



Children, Youth & Families Department

Juvenile Justice Services (JJS) Policies and Procedures (P&P)

Title JJS Facilities – Client Behavioral Health Records

Category Facility Medical and Behavioral Health Records

Procedure # P.04.16 B

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1 Overview Statement

Health records are maintained in a consistent manner between facilities. The confidentiality of a client’s written or electronic health record, as well as verbally conveyed health information, is maintained. Health records are maintained under security and [are] completely separate from clients’ custody records. (NMAC 8.14.4.16)

2 Purpose

This procedure outlines the requirements for creating, managing, protecting, and retaining behavioral health (BH) records of JJS clients committed to secure facilities.

3 Creation

- 3.1 Prior to the Field/Facility Admissions Teaming (FFAT), the sending Juvenile Probation Officer (JPO) and Community Behavioral Health Clinician (CBHC) provide the appropriate BH facility employees with the client's documented community care history (collateral).
- 3.2 The Classification Officer who facilitates the intake, creates an electronic client file/folder (on the L:Drive) that includes BH records.
- 3.3 After a client's Intake, Diagnostics, and Disposition (ID&D), BH facility employees initiate assignments and ensures the electronic BH records are accurate and up to date in the BH web-based client tracking program (ADE).
- 3.4 At intake, the BH Administrative Assistant creates the BH paper file.

4 Contents

- 4.1 Initially, the BH Administrative Assistant creates a BH paper file for each client with the following sections/tabs:
 - Section I: General Client Information** including face sheet, birth certificate, social security number, consent, health insurance information, immunization records;
 - Section II: Treatment Notes** including individual and family sessions, interventions, staffing, suicide intervention plan (SIP);
 - Section III: Treatment Plan** including treatment level, identified problems, prior treatment history, strengths and limitations, serious incidents, objectives;
 - Section IV: Intake, Diagnostics, and Group Notes** including initial screenings, Central Intake Multi-Disciplinary Team (MDT) executive summary, pre-dispositional diagnostic evaluation, JJS diagnostic/psychological evaluation, group sessions;
 - Section V: Legal** including court orders, Judgement and Disposition (J&D), delinquency records, baseline, Structured Decision Making (SDM), Authorization to disclose psychotherapy notes and mental/ behavioral health records; and
 - Section VI: Field Packet** including all collateral documentation from various providers, JPOs, and CBHCs prior to the client's commitment.
- 4.2 A client's electronic BH record, housed in ADE, has the following sections/tabs: Client Info, Client Referral, Clinical Review, CBHC Oversight, CYFD Staffing, Commitment, Facility Administration, Facility Placement, Behavioral Health, Treatment Notes, Treatment Plan, Identified Problems, Objectives, Facility DSM Diag., Facility SA, Facility Medical, Diagnostic Report, Transition Services, TS Recs., TS DSM Diagnosis, Index, Photos, and Note Search.
- 4.3 Client file/folders on the L:Drive have the following file/folders: Chrono and Collateral lists, Client FFAT Notes, Client Files, DX (Diagnostics) Sheet, Meeting Forms, and Packets.
- 4.4 Depending on the client's individual history, circumstances, and care, not all sections of the paper file or the electronic files are necessarily populated. Additionally, some sections/tabs are in all three files and, therefore, duplicative.

5 Management/Controls

- 5.1 BH facility employees are the only employees permitted to access client BH paper files.
- 5.2 CYFD employees who have been assigned ADE access, complete ADE training, are bound by HIPAA, and have a professional responsibility for a particular client's care are permitted to access a client's records in ADE.
- 5.3 Access privileges to client file/folders on the L:Drive are protected and managed by the Juvenile Justice Services Applications Analysis Unit (JJSAAU) with permission from the Deputy Director of BH for Facilities.

6 Confidentiality

- 6.1 All BH records, including screenings, diagnostic evaluations, and psychiatric reports in the possession of CYFD remain confidential and are not to be disclosed directly or indirectly to the public.
- 6.2 The Deputy Director of BH for Facilities controls BH records and monitors storage, access, and confidentiality to comply with federal and state law and the Health Insurance Portability and Accountability Act (HIPAA).
- 6.3 Whenever BH paper files are transported by non-BH staff, they must be marked confidential and sealed.
- 6.4 If BH records are released to the client or any other individual or entity, all victim or witness identifying information shall be redacted or otherwise deleted.

7 Access/Release

- 7.1 The Deputy Director of BH for Facilities, in consultation with the Office of General Counsel (OGC) and CYFD's Chief Records Officer, controls the release of protected BH information.
- 7.2 When a request for... behavioral health records is received by the CYFD Chief Records Officer, it must be accompanied by a current and valid signed HIPAA release. An access to records request form is also required if the disclosure is to be made to the person who is the subject of the records, signed by the person making the request. These forms are in addition to the request for disclosure of confidential information form required for all records requests. (NMAC 8.14.23.10)
- 7.3 Prior to the release of protected health information, the client must sign a release or consent form that becomes a part of the client's permanent medical and BH health records. Parent/guardian/custodian (p/g/c) signature is required for the release of protected health information in these, specific circumstances:
 - BH records (including mental health services, and alcohol and drug abuse treatment), if the client is under the age of 14;
 - Sexual and reproductive health records (including STDs and HIV status), if the client is under the age of 16; and
 - All other medical records, if the client is under the age of 18.

- 7.4 The following individuals/entities are not required to obtain a release or consent for release of protected information, provided they do not re-release the information without proper consent, or as otherwise permissible by law:

Individuals of the client's Indian Tribe specifically authorized to inspect records, including tribal juvenile justice and social service representatives; and
Medical and BH professionals involved in the client's evaluation, treatment, or placement.

8 Client Access

- 8.1 Clients have the right to review and request copies of information contained in their BH records.
- 8.2 The Deputy Director of BH for Facilities may deny a client's request, in full or in part, if access could be detrimental to the client's health and/or safety.
- 8.3 Clients may challenge the decision to deny access to their BH record or the accuracy of any information in their BH record by following the client grievance procedure.

9 Storage/Archiving

- 9.1 BH paper files of clients housed at YDDC are stored in a secure file room in an Albuquerque (ABQ) office, not at the facility.
- 9.2 BH paper files of clients housed at JPTC or any CYFD Juvenile Reintegration Center (JRC) are kept at that specific facility, in a locked cabinet in a secure office. Once a client is released from JPTC or a JRC, their BH paper file is transferred to the ABQ office.
- 9.3 Whenever possible, BH clinicians should review client's BH paper files in the BH file room; however, if they need to remove the BH paper file, they must complete the BH Paper Files Sign-out Sheet.
- 9.4 Once a client turns 21, their BH paper file is archived in the storage trailer in ABQ. From there, it can be re-activated if necessary.

10 Retention

BH records for JJS clients must be retained for 10 years after discharge from JJS involvement.

11 Destruction/Disposal

- 11.1 On a (past) client's 31st birthday, their BH paper files are scheduled for destruction/disposal. The BH Administrative Assistant prepares the files, completes the appropriate Commission of Public Records forms, and sends them to the State Records destruction site.
- 11.2 The BH Administrative Assistant retains an archive list of destroyed records on the L:Drive that includes the following information: Client name, FACTS #, Date of Birth (DOB), Date of last contact, and date of file destruction.
- 11.3 JJSAAU is responsible for deleting client files from the L:Drive.
- 11.4 ADE contractors are responsible for archiving client files in the platform.

12 Consequences of Noncompliance

An employee who fails to follow this Procedure may be subject to disciplinary action in accordance with the CYFD Code of Conduct and the Collective Bargaining Agreement (CBA) between AFSCME and the State of New Mexico.

13 Additional Forms and Documents

Client Behavioral Health (BH) Record Sheet (for paper files)
BH Paper Files Sign-out Sheet

14 Issue Date

February 1, 2023

15 Effective Date

February 1, 2023

16 Replaced Procedure

P.4.16 Health Records, issued 11/30/2008

17 Rescinded Procedure

P.8.14.5.32 Facility Records Management; Confidentiality, Access, issued 09/01/2009
(It is numbered improperly, and its content are a duplication of current procedure P.17.9 Files and Records Management.)

18 Rescinded Directive

08-004 Transfer of Client Files, issued 07/02/2008


19 Modified Procedure

P.17.9 Files and Records Management, issued 09/01/2009

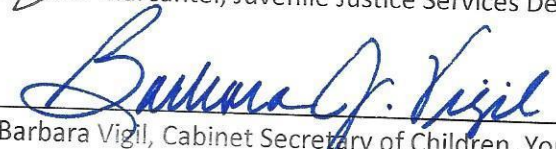
20 Applicable Policies (Rules)

NMAC 8.14.4 Facility Medical and Behavioral Health Services
NMAC 8.14.23 Confidentiality of Client Records
NMAC 1.21.2 General Government Administration, Functional Records Retention and Disposition Schedules (FRRDS), Retention and Disposal of Public Records – Patient Records

21 Authorizing Signatures



Tamera Marcantel, Juvenile Justice Services Deputy Director for Facilities



Barbara Vigil, Cabinet Secretary of Children, Youth and Families Department