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 regarding the contents and maintenance of the Master Records, the Juvenile Electronic Tracking System (JETS) secure care case records, and electronic medical records, through an established uniform record format for all youth assigned to a YS secure care facility.
III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Probation and Parole Program Director, Secure Facilities Director, Executive Management Advisor, Director of Treatment and Rehabilitation, Health Services Director, General Counsel, Regional Directors, Facility Directors, Facility Treatment Directors, and the Contracted Health Care Provider (CHP). Facility Directors are responsible for ensuring adherence to the guidelines established through this policy.

IV. DEFINITIONS:

**Assessment Summary** - A composite history of a youth including: identifying information, a summary of prior social information, reason(s) for commitment, family background, academic history/vocational interests, psychological/psychiatric assessment, health and personal history, present state of functioning/impression, pertinent family information, gang affiliation and firearm information, history of abuse, history of witnessing traumatic events, history of substance abuse, and recommendations.

**Children’s Code Article 897.1** - Specifies placement of a youth in a secure care facility until the age of twenty-one (21) years without benefit of parole, probation, suspension of imposition or execution of sentence, or modification after adjudication of a felony-grade delinquent act of first degree murder, second degree murder, aggravated rape, aggravated kidnapping or treason. For the offense of armed robbery, the youth shall be placed in a secure care facility for the length of the term imposed by the court without benefit of parole, probation, suspension of imposition or execution of sentence, or modification.

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

**Contracted Health Care (CHP) Provider** - Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

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

**Electronic Records Management Application (ERMA)** – The electronic medical and mental health record database utilized by the contracted health care provider at the YS secure care facilities.
**Individualized Intervention Plan – Initial and Formal** – A statement of goals, objectives, and the methods used to obtain them that is created for each youth in secure care. The IIP is dynamic and is updated depending on the identified needs and specialized treatment required while in secure care. The IIP also identifies follow-up services needed by the youth on release and is coordinated with Community Based Services to provide the proper level of aftercare.

**Individualized Intervention Plan Summary of Staffing Form** – A form completed for all case staffings for a youth in secure care. The form lists any modification of goals and objectives that occur as well as new goals and objectives that are developed.

**Initial Intake Form** - An intake summary report including: name, address, legal information, summary of criminal history, if any, brief social history, medical, dental and mental health information, educational and work history, if any, recreational interests, physical limitations, religious background, psychological evaluation, housing unit assignment and staff reports; precautions and problem areas; any gang affiliation and firearms information and recommendations.

**Juvenile Electronic Tracking System (JETS)** - The centralized database used to track all youth in the custody of or under the supervision of YS and to record youth case record activity.

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

**Master Record** - An 8-part letter size folder containing hard copies of legal documents, required signature pages, and other case record materials as outlined in this policy.

**Mental Health Status Check List** - A form indicating: appearance, stress symptoms, orientation, thought content/processes, medical screening, affect display, conversation, intellectual functioning, and a brief summary.

**Progress Report** - A report submitted to youth’s court of jurisdiction on a quarterly basis specifying the youth’s SAVRY assessment and rating, progress or status in the following areas: social/family and interpersonal issues; behavioral adjustment; substance abuse; education/vocational/employment, peer/prosocial/recreation activities; mental health/medical issues. The report includes recommendations by secure care/CBS staff concerning furloughs, modifications of disposition, early release, and the justification for the recommendation.
**Weekly Contact Progress Note** - A form containing notations of all case activity entered into JETS. Progress notes shall routinely be made by the youth’s Case Manager noting progress toward meeting identified goals, resolution of identified problems, and any other area of the youth’s secure care progress.

**V. POLICY**

It is the Deputy Secretary’s policy that the establishment, use, and content of all Master Records and JETS records shall be maintained in accordance with the established format outlined below.

All contents of the Master Records shall be separated and easily identified. All entries in both the Master Record and the JETS record shall be dated and signed at the time of entry.

The use and content of the medical and mental health records database (ERMA) shall be maintained in accordance with the current CHP Contract for medical/mental health services within the YS secure care facilities. The method of recording entries and the format of the record shall be determined by the CHP provider. All entries in the electronic record shall have a date, time and signature of the author.

**VI. PROCEDURES FOR YOUTH MASTER AND JETS RECORDS:**

A. The Master Record and the JETS record for each youth shall be initiated by the secure care Intake Unit upon a youth’s entry.

B. Each facility is responsible for maintaining the official Master Record and the JETS record of all youth assigned.

The Case Manager shall be responsible for the accuracy of information contained therein, as well as the information entered into JETS. Any previously archived Master Record shall be merged into the youth’s new Master Record.
C. Upon a youth’s transfer to another YS secure care facility, the Master Record shall be simultaneously forwarded from the sending facility, except in emergency cases. In such emergency situations, essential information (need for authorization of suicide watch, medical diagnosis, etc.) shall be relayed at the time of transfer. In the event of an emergency transfer where the Master Record is not forwarded simultaneously, the record shall be forwarded to the receiving facility within 24 hours of the transfer.

The JETS record shall also be updated with all relevant information prior to a youth’s transfer to another YS secure care facility. If documentation is not up-to-date upon transfer, contact must be made by the sending facility’s Social Services Supervisor to the receiving facility’s Social Services Supervisor to communicate all documentation not entered in JETS. All documentation must then be entered by the sending facility within 48 hours of the transfer.

D. Each facility shall control access to Master Records and JETS records of all youth currently and previously in YS custody, to ensure the right to privacy, secure placement, preservation of records, and safeguards from unauthorized and improper disclosure. Confidentiality is to be ensured. Each facility shall develop procedures necessary to ensure that only those with legitimate need to know and/or a lawful right to the information shall have access to the records in accordance with this policy and YS Policy No. B.3.2.

E. Entries in both the Master Record and the JETS record, as specified herein, are to be dated and signed by the person making the entry. The employee signing the record shall indicate their professional credentials, i.e., M.D., R.N., SW, CPM, SSC, etc.

F. The Master Record shall be an 8-part letter-sized folder.

G. No information shall be stapled or written on the outside of the record except that which is contained in an area stamped on the front left side of the record and labeled “Stamp Format” [see Attachment B.3.1 (a)], which includes a description of information required. No other information, dots, codes, etc. may be placed on the outside of the record without approval of the Deputy Secretary.

VII. PROCEDURES FOR YOUTH MEDICAL RECORDS:

A. All youth shall have an electronic health record that is kept up to date at all times, and one that complies with problem-oriented health record format and American Correctional Association (ACA) Standards. The record must accompany the youth or be accessible for all health encounters, and shall be accessible or forwarded to the appropriate facility in the event the youth is transferred.
B. The confidentiality requirements as provided by law shall be followed.

C. Health records, at a minimum, shall contain the following information:

1) Patient identification on each sheet;
2) Completed receiving screening form;
3) Health appraisal data and examination forms;
4) Record of immunization;
5) All findings, diagnoses, treatments, dispositions;
6) Individualized treatment plans, when applicable;
7) Progress reports;
8) Place, date and time of encounter;
9) Record of prescribed medications and their administration, if applicable;
10) Laboratory, X-ray and diagnostic studies/reports;
11) Consent and refusal forms;
12) Release of information forms;
13) Discharge summary of hospitalizations and any other termination summaries; Health service reports, e.g. emergency room, dental, psychiatric, telemedicine or any other consultants;
14) Transfer forms;
15) Records and written reports concerning injuries sustained prior to intake;
16) Place, date, and time of health encounters;
17) Notes concerning youth’s health education;
18) All other relevant and medically related materials; and
19) Signature and title of documenter.

D. All health care records are the property of YS and shall remain with YS upon termination of CHP contract.

E. All nonproprietary records kept by the CHP shall be made available to YS for lawsuits, monitoring or evaluation of the contract, and other statutory responsibilities of YS and/or other state agencies, and shall be provided at the cost of the CHP when requested by YS during the term of the contract.

F. YS may request transfer of records to its custody when it determines the records possess long-term retention value.

G. Upon termination of the CHP contract, the provider shall ensure the prompt transfer of all electronic health care information necessary for the smooth transition of medical services between the existing CHP and a subsequent health care provider.

H. The electronic records relevant to medical/mental health care provided by the CHP shall be maintained on all youth until the end of the fiscal year of their discharge plus six years.
VIII. FORMAT FOR YOUTH MASTER RECORDS:

A. The following filing format shall be used in the Master Records. Documents shall be filed in chronological order, with the most recent document on top, and in the order indicated below for each clip.

Clip I: Intake

1) JETS Master Form (printed from JETS)
2) Time Computation
3) Signed Release of Information
4) Assessment Summaries
5) Other Intake/Assessment Materials/Mental Health Reports from outside agencies
6) Evaluations/Progress Reports from prior residential placements received from CBS upon a youth’s intake to secure care.

Clip II: Case Management

1) IIP Summary of Staffing Form (signature page only with handwritten signatures of all participants)
2) Youth Notification of Initial/Reclassification Staffing
3) Unified Behavior Plan (UBP) (with all participant’s handwritten signatures)
4) Behavior Analysis Form (generated by contracted MHTP)
5) Monthly Assessments of IIP (with youth’s handwritten signature)
6) Initial / IIP Summary of Staffing Forms (signature page with handwritten signatures of all participants)
7) Weekly Contact Progress Notes for all youth not listed in 9) below
8) Weekly Contact Progress Notes documenting the Supervisor and Case Manager’s bi-monthly review of IDD youth progress (this is the only weekly contact progress note that needs to be filed and must have supervisor’s handwritten signature)
9) Phase Advancement Form (JUMP)
10) Monthly Status Reports, where applicable, to include status reports to the courts
11) Specialized Services Referrals
12) Extension/Removal Request (Fast Track)
13) Substance Use Assessment Form
14) Program Orientation
15) LAMOD Team Meeting Stage Consideration Worksheet (with Facility Director’s decision noted)
16) LAMOD Youth Stage Petition Form (w/reasons noted)
17) DCFS CPI-2 “Written Report Form for Mandated Reporters of Child Abuse/Neglect” completed by staff, and UOR with supervisors signature (pursuant to YS Policy No. C.4.3)
Clip III: Mental Health

The following information is located in the youth’s electronic medical record (ERMA). Consultation with the CHP staff is necessary in order to view any documents listed below that are not currently part of the Master Record.

1) Psychiatric Assessment(s)
2) Psychiatric Program Notes
3) Psychological Evaluation(s)
4) Specialized Services Referral with Response
5) Authorization for Suicide Watch/Discontinuance of Suicide Watch
6) Mental Health Form (i.e., suicide log, contract, mental status assessment, etc.)
7) Monthly Health Care Provider Mental Health Staffing Reports

Clip IV: Medical

The following information is located in the youth’s Master Record:

1) Louisiana Medicaid General Application form confirmation from DHH indicating that a Medicaid application was filed on the youth’s behalf.
2) Accident and Injury (A&I) Evaluations
3) Addendums (Local Hospital Emergency Room Forms)
4) Immunization Record and Medication Information
5) Statement of Search and/or Drug/Alcohol Screen Preference Form – for LGBTIQ or Gender Nonconforming Youth

Clip V: Education

1) Initial Education Assessment(s) (TABE Scores, vocational inventory, and other academic, vocational, college, work detail, if applicable, information/documents)
2) Education Assessments (TABE) every 6 months
3) Individual Evaluation (if identified as eligible for Special Ed Services)
4) Current IEP (if identified as eligible for Special Ed Services)
5) Intellectual Disability Assessments
6) Quarterly Education Staffing Reports

Clip VI: Disciplinary (to include BI/ BHTU/PC)

1) Youth Code of Conduct Violation Reports
2) Unusual Occurrence Reports (UOR)
3) JJS Staffing Reports
4) Summary/Conclusion page only of Substantiated Allegation of Abuse
5) Substantiated Letters returned as undeliverable
6) Precaution Sheet (with supervisor’s handwritten signature)
7) Youth at Risk Staff Alert Form (custody, staff alerts, PREA alerts, Gang Affiliation, SMI Information/Notification, CHP, etc.)
8) Request for Protective Care
9) Youth Receipt of the Youth Code of Conduct Manual
10) Disciplinary Appeals
11) ARPs (Extension Forms, Final Decisions, ARP Parental Notice Forms, Lost Property Replacement Receipts, ORM Monetary Damage Settlements)
12) EMP Youth Participation Agreement (Escorted Absence/Furlough)

Clip VII: Furlough/Escorted Absence/Telephone/Visitors List

1) Requests (to include Marriage)
2) Denials/Approvals
3) Contracts/Agreements
4) Approved Telephone List printout from Securus site
5) Request for Special Visit Form (with Facility Director’s handwritten signature)
6) Escorted Absence Request Form (with Facility Director’s/ signature)

Clip VIII: Court/Chronology/Documents

1) Release Certificate (with Director’s handwritten signature)
2) Forms
   a. Orientation Form
   b. PREA Youth Confirmation of Receipt Form
   c. Mail Consent Form
   d. Telephone Monitoring Form
   e. Sex Offender Statutory Requirements and Registration Notification Form (with youth’s signature)  
   f. Sex Offender Registration and Acknowledgment Form
   g. Consent for Release of Initial Information to Attorney
   h. Parent/Guardian Consent to Release of Youth Records
   i. Media Release Form
   j. Personal Property Inventory Sheet
3) Correspondence
   a. Progress Report and Assessment Summary Cover Letters (with Facility Director’s handwritten signature)
   b. Substantiated Allegation of Abuse Letter to Parents
   c. Direct Intake Letter to Judge and Parent (with Facility Director’s handwritten signature)
   d. Judge/Parent/Youth Notification of Transfer Letters (with Facility Director’s handwritten signature)
   e. Youth/Parental Notification of Initial / Reclassification Staffing (with Facility Director’s/designee’s handwritten signature)
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f. Notification of Injury Letter to adjudicating judge & CBS

g. Fast Track Removal Letters to Court, Youth’s Attorney of Record, Parent/Guardian and Regional Office (with Facility Director’s/designee's handwritten signature)

4) Statement of Representation and Release of Records
5) Month Notification to Judge with Progress Report and IIP
6) Detainers
7) Victim/Witness Request Form
8) Correspondence/mail received for youth transferred/released
9) Copy of Birth Certificate/Birth Verification
10) Social Security Card
11) Court Documents
12) Petitions
13) Fingerprint Card/Photographs (intake/first haircut/every six (6) months photos)
14) State Identification Card

IX. STATE ARCHIVES:

The archive process for YS/OJJ secure care youth records shall be in accordance with the procedures established in YS Policy No. A.1.9.

Previous Regulation/Policy Number: B.3.1
Previous Effective Date: 03/30/2021
Attachments/References: B.3.1 (a) Stamp Format 2-11.docx
| **Children’s Code Art. 897.1** | Indicates commitment under Article 897.1. |
| **VICTIM’S NOTICE** | Indicates the presence of a Victim’s Notice requirement. |
| **PREA** | Indicates the youth has a PREA Alert. |
| **MEDICAID** | Indicates the youth’s Medicaid Application Form was filed with DHH a minimum of 48 hours prior to the youth’s release date. |
| **DETAINER** | Notes the existence of any detainer and the detaining authority. |
| **ESCAPE** | Indicates date of escape. |
| **RECAPTURED** | Indicates the date recaptured. |
| **NOTES** | Any specific outstanding issues such as court ordered actions, review dates, release date, etc. |