

YOUTH SERVICES POLICY

Title: Social Services Youth Case Records	Type: Community Based Services Sub Type: Social Services Youth Records Number: D.15.2
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References: Title 37 - Professions and Occupations, RS 37:2701 through 2724 Social Workers; Title 46 of the Professional and Occupational Standards Part XXV Credentialed Social Workers; Administrative Code June 2020; La. Children's Code, Articles 411 through 417; La. Revised Statute 15:574.12; YS Policy Nos. A.2.24 "Staff Development and Training Plan", D.5.1 "Community Based Services Youth Records: Composition and Maintenance", D.15.1 "Social Services Staff Orientation, Training, and Continuing Education" and D.15.3 "Delivery of Treatment and Auxiliary Services"	
STATUS: Approved	
Approved By: <i>Otha "Curtis" Nelson, Jr., Deputy Secretary</i>	Date of Approval: 02/24/2023

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish uniform policy and procedures regarding Youth Case Records for Community Based Services (CBS) Social Services staff.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Regional Directors, Regional Managers, Social Services staff assigned to a CBS Regional Office and the CBS Clinical Supervisor.

IV. DEFINITIONS:

Clinical Supervisor (CBS) - A Licensed Clinical Social Worker (LCSW) in the State of Louisiana who is responsible for clinical supervision and oversight of cases assigned to staff that are not licensed to practice social work independently.

Community Based Services (CBS) - Includes all regional probation and parole offices located throughout the state.

Court Documents – All official documents from the court including petitions, court minutes, judgments, commitment orders and any other document authorizing YS to accept custody, to allow reassignment, release and discharge of youth.

Data, Assessment, Goal, and Plan (DAGP) Format – A standard format for writing Case Narratives and Progress Notes which includes **Data** (information obtained from talking with the youth and from observation); **Assessment** (the counselor’s assessment of the information and of the client’s current functioning); **Goal** (purpose of the plan); **Plan** (the plan for the next session which may include homework assignments, etc.) necessary to the goal.

Juvenile Electronic Tracking Systems (JETS) - The centralized database utilized to track all youth under OJJ supervision or custody, and to record all youth case record activity.

Master Form – A printout generated from the JETS database, identifying demographics, legal and family and caseworker information.

Social Services Master Record - A hard copy of documentation pertaining to treatment, court information, and case record materials as outlined throughout this policy.

Social Services Staff - Social Services Counselors, Licensed Social Services Counselors, and/or Licensed Social Workers that are assigned to a CBS Regional Office to provide individual counseling services to the youth, and/or family counseling based on needs as identified in the “Support Services Treatment Plan” in JETS. Social Services staff may be involved in the delivery of other auxiliary services as defined by the Regional Director, Regional Manager and/or Clinical Supervisor. [Refer to YS Policy No. D.15.3, Attachment D.15.3 (a).]

V. POLICY:

In order to provide effective and efficient delivery of services to youth under supervision and treatment, a single treatment case record shall be established for each youth (YS Policy Nos. D.5.1 and D.15.2 provides information and instructions about Youth Case Records).

Youth treatment case records are confidential. Release of information shall only be made in accordance with provision of the La. Children’s Code, Articles 411 through 417 or La. Revised Statute 15:574.12.

VI. PROCEDURES:

- A. A hard copy of the youth's Social Services Case Record shall be established for each youth and shall contain information regarding the youth's progression in treatment.
- B. Narratives shall be entered in the Juvenile Electronic Tracking System (JETS) following each contact with the youth, family or collateral sources within seven (7) working days.
- C. The Social Services Youth Case Record shall be maintained in the specific filing format outlined in E. below. All youth case records shall be marked confidential and maintained in a secured locked filing cabinet or locked desk in the assigned Social Services staff member's office. The Regional Director and the Regional Manager shall have access to the youth case records as warranted.
- D. When youth, parents, and others who are not authorized to have access to youth case records are present in the office, they are not to be left unattended in any area where access to case records is possible.
- E. **FORMAT FOR SOCIAL SERVICES YOUTH CASE RECORD:**

The following filing format is to be used in the hard copy of the youth's Social Services Case Record. Documents shall be filed in chronological order with the most recent document on top, and in the order indicated below under each Clip.

Clip I: Data

- 1. Probation Order
- 2. Consent to Release Information

Clip II: Case Management

- 1. Progress Notes (Individual and Group Notes in Hard Record)
- 2. Social Work Referral Form
- 3. Consent for Treatment/Confidentiality Form
- 4. Professional Disclosure Statement
- 5. Social Services Clinical Status Report

Clip III: Mental Health

- 1. Psychiatrist Evaluations and Assessments
- 2. Psychological Evaluations
- 3. Historical information (Treatment Information)
- 4. Mental Health Forms (No Self Harm Contract, Safety Plans)

Clip: IV Case Closure

1. Discharge Summary
2. Social Services Closing Summary
3. Correspondence

The following forms are located in JETS and shall be reviewed in JETS:

1. Narratives
2. Case Staffing Reports
3. Family Intervention Service Intake Assessment
4. Supportive Services Treatment Plan
5. SAVRY/Social History

F. Documentation

Social Services documentation shall consist of the following, but is not limited to other forms, as per the Social Services Youth Case Record Format:

1. Narrative in JETS following contact with the youth, family or collateral sources, and the documentation of important information as it pertains to the youth.
2. Progress Notes in Social Services Youth Case Record, utilizing the Data, Assessment, Goal and Plan (DAGP) format for documentation.
3. Group Notes indicating level of cooperation and participation in sessions when applicable.

G. Confidentiality

1. Confidentiality is a means of providing the youth with safety and privacy and thus protecting the youth's autonomy. Confidentiality is required by professional ethical standards, federal and state law.
2. Social Services staff shall protect all information provided by or obtained about a youth. The youth's information includes the Social Services staff personal knowledge of the youth and the youth's record, written or electronic. Information may be disclosed or released only with the youth's written informed consent, if the youth is 18 years or older.
3. Written consent shall be obtained from the youth and his/her parent/legal guardian if under the age of 18.

4. The “Consent for Treatment, Limited Confidentiality & Waiver Regarding Services provided by the Office of Juvenile Justice Social Services Staff” [see Attachment D.15.2 (a)], includes agreement about confidentiality continuing after the client’s death, unless there are overriding legal or ethical considerations.

H. Destroying of Records:

1. The Social Services staff is responsible for destroying closed supervision youth case records after four (4) years from the date of case closure or the youth’s eighteenth (18th) birthday, whichever is longer.
2. Custody cases shall also be destroyed after six (6) years from the date of case closure or the youth’s (18th) birthday, whichever is longer.
3. The two acceptable methods for destroying cases records are shredding and incineration.

VII. QUALITY ASSURANCE:

The Social Services Youth Case Records shall be made available to the CBS Clinical Supervisor for auditing purposes pursuant to YS Policy No. D.15.3.

VIII. STAFF DEVELOPMENT:

All CBS Social Services staff shall receive orientation, training and receive continuing education pursuant to YS Policy No. D.15.1. In addition, the type and amount of training required have been established and are outlined in YS Policy No. A.2.24.

Previous Regulation/Policy Number: D.15.2

Previous Effective Date: 02/18/2021

Attachments/References: D.15.2 (a) Consent January 2020



Client's Name: _____ Client ID#: _____

**Consent for Treatment, Limited Confidentiality & Waiver
Regarding Services provided by Office of Juvenile Justice by Social Services Staff**

_____ (therapist)

1. I/We acknowledge that the minor child _____, under my legal guardianship has been referred for services under the terms of his/her Probation Agreement and that the nature of the services provided will be mutually determined by myself and the probation officer and may include individual, group or family counseling.
2. I/We understand the nature of counseling services and that such services involve both benefits and risks. Since at times counseling involves discussing unpleasant experiences or aspects of life, the participant may experience uncomfortable feelings like sadness, guilt, anger and frustration. I/We also understand that counseling services have also been shown to have many benefits. It often leads to solutions to specific problems, better relationships, positive behaviors, better decisions and eventual reductions in feelings of distress. In order for counseling services to be effective it is necessary that the guardian and the youth play active roles. Participation involves discussing concerns openly, completing assignments and providing feedback to the counselor about progress.
3. I/We consent to the treatment which may be recommended by the therapist and understand that such treatment may include assessment, diagnosis, individual and family counseling. This consent for treatment expires upon case closure.
4. I/We understand that such treatment is being recommended and provided by agreement with the Office of Juvenile Justice and that I/we will not be billed for treatment directly, but my/our full participation is expected. I/We understand that noncompliance or failure to notify in event of cancellation may result in agency action or termination of services.
5. I/We consent to this treatment by therapist and acknowledge receipt of the professional disclosure statement. The therapist may provide direct social work practice, including psychotherapy (individual, family and group therapy).
6. In regards to assessment, treatment planning and individualized intervention, I/we consent to diagnosis and intervention plans with the cooperation and consultation of and with the Office of Juvenile Justice, its representatives, as well as, other state agencies or court jurisdictions as they apply directly to my/our case.

D.15.2 (a)

7. The therapist may release the following specific information: Social History, Biopsychosocial Assessment, Progress Note, Face Sheet, Treatment Plan or verbal report, to the Office of Juvenile Justice, Department of Children and Family Services and/or if necessary a local emergency room, medical health care provider, OJJ/DCFS representative, coroner, physician, jurisdictional judge/court) or other agent in the event of a medical or psychiatric emergency.

8. I/We understand that in most cases the counselor/therapist can only release information about the treatment to others if I/we sign written authorization. However, my/our signature on this agreement provides written advanced consent for the following:
 - a. Provision of information to the court regarding the quality of participation in services. This will not include details of what was discussed in counseling sessions.
 - b. Communication between counselor/therapist and the youth’s probation officer that is necessary for each to effectively perform their responsibilities or duties.
 - c. Provision for Assessment and Service Plan information to other OJJ contracted providers who are/will be providing services to the youth.

9. I/We understand that there are some situations where the counselor/therapist is permitted or even required to disclose information without either your consent or written authorization. As a mental health professional, the therapist is a mandated reporter of alleged or suspected child, disabled or elder abuse and neglect and that he is legally and ethically obligated to report such in addition to acute suicidal or homicidal risk to the appropriate authorities. The foregoing is an exception to any and all expectations of confidentiality.

10. I/We understand that the therapist, although they may access and assist in crisis situations, but is not to be expected to provide emergency services for such risks of intent to harm self or others. Any emergencies should result in call to 911 or emergency services.

I/We acknowledge that I/we have read, or had explained to me the information described above and I/we consent to the provision of counseling services to the minor child and/or family by a clinically licensed/supervised staff member of the Office of Juvenile Justice. I understand that I may revoke this consent in writing at any time.

X	(mm/dd/yyyy)
Signature of Client or Guardian if under 18	Date of Signature
X	(mm/dd/yyyy)
Signature of Youth	Date of Signature
X	(mm/dd/yyyy)
Signature of Therapist	Date of Signature