

POLICY

SUBJECT: Youth Records – Committed Facilities
NUMBER: RF-735-18
APPLICABLE TO: Residential Services Employees

APPROVED: _____ /s/ signature on original
Sam Abed, Secretary
DATE: _____ 10/5/2018

I. POLICY

The Department of Juvenile Services (DJS) residential facilities shall create and maintain a case record for each youth in placement. Youth records shall be maintained confidentially and shall include information concerning the youth's legal and personal history, behavior, activities and services provided while in a committed facility.

Medical and behavioral health information shall be maintained in a separate record.

II. AUTHORITY

- A. Md. Code Ann., Human Services, §9-203 and §9-204
- B. COMAR 16.03.01.01
- C. American Correctional Association (ACA) standards, 4-JCF-5A-02, 4-JCF-6F-01, 4-JCF-6F-02 and 4-JCF-6F-03

III. DIRECTIVES/POLICIES RESCINDED

NONE

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued for committed facilities which supersedes the committed facilities sections of the Residential Case File Format policy, RF-05-05, dated February 24, 2006. The Residential Case File Format policy, RF-05-05, remains in effect for detention facilities only and is not covered in this policy.	10/1/18

PROCEDURES

SUBJECT: Youth Records – Committed Facilities

NUMBER: RF-735-18

APPLICABLE TO: Residential Services Employees

APPROVED: _____ /s/ signature on original

Linda McWilliams, Deputy Secretary

DATE: _____ 10/1/2018

I. PURPOSE

To provide guidelines for the establishment and organization of a record containing information for each youth in a committed facility. The youth record is referred to as a base file and typically includes information as listed in the definition below.

II. DEFINITIONS

Base File means the official case record established for each youth in a committed facility. The base file typically includes commitment orders, court orders, detainers, personal property receipts, visitor lists, photographs, type of custody, disciplinary infractions and actions taken, grievance reports, work assignments, program participation, and miscellaneous correspondence.

Treatment Team means the specialized team of facility staff from multiple disciplines that are responsible for developing an individualized treatment service plan for each youth, monitoring monthly to assess the youth's progress, updating and modifying the plan as required to meet the service needs of youth. Staff from the following disciplines must be represented on the Treatment Team: facility case management specialist, education, security and behavioral health. Somatic health personnel may participate as appropriate.

III. PROCEDURES

A. General Procedures

1. Upon admission, a base file shall be established for each youth by the Admissions Officer. Base file materials shall be placed in a six section folder in accordance with the formatting guidelines of this procedure.
2. The initial information placed in the base file shall include a **Summary Admission Report (Appendix 1)**. The information in the report will be used for youth classification and is essential for treatment services and re-entry planning. The Summary Admission Report prepared for all new admissions includes but is not limited to the following:
 - a. Summary account of the legal aspects of the case/police report;

- b. Summary of criminal history;
 - c. Family history;
 - d. Medical, dental, mental health and substance abuse histories (assessments filed in medical record);
 - e. Vocational interests, if appropriate;
 - f. Educational status;
 - g. Religious background and interests;
 - h. Recreational assessment;
 - i. Psychological evaluation, including intellectual assessment (filed in medical record);
 - j. Housing unit staff reports (detention facility reports); and
 - k. Staff Recommendations (MAST, Medical, Behavioral Health, Security)
3. The **Summary Admission Report** shall be updated as needed upon transfer or recommitment.
 4. An updated base file for any youth transferred from one facility to another shall be transferred simultaneously or, at the latest, within 72 hours.

B. File Storage and Confidentiality

1. Each facility shall establish a secure storage area to minimize the possibility of theft, loss, or unauthorized destruction of base files. Base files shall be stored in a fire retardant file cabinet. Files removed from the secure storage area shall be signed out on a document maintained in the file cabinet. Documentation shall record the name of the youth, the name of the individual removing the file and the date.
2. Files may be accessed by facility case management specialist supervisors, facility case management specialists, behavioral health staff, shift commanders, assistant superintendents, and superintendents. All other persons with a need to access the files must be approved by the Superintendent.
3. Youth shall not have access to their file; however, treatment service plans and progress summaries shall be shared with the youth and the youth's parent/guardian/custodian.
4. The base file shall be closed and securely stored upon the youth's release. The base file shall be maintained in compliance with the Department's Record Retention schedule for 3 years or until the youth is 21, whichever is sooner, then destroyed.
5. Each base file shall be labeled on the outside with the youth's last name, first name, ASSIST number, and the file shall be *labeled confidential*.
6. Each facility shall maintain a record of all base files to include, the date the record is established, date of transfer, if applicable, date of the youth's release, and the date of placement in inactive files.
7. Base files shall be consistently updated. Required documents shall be filed within two (2) business days.
8. Duplicate files will not be allowed; however, a working file may be utilized by the Facility CMS, and must be securely maintained in the

Facility CMS office to ensure confidentiality. At transfer or release of the youth, duplicate documents in a working file must be shredded with all appropriate documents placed in the base file.

9. All youth information kept in the base file is subject to the requirements of the *Confidentiality Policy and Procedures*. Employees, consultants, and contract personnel are informed in writing about the department's policies and procedures on confidentiality of information and agree in writing to abide by them.
10. A release of information consent form that complies with applicable federal and state laws and regulations shall be maintained in the base file, as applicable.
11. All electronic records shall be protected by the department's security systems.
12. Youth medical and behavioral health records shall be maintained in a separate confidential file kept in the health center. A youth's medical or behavioral health information shall not be disclosed without the consent of the youth or parent/guardian/custodian in accordance with the *Health Insurance Portability Accountability Act (HIPAA) Policy and Procedures*. *Facility staff may have full, limited, or need-to-know access to a youth's protected health information based on their duties as delineated in the HIPAA Policy and Procedures.*
13. The Maryland State Department of Education (MSDE) may maintain a separate education file for each youth. Appropriate staff, such as facility and community CMS and supervisors, behavioral health professionals, the Superintendent and Assistant Superintendents may review education files, as needed and authorized.

C. Duties and Responsibilities

1. **Facility Case Management Specialist (CMS) shall:**
 - a. Ensure the Admissions Officer has established the base file within 24 hours of a youth's admission into a facility, and ensure that the base file is closed and placed with inactive files upon the youth's release from the facility. If the youth returns to the facility after release from commitment, new documents shall be separated from previous commitment information by a green colored sheet of paper.
 - b. Maintain a running record of contacts with the youth, the parent/guardian/custodian and other personnel involved with the youth's case. Also, update the record for significant events and activities occurring during the youth's placement. All case entries shall be dated and signed.
 - c. Update, maintain, and ensure the completeness, confidentiality, and accuracy of the base file.
 - d. Ensure that all documents contained in the base file are dated and filed in reverse chronological order.

- e. Ensure that all documents are filed in the base file within two (2) business days.

2. **Facility Case Management Specialist Supervisor shall:**

- a. Monitor to ensure that a base file is established within 24 hours of a youth's admission into a facility, and closed upon a youth's release from the facility.
- b. Monitor and audit file reports to ensure the quality of work and compliance with departmental standards, policies and procedures.
- c. Monitor to ensure that all documents are filed in the base file **within two (2) business days**. Ensure that documents are filed in reverse chronological order, with the most recent date on top.
- d. File audits shall be completed **at least every 60 days, upon a youth's file transfer, and upon release** prior to placing the record with inactive records. All file audits/reviews shall be documented by the CMSS in the youth's record.

D. Base File Organization

1. **Section 1- Community Information**

- a. Placement History
- b. Court Order (Commitment Order/Detention Authorization)
- c. Police Report
- d. Social History Investigation
- e. Offense History
- f. Auxiliary Aids and Services Form
- g. Case Alerts (non-medical)
- h. MAST Report
- j. Crime Victim Notification Form, if applicable

2. **Section 2- Screening Documents**

- a. Summary Admission Report (maintained on top in this section)
- b. Facility Initial Reception Referral Screening Tool (FIRSST)
- c. Substance Abuse Subtle Screening Inventory for Adolescents (SASSI)
- d. Massachusetts Youth Screening Instrument (MAYSI)
- e. Youth Vulnerability Assessment Instrument
- f. Psychiatric Evaluation, as needed
- g. Psychological Assessment and Evaluation
- h. Housing Classification Form
- i. Housing Reclassification Form

3. **Section 3- Orientation Documents**

- a. Handbook Acknowledgment Form (program rules and disciplinary procedures)
- b. PREA Video Acknowledgement Form
- c. PREA Zero Tolerance Acknowledgement Form

- d. Personal Property Inventory
- e. Income Eligibility Document
- f. Religious Preferences Form
- g. Recreation Assessment Form
- h. Gang Member Questionnaire
- i. Approved Visitor List
- j. Approved Phone Call List & Call Log

4. **Section 4- Demographic Information, Incident and Behavioral Reports, Grievances**

- a. Youth Face Sheet/Demographic Information (maintained on top of this section)
- b. Transfer/Release Information (transfer alerts)
- c. Incident Reports
- d. Behavior Response (BR) Forms
- e. Grievances

5. **Section 5- Correspondence**

- a. Letters to/from the community case management specialist
- b. Letters to/from the youth's parent/guardian/custodian
- c. Court Memorandums
- d. Updated progress summaries to the community CMS/court
- e. Correspondence to/from other agencies/placement referrals
- f. Facility Review Committee/Central Review Committee Referrals

6. **Section 6- Treatment Service Plan, Interventions and Progress Assessments**

- a. Case Notes/Running Record (maintain on top of this section)
- b. Treatment Service Plan
- c. Guarded Care Plan
- d. Behavior Contract
- e. Home Visit Contract
- f. Permanency Plan
- g. Treatment Team Minutes
- h. Discharge Summary

IV. RESPONSIBILITY

Superintendents are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

Confidentiality Policy and Procedures

Health Insurance Portability Accountability Act (HIPAA) Policy and Procedures

VIII. APPENDICES

1. Summary Admission Report



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Youth Records – Committed Facilities
NUMBER: RF-735-18
APPLICABLE TO: Residential Services Employees

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

COMMITTED FACILITY SUMMARY ADMISSION REPORT & CHECKLIST

FACILITY: _____

ASSIST #: _____		JURISDICTION: _____		Report Date: _____	
Facility Case Manager: _____				Phone# _____	
Community Case Manager: _____				Phone# _____	
DEMOGRAPHIC INFORMATION					
Name: _____		DOB: _____		Age: _____	
Admission Date/Time: _____		Current Charges: _____			
Name of Parent/Legal Guardian/Custodian: _____				Phone#: _____	
Home Address: _____					
City: _____		State: _____		Zip Code: _____	
Resides With: _____		Relationship: _____			
Mother's Name: _____					
Address: _____					
City: _____		State: _____		Zip Code: _____	
Home Phone#: _____		Work Phone#: _____		Cell Phone #: _____	
Father's Name: _____					
Address: _____					
City: _____		State: _____		Zip Code: _____	
Home Phone#: _____		Work Phone#: _____		Cell Phone #: _____	
Telephone call provided? To Whom?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Refused: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Date/Time: _____	
PHYSICAL CHARACTERISTICS:					
Male <input type="checkbox"/>		Distinguishing Features			
Female <input type="checkbox"/>		(i.e.: Birthmark/Birth Defects/Tattoos: _____)			
Height: _____		Weight: _____		Eye Color: _____	
Race: <input type="checkbox"/> Caucasian		<input type="checkbox"/> African American		<input type="checkbox"/> Hispanic	
		<input type="checkbox"/> Bi-Racial		<input type="checkbox"/> Other: _____	
SECURITY RISK ALERT					
<input type="checkbox"/> History of AWOL/Escapes		<input type="checkbox"/> Threats to AWOL/Escapes		<input type="checkbox"/> Serious Committing Offense	
RELIGION					
What religion is the youth?			Religious interest?		
BEHAVIORAL HEALTH					
MAYSI Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Suicide Ideation <input type="checkbox"/> Caution <input type="checkbox"/> Warning		Thought Disturbance <input type="checkbox"/> Caution <input type="checkbox"/> Warning		Suicide Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicide Watch: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> N/A					
SASSI Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth completed SASSI within 6 months or less: <input type="checkbox"/> Yes <input type="checkbox"/> No			

COMMITTED FACILITY SUMMARY ADMISSION REPORT & CHECKLIST

FACILITY: _____

YOUTH'S NAME:

ASSIST #:

EDUCATION

Last school attended:

County:

State:

Last grade completed:

Last year attended:

Vocational interest:

HEALTH STATUS

Overall physical condition: Good Fair Poor

Allergies: Yes No If yes, list type of allergies.

Physical Restrictions: Yes No

If yes, provide description:

Alcohol/Drug Use: Yes No

If yes, note type and date last used.

Recent Injuries:

Currently taking medications? Yes No

GANG INFORMATION

Is youth affiliated with a gang? Yes No

If yes, when did youth join?

Does youth have any tattoos? Yes No

If yes, describe where/what:

HOUSING UNIT STAFF REPORTS (Detention/Previous Placement(s))

RECOMMENDATIONS (MAST, Medical, Behavioral Health, Security)

ADMISSION'S OFFICER:

Print Name: _____

Signature: _____

Completion Date:

**COMMITTED FACILITY
SUMMARY ADMISSION REPORT & CHECKLIST**

FACILITY: _____

YOUTH'S NAME: _____

ASSIST #: _____

ADMISSIONS CHECKLIST

Base File & ASSIST Information

The following documents must be placed in the youth's base file.	In File? Yes/No or N/A	If "No" is indicated, please document why. (Comments)
Youth's Picture and Demographic Information		
Court Order		
Offense History		
Police Report		
Auxiliary Aids and Services Form		
Crime Victim Notification Form		
Vulnerability Assessment Instrument		
Housing Classification Form		
Housing Reclassification Form		
Personal Property Inventory		
Income Eligibility Document		
Gang Member Questionnaire		
FIRRS Form		
Placement History		
Social History (Family History)		
MAYSI	In Medical Record Only	
Medical and Dental Assessment	In Medical Record Only	
Psychological Assessment	In Medical Record Only	
Substance Abuse Assessments and History/SASSI	In Medical Record Only	
Dietary Order Form, if applicable		
Other ASSIST Alerts (e.g. Gang Affiliation, Run-aways/AWOLS, etc.)		
Facility Handbook Acknowledgement Form		
PREA Zero Tolerance Acknowledgment Form		
PREA Video Acknowledgment Form		
Approved Visitor List		
Recreational Assessment		
Religious Preference Form		
Approved Phone List and Call Log		

**COMMITTED FACILITY
SUMMARY ADMISSION REPORT & CHECKLIST**

FACILITY: _____

YOUTH'S NAME:

ASSIST #:

Discharge Summary, if applicable		
Resource Staffing/MAST Report, if applicable		