



# Approved Use Case: DHS Access to Health Data for Youth Less Than 12 Years of Age in Out-of-Home Placement

## Overview

Children in the Child Welfare system are a population at very high risk for poor mental and physical health outcomes. The State of Maryland has a legal responsibility to provide healthcare services that meet the needs of these children. However, the Department of Human Services (DHS) has historically had difficulty tracking the healthcare needs of these children. This is especially true for children in out-of-home placement. DHS case workers have the legal authority to have the health information for youth in their care, but getting this data is often incomplete, manual, and time-consuming. Currently, case workers piece together children's healthcare information by talking with biologic families when possible, during routine clinical appointments/exams, and contacting each healthcare facility individually. Case workers spend many hours getting a fraction of the necessary information and manually entering that data into their system of record. This leads to incomplete understanding of the medical and behavioral health needs of these youth, incomplete care coordination, and suboptimal care.

To help close this gap, the state passed legislation to establish an Electronic Health Passport (eHealth Passport) to ensure staff, authorized caregivers, and treatment providers have a secure, holistic view of a child's ecosystem, providing the needed continuity of care. DHS has asked CRISP to help integrate the CRISP clinical record into the eHealth Passport to provide a more complete record of youth in out-of-home placement.

CRISP would only share data for youth 11 years old and younger who do not yet have the ability to consent to treatment and for whom the parent, legal guardian, or DHS, after having the child placed in their care, provide consent for DHS to receive this information. CRISP data supports a near real-time snapshot of youth's medical record and includes allergies, medications, labs, encounters and more. Having this data will allow DHS to better coordinate care for these youth.

## Permitted Purpose Category

For a Public Purpose, as permitted or required by Applicable Law and consistent with the mission of the HIE to advance the health and wellness of patients in the CRISP service area (Permitted Purpose #2).



The DHS Assistant Attorney General provided the legal rationale below that allows DHS to receive these data.

Juvenile court intervention and placement of a child outside of the home (i.e., in foster care) allows DHS to receive medical information for those children as a result of their ongoing child in need of assistance (“CINA”) case or separate guardianship case. A CINA is a child who requires court intervention because the child has been abused or neglected, or has a developmental or mental disability, and their parents cannot or will not properly care for them. Cts. & Jud. Proc. §§ 3-801(f), (g). A circuit court, acting pursuant to its specialized juvenile jurisdiction, Cts. & Jud. Proc. § 3-803(a)(2), determines whether a child is a CINA, Cts. & Jud. Proc. § 3-819(a)(1). If the court finds that a child is a CINA and determines that out-of-home placement is best for the child, the court can “[c]ommit the child on terms the court considers to be appropriate to the custody of . . . [a] local department” of social services, Cts. & Jud. Proc. § 3-819(b)(1)(iii)(2)(C), and it can further grant the department limited guardianship over medical decision making for the child, Cts. & Jud. Proc. § 3-819(c)(1)(ii). Once a child is a CINA and enters out-of-home placement, the department assumes responsibility for meeting the child’s daily needs, but the child’s parent is given the opportunity to rectify the cause of the child’s removal and hopefully reunite with the child. Fam. Law. §§ 5- 525(d)(1)(i), (e)(1)(ii), (f)(2)(i). . . . A juvenile court order granting the department’s guardianship petition terminates parental rights, Fam. Law § 5- 325(a)(1), and permits the department to “make all decisions affecting the child’s education, health, and welfare, including consenting ... to medical, psychiatric, or surgical treatment,” Fam. Law § 5-325(b)(2).

**The result of these legal processes is as follows: The juvenile court’s determination that a child is a CINA and ordering commitment to the custody of a local department renders DHS the child’s custodian; termination of parental rights makes DHS the child’s guardian; and both processes may render DHS a child’s medical decision maker. Either of those roles empower DHS to seek medical information on behalf of foster children.**

## Use Case Description

The Department of Human Services will submit a patient panel on a regular basis to CRISP with all youth 11 years of age and younger that are Children-In-Need of Assistance for whom they have obtained legally required consent.

CRISP will send the CRISP record to DHS for youth on that panel through an outbound integration or data file. The clinical data includes but is not limited to encounters, problems,



labs, medications, and allergies. These documents will be stored in the DHS system of record in accordance with their privacy and security policies. The patient record will be available in the DHS system for query by approved users.

## Opt-Out Applicability

Any data pertaining to a patient that opts out of CRISP will not be available to share with DHS.

## Eligible Participants

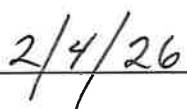
DHS staff who are responsible for the care of children 11 years of age and younger in out-of-home placement. DHS staff will have to complete the necessary training to have access to Protected Health Information (PHI) and eHealth Passport per state and Department of Human Services policies.

## Patient Impact Statement

DHS has the authority to access the health record of any child (11 years of age or younger) that is in out-of-home placement, and in the custody of the Department of Human Services. DHS case workers already have access to most of this data though the data is frequently incomplete or not shared in a timely fashion. The accessibility of this information eases the burden on the child and/or biological family and the department of human services.

It is within reasonable expectation that DHS case workers know the medical and behavioral health needs of these youth to ensure appropriate care of these youth while they are in custody of the state. It may be beyond reasonable expectation that DHS staff know about clinical history and encounters through automated processes, and not via direct communication with these youths' clinical care teams. CRISP supplying this data poses minimal additional risk to the child, as access to the same medical records in CRISP is already available to DHS staff through other means and will be used only for the purpose outlined in this use case. Additionally, privacy issues are less of a concern as access is limited for minors under the age of consent.

## Approval

  
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Chairperson  
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Dated



This Use Case was approved by the CRISP Clinical Committee during their November 13, 2025, meeting.