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WILL LIGHTBOURNE
DIRECTOR

JANUARY 25, 2018

ALL COUNTY LETTER (ACL) NO. 18-09
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES (MHSUDS)
INFORMATION NOTICE (IN) NO. 18-007

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
COUNTY WELFARE DIRECTORS ASSOCIATION OF
CALIFORNIA
COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY BEHAVIORAL HEALTH DIRECTORS
ASSOCIATION OF CALIFORNIA
CHIEF PROBATION OFFICERS OF CALIFORNIA
COUNTY COUNCIL OF COMMUNITY BEHAVIORAL HEALTH
AGENCIES

SUBJECT: REQUIREMENTS FOR IMPLEMENTING THE CHILD AND
ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT
TOOL WITHIN A CHILD AND FAMILY TEAM

REFERENCE: ASSEMBLY BILL (AB) 403 and AB 1997 (CHAPTER 773,
STATUTES OF 2015 and CHAPTER 612, STATUTES OF
2016); AB 1006 (CHAPTER 714, STATUTES OF 2017);
WELFARE AND INSTITUTIONS CODE 706.6, 832, 11400(f),
16501.1; ACL NO. 16-84/MHSUDS IN. NO. 16-049; ACL NO. 17-
28; PATHWAYS TO MENTAL HEALTH SERVICES – CORE
PRACTICE MODEL GUIDE; COUNTY FISCAL LETTER (CFL) NO.
16-17-22; MHSUDS IN NO. 17-052

Pursuant to AB 403 and the Continuum of Care Reform (CCR), the California Department of Social Services (CDSS) has selected the Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool to be used with the Child and Family Team (CFT) process to guide case planning and placement decisions. The Department of Health Care Services (DHCS) has also selected the CANS, as well as the Pediatric Symptom Checklist, to measure child and youth functioning.¹ This ACL/MHSUDS IN provides information and guidance to counties regarding the use of the CANS.

The CANS Assessment Tool

The CANS is a multi-purpose assessment tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems. Completion of the CANS assessment requires effective engagement using a teaming approach. The CANS must be informed by CFT members, including the youth and family. The CANS assessment results must be shared, discussed, and used within the CFT process to support case planning and care coordination.

The use and implementation of the CANS by county child welfare, juvenile probation and behavioral health departments as a mental health and substance use disorder screening and functional assessment tool advances the efforts already underway through Pathways to Well-Being (previously known as Katie A.).

The CANS must be completed prior to the completion of the family case plan, and the CANS results are intended to inform the CFT in several key areas, including but not limited to:

- Determining if the child, youth, or Non-Minor Dependent (NMD) has unmet behavioral health or substance use needs;
- Making placement decisions;
- Informing the Level of Care protocol;
- Determining educational needs
- Identifying any immediate support needs of the family or care provider, such as coaching or respite care; and/or
- Developing a comprehensive plan to support safety, permanency, and well-being.

¹ [MHSUDS IN NO. 17-052](#)

The CANS assessment results should be used as a shared resource for team members throughout the CFT process. The CANS results provide a platform for the CFT to guide conversations and support the process of learning more about the child, youth, or NMD, and family's needs, as well as identifying behavior patterns.

The CDSS has adopted the CANS Early Childhood as the state-approved child welfare assessment tool for children ages birth to five. The **50 Core Items**, known as the CANS Core 50, is approved by both CDSS and DHCS as the child welfare and mental health assessment tool for children ages five to 21. The CANS Core 50 represents the minimum required common items to be used across the state. Counties may opt to add questions specific to their local needs, if desired.

Completion of the CANS

Child welfare and juvenile probation departments must provide a CFT to all children, youth, and NMDs in foster care, effective January 1, 2017, as outlined in ACL NO. 16-84/MHSUDS IN. NO. 16-049. A child, youth, or NMD must have an initial CFT meeting as soon as possible, but no later than within 60 days of entering the foster care system, and prior to the development of the case plan, in order to address placement decisions and case planning activities.

The CFT meetings inform a child, youth, or NMD, and family-centered case plan, and the case plan articulates specific actions and strategies for achieving the child, youth, or NMD, and family's goals. The CANS is the formal continuous assessment tool used by CANS-certified providers and by certified county staff to inform the case plan goals and serves as the foundation for ensuring the strengths and needs of the child, youth, or NMD, and family members are incorporated into the case plan. Case plan goals are based on identified, actionable items and focused on addressing the needs for child, youth and NMD permanency, safety, and well-being. In addition, the case plan must include compliance with any relevant court orders.

Children, youth and NMD's receiving specialty mental health services are assessed by CANS certified providers and certified county staff using the CANS every 6 months. County placing agencies and county Mental Health Plans (MHPs) are jointly responsible for ensuring that a single CANS tool is completed for each child, youth and NMD. As such, county placing agencies and MHPs must share with each other completed CANS assessments and their resulting identified outcomes for children assessed and/or served by both agencies to avoid unnecessary duplication and over-assessment of children, youth, and NMDs.

If a current CANS assessment has been completed by a county MHP or their contracted provider, the CFT must use it. The placing agency is not required to conduct a new CANS, but should consider whether any updates to the CANS ratings are appropriate. Similarly, if a current CANS assessment is completed by or on behalf of the placing agency, the MHP must use it. In this case, the MHP is not required to complete a new CANS but should consider whether any updates to the CANS ratings are appropriate.

For children, youth, or NMDs who are already in foster care and are not currently receiving specialty mental health services, the CANS tool functions as the required mental health screening.² If the screening indicates there may be a mental health need for specialty mental health services, the placing agency shall make a referral to the county MHP. The MHP must accept the completed CANS assessment and not complete a new CANS assessment, but may consider whether any updates to the CANS ratings are appropriate. The placing agency must document the screening and referral to the MHP in the Child Welfare Services/Case Management System (CWS/CMS). A CFT meeting to discuss the results of the CANS should also occur to support case planning and service coordination.

The CDSS will issue a subsequent policy letter that will provide further guidance around operationalizing the CANS and integration of the CANS within the CFT process.

Confidentiality

Appropriate and effective confidentiality and information sharing practices are key components of the CFT process. Therefore, the CFT process must be designed to protect children, youth, NMDs, and families' rights to privacy without creating barriers to coordinating care and receiving services. Welfare and Institutions Code Section 832 authorizes information sharing between CFT members relevant to case planning and necessary for providing services and supports to the child, youth, or NMD, and family and requires the execution of appropriate authorizations to share such information. A person designated as a member of a CFT may receive and disclose relevant information and records within the CFT, subject to the child, youth, or NMD, and/or their parent or guardian signing an authorization to release information, as required depending on the type of information. The CDSS and DHCS have developed a universal release of information form to be used by the CFT. The form which is attached to this letter and titled Child and Family Team Authorization for Use of Protected Health

² *Katie A. v. Bonta, et al.; All County Letter 15-11*

and Private Information, will allow for sharing of information between CFT members pursuant to Welfare and Institution Code 832.

County placing agencies and county MHPs must share CANS assessments for children, youth and NMDs assessed and/or served by either system and completion of a universal information release form shall not be required for this purpose. This is critical to ensure that children and youth are not subject to multiple assessments, and to promote consistent information across agencies. Additional guidance will be provided related to sharing of CANS assessments between CFT members.

Data Submission

While county placing agencies and county MHPs are to complete and share CANS assessments, each respective entity is expected to submit the CANS data to their respective lead State agency. Specifically, county MHPs must submit to DHCS the CANS data for dually-served children, along with the non-dually served children, in accordance with DHCS' data submission specifications described in DHCS MHSUDS Information Notice 17-052. This also applies to CANS assessments that are initially completed by a county placing agency and then provided to a county MHP upon referral for specialty mental health services – the county MHP must ensure that the county placing agency's CANS, including any updates, is entered into the MHPs database for subsequent submission to DHCS.

The CDSS will develop software capable of automating the CANS within a platform which allows for individual raters such as CANS-certified providers, certified county staff, and CFT members, including children, youth and NMDs to complete the CANS, and systematically transfer and integrate the completed CANS data within the new CWS system, known as the Child Welfare Services - California Automated Response and Engagement System (CWS-CARES). The software will be embedded into the CWS-CARES and will be roles-based, allowing CDSS and DHCS to build capacity for merging data and permitting different users to interface and retrieve customized multi-rater reports via an online dashboard.

CANS Implementation Schedule and Automation

The implementation of the CANS will be phased in based on the attached implementation schedule adopted by DHCS and CDSS. Information regarding automation of the CWS-CARES will be forthcoming.

CANS Training

The CDSS will provide training opportunities for skilled facilitators and staff who will administer or utilize CANS results. Counties are also encouraged to reach out to their local or neighboring counties, providers, or other system partners who have been trained and certified in the CANS tool to provide coaching and training opportunities. A training and implementation plan to support uniform implementation statewide will be provided in an upcoming policy letter.

MHPs should refer to MHSUDS IN 17-052 for CANS training information specific to MHPs.

Inquiries

Please direct all CFT questions, including CANS related inquiries, to the Integrated Services Unit, at (916) 651-6600, or via email at CWScoordination@dss.ca.gov or contact the DHCS, Mental Health Services Division, at (916) 322-7445 or email KatieA@dhcs.ca.gov.

Sincerely,

Original Signed By:

BRENDA GREALISH
Acting Deputy Director
Mental Health and Substance Use
Disorder Services
Department of Health Care Services

Original Signed By:

GREGORY E. ROSE, MSW
Deputy Director
Children and Family Services Division
California Department of Social Services

Attachments

Functional Assessment Tool Implementation Schedule

July 1, 2018	October 1, 2018	January 1, 2019
Alameda	Amador	Los Angeles
Alpine County	Calaveras	
Butte County	Colusa	
Del Norte	Contra Costa	
El Dorado	Imperial	
Fresno	Inyo	
Glenn	Kern	
Humboldt	Merced	
Kings	Monterey	
Lake	Napa	
Lassen	Nevada	
Madera	Orange	
Marin	Plumas	
Mariposa County	Sacramento	
Mendocino County	San Benito	
Modoc	San Diego	
Mono	San Mateo	
Placer County	Sierra	
Riverside	Tehama	
San Bernardino	Tulare	
San Francisco	Tuolumne	
San Joaquin	Ventura	
San Luis Obispo	Sutter/Yuba	
Santa Barbara	Berkeley City	
Santa Clara	Tri-City	
Santa Cruz		
Shasta		
Siskiyou		
Solano		
Sonoma		
Stanislaus		
Trinity		
Yolo		

Child's Name:		DOB:	Gender:	Race/Ethnicity:
Caregiver(s):		Form Status:	<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Discharge	
		Case Name:		
		Case Number:		
Assessor:		Date of Assessment (dd/mm/yyyy)		

CHILD BEHAVIORAL/EMOTIONAL NEEDS					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
1. Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIFE DOMAIN FUNCTIONING					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. School Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RISK BEHAVIORS					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
21. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Non-Suicidal Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Sexual Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CULTURAL FACTORS					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
29. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STRENGTHS DOMAIN					
0=Centerpiece strength	1=Useful strength				
2=Identified strength	3=No evidence				
	0	1	2	3	
32. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Educational Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Talents/Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAREGIVER RESOURCES AND NEEDS					
A. Caregiver Name:					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
41a. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.



Child and Family Team

Authorization for Use of Protected Health and Private Information



CHILD NAME: _____

DATE OF BIRTH: _____

MEDI-CAL CLIENT IDENTIFICATION NUMBER (CIN): _____

PLACEMENT AGENCY WORKER: _____

A. I allow the following health care providers (including mental health care providers) to share all information related to my medical history, treatment, and health (including mental health) permitted under federal and state law with persons designated as members of my Child and Family Team for purposes specified in Welfare & Institutions Code 16501(a)(4). These purposes include, but are not limited to, providing input into the development of my child or youth client plan, family plan, and/or my placement decisions.

Treating Health Care Provider Name

Type of Health Information to Share

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

B. Information that may be shared includes: past care, evaluation/tests, diagnoses, assessments, provider notes, provider orders, care records, care plan, client plan, and medicines. I understand and agree that it may also include information regarding:

☐ Sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or illness with the Human Immunodeficiency Virus (HIV)

Sign/date

☐ Behavioral or mental health services

Sign/date

☐ Alcohol and/or other drug treatment

Sign/date

C. I allow the following members of my Child and Family Team to receive and use information from my health care providers for the purpose of my Child and Family Team. I also authorize these members of my Child and Family Team to re-disclose this information to other listed members of my Child and Family Team to carry out the purpose of my Child and Family Team. Members of my Child and Family Team may not disclose this information to anyone outside of the Child and Family Team or for any other purpose. I understand that a new authorization form will be required if any member is added or removed from my Child and Family Team.

Child and Family Team Members:

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

D. I acknowledge my right to revoke this authorization at any time. The revocation will not affect information that has already been used or disclosed.

I acknowledge that the Child and Family Team will continue to exist even if I choose not to execute this authorization. The Child and Family Team is seeking my authorization as a means of providing comprehensive support, advice, and care coordination. If I do not execute this authorization, the Child and Family Team will have less information on which to base their input, and may make different recommendations.

E. This authorization form is valid from the date I sign it until the following date: _____ . I can choose to revoke it at any time. I have been given a copy of this form.

F. CHILD SIGNATURE (REQUIRED FOR YOUTH 12 AND OLDER)

(NAME OF CHILD) _____
(SIGNATURE) _____
(DATE) _____

☐ REFUSED TO SIGN (PLEASE EXPLAIN CIRCUMSTANCES) _____

**G. INDIVIDUAL AUTHORIZED TO CONSENT TO MEDICAL DECISIONS ON BEHALF OF CHILD
(WHEN NECESSARY – SEE INSTRUCTIONS)**

(NAME) _____
(SIGNATURE) _____
(RELATIONSHIP TO CHILD) _____
(DATE) _____
(TYPE OF MEDICAL DECISION(S)) _____

(NAME) _____
(SIGNATURE) _____
(RELATIONSHIP TO CHILD) _____
(DATE) _____
(TYPE OF MEDICAL DECISION(S)) _____

**H. INDIVIDUAL AUTHORIZED TO CONSENT TO EDUCATIONAL DECISIONS ON BEHALF OF
CHILD**

(NAME) _____
(SIGNATURE) _____
(RELATIONSHIP TO CHILD) _____
(DATE) _____

PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION

THIS NOTICE ACCOMPANIES A DISCLOSURE OF INFORMATION CONCERNING A CLIENT IN ALCOHOL/DRUG TREATMENT, MADE TO YOU WITH THE CONSENT OF SUCH CLIENT. THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 C.F.R. PART 2). THE FEDERAL RULES PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY 42

C.F.R. PART 2. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. THE FEDERAL RULES RESTRICT ANY USES OF THE INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY ALCOHOL OR DRUG ABUSE PATIENT.

Instructions:

- A. From Whom:** List all organizations or specific health care providers, including behavioral health providers, holding the information requested. If there are more organizations or specific health care providers than space on this form, please fill out an additional form.
- Type of Health Information:** Enter the type of Information the treating providers will be disclosing. For example, general primary care records, mental health treatment records, or substance use treatment records.
- B. Requirements specific to sensitive health information:** An individual signature and date is required for disclosure of HIV, mental health, and substance use information.
- C. To Whom:** Each Member of the Child and Family team must be identified by name. Treating health care providers that are members of the child and family team may be identified generally by their organizational name (e.g. my treating providers at Kaiser) or specifically by name (e.g. Dr. Chen). If there is a change in membership of the child and family team other than a change in generally-identified treating providers, a new release is required.
- D. Acknowledgments:** This section acknowledges the youth's right to refuse or revoke consent.
- E. Terminating Date:** Select a specific date.
- F. Child signature:** Required for all youth age 12 and above. If a youth refuses to sign, information regarding care for which the youth is legally capable of providing consent may not be shared. Information regarding care outside the scope of the youth's ability to consent may still be shared with the consent of the individual authorized to consent to medical decisions on behalf of the youth.
- G. Individuals authorized to consent to medical decisions on behalf of the child or youth:** Depending on the age of the youth, the type of medical service, and the stage of the dependency case, the individual authorized to consent to medical decision on behalf of the child may differ. For example, if the foster youth has the right to personally consent to medical services, consent of a parent is not necessary and therefore the youth's written consent or a court order is required to disclose the information.

If the foster youth does not hold the exclusive right to consent to the disclosure of information, the parent or legal guardian, the caregiver, or the social worker may be authorized to consent to medical decisions depending on the type of treatment. The appropriate adult(s) with the authority to consent to the type of medical decision discussed must complete this section.

H. Individual authorized to consent to educational decisions on behalf of the child: All children under the age of 18 years must have an education rights holder. This can be a biological/adoptive parent, or a person appointed by the juvenile dependency court. The individual authorized to consent to educational decisions may have provided consent to some interventions and may have information to share with the child and family team regarding special education services and/or regional center services for the child.