Institutions Code is amended to read:*

18961.7. (a) Notwithstanding any other provision of law, a county may establish a child abuse multidisciplinary personnel team within that county to allow provider agencies to share

pursuant to Section 11160, 11166, or 11166.05 of the Penal Code, or for the purpose of child welfare agencies making a detention determination.

(b) For the purposes of this section, the following terms shall have the following meanings:

(1) "Child abuse multidisciplinary personnel team" means any team of two or more persons who are trained in the prevention, identification, or treatment of child abuse and neglect cases and who are qualified to provide a broad range of services related to child abuse. The team may include, but shall not be limited to:

(A) Psychiatrists, psychologists, marriage and family therapists, or other trained counseling personnel.

(B) Police officers or other law enforcement agents.

(C) Medical personnel with sufficient training to provide health services.

(D) Social services workers with experience or training in child abuse prevention.

(E) Any public or private school teacher, administrative officer, supervisor of child welfare attendance, or certified pupil personnel employee.

*(F) Child forensic interviewers and other personnel formally engaged or employed by a Child Advocacy Center.*

(2) "Provider agency" means any governmental or other agency that has as one of its purposes the prevention, identification, management, or treatment of child abuse or neglect. The provider agencies serving children and their families that may share information under this section shall include, but not be limited to, the following entities or service agencies:

(A) Social services.

(B) Children's services.

(C) Health services.

(D) Mental health services.

(E) Probation.

(F) Law enforcement.

(G) Schools.

*(H) Child Advocacy Centers as specified in Section 11166.4 of the Penal Code.*

(c) (1) Notwithstanding Section 827 ~~of the Welfare and Institutions Code~~ or any other provision of law, during a 30-day period, or longer if documented good cause exists, following a

report of suspected child abuse or neglect, members of a child abuse multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse may disclose to and exchange with one another information and writings that relate to any incident of child abuse that may also be designated as confidential under state law if the member of the team having that information or writing reasonably believes it is generally relevant to the prevention, identification, or treatment of child abuse. Any discussion relative to the disclosure or exchange of the information or writings during a team meeting is confidential and, notwithstanding any other provision of law, testimony concerning that discussion is not admissible in any criminal, civil, or juvenile court proceeding.

(2) Disclosure and exchange of information pursuant to this section may occur telephonically and electronically if there is adequate verification of the identity of the child abuse multidisciplinary personnel who are involved in that disclosure or exchange of information.

(3) Disclosure and exchange of information pursuant to this section shall not be made to anyone other than members of the child abuse multidisciplinary personnel team, and those qualified to receive information as set forth in subdivision (d).

(d) The child abuse multidisciplinary personnel team may designate persons qualified pursuant to paragraph (1) of subdivision (b) to be a member of the team for a particular case. A person designated as a team member pursuant to this subdivision may receive and disclose relevant information and records, subject to the confidentiality provisions of subdivision (f).

(e) The sharing of information permitted under subdivision (c) shall be governed by protocols developed in each county describing how and what information may be shared by the child abuse multidisciplinary team to ensure that confidential information gathered by the team is not disclosed in violation of state or federal law. A copy of the protocols shall be distributed to each participating agency and to persons in those agencies who participate in the child abuse multidisciplinary team.

(f) Every member of the child abuse multidisciplinary personnel team who receives information or records regarding children and families in his or her capacity as a member of the team shall be under the same privacy and confidentiality obligations and subject

to the same confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

(g) This section shall not be construed to restrict guarantees of confidentiality provided under state or federal law.

(h) Information and records communicated or provided to the team members by all providers and agencies, as well as information and records created in the course of a child abuse or neglect investigation, shall be deemed private and confidential and shall be protected from discovery and disclosure by all applicable statutory and common law protections. Existing civil and criminal penalties shall apply to the inappropriate disclosure of information held by the team members.

2. Informational Flyers about CYPM

# Crossover Youth Practice Model

### *Who Are Crossover Youth?*

A "crossover youth" is any youth who has current and simultaneous involvement in both the child welfare and juvenile justice systems.

### *What We Know About Crossover Youth*

Research and experience tell us crossover youth are:

- likely to have spent a long time in the child welfare system;
- likely to have experienced complex trauma as a result of abuse, neglect, and multiple placement disruptions; and
- disproportionately youth of color and girls.

### *Outcomes for Crossover Youth*

Improved outcomes for crossover youth include:

- a reduction in the number of youth placed in out-of-home care;
- a reduction in the disproportionate representation of children of color;
- a reduction in the number of youth crossing over into—and staying within—the justice system;
- an increase in positive social and academic outcomes, including post-secondary education and career readiness; and
- a positive future shaped by persevering through transformational life experiences.

**These young people have the potential to complete their education, build successful careers, and live happy and productive lives.**

### *The Crossover Youth Practice Model (CYPM)*

Developed at the Center for Juvenile Justice Reform at Georgetown University, the model was designed to help address the issues these youth are presenting in our communities and develop strategies to meet their needs.

***Information on the upcoming training will be available soon.***

# Crossover Youth Practice Model

*"We have strengthened our partnership with Probation and Behavioral Health Services to provide coordinated care to better meet the needs of our youth."*

Michelle Callejas, Deputy Director
Sacramento County Child Protective Services

*"Behavioral health clinicians, treatment providers, and youth and family advocates are active participants invested in the success of a multidisciplinary coordinated approach to services. This important effort promotes better outcomes for youth we are all dedicated to serving in our community."*

Uma Zykofsky, Deputy Director
Sacramento County Behavioral Health Services

*"Probation is now able to move closer toward a child-centered approach that can best serve our young people. This new approach also brings national expertise to Sacramento County to improve coordination and guide our efforts."*

Mike Shores, Assistant Chief Probation Officer
Sacramento County Probation Department

*"The Crossover Youth Practice Model provides a platform for county agencies to focus on providing coordinated services to specific populations of youth. In a larger context, it establishes the essential relationships between county leadership and interagency teams building sustainable and effective programs for the future."*

Matt Perry, Ed.D., Assistant Superintendent
Sacramento County Office of Education

## Practice Model Values and Principles

1. We serve every child individually based on their history and experiences, seeking to achieve a sense of normalcy for all youth on a daily basis.
2. We believe that the most advantageous place for youth to grow up is in their own family. We seek to ensure that all youth are provided a safe, nurturing, and permanent family environment and community. When immediate family is not available, other viable extended family and community resources will be identified.
3. We believe that youth families have strengths, and systems must learn about and use those strengths in order to effectively meet their needs. We ensure that these strengths are being utilized to address the entire context of youth and family functioning.
4. We ensure authentic, intentional, and meaningful involvement of youth and families in policy and practice development, service planning, and delivery.
5. We use an integrated approach between juvenile justice, child welfare, the courts, education, and behavioral health, believing that partnerships are the best way to meet the needs of crossover youth and their families.
6. Our practices guarantee fair and equitable treatment for all youth and families regardless of race, ethnicity, and national origin. Service delivery honors and respects the beliefs and values of all families.
7. We actively seek to reduce racial disproportionality and eliminate disparities within the child welfare and juvenile justice systems.
8. We provide opportunities for professional development and ensure adequate supervision for all staff. This is essential in ensuring workforce efficacy.
9. We ensure that policy and practice decisions are based on reliable data and evidence.
10. When out-of-home placement is necessary, it should be time limited, in the least restrictive environment with appropriate supports, while maintaining a focus on youth permanence.

# Crossover Youth Practice Model

## Trauma and Its Impact on Children and Youth

There are two types of trauma: ***acute*** (a single event) and ***chronic or complex*** (multiple traumatic or prolonged traumatic events over a longer period of time). Crossover Youth have often experienced both.

Both types of trauma can impact a young person's emotions and behavior differently depending on their age as well as the traumatic event experienced. The following are a few indicators:

- Becoming anxious or fearful
- Feeling guilt or shame
- Having a hard time concentrating
- Having difficulty sleeping/ experiencing nightmares
- Feeling depressed or alone
- Developing eating disorders and self-harming behaviors
- Beginning to abuse alcohol or drugs
- Becoming sexually active

*Find out more at http://www.samhsa.gov/child-trauma*

**When we understand the reason behind the behavior and emotions, we can choose to respond differently.**

### *There Is Hope!*

**Children and youth can—and do—recover from traumatic events. Effective treatments and interventions exist to help children, adolescents, and their families recover and thrive.**

### *What You Can Do*

- **Assure** youth that they are in a **safe** place.
- **Explain** to the children and youth that they are not responsible for what happened. Children/youth often blame themselves for events, even events completely out of their control.
- **Be patient.** There is no correct timetable for healing. Some children/youth will recover quickly. Others recover more slowly. Try to be supportive and reassure the children/youth that they do not need to feel guilty or bad about any feelings or thoughts.
- **Get training.** Stay tuned for upcoming county-sponsored training about trauma-informed work and creating a trauma-informed system.

# Crossover Youth Practice Model

## Teamwork Examples: CFT, MDT, and 241.1 Joint Assessment Meeting

### *Child & Family Team (CFT)*

CFT is comprised of the youth, the youth's family, and other people important to the family or youth. The CFT shall include representatives who provide formal supports to the youth and family when appropriate, including the caregiver, placing agency caseworker, representative from the Foster Family Agency (FFA) or Short-Term Residential Therapeutic Program (STRTP) where the youth is placed, as well as a mental health clinician and legal counsel. Other professionals providing formal supports may include Alcohol and Other Drugs (AOD) professionals and educational professionals.

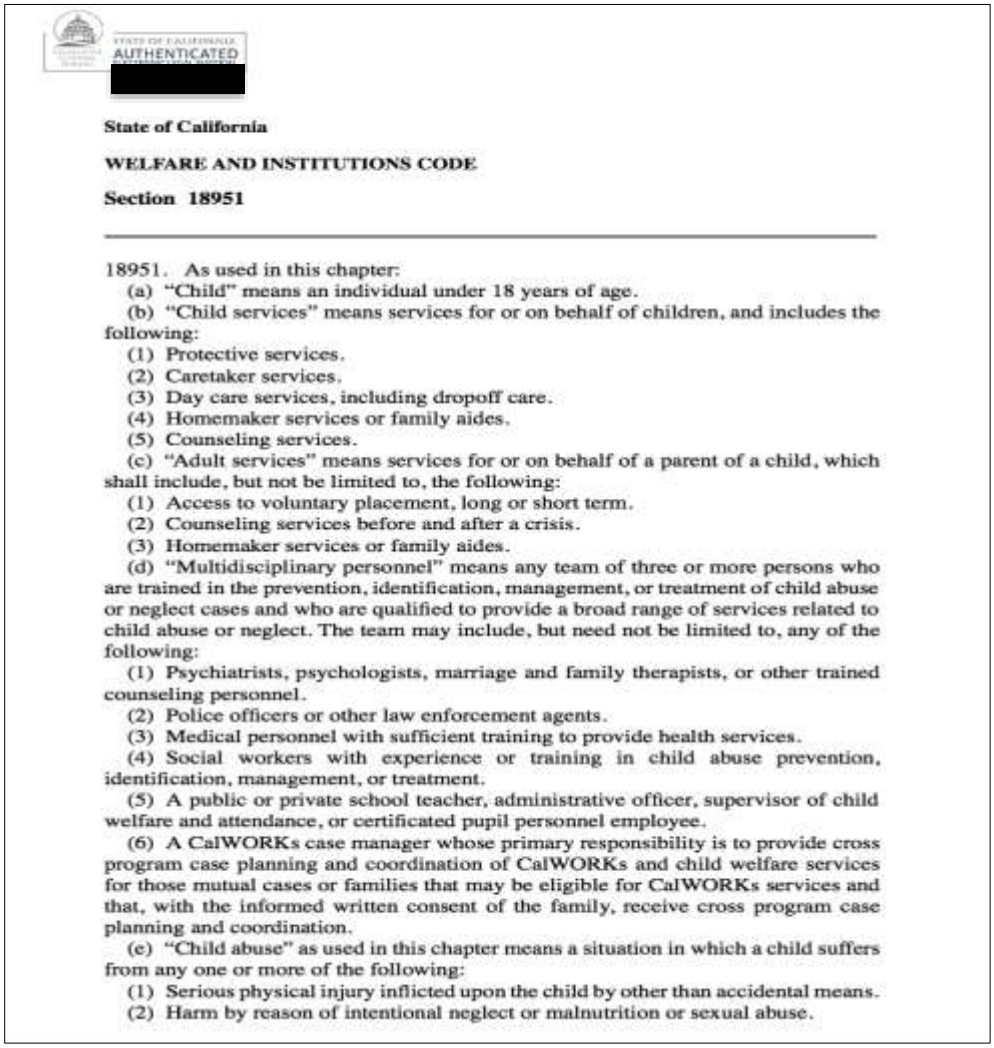
### *Multi-Disciplinary Team (MDT)*

MDT is comprised of professionals trained in the prevention, identification, treatment, or management of child abuse and neglect and who are qualified to provide a broad range of services. The information shared is for the purpose of prevention, identification, treatment, or management of child abuse and neglect, and may include coordination of care. No consents are required as long as the purpose is adhered to. Information cannot be used for prosecution.

### *241.1 Joint Assessment Meeting*

A 241.1 Joint Assessment Meeting is a meeting between Probation Officer and Social Worker to prepare for a 241.1 Hearing. Information may be gathered from other professionals and is shared at the 241.1 Joint Assessment Meeting.

3.Welfare Institution Code 18951



AUTHENTICATED [redacted]

**State of California**

**WELFARE AND INSTITUTIONS CODE**

**Section 18951**

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18951. As used in this chapter:

(a) "Child" means an individual under 18 years of age.

(b) "Child services" means services for or on behalf of children, and includes the following:

(1) Protective services.

(2) Caretaker services.

(3) Day care services, including dropoff care.

(4) Homemaker services or family aides.

(5) Counseling services.

(c) "Adult services" means services for or on behalf of a parent of a child, which shall include, but not be limited to, the following:

(1) Access to voluntary placement, long or short term.

(2) Counseling services before and after a crisis.

(3) Homemaker services or family aides.

(d) "Multidisciplinary personnel" means any team of three or more persons who are trained in the prevention, identification, management, or treatment of child abuse or neglect cases and who are qualified to provide a broad range of services related to child abuse or neglect. The team may include, but need not be limited to, any of the following:

(1) Psychiatrists, psychologists, marriage and family therapists, or other trained counseling personnel.

(2) Police officers or other law enforcement agents.

(3) Medical personnel with sufficient training to provide health services.

(4) Social workers with experience or training in child abuse prevention, identification, management, or treatment.

(5) A public or private school teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee.

(6) A CalWORKs case manager whose primary responsibility is to provide cross program case planning and coordination of CalWORKs and child welfare services for those mutual cases or families that may be eligible for CalWORKs services and that, with the informed written consent of the family, receive cross program case planning and coordination.

(e) "Child abuse" as used in this chapter means a situation in which a child suffers from any one or more of the following:

(1) Serious physical injury inflicted upon the child by other than accidental means.

(2) Harm by reason of intentional neglect or malnutrition or sexual abuse.

(3) Going without necessary and basic physical care.

(4) Willful mental injury, negligent treatment, or maltreatment of a child under the age of 18 years by a person who is responsible for the child's welfare under circumstances that indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Director of Social Services.

(5) Any condition that results in the violation of the rights or physical, mental, or moral welfare of a child or jeopardizes the child's present or future health, opportunity for normal development, or capacity for independence.

(f) "Parent" means any person who exercises care, custody, and control of the child as established by law.

(Amended by Stats. 2011, Ch. 296, Sec. 341. (AB 1023) Effective January 1, 2012.)

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