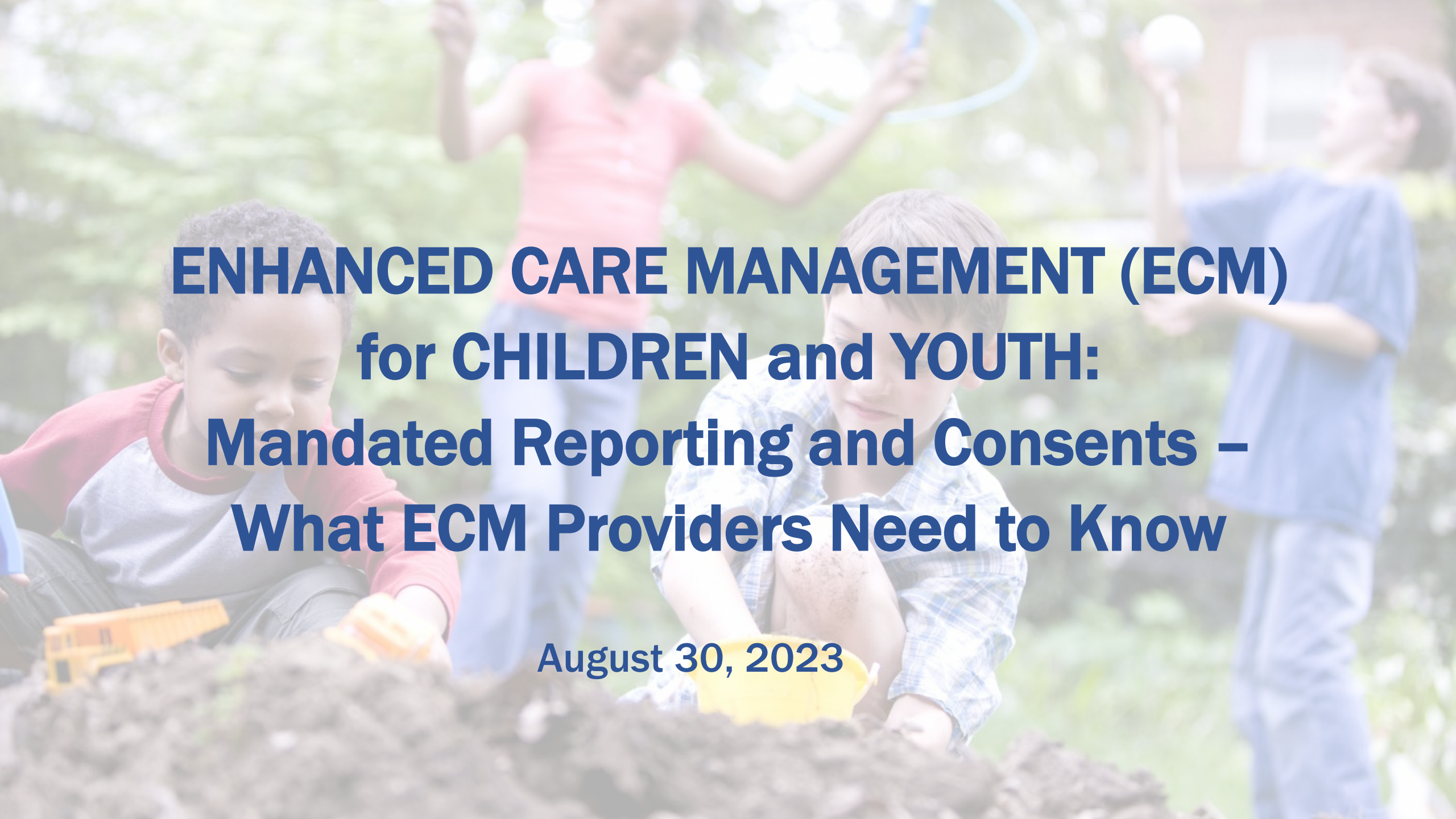

ENHANCED CARE MANAGEMENT (ECM) for CHILDREN and YOUTH: Mandated Reporting and Consents – What ECM Providers Need to Know

August 30, 2023

Welcome and Introductions

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california health & wellness™

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Agenda

1. Resources for consents
2. Best practices: Getting ECM Providers ready to serve the Children and Youth (C/Y) Populations of Focus (PoF)
3. Resources for observed or suspected abuse or neglect
4. Best practices: Getting ECM Providers ready to serve the C/Y PoF
5. Provider Spotlight: Working with C/Y, parents/guardians, and other members of the care team

Objectives

By the end of this webinar, participants will be able to:

1. Identify resources for:
   - Consents
   - Observed or suspected abuse or neglect
2. Discuss best practices to consider when preparing to provide ECM services to the C/Y PoF
3. Integrate tips and considerations for working with C/Y, parents/guardians, and other members of the care team

Resources for Consents

Definitions

- Consent: Giving permission to receive health services; or giving permission to share patient information with others.
- Confidentiality: The provider can only share patient information with the permission of the patient. (Exceptions include reporting child abuse). *Additional information on who information can not be shared with can be found in the Appendix.

Adapted from Understanding Confidentiality and Minor Consent in California: An Adolescent Provider Toolkit. Accessed: https://www.phi.org/thought-leadership/understanding-confidentiality-and-minor-consent-in-california-an-adolescent-provider-toolkit/

Consent Resources – Consents related to Minors*

The following health care services can be consented to without parent/guardian consent/knowledge:

All Minors

- Reproductive services
- Abortions
- Diagnosis of and treatment in the case of sexual assault
- Treatment in the case of abuse or neglect

Minors over 12

- infectious, contagious, or communicable diseases
- injuries resulting from intimate partner violence
- Some behavioral health services
- Diagnosis and treatment of an SUD

Minors over 15** and Emancipated Minors

- All health care services

+ General rule of thumb: If a minor may lawfully consent to receive a particular health care service without the consent of a parent/guardian under CA law, MCPs and ECM Providers should rely on a minor's signed authorization to disclose PHI related to such services.

See Appendix for more information

*See Chapter 4, section 2 of the CalAIM Data Sharing Authorization Guidance

**who live separate and apart from their parent/guardian and manage their own financial affairs

Consent Resources – Consents related to Minors involved with the Child Welfare System*

- Depending on the custody arrangement, consent is different
- Parents/Guardians retain the right to consent to health care services for the child (sometimes limits are applied).
- Depending on the circumstances, the following may also consent to health care services on behalf of the child, pending the court's decision:
  - Juvenile Court Judges
  - Social workers
  - Foster parents
  - Relatives/kinship Relationships
- Minors maintain the same right to consent as outlined on the previous slide, upon entry into the child welfare system

See Appendix for more information

*See Chapter 4, section 2 of the CalAIM Data Sharing Authorization Guidance

Best Practices

Best Practices: ECM for C/Y

How ready is your ECM Team to provide services for C/Y?

Action: As you review this and the next slide, note how many you would indicate "yes" and "no" for within your organization

			Yes	No
STAFF	Knowledge	Staff are educated regarding confidentiality laws that pertain to C/Y		
	Procedures	When confidentiality cannot be maintained, C/Y are provided referrals to other service providers where confidentiality will be safeguarded		
	Practice	Secure/separate charts or paperwork to protect privacy and confidentiality		
	Communic-ation	Parameters of confidentiality explained, including when they may be breached		
SPACE & ENVIRONMENT	Privacy	Space is set up to ensure privacy to discuss private health concerns, including 1:1 opportunities		
	Information	Signs are posted to provide information and encourage questions		
HANDOUTS/ MATERIALS	Discrete	Wallet-sized information on confidentiality practices are C/Y appropriate		
	Accessible	Accessible materials on confidentiality for C/Y and parents are offered or displayed (i.e., different languages, reading level, interpreter)		

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Best Practices: ECM for C/Y (cont.)

How ready is your ECM Team to provide services for C/Y?

Poll: How many of you
- Marked mostly "yeses"
- Marked mostly "no's"

			Yes	No
RECORD KEEPING	HIPAA Compliant	File cabinets, drawers, file rooms are closed and locked when not in use		
		Confidential visit information is filed separately or in marked section		
		All Staff are trained to separate out confidential material and handle accordingly		
	Electronic Records	Computer access is password protected and monitors are faced away from public view		
PRE-VISIT & FOLLOW UP	Access or Contact Information	C/Y patients can access services without parental consent when legally possible		
		C/Y are asked where and how they can be contacted for appointments, general and/or confidential matters (e.g., alternate address/mail/patient portal access)		
BILLING	Procedures	For C/Y with insurance through their parents, special considerations are made to safeguard confidential visit information		

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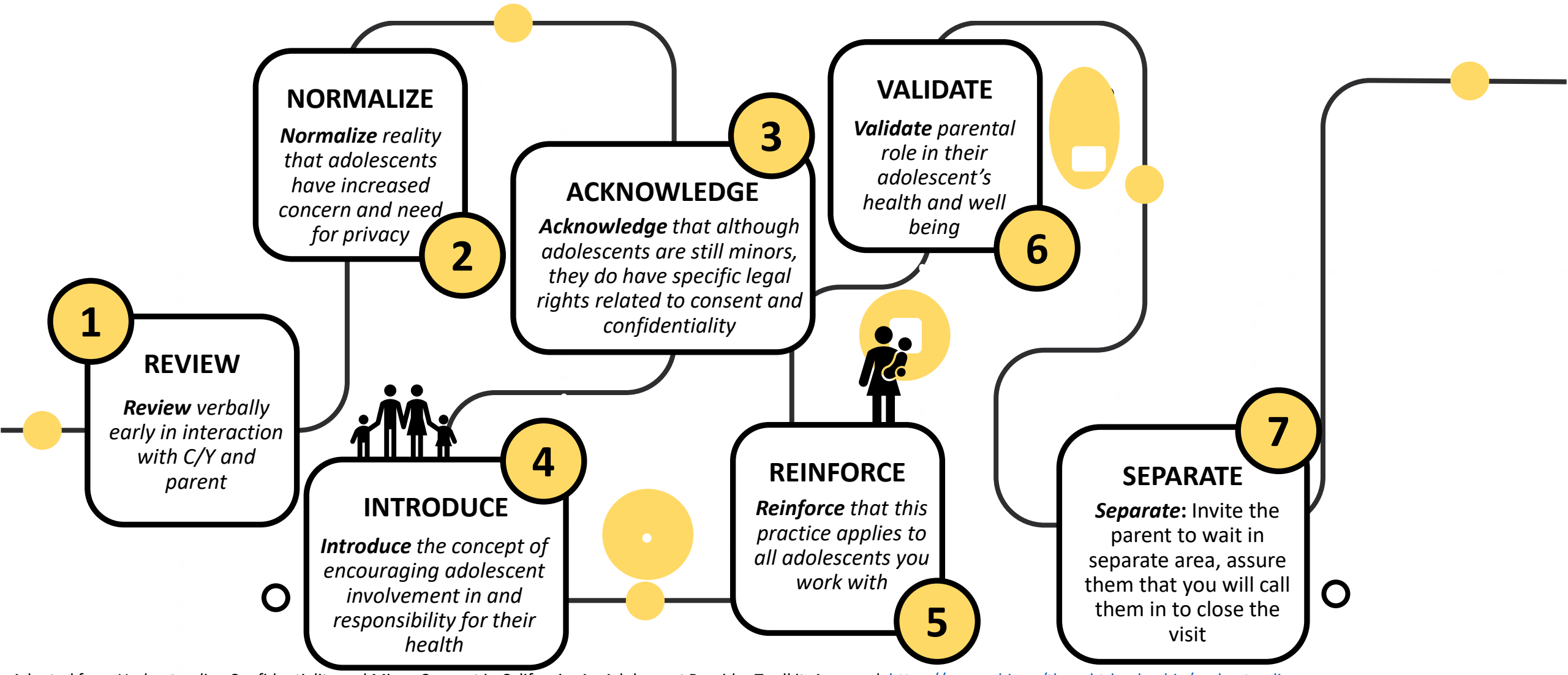
Amy

- Amy just turned 16 and is enrolled in your program for ECM services. Her family is experiencing housing and food insecurity.
- Amy has presented to the emergency department several times this month with suicidal ideation and has recently learned she is pregnant.
- Despite their recent challenges, Amy remains very close to her parents. Her parents join Amy at her visit with you today to start developing care plan goals, but they do not know she is pregnant.

Balancing Youth Engagement and Parent Support



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Balancing Youth Engagement & Parent Support

- **ESTABLISHING RAPPORT WITH CHILD/YOUTH**
  - **Revisit** issues of consent and confidentiality with C/Y, including situations when confidentiality has to be breached (e.g., harm to self, abuse)
  - **Review** areas of parental concern and obtain C/Y's perspective
  - **Sharing information**
    - Determine whether C/Y desires parent's presence and accommodate
    - Decide what to disclose or how, and what C/Y wants to share
    - Encourage C/Y to discuss issues as appropriate
    - Explore approaches to facilitate the discussion
      - (e.g., How do you think your parent might react? What are the pros/cons of involving your parent?)
    - Offer support, tools, facilitation

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Balancing Youth Engagement & Parent Support

- **CONCLUDING THE VISIT**
  - **Reunite** parent and C/Y to close the visit
  - Focus on strengths
  - Discuss concerns (with C/Y permission)

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Provider Tips for Discussing Conditional Confidentiality

- Be Direct
- Keep it Simple
- Communicate Caring and Concern
- Assure two-way communication
- Know the Law
- Check for understanding
- Document your communications, understanding and actions

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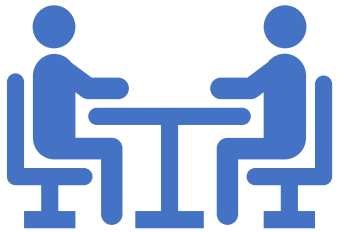
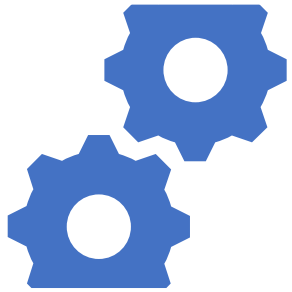
Working with Other Members of the C/Ys "Care Team"



Collaboration



Harmonization

Orchestration

Opportunities for Collaboration, Harmonization, and Orchestration			
Care Planning – Goal Development and Execution	Treatment Plans and Related Needs	Referrals / Warm Hand-offs / Transfers / Transitions of Care	Care Teams

Supporting Charlie and his Family

- Charlie is 11 years old and recently referred for ECM services.
- Charlie has cerebral palsy and is enrolled in California Children's Services (CCS). During a recent interaction, they identified that Charlie's family has some additional, complex social needs after Charlie's mother lost her job.
- Charlie's family is also currently receiving services from California's Family Maintenance Program

Resources for Reporting Observed or Suspected Child Abuse and Neglect

Best Practices

Best Practices - Example Workflow

Person has knowledge of, observes, or has a reasonable suspicion of abuse or neglect

Follow internal protocols and Chain of Command to determine action as needed (such as reviewing with your clinical consultant)

Mandated Reporter (or other person) calls their local contact **immediately or as soon as possible** to report suspicion

Complete and submit the Suspected Child Abuse Report form (8572) **within 36 hours** of receiving the information

Best Practices

- Provide and ensure completion of Mandated Reporter Trainings

Poll: How many of you have completed a Mandated Reporter Training?

- Offer ongoing training and resources to familiarize staff regarding indicators and risk factors for child abuse and neglect, and how to best support the C/Y and family

Chat in:

For those that have taken additional trainings beyond any required mandated reporter training, what trainings and/or resources have you found to be the most valuable?

Best Practices

- Establish a standardized procedure that clearly defines the roles and processes of ECM team members in the event of suspected child abuse or neglect

Poll: How many of you have established procedures around suspected child abuse or neglect at your place of work?

Provider Spotlight:
Working with C/Y, Parents/Guardians and Other Members of the Care Team

Q&A

Thank You

Appendix

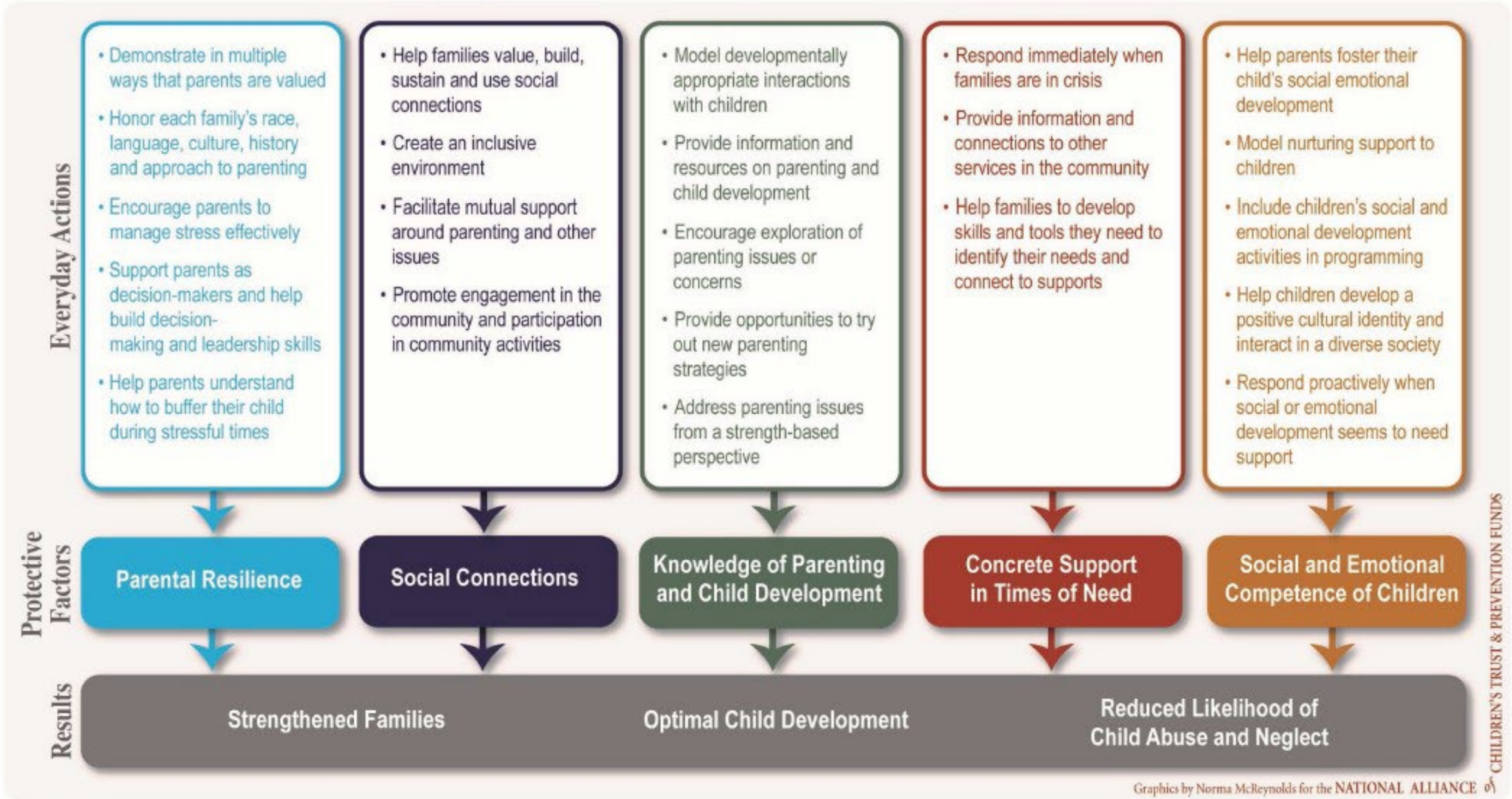
Supporting Families

- Implement a Protective Factors Framework within your Organization
  - Parental Resilience
  - Nurturing and Attachment / Social Connections
  - Knowledge of Parenting and Child Development
  - Concrete Support in Times of Need
  - Social and Emotional Competence of Children

- Connect to and be aware of the Mandated Reporting to Community Supporting Task Force

The Pathway to Improved Outcomes for Children and Families

Everyday Actions That Help Build Protective Factors



Consent Resources

- DHCS CalAIM Data Sharing Authorization Guidance Version 2.0 (July 2023, Draft for Public Comment)
  - Details **key privacy laws** with consideration to **treatment and care coordination**
  - Outlines **authorization form requirements**
  - Includes critical details on **consents and information disclosures/releases related to minors**
  - Information and guidance varies based on your provider type/organization

ECM Providers should become familiar with this document and consult legal counsel as needed

Child Abuse and Neglect – Reporting Requirements and Resources

Local Child Abuse Reporting Hotline – if in doubt, make a call

Check your local counties and resources. For example, the Sacramento City Unified School District has a PowerPoint with lessons and examples.

- Child Abuse and Neglect Reporting Act (CANRA) – California Penal Codes 11164 – 11174.3
  - Child is a person under the age of 18
  - "Reasonable Suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on the person's training and experience, to suspect child abuse or neglect.
  - Mandated Reporters include medical professionals, school personnel, mental health workers, and social workers
- The Office of Child Abuse Prevention, Department of Social Services – Mandated Reporter Resources Web Page
  - Training Modules
  - Reporting Tip Sheet
  - County-Level Emergency Response Child Abuse Reporting Telephone Numbers
  - Report Form and Instructions

See Appendix for more information

Working with C/Y and their parents/guardians

- Family-Centered Care
- Focus on building rapport and establishing trust
- Create a safe space
- As appropriate, direct your questions to them
- Explore their interests and identify their strengths
- Once age/developmentally appropriate, offer 1:1 with the C/Y
- Specialized training recommended
  - Child development
  - Parent/caregiver engagement
  - Strength-based approaches to support families in building skills and self-management
  - Overview of Child-involved systems of care and programs

Consent Resources – Consents related to Minors*

Age	Consent without Parent/Guardian
All Minors	• Reproductive services • Abortions • Diagnosis of and treatment in the case of sexual assault • Treatment in the case of abuse or neglect
Minors over 12	• Treatment related to infectious, contagious, or communicable diseases (including care related to the prevention of a sexually transmitted disease) • Treatment related to injuries resulting from intimate partner violence • Some behavioral health services, including outpatient mental health treatment or counseling and residential shelter services • Some medical care and counseling related to the diagnosis and treatment of an SUD
Minors over 15** and Emancipated Minors	• All health care services

*See Chapter 4, section 2 of the CalAIM Data Sharing Authorization Guidance
**who live separate and apart from their parent/guardian and manage their own financial affairs

Consent Resources – Consents related to Minors involved with the Child Welfare System*

- Depending on the custody arrangement, consent is different
- Minors maintain the same right to consent as outlined on the previous slide, upon entry into the child welfare system

Who May Consent	Circumstances/Requirements
Parents / Guardians	Retain parental rights over a child, including the right to consent to health care services for the child. In cases of suspected abuse or neglect where the parent/guardian does not retain the right to consent to health services, the court may place limits on their rights
Juvenile Court Judges	May consent to health care services if the minor is the subject of a custody petition, they believe the minor needs medical care, and an attending physician provides written authorization. The court must notify the parent/guardian
Social workers	May consent to health care services when: • The minor is in temporary custody; they believe care is needed; and an attending physician authorizes it • The court issues an order authorizing them to provide consent; the minor is declared a dependent of the juvenile court; the court has placed the minor under the care, custody, or supervision of the social worker; and it appears to the court there is not parent/guardian willing to make health care decisions on behalf of the minor. • The social worker and the court must notify the parent/guardian
Foster Parents	May consent to health care services when the juvenile court has placed the child with the foster parent or when the person with legal custody has voluntarily placed them with the foster parent. Foster parents can not consent for health care services that are not considered “ordinary” or if the court reserved the right to consent such services
Relatives / Kinship Relationships	May consent to health care services when it is authorized by the court

*See Chapter 4, section 2 of the CalAIM Data Sharing Authorization Guidance

Consent Resources – Special Considerations for C/Y

- California Department of Social Services – Rights and Confidentiality
  - Sexual and Reproductive Health Care Rights
  - Personal Rights in Foster Care
  - Confidentiality
- California Health & Human Services Agency, Center for Data Insights and Innovation's State Health Information Guidance 5.1 (April 2023)
  - Guide for sharing health information in California
- Understanding Confidentiality and Minor Consent in California: An Adolescent Provider Toolkit
  - Practice Tools
  - Resources Sheets
  - Resources for Youth and Parents/Guardians

Consent Resources – Special Considerations for C/Y (cont.)

- California Department of Education's Family Educational Rights and Privacy Act (FERPA) Summary Page
  - Parental Rights
  - Exceptions

- National Center for Youth Law
  - Resources
  - News

Child Abuse and Neglect – Reporting Requirements

- Child Abuse and Neglect Reporting Act (CANRA) – California Penal Codes 11164 – 11174.3
  - Child is a person under the age of 18
  - Child abuse or neglect includes:
    - Physical injury or death inflicted upon a child by non-accidental means
    - Sexual assault or sexual exploitation
    - The negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare
    - Willful harming or injuring of a child or the endangering of the person or health of a child
    - Unlawful corporal punishment or injury
  - "Reasonable Suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on the person's training and experience, to suspect child abuse or neglect.
  - Mandated Reporters include medical professionals, school personnel, mental health workers, and social workers

Child Abuse and Neglect – Reporting Requirements and Resources

- Joint Letter from the California Department of Social Services, the California Department of Health Care Services, and the California Surgeon General, Mandated Reporting Requirements and ACE Screening, August 2021, offers several Q&As in relation to reporting requirements
- Child Abuse Mandated Reporter Training
- The California Child Abuse and Neglect Reporting Laws: Issues and Answers for Mandated Reporters, offers additional information, including indicators of abuse and neglect
- National Center for Youth Law
- Child Welfare Information Gateway