

# Clark County Information Sharing Guide



**Guidelines for Agencies  
Serving Youth & Families**

The *Clark County Information Sharing Guide* was prepared by the Information Sharing Workgroup of the Clark County *Models for Change* initiative. The Clark County Juvenile Court collaborated with youth serving agencies in Clark County to implement the initiative. Funding was provided through a grant from the John D. and Catherine T. MacArthur Foundation.

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# **Clark County Information Sharing Guide**

## **Guidelines for Agencies Serving Youth & Families**

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# Clark County Information Sharing Guide

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In January 2008, the Clark County Juvenile Court received a grant through the *Models for Change* initiative of the John D. and Catherine T. MacArthur Foundation to promote multisystem collaboration and coordination. As part of the initiative, the County *Models for Change* Information Sharing Workgroup was formed in October 2008 to review state and federal confidentiality laws, along with department policies and protocols on information sharing. The workgroup reviewed existing information sharing guides from other jurisdictions<sup>1</sup> and produced the *Clark County Information Sharing Guide* for Clark County agencies serving children and youth. The purpose was to provide clear, easy-to-follow guidelines relating to information sharing and confidentiality for children and youth in contact with multiple systems.

The *Clark County Information Sharing Guide* was developed and reviewed by participants from the following agencies: Educational Service District 112; Clark County Juvenile Court; Juvenile Rehabilitation Administration; Division of Children and Family Services; Indigent Defense Office; Attorney General's Office; Clark County Prosecuting Attorney's Office; Vancouver School District; Evergreen School District; Battle Ground School District; Columbia River Mental Health Services; Lifeline Connections; Vancouver Police Department; and Clark County YWCA/CASA.

The Clark County *Models for Change* Executive Steering Committee and Information Sharing Workgroup approved the contents of this document. The Executive Steering Committee appreciates the enormous amount of time dedicated to this important endeavor. Special thanks are extended to the following people:

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*Models for Change* is an effort to create successful and replicable models of juvenile justice reform through targeted investments in key states, with core support from the John D. and Catherine T. MacArthur Foundation. *Models for Change* seeks to accelerate progress toward a more effective, fair, and developmentally sound juvenile justice system that holds young people accountable for their actions, provides for their rehabilitation, protects them from harm, increases their life chances, and manages the risk they pose to themselves and to the public.

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<sup>1</sup> Material for the *Clark County Information Sharing Resource Guide* was drawn from the *King County Resource Guide: Information Sharing Guide Second Edition* and the *State of Arizona: Systems Integration Initiative Information Sharing Guide*.

## FOREWORD

The Clark County Information Sharing Resource Guide is a tool for the agency partners of the Clark County *Models for Change* initiative and their staff. The state, county, and community leaders of the initiative envision a smooth, expeditious system characterized by effective teamwork. Information and its constructive use are critical to this sort of teamwork. This guide provides clear, easy-to-follow guidelines related to information sharing and confidentiality for children and youth in contact with multiple systems.

The guide is written for those who work with youth and families and represent these agencies and services: Clark County Juvenile Court; Juvenile Rehabilitation Administration (JRA); the Division of Children and Family Services (DCFS); schools; Educational Service District (ESD) 112; mental health services; substance use disorder treatment; law enforcement; and guardian ad litem (GAL)/court appointed special advocate (CASA).

Widespread confusion exists about what information can be shared by agency personnel across different service systems. They may share similar responsibilities to support the same children, youth, or families, yet they may feel intimidated by their legal obligations to protect confidentiality. In some circumstances Washington law and federal law actually allow and support the exchange of information between systems much more readily than is generally understood. To improve clarity and support effective collaboration, this guide provides basic answers to questions about sharing information between personnel of the various systems.

## INTRODUCTION

The *Clark County Information Sharing Guide* was developed with these values in mind for working with youth and families: respect for children and families; stability and continuity in the child's life; prompt delivery of meaningful services; and success for all children. This guide is designed to improve communication by providing a better understanding of what information may be shared among service providers and agencies.

This resource guide is for anyone affiliated with service providers or agencies representing the following:

- Juvenile Court
- Juvenile Rehabilitation Administration (JRA)
- Division of Children and Family Services (DCFS)
- Schools
- Mental health services
- Substance use disorder treatment
- Law enforcement
- Guardian ad litem (GAL)/Court-appointed special advocate (CASA)

When discussing a child who is involved in multiple systems, agency personnel are frequently uncertain about requirements and limitations on sharing information. This guide summarizes what information can be shared, how much can be shared, and who can receive information about a child. Agencies will likely have other requirements regarding information sharing that their personnel will need to be familiar with and follow. In order to fully understand information sharing across systems and make the most of this guide **we recommend that this guide be read in its entirety prior to the use of individual sections.**

Although attorneys representing multiple systems reviewed the information provided in this guide, it is not intended to answer all questions regarding information sharing and confidentiality. **Please contact your organization's legal counsel if you need clarification or have any questions that may not be answered in this guide.**



## INFORMATION SHARING OVERVIEW

There are many federal and state laws and rules governing the sharing of information that must be followed when working with children and families who are involved with multiple systems. The goal of these laws and rules is to strike a balance between protecting family or individual privacy and the legal authority that allows agencies and system professionals to exchange information considered essential for coordinating services. There may be collateral consequences for children and their families whose information is shared with other systems. It is imperative that these possible unintended outcomes be considered when sharing information.

### **Why should information be shared?**

There are children and youth who may be dependent, have committed juvenile offenses, and/or have mental health or substance use problems. They may be involved in our children's services, juvenile court, education, mental health services, and substance use treatment systems. Under these challenging circumstances, the agencies and individuals who work with these young people are better able to address their needs when relevant and necessary information is shared. Services can be coordinated better and provided more efficiently. Moreover, improved timeliness and more efficient communication result in a coordinated network that can better meet the multiple and changing needs of children, youth, and families. In this way, information sharing serves to further the best interests of the child and enhance child and family well-being. Finally, federal and state laws require the disclosure of information in certain circumstances such as suspected child abuse or neglect and public safety.

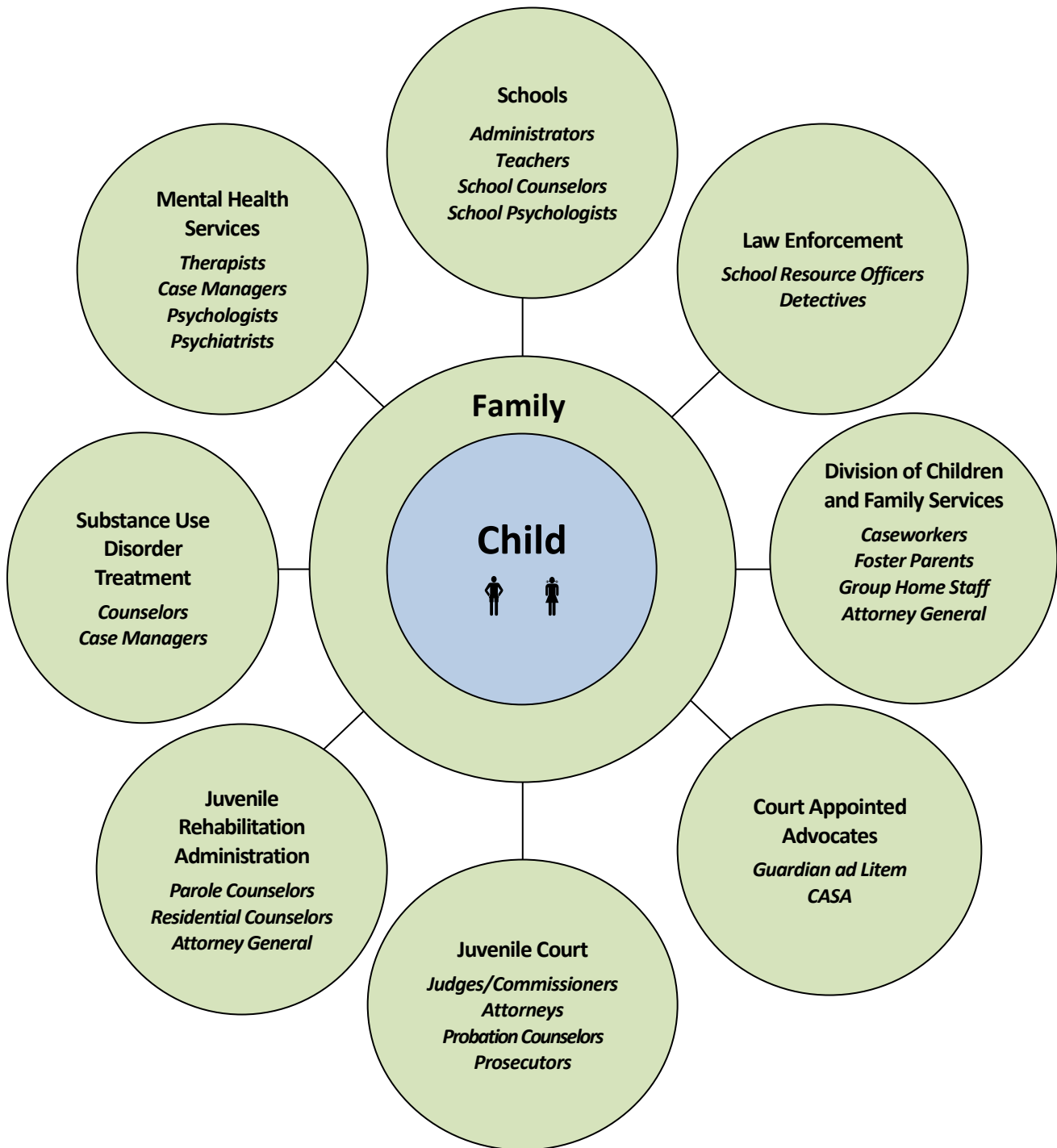
### **When should you share information?**

This guide answers basic questions about information sharing. It is important to note the guide is not intended as a substitute for legal advice. To fully understand the laws that apply, some situations require that you consult your supervisor or your legal counsel.

Even if the law gives authority to share information, many situations require good judgment about what information to share, how and when to share it, and with whom. The children and families involved in our service systems are dealing with very sensitive issues. It is important to respect their privacy and to ask the requestor for the reasons why the information is needed. Information may be disclosed when the requestor has a need for such information in order to carry out his or her own responsibilities under law to protect or serve children. It is important to discuss with the requestor what information is necessary and relevant to the scope of the requestor's work with the child. Having a clear understanding of the requestor's needs and intentions will help providers of information to disclose only the specific information that is necessary and relevant for serving the needs of the child and family.

Once released, information may be impossible to retrieve. In addition, it may be subject to redisclosure regulations. It is important to adhere to agency policies for determining when and how to share information. **Anyone who is unsure about whether to share information, or how to share information, should consult his or her supervisor, records coordinator, and/or legal counsel.**

**Diagram 1: Primary Participants Who Have or Need Information about Children and Families**



*Families receiving services may have a variety of caring people and agencies involved in their lives. Information often needs to be shared among these participants to ensure stability and continuity for the child.*

## REQUESTORS OF INFORMATION: Questions and Best Practices

(Wiig & Tuell, 2004, revised 2008)

**1. Why do you need the information? What is your purpose? What entitles you to the information?**

A request for information should be made only if it is necessary to assist in the assessment of the youth's needs, the development of a service plan for the youth, and/or the coordination of the services between agencies. The requestor needs to determine whether he/she is entitled to the information sought. He/she needs to be certain to possess the legal authority to obtain this information by statute or by obtaining the appropriate authorization for disclosure/release of information.

**2. How are you going to use the information?**

Care should be taken to use the information only for the purposes for which it has been sought. There is the danger that information obtained about a youth's substance abuse, mental health status, or unlawful behavior may be used to further incriminate the youth or push him/her unnecessarily further into the juvenile justice system.

**3. How are you going to protect the information during its use (including information maintained on a computer)?**

Reports and notes containing information obtained from other agencies should be protected along with other confidential information about the youth. Care should be taken to keep hard files in locked cabinets, and electronic information should be stored in a manner that protects it from unintended access and use.

**4. How are you going to protect/dispose of the information after your use?**

Once the information has been used for its intended purposes, it should be disposed of in accordance with the involved agency's policies for destruction of data. If it needs to be maintained, it should be stored in a special section of the case file and/or blocked from unintended access until it can be destroyed.

**5. Who else is going to have access to the information?**

Access to the information should be prescribed in terms of who is permitted to see and use either hard file or electronic copies.

**6. What additional dissemination of the information are you going to make? For what purpose? Is it necessary?**

It may be that some dissemination of the information is necessary to achieve the evaluation or treatment goals. Care should be taken to think about each transmission to be sure that the person receiving it is entitled to it and that it is necessary for that person to receive it for the intended purposes. Beyond the formal dissemination, all holders of the youth's information should take care to avoid informally sharing the information in casual conversation or, in some other manner, inadvertently disseminating the information beyond its intended use.

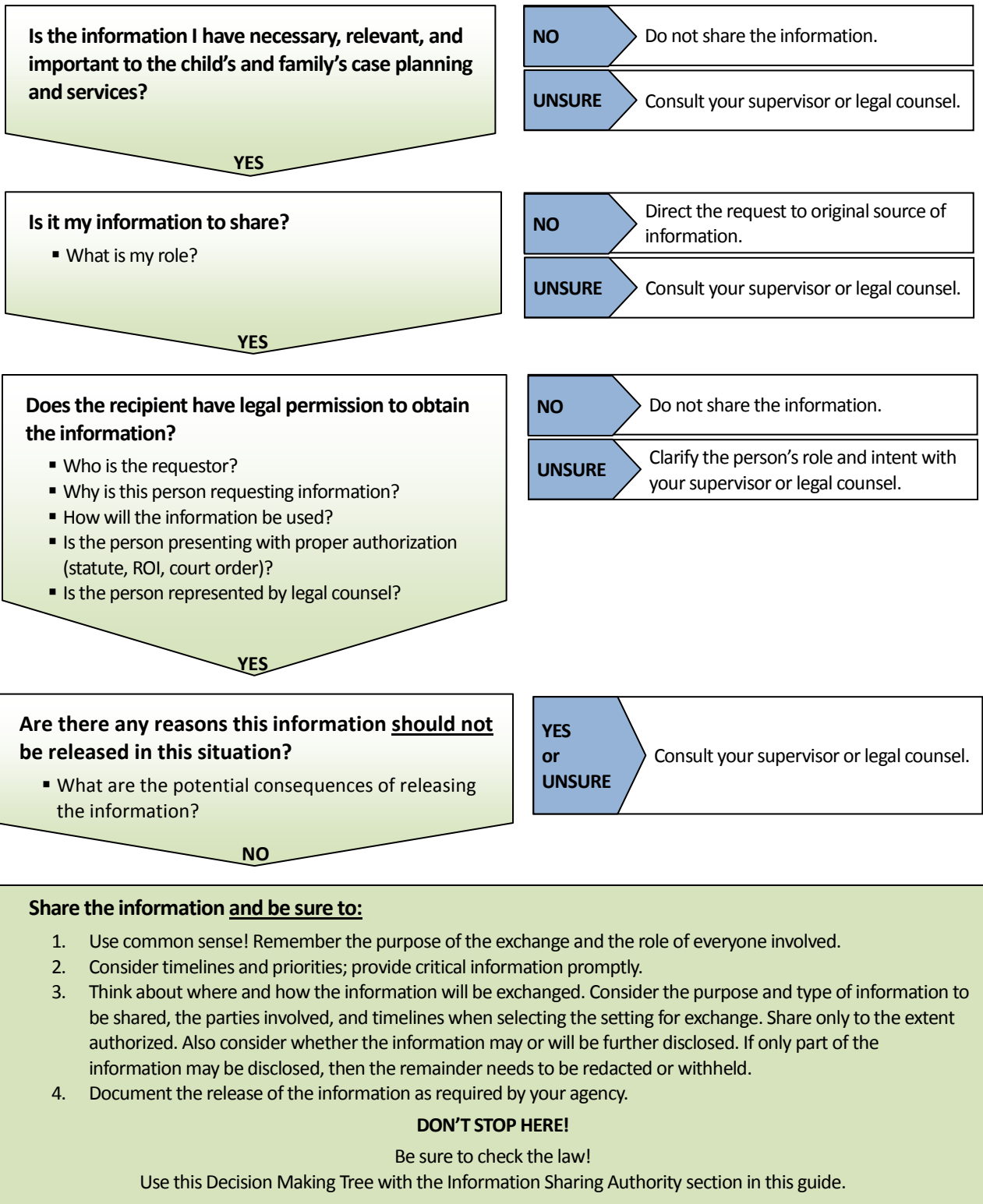
**7. Will you have a log or some record of who requested and who transmitted information?**

Agencies should keep a log of requestors and transmitters of information. This may be established centrally if there is an information access officer, or it may be maintained by the individual worker. If a log is maintained by the individual worker, there should be a log for information requests and transmissions on all the worker's cases along with a notation in the individual case file of each information request and transmission.

**8. How will you handle authorizations to disclose records/releases of information with the families?**

The participation of family members in the assessment and planning for services delivery is critical in order to achieve identified outcomes for youth. As authorizations/releases are sought, communication should be conducted in a manner that is respectful of the family's right to privacy. The requested information should be shared with the family to determine whether it is correct and whether the family is in agreement with any information changes that may have been made.

## PROVIDERS OF INFORMATION: Information Sharing Decision Tree







**QUICK REFERENCE: Information Sharing Among Agencies**  
**Frequent Requests, Accessibility of Information, and Legal Authority**

Agency	Frequent Requests for Agency Records/Information	Accessibility of Information  Reminder: Consult supervisor or legal counsel for any questions regarding sharing information	Legal Authority  See Appendix B: Information Sharing and Confidentiality Laws
<b>Juvenile Court</b>	<ul style="list-style-type: none"> <li>• Probation counselor’s name and contact information</li> <li>• Known conditions (e. g., mental health, substance abuse, developmental delays or disabilities, safety concerns, level of supervision required, medical alerts, and current medications)</li> <li>• Services being provided by juvenile court</li> <li>• Youth history (e. g., criminal, social, probation, mental health, substance abuse)</li> <li>• Court information (e. g., charges, court dates, court orders, predicted outcomes of case, actions taken by detention to locate parent or guardian for release)</li> </ul>	Appropriate authorization, court order, or specific exception is required for all requested information. Possible exceptions include: probation counselor’s name and contact information; conviction and probation violation history; court information not kept in social file.	42 CFR Part 2 45 CFR 160, 164 ( HIPPA) RCW 13.50.100 RCW 13.50.050 RCW 13.50.050(2) RCW 70.02.020 RCW 71.34.335 RCW 42.56
<b>Juvenile Rehabilitation Administration (JRA)</b>	<ul style="list-style-type: none"> <li>• Records of criminal charges and history</li> <li>• Conditions of parole</li> <li>• Treatment while under JRA supervision (e. g., sex offender, mental health, and drug and alcohol)</li> </ul>	Appropriate authorization, court order, or specific exception is required for all requested information. Possible exceptions include: research or public policy purposes; mandated reporting of suspected child abuse and neglect; HIV testing results; communication with victims; notice to schools and law enforcement of juvenile sex offender or violent offender release; disclosure between a juvenile justice or care agency when an investigation or case is being pursued or when a juvenile justice or care agency is assigned the responsibility of supervising a youth.	42 CFR 2.1 45 CFR 160, 164 (HIPAA) RCW 13.50 RCW 42.48 RCW 70.02 RCW 70.24.105 RCW 70.96A RCW 71.05.390 RCW 71.34.340 RCW 73.34
<b>Division of Children and Family Services (DCFS)</b>	<ul style="list-style-type: none"> <li>• CPS referrals and circumstances (e. g., services offered and accepted; service eligibility)</li> <li>• Placement and family history, reason for dependency or placement</li> <li>• DCFS worker’s name and contact information</li> <li>• Current placement information, name and contact information for foster parents</li> <li>• Known conditions (e. g., mental health, substance abuse, developmental delays or disabilities, medical alerts)</li> </ul>	Appropriate authorization, court order, or specific exception is required for all requested information. Possible exceptions include: DCFS worker’s name and contact info; disclosure between a juvenile justice or care agency when an investigation or case is being pursued or when a juvenile justice or care agency is assigned the responsibility of supervising a youth.	42 USC 290dd-2 42 CFR Part 2 45 CFR 164.502 RCW 13.50.100(3) RCW 71.34.335 RCW 70.96A.150 RCW 74.04.060

<b>Agency</b>	<b>Frequent Requests for Agency Records/Information</b>	<b>Accessibility of Information</b> <b>Reminder: Consult supervisor or legal counsel for any questions regarding sharing information</b>	<b>Legal Authority</b> <b>See Appendix B: Information Sharing and Confidentiality Laws</b>
<b>Schools</b>	<ul style="list-style-type: none"> <li>• Individualized Education Plans (IEP) or other special needs with regard to learning</li> <li>• Educational records (e. g., current and past classes taken, grades received)</li> <li>• Discipline records (e. g., disciplinary or corrective action taken by schools, contact made with parents to address behavior)</li> <li>• Student's record of attendance/tardiness</li> </ul>	Appropriate authorization, court order, or specific exception is required for all requested information. Disclosure of any record with personally identifiable information requires parental consent or student consent if the student is over 18. Possible exceptions include: a health or safety emergency; information in a properly established student directory.	20 USC 1232g (FERPA) 34 CFR 99.30 34 CFR 99.31(a)(9) 34 CFR 99.31(10) 34 CFR 99.31(11) 34 CFR 99.36 34 CFR 99.37
<b>Mental Health Services</b>	<ul style="list-style-type: none"> <li>• Mental health assessments</li> <li>• Current and past medication prescribed to youth</li> <li>• Information from psychological or psychosexual evaluations</li> <li>• Counseling services (e. g., attendance, appointment dates, notes)</li> </ul>	Appropriate authorization, court order, or specific exception is required for all requested information. Possible exceptions include: mandated reporting of suspected child abuse or neglect; a medical emergency; threatening or committing a crime on program premise or against program personnel; compliance with state and federal program research and audits; entities with a qualified service organization agreement.	42 CFR Part 2 45 CFR 160, 164 (HIPAA) 45 CFR 164.508 (c)(i)(v) 45 CFR 164.512(i)(1)(i) 45 CFR 164.512(i)(2)(ii) 45 CFR 164.512(i)(2)(iv)(c) RCW 70.02 RCW 70.96A.150
<b>Substance Use Disorder Treatment</b>	<ul style="list-style-type: none"> <li>• Information from drug and alcohol evaluations</li> <li>• Treatment progress (e. g., attendance, appointments, notes)</li> <li>• Results from UAs, self-disclosed drug use</li> </ul>	Appropriate authorization, court order, or specific exception is required for all requested information. Possible exceptions include: mandated reporting of suspected child abuse or neglect; a medical emergency; threatening or committing a crime on program premise or against program personnel; compliance with state and federal program research and audits; entities with a qualified service organization agreement.  Starting from the initial contact or inquiry regarding treatment availability, an entity receiving any substance use treatment information is prohibited from further disclosing that information.	42 CFR Part 2 45 CFR 160, 164 (HIPAA) 45 CFR 164.508 (c)(i)(v) 45 CFR 164.512(i)(1)(i) 45 CFR 164.512(i)(2)(ii) 45 CFR 164.512(i)(2)(iv)(c) RCW 70.02 RCW 70.96A.150
<b>Law Enforcement</b>	<ul style="list-style-type: none"> <li>• Information regarding investigations, diversion, prosecutions, arrests of students attending a school with purpose of protecting students, staff and school property</li> <li>• Reports regarding running away, child abuse, domestic violence, mental health, safety, or informational</li> </ul>	Appropriate authorization (public disclosure request) may be required. Possible exceptions include: information for school officials; necessary information for referrals to social or health services. Incident reports may not be released if a case is currently under investigation or if witnesses could be jeopardized or endangered.	RCW 13.50.010 RCW 13.50.050 RCW 13.50.100

## INFORMATION SHARING AUTHORITY

### Juvenile Justice or Care Agencies

Juvenile justice or care agencies are authorized to share information with each other when the other participant is investigating or pursuing a case involving the child/juvenile or is assigned the responsibility to supervise the child/juvenile. RCW 13.50.050(4) authorizes this sharing regarding records relating to juvenile offenses. RCW 13.50.100(3) relates to juvenile records not covered by RCW 13.50.050. A juvenile justice or care agency is defined as:

Police, diversion units, courts, prosecuting attorney, defense attorney, detention center, attorney general, the legislative children's oversight committee, the office of family and children's ombudsman, the department of social and health services and its contracting agencies, schools; persons or public or private agencies having children committed to their custody; and any placement oversight committee created under RCW 72.05.415.

The first question to consider is whether either the provider of information or the requestor of information is a juvenile justice or care agency. If both qualify, the second question is whether that other participant is pursuing an investigation or case involving the juvenile or whether that other participant is assigned the responsibility for supervising the juvenile. If so, RCW 13.50 authorizes certain information to be shared with the other participant.

In many cases federal law is more restrictive than state law. Agencies must comply with all applicable laws.

### Mental Health Services and Substance Use Disorder Treatment

In Clark County, a variety of county contracted or subcontracted private agencies provide community mental health services and/or certified substance use disorder treatment to people who qualify for Medicaid. Depending on circumstances and

funding, county-contracted agencies may also have limited capacity to provide outpatient treatment to people who do not have Medicaid. There are also providers of mental health services and substance use disorder treatment in Clark County that do not have a contract with the county. This guide does not attempt to address information sharing for treatment providers that are not contracted through the county.

Federal and state statutes and regulations cover treatment services. Mental health and substance use treatment, also known as behavioral health services, are considered to be health care and therefore subject to health care regulations. Applicable state laws include RCW 70.02 (medical records), RCW 71.05 (mental health-adults), and RCW 71.34 (mental health-minors).

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule regulates the use and disclosure of certain information held by "covered entities," which include community treatment agencies. HIPAA establishes regulations for the use and disclosure of Protected Health Information (PHI). PHI is any information held by a covered entity that concerns health status, provision of health care, or payment for health care that can be linked to an individual.

Substance use disorder treatment information is covered additionally by a more restrictive federal regulation, 42 CFR, Part 2. Furthermore, treatment agencies must comply with state health care and behavioral health laws and regulations.

While both federal and state laws include limitations on the sharing of confidential information, they also allow, and even require, information sharing in certain circumstances. County-contracted services for mental health and substance use disorder treatment are expected to be coordinated with other youth-serving systems when clinically indicated and legally allowed.

**Statutory authorization to share information may be permissive, not required. If you have a question about whether the authorization applies in a particular circumstance, it is prudent to consult with a supervisor or legal counsel about the issue or review organizational policies before disclosing information. See Decision Tree on Page 12.**

## **Authorization to Disclose Records/Release of Information**

It should be noted that, in addition to statutory authorization, information may also be shared when there is a valid authorization for disclosure or written release (see Appendix A) signed by the appropriate person or when there is a valid court order directing the release of the information.

An authorization to disclose records/release of information is a document that legally allows the sharing of information by organizations and individuals. In certain situations, an authorization may allow only for the release from one entity to another; in other situations, an authorization may provide for a mutual exchange of information.

An important expectation is that the authorized person who signed the document has given informed consent for the information to be shared. This person must fully understand what information will be disclosed, who will receive the information, and how it will be used. When a person is represented by legal counsel, the legal counsel should be included in the informed consent process to ensure that the person completely understands how the information could be utilized.

Additionally, in Washington State the age of consent for outpatient mental health and substance abuse treatment is 13 years of age and older (RCW 71.34.530, RCW 70.96A.095). This means that the youth may independently receive confidential treatment without parent or guardian consent. According to RCW 70.02.130(1), youth who may legally request treatment must authorize the release of information. In order for treatment providers to disclose information, even to the

youth's parent or guardian, the release of information must be signed by the youth when he or she is 13 years old and older.

Health care records are the property of the organizations that produce and maintain the physical records. However, the actual health care information contained in the records is the property of the individual (or his or her personal representative) to whom the records pertain.

### **Required Elements**

The elements that must be present and completed on a release of information form depend on the type of agency disclosing the information and the type of information being released.

However, certain elements are usually required for authorizing the disclosure of health care records for mental health services and substance use disorder treatment. Information sharing may be unnecessarily delayed if an insufficient or incomplete form is used.

45 CFR, § 164.508 of the Health Insurance Portability and Accountability Act (HIPAA) mandates the following elements for a valid authorization:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
3. The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
4. A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.
5. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.

6. Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided. *Verification of the signature may be required.*

In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:

1. The individual's right to revoke the authorization in writing, and either:
  - a. The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or
  - b. To the extent that the information in paragraph (c)(2)(i)(A) of this section is included in the notice required by § 164.520, a reference to the covered entity's notice.
2. The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:
  - a. The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in paragraph (b)(4) of this section applies; or
  - b. The consequences to the individual of a refusal to sign the authorization when, in accordance with paragraph (b)(4) of this section, the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization. For limited exceptions, see 45 CSR § 164.508(b)(4)(ii).
3. The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by this rule.

42 CFR, Part 2.31 states that for alcohol and drug use records a written consent to a disclosure under these regulations must include:

1. The specific name or general designation of the program or person permitted to make the disclosure.
2. The name or title of the individual or the name of the organization to which disclosure is to be made.
3. The name of the patient.
4. The purpose of the disclosure.
5. How much and what kind of information is to be disclosed.
6. The signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent.
7. The date on which the consent is signed.
8. A statement that the consent is subject to revocation at any time except to the extent that the program or person making the disclosure has already acted in reliance on it.
9. The date, event, or condition upon which the consent will expire if not revoked before. This date, event, or condition must insure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.

See Appendix A for a sample form with the required elements for authorization or disclosure/release of information.

## AGENCY ROLES AND INFORMATION SHARING PRACTICE GUIDELINES

### ***What is your role?***

*The ability to obtain and share information depends on the service provider's role in the youth's life. This guide provides several tools to help agency personnel decide when and how to share information. It also identifies those laws authorizing the sharing of information. Child- and-youth-serving systems have different roles and responsibilities in relation to the child, his or her family, the community, and other stakeholders. Sometimes there are conflicting responsibilities between systems. Each person who provides services must consider his or her own responsibilities and evaluate the requirements, appropriateness, benefits, and risks when sharing information. It is also important to know and remember other providers' goals when sharing information in order to effectively address possible conflicts.*

## **Juvenile Court Services**

### **Role**

Juvenile court services personnel include juvenile probation counselors, detention officers, probation associates, care coordinators, and family specialists. Clark County Juvenile Court services are based in balanced and restorative justice philosophy and practice. Personnel undertake varying responsibilities for youth in an effort to provide community safety, hold youth accountable, and build competencies. They work to enhance the protective factors that will move the youth toward healthy, productive integration into the community.

Juvenile court services personnel are responsible for monitoring court orders and making recommendations to the court. In addition, the juvenile court services personnel provide preventive counseling and assistance to youth faced with multiple issues. They also help facilitate placements, referrals, and treatment services the youth may need. Personnel assist youth with financial plans or budgets to meet their financial obligations.

Juvenile defense attorneys represent youth in criminal proceedings, truancy matters, Children in Need of Services (CHINS) petitions, At-Risk Youth (ARY) petitions, and dependency proceedings. Juvenile defense attorneys represent their clients in legal proceedings, provide legal advice, and comply with client requests (in so far as requests do not perpetrate a fraud on the court or promote a crime). Juvenile defense attorneys may seek information from schools and agencies to assist in representing their clients. Attorneys shall not provide information to others without the informed consent of the client.

### **When can juvenile court services personnel share information with the Division of Children and Family Services (DCFS) personnel?**

The release of records relating to the commission of juvenile offenses, including diversions, is governed by RCW 13.50.050. Juvenile court personnel are authorized to release necessary and relevant records to the DCFS social workers investigating or pursuing a case involving the juvenile or assigned the responsibility for supervising the juvenile.

If the social worker is investigating an allegation of child abuse perpetrated by the juvenile or the juvenile is the victim, the juvenile court personnel are authorized to share records retained or produced by the juvenile court, including psychological assessments/evaluations.

Per RCW 13.50.050, RCW 26.44.030(7), if the child is dependent or the family is receiving CPS services, juvenile court services personnel may share records retained or produced by the juvenile court with the DCFS social worker who is assigned the responsibility of supervising the juvenile to enable the social worker to carry out his or her responsibilities and for case planning purposes. (See Page 28 & Appendix C regarding redisclosure.)

### **When can juvenile court services personnel share information with a guardian ad litem (GAL) or court appointed special advocate (CASA)?**

In general, the youth's GAL or CASA must have a valid court order or authorization to access information, including juvenile court records. Per RCW 13.50.100, exceptions to information sharing include:

- Information likely to cause severe psychological or physical harm to the child or his/her parents; or
- Information containing the names and identifying information of persons or organizations who have reported alleged abuse or neglect if they requested confidentiality.

Per RCW 13.34.105(3), a consent from children 13 and older is required for information about mental health services (including counseling, psychological, and psychiatric services), medical services, or substance use disorder treatment services that the youth voluntarily sought and had the legal right to obtain on his or her own.

**When can juvenile court services personnel share information with the schools?**

Under RCW 13.50.100, both the juvenile court and the school fall within the definition of a juvenile justice or care agency. (See Page 16 and Appendix C for the definition of a juvenile justice or care agency). As such, they may share information with each other when the agency/entity seeking the record is pursuing a case regarding the youth or is responsible for supervising the youth. The information sought must be necessary and relevant to the requestor’s responsibility and investigation. In addition, the authority provided by RCW 13.50.100 only applies to state law restrictions. Federal law frequently imposes additional restrictions.

In circumstances when the school is not investigating a case or responsible for supervising the youth, juvenile court services personnel may share with the school legal information (such as motions, briefs, court orders, etc.) about the youth under his or her supervision, per RCW 13.50.010 (1)(b) and RCW 13.50.050 (2). Juvenile court services personnel may share additional information with schools if there is a valid release of information or court order.

**When can juvenile court services personnel share information with mental health service and substance use disorder treatment providers?**

Juvenile court services personnel may share legal information (such as motions, briefs, court orders, etc.) with outpatient mental health and substance use disorder treatment agencies for those youth under juvenile court supervision, per RCW 13.50.010 (1)(b) and RCW 13.50.050 (2). Juvenile court personnel may share additional information with treatment providers if there is a valid release of information or court order.

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**Juvenile Rehabilitation Administration (JRA)**

**Role**

Juvenile Rehabilitation Administration (JRA) personnel protects the public, holds juvenile offenders accountable for their crimes, and reduces criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residential and community settings. A JRA counselor may seek information regarding the treatment and service needs of a youth who is entering into an institution or community facility for the purpose of developing appropriate interventions and maintaining the health and safety of the youth while he or she is in custody.

When a youth exits from a JRA institution or community facility, the JRA counselor will work with the youth and family to identify and put in place appropriate services and supports to successfully reintegrate the youth into the community.

JRA counselors supervise juvenile offenders released to parole status and may seek information from other agencies with which the youth may be involved to determine the youth’s participation in identified services. Counselors provide structure, supervision, family and client support, and access to needed community services.

The court may commit a youth adjudicated for an offense to the custody of JRA under RCW 13.40.185. These youth generally have committed a serious offense or have a history of multiple offenses. Youth are sentenced per RCW



13.40.0357. As the youth moves through JRA's continuum of care, the JRA counselors provide parole aftercare services. JRA personnel must refer to JRA policy manuals when determining whether to release records.

**When can JRA counselors share information with DCFS social workers?**

The release of information is governed by RCW 13.50.050 and RCW 13.50.100. JRA counselors are authorized to share information with DCFS social workers when DCFS is investigating or pursuing a case involving the youth or is assigned the responsibility for supervising the youth. For example, under RCW 13.50.100, if the child is a dependent the JRA counselor is authorized to share information that is needed by DCFS to fulfill its responsibilities to the child.

The JRA counselor is also authorized to release JRA records as necessary to complete reports of abuse or neglect or alleged new crime, per RCW 26.44.050. The JRA counselor will share all relevant records retained or produced by JRA that are necessary for DCFS to carry out its responsibilities to the youth, per RCW 13.50.050(4), RCW 13.50.100(3). (See Page 28 and Appendix C regarding redisclosure of substance use disorder treatment information.) The release of records is limited to records that will assist DCFS in carrying out its responsibilities to the youth.

**When can JRA counselors share information with mental health service and substance use disorder treatment providers?**

Generally, JRA counselors must obtain a valid authorization for disclosure prior to sharing information with outpatient mental health service and substance use disorder treatment providers. However, with a valid release JRA counselors may share information to organizations that are part of the JRA continuum of care. This includes those agencies providing care, treatment, and other services to a youth as a result of, or in connection with, a youth's JRA commitment or supervision.

## **Division of Children and Family Services (DCFS)**

### **Role**

The Division of Children and Family Services (DCFS) personnel have varying responsibilities for children and youth, all undertaken in an effort to protect the welfare of children and their families. The nature of the social worker's responsibility to a particular child will affect the need for, and rules concerning access to, information regarding the child and family members. When investigating allegations of child abuse and/or neglect, the law provides DCFS workers broad access to relevant information from mandated reporters during the investigatory period. However an authorization or court order may be necessary to obtain certain records, such as those held by federally funded substance use disorders treatment providers.

For information about voluntary participation in services, DCFS workers obtain signed releases of information from adults and from youth age 13 or older. Social workers may also seek information via specialized court orders granting the release of records. When a child is subject to a court order, the order may include provisions granting DCFS access to information about the child and parents.

The most common context for these orders is in a proceeding for juvenile dependency. A court may determine that a child must be placed in the legal custody of DCFS in order to ensure the child's health, safety and welfare. DCFS then becomes responsible for the care of the child, including placement, schooling, visitation, transportation, and obtaining medical/therapeutic/other services necessary for the child's welfare. In that case, the court will issue an order granting DCFS access to information about the child necessary to carry out those functions.

As a general rule, DCFS records and information are confidential and are not subject to public disclosure. However, RCW 13.50.100 allows for DCFS to share relevant information about children in shelter care and their dependency status if another participant in the juvenile justice or care system needs the information in order to carry out its responsibilities under law to the child.

**When can DCFS personnel share information with other juvenile justice or care agencies?**

To make sure another person or agency is authorized to receive information, it is important for DCFS personnel to verify that the agency is listed in RCW 13.50.010(1) (a) as a juvenile justice or care agency. (See Page 16 and Appendix C for the definition of a juvenile justice or care agency). If the requestor is not a juvenile justice or care agency, then this statute does not apply and the information may not be shared without valid authorization.

If the requesting entity meets the requirements for disclosure, DCFS personnel determine whether the information requested is necessary and relevant to the case being investigated or for supervising the youth. If so, all necessary and relevant information regarding the youth may be shared even though DCFS was not the originating source of the document. RCW 13.50.100(3) permits the release of documents retained or produced by the agency if needed by the other participants to carry out their responsibility to the child.

Substance use disorder treatment information obtained and held by DCFS is subject to strict federal restrictions on redisclosure without written permission; DCFS staff should consult with an agency attorney before disclosing this information without consent. (See Page 28 and Appendix C regarding redisclosure of substance use disorder treatment information.) The recipients of substance use disorder treatment documentation may not further disclose the information provided by DCFS except as authorized by statute. The information remains confidential and can only be disclosed if a subsequent requestor is authorized to obtain the information under RCW 13.50.100(5).

The identity of individuals making allegations of abuse or neglect may be kept confidential, per RCW 13.50.100(7)(c). Also, attorney-client communications are not to be shared. Personal information about foster parents, social security numbers, residential phone numbers and information about other children may not be disclosed.

**When can DCFS personnel share information and records with the youth's probation counselor?**

Under RCW 13.50.100, the DCFS social worker is authorized to share information and records with the juvenile probation counselor (JPC) when the JPC is investigating or pursuing a case involving the youth or is assigned the responsibility for supervising the youth. The JPC may have all records retained or produced by DCFS that are needed to appropriately and adequately supervise the youth or investigate a case involving the youth. For example, if there is a psychological evaluation of the youth in the DCFS file, DCFS may share that information with the JPC. The evaluation and any other information released to the JPC must be relevant to the JPC's case or investigation or necessary to supervise the youth. The JPC may not further release information disclosed by DCFS except as authorized by RCW 13.50.100(5). The information remains confidential and may not be further disclosed unless the subsequent requestor is authorized to obtain the information.

**When can DCFS personnel share information with the Juvenile Rehabilitation Administration (JRA) counselor?**

DCFS personnel are authorized to share information and all records retained or produced by DCFS that are needed to appropriately and adequately supervise the youth or investigate a case involving the youth. The information remains confidential and may not be further disclosed by JRA unless the subsequent requestor is authorized to obtain the information under RCW 13.50.100(5).

**When can DCFS personnel share information with schools?**

Under RCW 13.50.100, both DCFS and schools fall within the definition of a juvenile justice or care agency. As such, they may share information with each other when the agency/entity seeking the record is pursuing a case regarding the youth or is responsible for supervising the youth. The information sought must be necessary and relevant to the requestor's responsibility and investigation. Generally, DCFS personnel may share information necessary for case planning with the school. Per RCW 26.44.030(7), the information must be relevant for education planning and help the school

provide educational services to the child. The information remains confidential and cannot be further disclosed by the school unless the subsequent requestor is authorized to obtain the information under RCW 13.50.100(5).

**When can DCFS personnel share information/records with a guardian ad litem (GAL) or court appointed special advocate (CASA)?**

In general, releasing information about a dependent child requires a valid court order or appointment of a GAL or CASA. Per RCW 13.50.100, exceptions to information sharing include:

- Information that is likely to cause severe psychological or physical harm to the child or his/her parents; or
- Information containing the names and identifying information of persons or organizations who have reported alleged abuse or neglect if they requested confidentiality; or
- Personal information about foster parents, such as social security numbers and attorney-client communications.

Per RCW 13.34.105(3), a consent from children 13 and older is required for information about mental health services (including counseling, psychological, and psychiatric services), medical services, or substance use disorder treatment services that the youth voluntarily sought and had the legal right to obtain on his or her own.

**When can DCFS personnel share information with mental health service and substance use disorder treatment providers?**

DCFS personnel must have a court order or valid authorization/release of information to disclose confidential information with mental health service or substance use disorder treatment providers, per RCW 13.50.010 (1)(c) and RCW 13.50.100(2). If the child is in out-of-home placement due to a dependency action then there will be a court order that allows for mental health services providers and DCFS to share necessary information to coordinate services. (See Page 28 and Appendix C regarding release of substance use disorder treatment information.) If the child is not placed outside of the

home, there may or may not be court orders permitting information sharing.

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## Schools

### Role

The Family Educational Rights and Privacy Act (FERPA) is a federal law governing all education institutions receiving federal funds that:

- a. Ensures parents' access to their child's education records;
- b. Prevents any individual or agency from accessing the records without prior written parental consent, except for 16 exemptions found at 34 CFR § 99.31; and
- c. Provides a process for parents or eligible students (student 18 years of age or older) to request the amendment of records if they are inaccurate, misleading or invasive of the child's privacy rights.

An "education record" is defined as a record directly related to a student and maintained by the educational agency; it does not include personal observations. A "parent" is defined as a natural parent, guardian, or a person acting as a parent in the absence of a parent, which will in some circumstances include a stepparent.

Some applicable exceptions to the prior parental permission for disclosure of education records are:

1. In response to a subpoena or court order, but the school must make a reasonable attempt to notify the parent before disclosing the records;
2. If the educational agency has determined, under the totality of the circumstances, that there is a significant threat to the health or safety of a student or other individuals, it can disclose educational record information to any person whose knowledge of the information is necessary to protect the health or safety of the individuals;
3. Information that has been designated by the school district as directory information, if the parent has not given the school written refusal to have directory information disclosed;
4. To other school officials, (including contractors, volunteers and other who the district has

outsourced its functions) which includes teachers within the school who have been determined to have a “legitimate educational interest”;

5. To officials of another school where the student seeks or intends to enroll, or where the student already has enrolled when the disclosure is related to the student’s enrollment or transfer; if the district has provided notice to parents in its annual notification it will release records in this situation;
6. If the disclosure authorized by state law (RCW 28A.150.510) is necessary to effectively serve prior to adjudication the student whose records are released, and the recipient certifies in writing that the information will not be disclosed to any other party except as allowed by state law, without the prior written consent of the parent of the student; and
7. If the disclosure concerns sex offenders and other individuals required to register under the Violent Crime Control and Law Enforcement Act of 1994.

In the event student record information appears irregular or unavailable, the school should enroll the child, and sort out the records issues afterwards, but in no event let the records issue deny a student admission to a school or educational services.

#### **When can school personnel share education records with DCFS personnel?**

Schools must share information with the child’s DCFS social worker when DCFS has the responsibility for supervising the child or is engaged in an investigation regarding the child. Schools are to share all records regarding the child that are needed by DCFS to fulfill its statutory responsibilities to the child and to investigate a case involving the child. These responsibilities include the supervision and placement of the child, per RCW 13.50.100(3). Schools must also share information directly related to reports of abuse or neglect with DCFS for case planning and consultation purposes if determined it is in the child’s best interests, per RCW 26.44.030(7).

After dependency is established, under RCW 28A.150.510, school personnel shall release

education records to DCFS as long as the DCFS personnel certify that the information will not be further disclosed without parental consent unless authorized by state law. RCW 28A.150.510, RCW 74.13.280, and WAC 388-25-0090 permit DCFS personnel to share educational information needed for case management purposes to licensed and relative caregivers.

#### **When can school personnel share information and education records with a guardian ad litem (GAL) or court appointed special advocate (CASA)?**

A valid court order or authorization is required for a GAL or CASA to access education records. Exceptions to information sharing include:

- Information that is likely to cause severe psychological or physical harm to the child or his/her parents; or
- The names and identifying information of persons or organizations reporting alleged abuse or neglect if they requested confidentiality.

Per RCW 13.34.105(3), a consent from children 13 and older is required for information about mental health services (including counseling, psychological, and psychiatric services), medical services, or substance use disorder treatment services that the youth voluntarily sought and had the legal right to obtain on his or her own.

#### **When can school personnel share information with juvenile court services personnel?**

In order to provide services to a youth in detention or to prepare for any post-conviction services, schools shall make available to juvenile court personnel all student records and information necessary for risk assessment, security classification, and placement.

Additionally, if juvenile court services personnel are pursuing an investigation or case regarding the youth or are assigned the responsibility of supervising the youth, schools may share relevant and necessary information with the JPC, per RCW 13.50.100(3).

**When can schools share information with mental health service and substance use disorder treatment providers?**

Directory information and personal observations about a child can be shared without consent unless otherwise prohibited. The educational information contained in educational records (i.e., Individual Education Plans, 504 Plans, etc.) can only be obtained with consent by the legal parent or an eligible student who is 18 years of age or older.

**What are some exceptions that allow school personnel to release information?**

School personnel can disclose records in order to comply with a court order or lawfully issued subpoena. If the youth has one or more prior convictions, the prosecutor or JPC may request records by subpoena, per RCW 13.40.480. If responding to a subpoena, the school must make reasonable efforts to notify the parent of the student before releasing the records. School personnel should check with their district’s policy and/or legal counsel regarding possible exceptions to this rule as indicated in 20 USC § 1232g(b)(l)(J)(ii) and 34 CFR § 99.31(a)(9).

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## **Mental Health Services**

**Role**

There are numerous federal and state rules and regulations related to confidentiality and access to mental health treatment records. Generally speaking, Washington State laws afford a higher level of confidentiality for mental health treatment information than described in HIPAA. Admission to outpatient community mental health agencies and all information obtained through treatment is confidential except as authorized by RCW 71.34.340.

RCW 71.34.340 allows for the disclosure of confidential information without a release of information under specific circumstances, including but not limited to: mental health professionals responsible for the coordination and continuity of care; appropriate referral sources; people who have medical responsibility for a minor’s care; and appropriate law enforcement agencies in the event

of a crisis or emergent situation that poses a significant and imminent risk to the public. (See RCW 71.34.340 for additional exceptions.)

**When can mental health service providers share information with DCFS?**

Mental health service providers must report incidents of suspected child abuse and neglect. RCW 26.44.030. In addition, 45 CFR, § 164.512 (b)(1)(ii) allows for DCFS personnel investigating a report of abuse or neglect to have access to all relevant records of the child that are in the possession of mandated reporters and their employees. RCW 26.44.030 (12)(b) stipulates circumstances when a court order or authorization is required for mental health service providers to share treatment information with DCFS. (See Page 21 for additional DCFS information.)

**When can mental health services providers share information with a guardian ad litem (GAL) or court appointed special advocate (CASA)?**

A GAL or CASA must have a valid court order or authorization from the parent or youth in order to access records from mental health staff. Per RCW 13.50.100, the child’s consent is required if he or she is 13 and older for information about mental health service (including counseling, psychological, and psychiatric services), medical services, or substance use disorder services that the child voluntarily sought and had the legal right to obtain on his or her own. Exceptions to information sharing include:

- Information likely to cause severe psychological or physical harm to the child or his/her parents; or
- Information contains the names and identifying information of persons or organizations reporting alleged abuse or neglect if they requested confidentiality.

**When can mental health service providers share information with school personnel?**

Mental health service providers must have a valid court order or authorization to share information with school personnel. Mental health agency personnel may share information with mental health professionals located in educational

programs and sites in order to coordinate care and make referrals, per RCW 71.34.340(1), and 45 CFR, § 164.502 (a)(1)(ii), § 164.506.

**When can mental health service providers share information with juvenile court personnel or JRA counselors?**

Mental health service providers must have a valid court order or authorization in order to share information with juvenile court personnel. Mental health agency personnel may share information with JRA mental health professionals and to those with medical responsibility for the youth's care for care coordination and to make referrals, per 45 CFR, § 164.502 (a)(1)(ii), § 164.506, and RCW 71.34.340 (1) and (3).

**When can mental health service providers share information with juvenile court services personnel?**

While a youth is in detention, mental health agency personnel may share information with detention mental health professionals for care coordination and referrals. It is important that mental health service providers use sound clinical judgment and consultation to determine the appropriate type and amount of information to be shared. RCW 71.34.340 allows confidential information to be disclosed in communications between mental health professionals in the provision of services to a minor. 45 CFR, § 164.502 (a)(1)(ii) and § 164.506 allow confidential information to be disclosed in making appropriate referrals or to persons with medical responsibility for a minor's care.

**When can mental health service providers share information with law enforcement?**

45 CFR, § 164.512 (f) allows for the release of information to law enforcement, including circumstances that are allowed under state regulations. The most applicable situations are:

- A law enforcement agency investigating a report of abuse or neglect of child is permitted access to all relevant records in the possession of mandated reporters and their employees, per RCW 26.44.030 (12)(b).

- Limited confidential information (i.e., the fact and date of admission, date of discharge, name and address of the treatment provider, last known address) may be disclosed to law enforcement officers upon request as necessary to carry out their responsibilities, per RCW 71.34.340 (8).
- Confidential information may be disclosed to appropriate law enforcement agencies, upon request, to include all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public, per RCW 71.34.340 (11).
- Mental health service providers may disclose information to law enforcement when a person receiving services threatens the health and safety, or is known to have repeatedly harassed, an identified person. Only information that is pertinent to the threat or harassment shall be disclosed (i.e., the dates of admission and discharge), per RCW 71.34.340 (12).

Per 45 CFR § 160.203(b), in situations where state laws are more restrictive than HIPAA laws, the state laws take precedent.

**When can mental health service providers share information with other mental health service providers?**

Mental health service providers may share necessary information with mental health professionals in order to coordinate services and make referrals, per RCW 71.34.340 (1) and 45 CFR, § 164.502 (a)(1)(ii), § 164.506.

**When can mental health services providers share information with substance use disorder treatment providers?**

Mental health service providers must have a valid authorization/release of information in order to share information with substance use disorders treatment agencies. If an agency provides both mental health and substance use disorders services

within a single program, personnel may share information for the purposes of treatment and health care operations. Treatment includes the provision, coordination, or management of health care and related services, per 45 CFR, § 164.502 (a)(1)(ii), § 164.506 (c), and RCW 70.02. For more information about health care operations see 45 CFR § 164.501. Anyone receiving treatment for a co-occurring substance use disorder and mental health condition would fall under the additional 42 CFR, Part 2 regulations.

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## Substance Use Disorder Treatment

### Role

Substance use disorder treatment information is federally protected by 42 CFR, Part 2, which is significantly more restrictive than HIPAA and Washington State laws. While 42 CFR, Part 2 does not allow for the same level of information sharing as HIPAA or Washington State mental health treatment laws, it does allow for limited disclosures without written consent.

Exceptions to the general rule prohibiting disclosure are fully described in 42 CFR, Part 2. For example, patient-identifying information may be disclosed to medical personnel who have a need for information about a patient for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention.

42 CFR, Part 2.51 (a) emphasizes that because federal and state laws are complex, and at times contradictory, substance use disorder treatment staff must be particularly cautious about following confidentiality requirements when releasing information.

42 CFR, Part 2.32 prohibits the redisclosure of any substance use disorder treatment information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. This federal regulation supersedes RCW 13.50.100(3), which allows juvenile justice and care agencies to share documents retained in their

records even when the agency was not the originating source of the document.

### When can substance use disorder treatment providers share information with DCFS?

Substance use disorder treatment providers must report incidents of suspected child abuse and neglect per state law. RCW 26.44.030 (1)(a) 42 CFR, Part 2.12 (c) (6) allows for the reporting under state law of incidents of suspected child abuse and neglect to the appropriate state or local authorities. For information describing the requirements for reporting incidents of suspected child abuse and neglect see RCW 26.44.040. RCW 26.44.030 (12)(b) allows DCFS access to all relevant records in the possession of mandated reporters and their employees while conducting an investigation of alleged abuse or neglect. RCW 26.44.030 (12) (b) does not supersede 42 CFR, Part 2.

Substance use disorder treatment providers may not release additional treatment information beyond the reporting requirements of RCW 26.44.040. 42 CFR, Part 2.12 (c) (6) stipulates that in other circumstances substance use disorder treatment staff may not share treatment information with DCFS without a court order or valid authorization/release of information.

### When can substance use disorder treatment providers share information with a guardian ad litem (GAL) or court appointed special advocate (CASA)?

Substance use disorder treatment providers may share treatment information with a GAL or CASA if there is a valid court order or authorization/release of information as described in 42 CFR, Part 2.61.

***Respect for children and families***

***Stability and continuity in  
the child's life***

***Prompt delivery of meaningful services***

***Success for all children***

**When can substance use disorder treatment providers share information with school personnel?**

Substance use disorder treatment providers may share treatment information with school personnel if there is a valid court order or authorization/release of information as described in 42 CFR, Part 2.61. (See Authorization for Disclosure example in Appendix A).

**When can substance use disorder treatment provider share information with JRA counselors?**

Substance use disorder treatment providers may share treatment information with JRA counselors if there is a valid court order or authorization/release of information as described in 42 CFR, Part 2.61.

**When can substance use disorder treatment providers share information with juvenile court services personnel?**

Substance use disorder treatment providers may share treatment information with juvenile court personnel if there is a valid court order or authorization/release of information as described in 42 CFR, Part 2.61.

**When can substance use disorder treatment providers share information with law enforcement?**

Substance use disorder treatment providers must report incidents of suspected child abuse and neglect per state law as described in RCW 26.44.030 (1)(a) and 42 CFR, Part 2.12 (c) (6). For information describing the requirements for reporting incidents of suspected child abuse and neglect see RCW 26.44.040. RCW 26.44.030 (12)(b) allows law enforcement access to all relevant records of the child in the possession of mandated reporters and their employees while conducting an investigation of alleged abuse or neglect. RCW 26.44.030 (12)(b) does not supersede 42 CFR, Part 2.

Substance use disorder treatment staff may not release additional treatment information beyond the reporting requirements of RCW 26.44.040. As described in 42 CFR, Part 2.12 (c) (6), substance use disorder treatment providers may share

information that is directly related to a youth's commission of a crime on the premises of the program or against program personnel or to a threat to commit such a crime with law enforcement officers.

According to 42 CFR, Part 2.12 (c)(5), the information that may be released to law enforcement is limited to the circumstances of the incident, including the patient status of the individual committing or threatening to commit the crime, that individual's name and address, and the individual's last known whereabouts.

**When can substance use disorder treatment providers share information with mental health service providers?**

Substance use disorder treatment providers may share treatment information with mental health service providers if there is a valid court order or authorization/release of information as described in 42 CFR, Part 2.61. (See Authorization for Disclosure example in Appendix A).

As described in 42 CFR, Part 2.12 (c)(3), if an agency provides both mental health and substance use disorder services and meets organizational structure requirements, information may be shared internally by personnel, as needed for service provision.

**What is required for a valid court order to release substance use disorder treatment information?**

A court order entered under 42 CFR, Part 2 is a unique kind of court order. As described in 42 CFR, Part 2.61, the only purpose of the court order is to authorize a disclosure or use of patient information which would otherwise be prohibited. Such an order does not compel disclosure. A subpoena or a similar legal mandate must be issued in order to compel disclosure. 42 CFR Part 2, Subpart E sets out the procedure the court must follow, the findings it must make, and the limits it must place on any disclosure it authorizes.

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## Law Enforcement

### Role

The primary responsibility of law enforcement is to protect and ensure the safety of the public in accordance with the Revised Code of Washington. In situations involving youth, law enforcement personnel hold youth accountable and frequently refer youth and families to services that may assist youth in staying safe as well as enable them to be positive, contributing members of the community.

Law enforcement personnel provide information to collaborating agencies and schools, as authorized by RCW 13.50.101 and 13.50.050. Collaboration between law enforcement and service agencies helps create effective linkages for needed services so that youth will no longer require involvement with law enforcement and the juvenile justice system.

In many schools in Clark County, specially trained police officers, known as school resource officers, are available to improve youth safety and help prevent injuries to youth, school personnel, and bystanders. School resource officers play an important role in supporting ways to bring about positive changes for at-risk youth.

### **When may law enforcement share information and records with other participants in the juvenile justice system or a juvenile care agency?**

Law enforcement may share information with other juvenile justice or care agencies when an investigation or case involving the youth is being pursued by the other agency or when the other agency is assigned the responsibility of supervising the youth, as defined by RCW 13.50.010(1)(a). (See Page 16 and Appendix C for the definition of a juvenile justice or care agency.)

### **When may law enforcement share information with schools?**

Law enforcement may cooperate with schools in releasing information to the school regarding the investigation, diversion and prosecution of a youth attending the school. Upon the decision to arrest, incident reports may be released to the school unless the investigation or prosecution would be

jeopardized or witnesses endangered. If so, law enforcement may release information to the maximum extent possible to assist schools in protecting other students, staff and school property, per RCW 13.50.050(7).

### **When can law enforcement share information with mental health service and substance use disorder treatment providers?**

Law enforcement may share necessary information in order to make a referral for mental health services and substance abuse treatment providers. Law enforcement may not share information related to a case currently under investigation.

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## Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA)

### Role

A guardian ad litem (GAL) serves in dependency court, family court, and guardianship and probate court in accordance with Washington State statute. A primary function of all GALs in all courts is to be concerned with the best interest of the child in conducting investigations and making recommendations to the court.

The GAL presents information to the court in written form and oral testimony during hearings to assist the court in making decisions. The GAL appointment continues until the action is dismissed or the GAL is discharged by court order.

One type of GAL is a court-appointed special advocate (CASA). In Clark County, the YWCA of Clark County administers the CASA program. A CASA conducts an independent investigation on behalf of the child she or he represents. This investigation can include interviews with medical professionals, mental health service providers, the child's family, school officials, law enforcement personnel, the child, and other relevant witnesses.

The CASA assures that court-ordered services are provided to the child and family and monitors case progress. In addition, the CASA

advocates for the child during the judicial process and ensures the child's wishes and best interests are presented to the court and agencies involved with the child.

**When can a GAL or CASA share information?**

GAL or CASA reports are confidential; RCW 11.88 and RCW 26 govern the disclosure of information gathered by the GAL or CASA. In general, information may be disclosed to all parties in a case, their attorneys, care providers, medical persons, social workers, and the child.

A GAL may not present information to a judge without notice to all parties. A court order usually indicates the name of the court-appointed GAL, the GAL's duties, and authorization for access to specific confidential information.

**When can a GAL or CASA share information with mental health service and substance use disorder treatment providers?**

The GAL or CASA may only release information to mental health and substance use disorder treatment providers as permitted by court order.

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## CONCLUSION

This guide has addressed several possible opportunities for information sharing among youth-serving professionals. There are multiple layers in many of these systems that have not been the focus of this guide; therefore information sharing guidelines may differ from those described here. The guide is limited in scope and does not include all of the community's youth-serving programs. Please contact individual agencies for details on other programs and information sharing requirements.

The laws and rules on information sharing aim to strike a balance between protecting the privacy and legal rights of individuals and families and allowing professionals and agencies working with children, youth and families to share essential information. Information sharing for purposes of case and service planning depends on each agency's role in the youth's life. Even with the authority to share information, many situations require good judgment about what information to share, how and when to share it, and with whom. The best way for agency personnel to make sure they are following good legal and ethical practices is to regularly consult the law, their agency legal counsel, and their supervisors.

The *Clark County Information Sharing Guide* was developed with these values in mind for working with youth and families: respect for children and families; stability and continuity in the child's life; prompt delivery of meaningful services; and success for all children.



## APPENDIX A: Information Sharing Questionnaire & Example Authorization form

### Agency Personnel Questionnaire for Requestors of Information

(Adapted from Wiig & Tuell 2004, revised 2008)

The purpose of this questionnaire is to help assure requests for information are appropriate and relevant. It is suggested that agency personnel complete the questionnaire prior to completing a formal Authorization for Disclosure/Release of Information.

**1. Why do you need the information? What is your purpose? What entitles you to the information?**

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*As requestor:*

Are you entitled to the information sought?	YES	NO
Do you possess the legal authority to obtain this information by statute?	YES	NO
Do you need an authorization for disclosure/release of information?	YES	NO

**2. How are you going to use the information?**

Will information be used only for the purposes for which it has been sought? YES NO

What measures will you take to assure that information about a youth's substance use, mental health status, or unlawful behavior will only be used for the purposes for which it is being sought?

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**3. How are you going to protect the information during its use, including information maintained on a computer?**

How will you protect confidential information about the youth, including reports and notes containing information obtained from other agencies?

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Are hard files kept in locked cabinets? YES NO

How is electronic information stored so that information is protected from unintended access and use?

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**4. How are you going to protect/dispose of the information after your use?**

Once the information has been used for its intended purposes, how will it be disposed of in accordance with your agency's policies for destruction of data?

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If the information needs to be maintained:

Will it be stored in a special section of the case file for storing? YES NO

Will it be blocked from unintended access until it can be destroyed? YES NO

Who in your agency is permitted to see and use either hard file or electronic copies?

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**5. What additional dissemination of the information are you going to make? For what purpose? Is it necessary? Who else needs the information to achieve the evaluation or treatment goals?**

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How will you assure that the person receiving each transmission of information is entitled to it and that it is necessary for that person to receive it for the intended purposes?

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What measures will you take to assure that the youth's information is not inadvertently disseminated beyond its intended use (e.g, avoid informally sharing the information in casual conversation or in some other manner)?

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**6. Will you have a log or some record of who requested and who transmitted information?**

Does your agency have a central record keeping system with an information access officer?	YES	NO
Are records of information transmission maintained by the individual worker?	YES	NO
▪ If so, is there a log for information requests and transmissions on all your cases?	YES	NO
▪ Are information requests and transmissions noted in individual case files?	YES	NO

**7. How will you handle authorizations to disclose records/releases of information with the families?**

Will family members participate in the assessment and planning for services delivery to help achieve identified outcomes for the involved youth? YES NO

As you are seeking authorizations/releases, how will you assure that communications are conducted in a manner that is respectful of the family's right to privacy?

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Will you share the requested information with the family to determine whether:

It is correct?	YES	NO
The family is in agreement with any information changes that may have been made?	YES	NO

**EXAMPLE AUTHORIZATION FOR DISCLOSURE/RELEASE OF INFORMATION  
FOR PROTECTED HEALTH INFORMATION**

**AUTHORIZATION TO DISCLOSE RECORDS OF:**

Name—(last, first middle)		Date of birth	
<i>(The following information may help in locating records)</i>		Former names	
Client identification number	Other identification number	Dates of service	Location of service

**DISCLOSE TO:**

Name—(last, first middle)		Title	
Organization or business name (if applicable)			
Address (street, city, state zip code)			
Phone (include area code)	Fax (include area code)	E-mail address	
Reason for disclosure			
Authorization:			

**RECORDS TO BE DISCLOSED:**

**I authorize the following records to be disclosed:**

Health or treatment related records described as follows: **If checked, a separate form must be used for release of all other information. Parent signature not required for 13 or older seeking treatment on their own.**

Educational/School records excluding Health or Treatment Records (If the student is not 18, a parent, legal guardian or Custodian must sign this release as follows: (by date, type of record, etc.)

Other confidential information except health, mental health or treatment information (may be limited by date or type of record):

**SPECIAL RECORDS:**

**If client records include information regarding HIV/AIDS, STDs, Mental Health, Alcohol or Chemical Dependency treatment, you must complete this section to allow disclosure of these records.**

**I give my permission to disclose the following records (check all that apply):**

HIV/AIDS and STD test results, diagnosis or treatment records (RCW 70.24.105)

Mental health records (RCW 71.05.620), including:

Alcohol or Chemical Dependency (CD) records (42 CFR Part 2), including:

- This consent is valid for  90 days OR  until \_\_\_\_\_ (date or event).
- I may revoke or withdraw my permission in writing at any time. Information already disclosed or required by court order will not be affected.
- I understand that my records may no longer be protected under the laws that apply to the releasing agency after this disclosure.
- A copy of this form is valid to give my permission to disclose records. Agencies may charge to provide copies of records.
- **Refusal to sign this form may not be a basis to deny any service.**

**AUTHORIZED BY:**

Signature	Date	Telephone number (include area code)
Print name		Witness/notary (sign and print name, if applicable)
If I am not the person who is the subject of the records, I am authorized to sign because I am the: (attach proof of authority)		
<input type="checkbox"/> Parent of minor <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Personal representative <input type="checkbox"/> Other:		

**NOTICE TO THOSE RECEIVING INFORMATION:**

**If these records contain educational records, information about HIV, STDs, alcohol or drug abuse, or protected health information, you may not further disclose this information under federal and state law without specific permission of the subject and meeting specific legal requirements.**

## APPENDIX B: Information Sharing & Confidentiality Laws

### Washington State Laws

- Child Abuse and Neglect Reporting Statute, RCW 26.44
- Common School Provisions, RCW 28A
- Control and Treatment of Sexually Transmitted Diseases, RCW 70.24
- Department of Social and Health Services, WAC 388
- Family Reconciliation Act, RCW 13.32A
- Juvenile Court Act, RCW 13.34
- Juvenile Justice Act, RCW 13.40
- Keeping and Release of Records by Juvenile Justice or Care Agencies, RCW 13.50
- Public Disclosure Act, RCW 42.56
- Mental Health Services for Minors, RCW 71.34.200
- Mental Illness, RCW 71.05
- Treatment for Alcoholism, Intoxication, and Drug Addiction, RCW 70.96A
- Uniform Health Care Information Act, RCW 70.02

The Revised Code of Washington (RCW) can be found at: <http://apps.leg.wa.gov/rcw/>

The Washington Administrative Code (WAC) can be found at: <http://apps.leg.wa.gov/wac/>

### Federal Laws

- Adoption and Safe Families Act, 42 U.S.C. § 629(b), P.L. 105-89
- Alcohol and Drug Abuse Patient Records, 42 USC § 290dd-2, 42 CFR, Part 2
- Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5101, et seq.
- Family Educational Rights and Privacy Act (FERPA), 20 USC § 1232g, 34 CFR § 99
- Health Insurance Portability and Accountability Act (HIPAA), 42 USC § 201, 45 CFR § 160, 164

The Code of Federal Regulations (CFR) can be found at: <http://wwwcfr.law.cornell.edu/cfr/>



## APPENDIX C: Acronyms and Glossary

### Acronyms

<b>CASA</b>	Court-appointed special advocate
<b>CFR</b>	Code of Federal Regulations
<b>CHINS</b>	Child in Need of Services petition
<b>CPS</b>	Child Protective Services
<b>DCFS</b>	Division of Children and Family Services
<b>DSHS</b>	Department of Social and Health Services
<b>FERPA</b>	Family Educational Rights and Privacy Act
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>IEP</b>	Individual Education Plan
<b>GAL</b>	Guardian ad litem
<b>GED</b>	General Education Development
<b>JPC</b>	Juvenile probation counselor
<b>JRA</b>	Juvenile Rehabilitation Administration
<b>ROI</b>	Release of information
<b>RSN</b>	Regional Support Network
<b>RCW</b>	Revised Code of Washington
<b>U.S.C.</b>	United States Code
<b>WAC</b>	Washington Administrative Code

### Glossary

**504 Plan** – a written education plan based on Section 504 of the Rehabilitation Act of 1973 protecting persons from discrimination based upon their disability status. The law provides for accommodations (i.e., wheelchair ramps; additional test time; enlarged print materials, etc.) to students who meet specific criteria.

**Age of consent** – the age at which a person may legally consent (agree) to receive treatment. The age of consent for outpatient mental health and substance abuse treatment is 13 years of age and older in Washington State.

**Assessment or evaluation** – a comprehensive, individualized examination conducted by a clinician. The purpose may be diagnosing and/or determining treatment recommendations.

**Authorization for disclosure/Release of information (ROI)** – a document that legally authorizes entities to share protected information. An authorization/ROI may also be called a written consent.

**Balanced and restorative justice** – principles and values in juvenile justice services designed to increase youth competencies, provide services to victims, and to increase public safety.

**Behavioral health** – a service category that includes both mental health and chemical dependency/substance abuse.

**Certified substance use disorder treatment** – services provided by a chemical dependency service provider certified by the Washington State Division of Behavioral Health and Recovery Services.

**Community mental health centers** – agencies that provide mental health services through contracts with the Regional Support Networks.

**Court order** – an order issued by a court that requires a person to do or refrain from doing something.

**Directory information** – relating to a student includes the following: the student’s name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student 20 U.S.C. § 1232g(a)(5)(A).

**Education records** – records that are directly related to a student and maintained by an educational agency.

**Inpatient treatment** – services received while a person is hospitalized or in residential care.

**Informed consent** – a person signing a release of information fully understands what information will be disclosed, who will receive the information, how it will be used, and his or her right to withhold, revoke, or condition consent.

**Individual Education Plan (IEP)** – a written education plan for students who have disabilities that qualify for special education requiring specially designed instruction, as opposed to an accommodation provided by the 504 Plan. The IEP is developed by a multidisciplinary team and describes the goals the team sets for a child during the school year, as well as the support needed to help achieve them.

**Juvenile dependency** – while DCFS social workers offer voluntary services to families, those may not always be adequate to prevent threats to a child’s welfare. In some circumstances DCFS may ask the Juvenile Court to intervene in the legal relationship between parent and child, by filing a “dependency petition.” While considering the petition, the court may enter an order temporarily placing the child in the custody of DCFS (“shelter care status”) and issue an order granting DCFS access to information from schools, service providers, and others as necessary to ensure the child’s daily care and stability. If the court ultimately enters an “order of dependency,” the child will become a dependent of the state. He or she will remain in the legal custody of DCFS until it is possible to return the child home, or, if a return home is not possible, until it is possible to place the child in an alternate permanent placement.

**Juvenile justice or care agency** - Police, diversion units, courts, prosecuting attorney, defense attorney, detention center, attorney general, the legislative children’s oversight committee, the office of family and children’s ombudsman, the department of social and health services and its contracting agencies, schools; persons or public or private agencies having children committed to their custody; and any placement oversight committee created under RCW 72.05.415.

**Mental health professional** – a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary, per RCW 71.34.020 (14).

**Outpatient treatment** – community based services; does not include hospitalization or residential care.

**Protected Health Information (PHI)** – any information held by a HIPAA-covered entity that concerns health status, provision of health care, or payment for health care that can be linked to an individual.

**Redisclosure** – when an individual or organization discloses information or records it did not originate.

**Regional Support Network (RSN), Clark County** – administers Clark County’s publicly funded mental health plan. Services are provided through outpatient service providers and licensed as community mental health centers by the Washington State Division of Behavioral Health and Recovery Services.

**Subpoena** – a writ designating and commanding a person to appear in court under a penalty for failure to appear.

**Treatment** – therapeutic interventions designed to address mental health and/or substance use problems identified from an assessment. Treatment may include individual therapy, group therapy, family therapy, and/or medication.

## APPENDIX D: Frequently Asked Questions

### 1. What are the differences between privacy laws governing treatment for substance use disorders and mental health?

Information for both substance use and mental health treatment is confidential according to both state and federal laws. However, there are some laws that apply to only substance use services, others that apply to only mental health services, and yet others that apply to both. There are exceptions to confidentiality in certain circumstances, as discussed elsewhere in the guide. One primary difference is that substance use services are covered by 42 CFR, Part 2, which is a federal law that affords a high level of confidentiality and supersedes state laws. There are situations in which mental health service providers may share information, but substance use treatment providers would be prohibited from sharing information.

### 2. What information can be shared with a victim?

Generally, victims of a crime by a youth can be told the identity of the offender, the offender's parents/guardians, their address, and the terms of the juvenile offender's community supervision.

Under RCW 13.50.050, upon request from the victim or the victim's immediate family, the following information can be released to the victim of a crime or the victim's immediate family:

- The identity of the youth offender who committed a crime against the victim;
- The identity of the youth offender's parent or guardian; and
- The circumstances of the crime.

Under RCW 13.40.080, the juvenile court personnel are obligated to:

- Advise the victims of the youth offender's diversion process; and
- Offer victim impact letters and restitution claim forms.

### 3. Who is a "mandated reporter" of child abuse and neglect?

Under RCW 26.44.030, "mandated reporters" are persons or groups of persons who have frequent contact with children and families and are required by Washington's State law to report suspected cases of child abuse and neglect to CPS or to the appropriate law enforcement agency. These designated individuals can identify children who are at risk from abuse and neglect and may need assessment for protective services.

Anyone who has reasonable cause to believe that a child has suffered abuse or neglect can, in good faith, report. However, mandated reporters are required by law to report their concerns to the local Children's Administration (CA) office, Child Abuse Hotline or law enforcement. The agency personnel or providers described in this guide are all mandatory reporters:

- Juvenile Court
- Juvenile Rehabilitation Administration
- Division of Children and Family Services
- Schools
- Substance Use
- Mental Health
- Law Enforcement
- GAL or CASA

Medical practitioners and adults living with a child are also mandatory reporters. See RCW 26.44.030 for the complete list of the specific individuals or groups of individuals who are required to report.

Detailed information on reporting can be found in the DSHS Children's Administration 2010 publication *Protecting the Abused and Neglected Child: A Guide for Recognizing and Reporting Child Abuse and Neglect* (<http://www.dshs.wa.gov/pdf/publications/22-163.pdf>).

**4. Do schools require a parent's signature on the release of information for treatment providers to get education records such as an Individual Education Plan (IEP)?**

Federal law requires schools to obtain a parent's signature to disclose/release information and/or records. Only youth 18 years of age or older may authorize the release of their educational records without a parent's consent.

## APPENDIX E: Agency Youth Programs and Services

### Clark County Juvenile Court

#### **Connections**

The Connections program was developed by the Clark County Juvenile Court in partnership with the mental health community. The program provides a strength-based, family centered approach to increase services to juvenile offenders with behavioral health issues. It is endorsed and supported by the Superior Court Judges and the Board of County Commissioners

Balanced and Restorative Justice principles and values are incorporated in the program design to increase youth competencies, provide services to victims, and to increase public safety. Families, especially parents, are seen as full partners in developing, delivering, and implementing interventions in a wraparound process to ensure that services respond to the real needs and concerns of youth and families. Probation counselors, juvenile services associates, care coordinators/mental health therapists, and family assistance specialists staff this program.

#### **Graduation Alternative Program (GAP)**

GAP is a General Education Development class provided in partnership with Educational Service District (ESD) 112. See Educational Service District 112 below for program description.

#### **Tuancy**

The Clark County Tuancy Project (CCTPC) is provided in collaboration with Educational Service District 112 and Clark County school districts. See Educational Service District 112 below for program description.

The Clark County Juvenile Court also offers mentoring for truant youth who have not been successful in improving their attendance after receiving case management services through the Clark County Tuancy Project. This intervention approach links truant youth who have been court ordered to attend school with a juvenile court staff member and a volunteer mentor. The mentors closely monitor youth attendance, address barriers to their attendance, and assist youth in other ways to obtain their education.

#### **Victim Impact Program**

This program, provided through the Clark County Juvenile Court, is based in the philosophy and values of Balanced and Restorative Justice. Because victims often feel forgotten and poorly served by the justice system, the program addresses victims' needs, an approach that is just as important as the mandate to work with offenders. The Victim Impact Program initiates contact with victims in order to acknowledge the harm done, provide basic information about the justice system, and inform them about how the offender is being held accountable. This program pro-actively seeks to contact every victim of a juvenile offender in ways that are meaningful and useful.

For additional program information, go to [www.clark.wa/juvenile](http://www.clark.wa/juvenile)

### Division of Children and Family Services (DCFS)

#### **At Risk Youth Petition (ARY)**

ARY allows custodial parents to ask for help through the juvenile court to keep an adolescent at home and set reasonable conditions that the youth must follow, such as going to school, following family rules, and/or attending counseling sessions.

#### **Behavioral Rehabilitation Services**

These services are for children with serious emotional behavioral or medical difficulty who cannot adequately be served in regular foster care.

**Child in Need of Services Petition (CHINS)**

CHINS is utilized when the parent(s) will not allow a youth to live in a parent's home and will not find an alternative living arrangement for the youth. It is also used when a youth is in need of services, does not have access to services, has at-risk behaviors (such as drug/alcohol issues), and reasonable efforts to resolve issues have been unsuccessful.

**Crisis Family Intervention Services (CFI)**

CFI is a voluntary service that provides crisis counseling for families who are in serious conflict with one another, and the youth has been a runaway and/or is at risk of out of home placement.

**Family Reconciliation Services (FRS)**

FRS is a voluntary program serving runaway adolescents and youth ages of 13 through 17 who are in conflict with their families. The goal of the program is to resolve crisis situations and prevent unnecessary out of home placement. The program personnel provide assessment and stabilization while working with the family to identify alternative methods for handling similar conflicts. If longer-term service needs are identified, FRS will help facilitate access to ongoing services for the youth and his or her family.

**Preservation Services**

Preservation Services include Family Preservation Services (FPS) and Intensive Family Preservation Services (IFPS).

**Family Preservation Services (FPS):** These services are available: 1) for families whose children face substantial likelihood of being placed outside of the home; or 2) to reunify a child in out-of-home care with his or her family. FPS is available to families within 48 hours of referral and is offered for a maximum of six months by a contracted service provider. The services are designed to support families by strengthening their relationships with a variety of community resources.

**Intensive Family Preservation Services (IFPS):** When DCFS personnel believes that a child is at imminent risk of foster care placement, the family can be referred for Intensive Family Preservation Services (IFPS) through a contracted community agency. IFPS is voluntary and provides up to 20 hours of in-home therapist time each week for approximately 40 days. Services are available 7 days a week, 24 hours a day. Interventions are focused on improving the ability of the family to overcome a crisis situation and to remain together safely.

For additional program information, go to [www.dshs.wa.gov](http://www.dshs.wa.gov)

## Educational Service District 112

**Clark County Truancy Project**

The Truancy Project is collaboration between Clark County Juvenile Court, Clark County school districts and Educational Service District 112 in response to Washington State's Becca Law. The Becca Law deemed truancy a civil offense, punishable by fines, community service or jail time. The Truancy Project seeks to intervene with truant youth and their families to provide them a positive way to return to school and increase student academic achievement. Services include workshops, case management, and Community Truancy Boards.

**Graduation Alternative Program**

The Educational Service District (ESD) 112 Graduation Alternative Program (GAP) provides students with the opportunity to enhance personal skills in a variety of academic areas. ESD 112 works in partnership with local school districts in the Southwest Washington area to provide coursework that meets the needs of out-of-school youth or non-traditional learners ages 16 to 21. GAP students attend classes full time on a regular school day schedule and receive instruction in reading, writing, and mathematics. The Clark County classrooms serve youth at

two locations in Vancouver: ESD 112 and the Clark County Juvenile Justice Center. Cowlitz County has one location in Longview.

**Youth Workforce Program**

The Youth Workforce Program is designed to assist young people from Clark and Cowlitz Counties as they begin employment or complete their secondary or post-secondary education.

The Youth Workforce Program's workforce development specialists work closely with youth to develop an individual plan, taking into account the youth's interests, skills and motivation. Most youth remain in the program for 9 to 18 months, gaining additional education through classes, academic support for secondary or post secondary education or training, and real world work experience. The youth gains exposure to multiple careers, communities, businesses, opportunities for leadership development and gains a greater understanding of his/her skills and abilities.

For additional program information, go to [www.esd112.org](http://www.esd112.org)

## APPENDIX F: Resources

### Clark County/Washington State Resources

- DSHS Children’s Administration, <http://www.dshs.wa.gov/ca/general/index.asp>
- DSHS Electronic Forms, <http://www.dshs.wa.gov/forms/eforms.shtml>
- DSHS Juvenile Rehabilitation Administration, <http://www.dshs.wa.gov/jra/>
- Clark County Juvenile Court, <http://www.co.clark.wa.us/juvenile/>
- Clark County Department of Community Services, <http://www.co.clark.wa.us/commserv/>
- Educational Service District 112, <http://www.esd112.org/>
- Office of the Superintendent of Public Instruction, <http://www.k12.wa.us/>
- TeamChild, <http://www.teamchild.org/>
- Washington State Guardian ad Litem, [http://www.courts.wa.gov/committee/?fa=committee.display&item\\_id=314&committee\\_id=105](http://www.courts.wa.gov/committee/?fa=committee.display&item_id=314&committee_id=105)
- Washington State Court-Appointed Special Advocate, <http://www.washingtonstatecasa.org/>
- YWCA of Clark County CASA, <http://ywcaclarkcounty.com/volunteer/casa>

### National Juvenile Justice Initiatives

- Breakthrough Series Collaborative, <http://cjjr.georgetown.edu/CPTBreakthrough.html>
- Juvenile Detention Alternatives Initiative (JDAI), <http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative.aspx>
- Models for Change, <http://www.modelsforchange.net/>
- Reclaiming Futures, <http://www.reclaimingfutures.org/>

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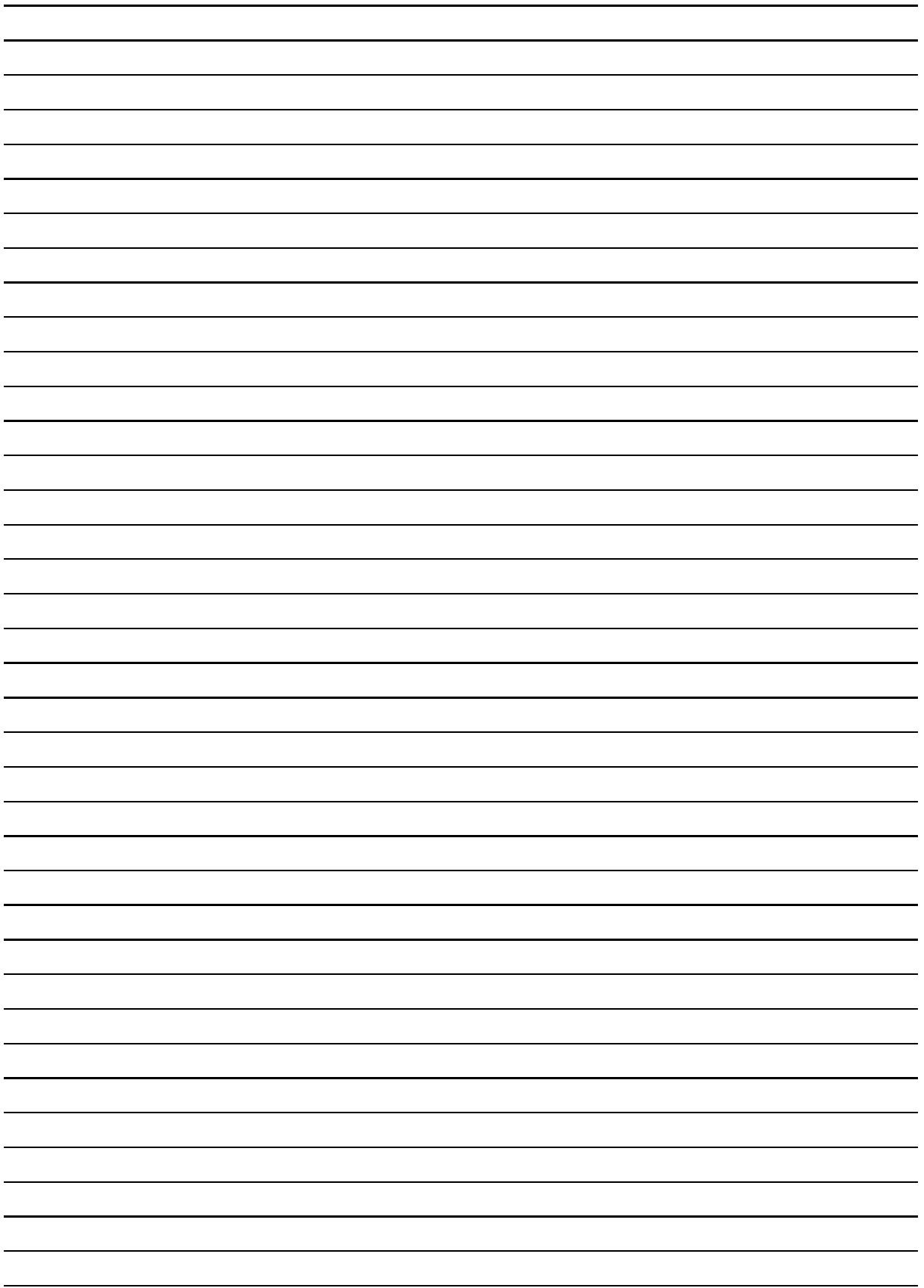
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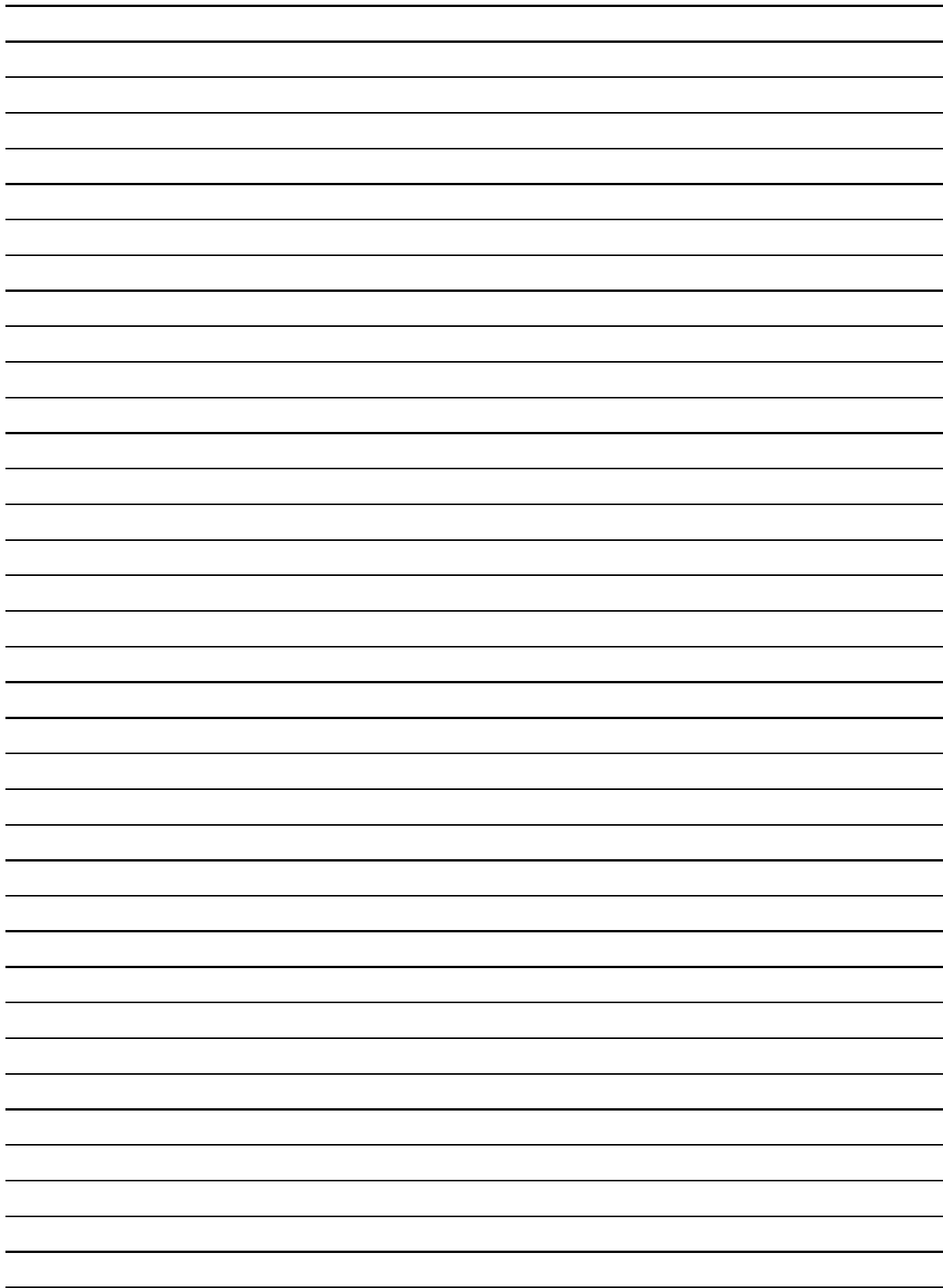
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The *Clark County Information Sharing Guide* is brought to you by the following Clark County Models for Change partners:

- Battle Ground School District
- Clark County Community Network Board
- Clark County Indigent Defense Office
- Clark County Juvenile Court
- Clark County Prosecuting Attorney's Office
- Columbia River Mental Health Services
- Educational Service District 112
- Evergreen School District
- Lifeline Connections
- Vancouver Police Department
- Vancouver School District
- Washington State Attorney General's Office
- Washington State Department of Social and Health Services, Children's Administration, Region 3
- Washington State Department of Social and Health Services, Juvenile Rehabilitation Administration
- Washington State University Vancouver
- YWCA of Clark County – CASA

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