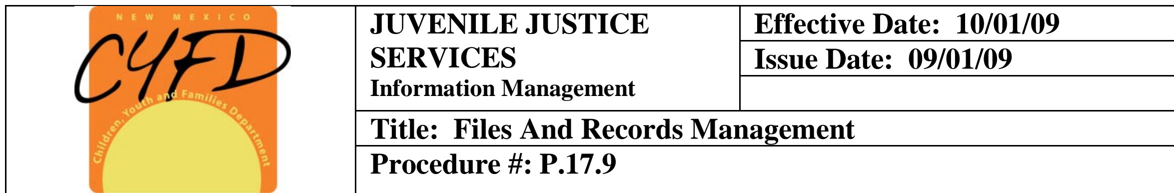

	JUVENILE JUSTICE SERVICES Information Management	Effective Date: 10/01/09 Issue Date: 09/01/09
	Title: Files And Records Management	
	Procedure #: P.17.9	

1	**ISSUING AGENCY**	CYFD (CYFD)
2	**SCOPE**	Juvenile Justice Service (JJS)
3	**STATUTORY AUTHORITY**	NMSA 32A-2-1, 32A-2-2.E
4	**FORMS**	None
5	**APPLICABLE POLICY**	**8.14.8.9 FACILITY RECORDS MANAGEMENT:** All secure and non-secure facilities maintain client files in a uniform manner.

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7 DEFINITIONS

7.1 "DOA" is the acronym for the Date of Admission for a youth received into a CYFD facility.

7.2 "DOB" is the acronym for the Date of Birth for a youth received into a CYFD facility.

7.3 "DOC" is the acronym for Date of Commitment for a youth received into a CYFD facility.

7.4 "Client Record" is the information concerning the individual's delinquent, criminal, personal, medical, behavioral and educational history and activities before and during their commitment, including but not limited to: commitment papers, court orders, detainers, personal property receipts, visitation lists, photographs, fingerprints, types of custody, disciplinary infractions and actions taken, grievance reports, work assignments, program participation and miscellaneous correspondence.

7.5 "Client File" is a portion of the client record containing specific information on the client separated into criminal/social or Master, Medical, Behavioral Health and Education sections.

7.6 "Facility Records Manager" is a position or person at a JJS facility designated to be the primary custodian of the client files for their respective area or discipline.

7.7 "Public Records Custodian" is the position in the CYFD Office of General Counsel who is primarily responsible for managing Inspection of Public Records Act requests and other requests for information on former and current JJS clients.

8 RECORDS CREATION

8.1 At or prior to a client's arrival, the Youth and Families Service Juvenile Probation Officer will forward core documents to the Central Intake and Classification Bureau. The Central Intake and Classification Bureau Chief will confirm receipt of the information and notify the origin District Chief, Deputy Director of Youth and Family Services, the Deputy Director of Facility Operation, the Facility Superintendent, the Superintendent of Education and the Health Services Administrator of any core documentation not received.

8.2 The core documentation received from the Youth and Families Services, in conjunction with the intake or initial screenings or questionnaires completed upon the client's arrival to the facility, will be the documents used to create the Master File, Medical File and Behavioral Health File. Education information will be obtained by Education Facility Records Manager during the Central Intake process and be used to create the Education File. These files combined make up the Client Record.

8.3 Within 24 hours of receipt, the Central Intake and Classification Bureau will make two photocopies of the core documents received, retain one copy and forward one copy to the Health Services Administrator or designee. The Health Services Administrator or designee will separate the documents if appropriate and create the Medical and Behavioral Health Files.

8.4 Within 24 hours of receipt, the Central Intake and Classification Bureau will forward the original core documents to the Facility Records Manager.

8.5 Within 24 hours of receipt, the Facility Records Manager will make one photocopy of the core documents received and forward it to the Public Safety Advisory Board, and use the original documents to create the Master File.

8.6 The following documents shall be considered the core documents:

- 8.6.1 Face Sheet
- 8.6.2 Original Court Order, Judgment and Adjudication or Judgment and Disposition
- 8.6.3 Current Petition
- 8.6.4 Chronological Offense Report
- 8.6.5 Current Plan of Care
- 8.6.6 SDM Risk/Needs Assessment
- 8.6.7 Current Police Reports
- 8.6.8 Client Family Baseline Assessment
- 8.6.9 Immunization Records
- 8.6.10 Vital Information Documents (birth cert, ID card, social security card)
- 8.6.11 Relevant documentation establishing citizenship or tribal affiliation
- 8.6.12 Family Education Rights and Privacy Act Signed consent and Release
- 8.6.13 Education School Attendance Record
- 8.6.14 Education Academic Information (copy of transcript or grades)
- 8.6.15 Credits Report

8.6.16 Special Education Assessments and Records
8.6.17 GED or diploma (if applicable)
8.6.18 ADA Issues/Accommodations
8.6.19 Education Behavioral Information (suspensions)
8.6.20 Education MAPs, NWEA test results
8.6.21 Education STARs Number
8.6.22 Immunization Records
8.6.23 Hearing and Vision Screening
8.6.24 Psychological Evaluations/Assessments
8.6.25 Functional Assessment
8.6.26 Current Treatment Plan
8.6.27 Most Recent CBHC Triage
8.6.28 Most Recent CBHC Clinical Oversight Form
8.6.29 Current Medication Record
8.6.30 Listing of any Physical Health concerns
8.6.31 MAYSI Screen
8.6.32 Transport Officer Questionnaire Receipt
8.6.33 Update of Electronic Record Placement in Facts
8.6.34 Photograph and Identification
8.6.35 Demographic Update
8.6.36 Health History and Receiving Screen
8.6.37 Facility Initial Behavioral Health Screen

9 RECORDS LABEL

9.1 The Client Record and files are created and labeled at the Youth Diagnostic and Development Center.

9.2 The Facility Records Manager or designated staff member creates the discipline files by using the identifying information obtained from the client Face Sheet.

9.3 The Facility Records Manager or designated staff ensures each file is labeled containing the discipline, client name, number, DOC, DOA, term, district, and DOB in the front-center or corresponding tab of the client file.

9.4 The Facility Records Manager or designated staff ensures that each file is labeled with three large letters of the client's last name and first letter of the client's first name for quick identification and reference.

9.5 For the Master File only, the Facility Records Manager or designated staff members places a color coded dot on the upper right hand corner of the file representing the creation and current year of activation or use.

9.6 The Education file will be separated into two folders which are the education cumulative folder and the special education folder. Both folders combined make up the education file and content and access to content denoted in the sections below.

10 RECORDS STORAGE

10.1 The Facility Records Manager or designated staff member is responsible for monitoring the Master File, Medical File, Behavioral Health File and Education File storage and storage area accessibility to ensure that client records are marked as "confidential" and are stored and safeguarded from unauthorized and improper disclosure.

10.1.1 The Special Education Coordinator is designated as the custodian of the special education folder.

10.2 Any portion of the client record that is automated or computerized shall have the system monitored by the JJS Data Unit for accessibility and safeguarded from unauthorized and improper access.

10.3 The Health Services Administrator ensures the Medical File and the Behavioral Health File are stored in a manner that makes them available to health service staff and used to document each client care encounter.

10.4 The Facility Records Manager or designated staff member is responsible for ensuring that the Master File, Medical File, Behavioral Health File and Education File are stored and maintained in an alphabetical, chronological, and/or if applicable numerical color coded fashion identified or labeled to each individual client (i.e. name, date of birth, date of commitment, date of admittance or other distinguishing characteristics).

10.5 The Facility Records Manager or designated staff member is responsible for ensuring the Medical, Behavioral Health and Education File are stored and maintained in a separate location from the client Master File.

10.6 The Master File shall be maintained and stored in a secure area of the administrative building. The Facility Records Manager is designated as the primary custodian of the Master File.

10.7 The Medical and Behavioral Health Files shall be maintained and stored in a secured area of the primary medical service area, as specified by the medical or behavioral health contract provider or the Health Services Administrator. The Health Service Administrator shall designate a primary custodian, at each location were Medical and Behavioral Health Files are stored or utilized.

10.8 The Education File shall be maintained and stored in a secure area of the education building or as specified by the Superintendent of Education or designee.

10.9 The Facility Records Manager or designee, in conjunction with the Fire Safety Officer, Health Service Administrator and Superintendent of Education will ensure the Master File, Medical File, Behavioral Health File and Education File are stored in compliance with applicable State Fire Marshall codes and regulations pertaining to the storage of permanent records, applicable Public Education Department regulations on the storage of educational records, applicable State Records Department regulations and codes and the mandates listed in this procedural statement.

11 RECORDS DISPOSTION

11.1 The Facility Records Manager or designated staff member is responsible for retiring, archiving and/or retention of client records in accordance to the rules adopted by the State Commission of Public Records pursuant to Section 14-3-6 NMSA 1978; applicable Public Education Department regulations on the disposition of educational records and applicable Department of Health regulations on the disposition of health records describing agency records and establishing a timetable for their life cycle and providing authorization for their disposition.

11.2 The Facility Records Manager or designated staff member is responsible for maintaining a retired, archived or retention schedule by date of disposition or other acceptable formula as specified by the State Commission of Public Records, Public Education Department or Department of Health to promote the timely reactivation of records when required or requested.

11.3 The disposal of confidential and public records shall be approved by the Facility Superintendent, Health Services Administrator or Superintendent of Education

pursuant to the New Mexico State Records Act on the disposal of public record and privileged or confidential client records.

11.4 Upon ordering or direction of a legal authority to seal a client Master File, the Facility Superintendent or designated staff member will ensure compliance with the sealing request and the State Records Center's Retention and Disposition Schedule by noting the record has been sealed by order of the Court or pursuant to other authority under NMSA 1978, Section 32A-2-26, and forward the record to the State Records Center with a statement that the file is not to be opened except upon order of the Court or other authority.

12 RECORDS ARCHIVING

12.1 The Facility Records Manager or designated staff member conducts an audit of the "pink" control index cards, or internal retention schedule, to verify the proper commitment year.

12.2 The Facility Records Manager or designated staff member reviews all the files that are referenced as three or more years beyond their discharge or service exit date to ensure the files are in the proper sections and documentation and filing is complete.

12.3 The Facility Records Manager or designated staff member reviews the "pink" control index cards, or internal retention schedule, and matches it to the client file and places the file into archive box in alphabetical order. Using the index card or retention schedule, compiled by year, a list of the box's contents, including the box number, district, term, client name and number, DOA, DOC and DOB is completed.

12.4 The Facility Records Managers or designated staff member then submits a Records Disposition Request to the State Records Center. The State Records Center will issue an Inventory and Tracking Number for each archived box.

12.5 The Facility Records Manager or designated staff member ensures each archive box is labeled with the Inventory and Tracking number to coincide with the listing of files in each archive box. This photocopy of this listing will be maintained by the Facility Records Manager and the original is placed on the front of the archive box.

12.6 The Facility Records Manager or designated staff member contacts the designated State Record Center to schedule delivery and delivery arrangements or alternate storage locations.

12.7 If an archived record requires re-activation, the Facility Records Manager or designated staff member completes a Record Disposition Request to the State Record Center detailing Inventory and Tracking Number of the record. Re-activation of a record should be completed within 3 working days.

12.8 Respectively, the Facility Records Manager or designated staff members maintain an archiving schedule compliant with the State Records Center, Department of Health, Public Education Department or other applicable laws and/or regulations.

13 DISPOSAL OF CONFIDENTIAL AND PUBLIC CLIENT RECORDS:

13.1 Once per month the Facility Records Manager or designated staff member will notify each Department, living unit and/or area to provide a destruction inventory box count to the Facility Records Manager within 5 working days.

13.2 The Facility Records Managers or designated staff member will submit a Records Disposition Request to the State Records Center detailing the total number of destruction boxes.

13.3 Upon approval of the total number of destruction boxes by the State Records Center, the Facility Records Manager or designated staff member will contact the designated State Record Center to schedule delivery and make delivery arrangements.

13.4 Once the destruction date is set, the Facility Records Manager or designated staff member will notify each Department, living unit and/or area of the destruction date and the time and location for destruction box delivery.

13.5 The Facility Records Manager or designated staff member will confirm the count of destruction boxes against the total number requested to the State Records Center. No additional boxes will be accepted, and Departments, living units and/or area who failed to timely deliver their requested destruction boxes will be immediately reported to the Superintendent.

13.6 The destruction boxes are then delivered to the local destruction site where the Request for Disposition form is signed by destruction personnel and returned to the Facility Records Manager.

13.7 Respectively, the Facility Records Manager or designated staff member complies with destruction and destroying of records as expressed by the State Records Center, Department of Health, Public Education Department or other applicable laws and/or regulations.

14 RECORDS CONTENTS

14.1 The Facility Records Manager or designated staff member creates and reviews all client records to ensure the contents of the records are identified and separated according to an established format. The Facility Records Manager or designated staff member creates and reviews files to ensure that all entries are dated and identified.

14.2 The method of recording entries into the Medical File or Behavioral Health File, the form and format of the Medical or Behavioral Health File, and procedures for their maintenance and safekeeping are approved by the Health Services Administrator or designee.

14.3 The method of recording entries into the Education File, the form and format of the Education File and procedures for their maintenance and safekeeping are approved by the Superintendent of Education or designee.

14.4 The Master File shall maintain the following contents:

14.4.1 Section 1 - Client Reports

- 14.4.1.1 Release Paperwork
- 14.4.1.2 Diagnostic Release
- 14.4.1.3 Supervised Release Certificate and Conditions
- 14.4.1.4 Discharge Certificate
- 14.4.1.5 Transport Orders
- 14.4.1.6 Face Sheets
- 14.4.1.7 Judgment and Disposition
- 14.4.1.8 Petitions
- 14.4.1.9 Collateral Court Documents
- 14.4.1.10 Retake, Arrest Warrants or Affidavit Information
- 14.4.1.11 Chronological Offense Reports
- 14.4.1.12 Juvenile Probation Order / Agreement
- 14.4.1.13 Juvenile Probation/Supervised Release Officer Notes
- 14.4.1.14 Juvenile Probation/Supervised Release Violation Reports
- 14.4.1.15 Birth Certificate / Baptismal Records
- 14.4.1.16 Social Security Card

14.4.1.17 Driver's License / Identification Card
14.4.1.18 Medicaid Card
14.4.1.19 Police Reports
14.4.1.20 Detention Center Intake Reports

14.4.2 Section 2 - Legal, Demographic and Vital Information
14.4.2.1 Supervised Release Plan Summaries
14.4.2.2 Baseline/Community Addendums
14.4.2.3 40-Day Review
14.4.2.4 Progress Notes
14.4.2.5 Home Studies
14.4.2.6 Correspondence
14.4.2.7 Referrals for Placement (requests and responses)
14.4.2.8 ICJ Information
14.4.2.9 Living Unit Transfers
14.4.2.10 Family Questionnaires
14.4.2.11 Consent Forms
14.4.2.12 Release of Information Forms
14.4.2.13 Drug Detection Reports

14.4.3 Section 3 - Client Disciplinary Reports
14.4.3.1 Disciplinary Incident Reports
14.4.3.2 Serious Incident Reports
14.4.3.3 Mediation Requests
14.4.3.4 Individualized Alternative Programs

14.4.4 Section 4 - Special Programming Reports
14.4.4.1 Special Management or Peer Separations
14.4.4.2 Individualized or Alternative Program Request
14.4.4.3 Facility Safety Assessment

14.4.5 Section 5 - Living Unit Information
14.4.5.1 Behavioral Health Tracking Log
14.4.5.2 Mail Log / Rejected Mail and Forms
14.4.5.3 Telephone Log
14.4.5.4 Orientation Handbook Receipt
14.4.5.5 Property Inventory
14.4.5.6 Canteen
14.4.5.7 Grievance Acknowledgment
14.4.5.8 Visitation Logs and Special Visitation Request
14.4.5.9 Living Unit Rules

14.4.6 Section 6 - Treatment Information
14.4.6.1 Plan of Care
14.4.6.2 SDM Risk Assessment
14.4.6.3 Case Management Notes
14.4.6.4 MDT Contact Notes
14.4.6.5 Letters to Judges

14.5 The Medical File shall have a current problem list, and/or accommodation list, with medications listed in addition to maintaining the following contents:

14.5.1 Section 1 - Medication
14.5.1.1 Psychopharmacological Consent
14.5.1.2 Medication Administration Record (MAR)
14.5.1.3 Medication Consent
14.5.1.4 Refusal of Medication
14.5.1.5 Surrender of Medication

14.5.1.7 Keep on Person Form (KOP)

14.5.2 Section 2 - Labs and Tests
- 14.5.2.1 X-Ray
- 14.5.2.2 EKG
- 14.5.2.3 Sleep Studies
- 14.5.2.4 ADHD Rating
- 14.5.2.5 AIMS / Conners
- 14.5.2.6 HIV Consent Forms and HIV Lab Results
- 14.5.2.7 Confidential Morbidity Report - STD

14.5.3 Section 3 - Orders
- 14.5.3.1 MD Orders
- 14.5.3.2 Off-Site Referrals
- 14.5.3.3 Consultation Notes / Reports

14.5.4 Section 4 - Progress Notes
- 14.5.4.1 SOAP Progress Notes
- 14.5.4.2 Multidisciplinary Referrals
- 14.5.4.3 Psychiatric Assessment
- 14.5.4.4 Intra-system Transfer Form
- 14.5.4.5 Chronic Care Clinic Form

14.5.5 Section 5 - Treatment Plans
- 14.5.5.1 Medical Discharge Planning
- 14.5.5.2 Medical Treatment Plans

14.5.6 Section 6 - Nursing
- 14.5.6.1 Sick Call Request
- 14.5.6.2 Health History and Receiving Screen
- 14.5.6.3 Nutritional Information
- 14.5.6.4 Notification of Special Diet
- 14.5.6.5 Vision Screen
- 14.5.6.6 Hearing Screen
- 14.5.6.7 Medical Orientation
- 14.5.6.8 Medical Clearance
- 14.5.6.9 Diagnostic Report
- 14.5.6.10 Daily Assessments

14.5.7 Section 7 - Legal/Administrative Documents
- 14.5.7.1 Commitment Documents
- 14.5.7.2 Transfer Summaries
- 14.5.7.3 Receipt of Medical / BH Orientation
- 14.5.7.4 Consent for Release of Information
- 14.5.7.5 Collateral Information
- 14.5.7.6 Consent for Treatment
- 14.5.7.7 Refusal of Consent

14.5.8 Section 8 - Collateral Forms and Information

14.5.9 Section 9 - Dental
- 14.5.9.1 Dental Sick Call Requests
- 14.5.9.2 Dental x-rays
- 14.5.9.3 Dental Progress Notes

14.6 The Behavioral Health File shall have a current problem list, and/or accommodation list, with medications listed in addition to maintaining the following contents:

14.6.1 Section 1 - Progress Notes
- 14.6.1 .1 Progress Notes

14.6.2 Section 2 - Group Notes
- 14.6.2.1 Group Notes
- 14.6.2.2 Client Certificates of Completion
- 14.6.2.3 BH Sick Call Request

14.6.3 Section 2-a - Assessments
- 14.6.3.1 15 day Diagnostic Report
- 14.6.3.2 Diagnostic Testing
- 14.6.3.3 Initial Behavioral Health Assessment
- 14.6.3.4 Forensic Evaluations
- 14.6.3.5 MDT Assessments
- 14.6.3.6 Initials Screenings
- 14.6.3.7 Transport Officer Questionnaire

14.6.4 Section 3 - Treatment Plans
- 14.6.4.1 Behavioral Health Tx Plans
- 14.6.4.2 Behavioral Health Behavior Plans
- 14.6.4.3 Substance Abuse Relapse Prevention Plans

14.6.5 Section 3-a - Off-Site Consultations / Treatment
- 14.6.5.1 Consultation Notes
- 14.6.5.2 BH Off-Site Treatment Referrals
- 14.6.5.3 BH Off-Site Treatment Records

14.6.6 Section 3-b - Crisis Interventions
- 14.6.6.1 SIP Orders
- 14.6.6.2 Crisis / Suicide Watch Orders
- 14.6.6.3 Reassessments Crisis Watch Order
- 14.6.6.4 15 Minute Observations

14.6.7 Section 4 - Legal/Administrative Documents
- 14.6.7.1 BH Supervised Release Summaries
- 14.6.7.2 Receipt of Medical / BH Orientation
- 14.6.7.3 Transfer Summaries
- 14.6.7.4 Inter-Office Route Slip
- 14.6.7.5 Extension Paperwork
- 14.6.7.6 Judgment and Disposition
- 14.6.7.7 Baseline
- 14.6.7.8 Chronological History
- 14.6.7.9 Current SDM
- 14.6.7.10 Current Plan of Care
- 14.6.7.11 Birth Certificate [if available]
- 14.6.7.12 Social Security Card [if available]
- 14.6.7.13 ID [if available]

14.6.8 Section 5 - Special Management or Special Accommodations

14.6.9 Section 5-a Collateral Forms and Information

14.7 The Education File shall have a current problem list, and/or accommodation list, with medications listed in addition to maintaining the following contents:

14.7.1 Section 1 - File Access
- 14.7.1.1 File Access Sign in Sheet denoting access and purpose of access
- 14.7.1.2 Demographic Information
- 14.7.1.3 FERPA Releases

14.7.2 Section 2 - Previous Evaluations/Diagnostic and Academic Information
- 14.7.2.1 Previous Academic Screening

14.7.2.2 Initial Intake Diagnostic and Evaluation Reports
14.7.2.3 Previous Standardize Testing Results
14.7.2.4 Pre-GED Test Results
14.7.3 Section 3 - Current Academic Information
14.7.3.1 Transcripts Requests and Transfers
14.7.3.2 Standardize Testing Results
14.7.3.3 Progress Reports
14.7.3.4 Report Cards
14.7.3.5 Special Interventions / Accommodations
14.7.4 Section 4 - Graduation Requirements
14.7.4.1 Transcript Reviews
14.7.4.2 "Next Step" Transition Plan
14.7.5 Section 5 - Medical and Behavioral Health Information
14.7.5.1 Vision and Hearing Screening
14.7.5.2 Treatment Plans
14.7.5.3 Immunizations
14.7.6 Section 6 - Collateral Information
14.7.6.1 Client Movement Logs
14.7.6.2 Supervised Release Summaries
14.7.6.3 Facility Incident Reports
14.7.6.4 SWIS Disciplinary Forms
14.7.6.5 SWIS Client Data
14.7.7 Special Education Folder [maintained separate]
14.7.7.1 Previous and Current Individual Education Plan [IEP]
14.7.7.2 Previous School IEPs and Testing
14.7.7.3 Current Educational and Related Services Testing
14.7.7.4 Current Functional Behavior Assessment [FBA]
14.7.7.5 Current Behavior Intervention Plans [BIP]
14.7.7.6 Related Service Notes
14.7.7.7 Manifestation Determinations
14.7.7.8 Notification of IEP Letters
14.7.7.9 Requests for Special Education Information

15 CONFIDENTIALITY

15.1 The Facility Records Manager or designated staff member, in conjunction with the Facility Superintendent, Health Services Administrator, Superintendent of Education, Public Records Custodian and Department Privacy Officer shall ensure that all records pertaining to the client, including all related social records, behavioral health screenings, diagnostic evaluations, psychiatric reports, medical reports, social studies reports, records from local detention facilities, client identifying records from facilities for the care and rehabilitation of delinquent children, pre-supervised release reports and supervision histories obtained by juvenile probation officers, the juvenile public safety advisory board, or other juvenile records in the possession of the Children Youth and Families Department remain confidential and are not to be disclosed directly or indirectly to the public.

15.2 The disclosure of all mental health and developmental disability records shall be made pursuant to the Children's Mental Health and Developmental Disabilities Act (NMSA 1978 32A-6A-24).

15.3 The Health Services Administrator, in conjunction with the Department Privacy Officer controls health records and health information and monitors storage,

access and confidentially to comply with the Health Insurance Portability and Accountability Act (HIPAA).

15.4 The Health Services Administrator monitors the release of health information by utilizing consent forms that comply with applicable HIPAA standards, federal and state law or regulation and the provisions of this procedure. The client must sign a release or consent for the release of protected health information prior to the release of the information and the release or consent form must become a part of the client's permanent medical record.

15.5 The Superintendent of Education, in conjunction with the Department Privacy Officer, controls educational records and protected educational information and monitors storage, access and confidentially to comply with the Family Educational Rights and Privacy Act (FERPA).

15.6 The Superintendent of Education monitors the release of educational records and protected educational information by utilizing consent forms that comply with applicable FERPA standards, federal and state laws or regulations and the provisions of this procedure. The client, if eighteen years or older and the client's legal guardian or parents if under the age of eighteen, must sign a release or consent for the release of protected educational information prior to the release of the information and the release or consent form must become a part of the client's permanent education record.

15.7 The Facility Records Manager or designee monitors the release of social and legal histories records and protected social and legal information by utilizing consent forms that comply with applicable departmental standards, federal and state laws or regulations and the provisions of this procedure. The client must sign a release or consent for the release of protected social or legal information prior to the release of the information and the release or consent form must become a part of the client's permanent master record.

15.8 The Facility Superintendent and Health Services Administrator or Superintendent of Education, in consultation with the Office of General Counsel or Department Privacy Officer, shall monitor and control the release of protected information to the following entities recognized by New Mexico State Statute as not requiring a release or consent for release of protected information, provided that the following shall not re-release the information without proper consent or as otherwise provided by law.

- 15.8.1 Court personnel,
- 15.8.2 The child's court appointed special advocate,
- 15.8.3 The child's attorney or guardian ad litem representing the client in any matter,
- 15.8.4 Children Youth and Families Department personnel,
- 15.8.5 Corrections Department personnel,
- 15.8.6 Law enforcement officials when the request is related to the investigation of a crime,
- 15.8.7 District Attorneys or children's court attorneys,
- 15.8.8 A state government social service agency in any state,
- 15.8.9 Those person(s) or entities of the child's Indian tribe specifically authorized to inspect such records pursuant to the federal Indian Child Welfare Act of 1978 or any regulations promulgated under that act,
- 15.8.10 Tribal juvenile justice system and social service representatives,
- 15.8.11 A foster parent, if the records are those of a client currently placed with that foster parent or if a client is being considered for placement with a foster parent, when disclosure of the information is necessary for the

client’s treatment or care and shall include only that information necessary to provide for treatment and care of the client,

15.8.12 School personnel involved with the client when the client’s records concern the client’s educational needs, but shall include only that information necessary to provide for the client’s educational planning and needs,

15.8.13 Health care or mental health professionals involved in the evaluation or treatment of the client, the client’s parent, guardian, or custodian or other family members,

15.8.14 Representatives of the protection and advocacy system,

15.8.15 The client’s parents, guardians or legal custodian when the disclosure of the information is necessary for the client’s treatment or care and shall only include that information necessary to provide for the treatment or care of the client,

15.8.16 Any person(s) or entity by court order having a legitimate interest in the case or the work of the court who agrees to otherwise not release the records, and

15.8.17 The client, if 14 years of age or older as described in section 20 of this procedure.

16 REQUESTS FOR PROTECTED OR CONFIDENTIAL INFORMATION

16.1 Any request for protected or otherwise confidential information concerning a current or former JJS client received at a JJS facility, including subpoenas or court orders, will be immediately forwarded to the Facility Records Manager or designated staff member. If a request is marked as an Inspection of Public Records Act request or is a subpoena or court order, the request should be immediately forwarded to the Public Records Custodian.

16.2 If the request is a simple records request and no release of information is attached, the Facility Records Manager will contact the classification officer or appropriate service or department area and inform them of the request and instruct them to ensure the appropriate release or consent of release is completed and signed by the client or other appropriate authority.

16.3 Upon confirmation that the appropriate release has been completed and signed by the client or other appropriate authority, the Facility Records Manager or designated staff member immediately forwards the request and release to the Public Records Custodian. The Public Records Custodian will contact the Office of General Counsel (OGC) for review and approval of the request and release. Once review and approval from OGC is obtained, the Public Records Custodian will contact the Facility Records Manager to notify them of whether to release the records or not.

16.4 Upon approval, the information is forwarded to the requested party and a copy of the request, the cover letter including a description of the documents released, and the release form becomes a part of the client’s permanent record. The cover letter is also forwarded to the Public Records Custodian.

16.5 Any staff member that directly or indirectly releases protected client information outside the provisions of the Juvenile Justice Service’s policy and procedural statement is subject to disciplinary and criminal sanction.

17 RECORDS ACCESS

17.1 The Master File is available to all administrative, custodial, classification, programmatic, educational, health service, managerial, supervisory, quality assurance and program staff members in the performance of their duties.

17.2 The Facility Records Manager during normal working hours and the designated shift supervisor during non working hours will monitor access to the Records Storage area by ensuring that the sign out/in form is completed by any staff member accessing the Client Master File.

17.3 All master files must remain in the Records Room or designated areas of the Administration building unless approved by the Facility Records Manager. Any file approved for removal from the designated areas must be returned to Records by 4:00 p.m.

17.4 The Medical and Behavioral Health Files are available to all health services staff, onsite health service contract providers, quality assurance personnel and those designated by the Health Services Administrator.

17.5 The Medical Records Clerk, Charge Nurse or staff member designated by the Health Services Administrator will monitor access to the Medical and Behavioral Health File storage area by ensuring that the sign out/in form is completed by any staff member accessing the Medical or Behavioral Health File.

17.6 All Medical or Behavioral Health files must remain in the designated areas for health service provision unless approved by the Medical Records Clerk, Charge Nurse or Health Services Administrator for medical files; or the Director of Behavioral Health, Behavioral Health Supervisor or Health Services Administrator for behavioral health files. Any file approved for removal from the designated areas must be returned to records storage by 4:00 p.m., or be placed in an appropriate triage area for upcoming daily clinics.

17.7 The Education File is available to all education staff members, contracted educational providers or as designated by the Superintendent of Education or designee.

17.8 The Education Facility Records Manager or designated staff member will monitor access to the Education File storage area by ensuring that the sign out/in form is completed by any staff member accessing the Education File.

17.9 The Education file must remain in the designated areas for educational services unless approved by the Facility Records Manager, Principal, Vice-Principal or Superintendent of Education. Any file approved for removal from the designated areas must be returned to records storage by 4:00 p.m.

17.10 When an outside entity is approved to review a Master, Medical, Behavioral Health or Education file, the Facility Records Manager or designated staff member will monitor and observe the review to ensure that information is not added to or removed from the file.

17.11 Request for access to the Master, Medical, Behavioral Health or Education file for research is approved by the JJS Director. Requests for research are forwarded to the Facility Superintendent, Health Services Administrator, Director of Behavioral Health or Superintendent of Education respective to their operation or service area.

17.11.1 The request is reviewed for compliance with professional and scientific ethics, and if appropriate forwarded to the JJS Director for approval.

17.11.2 The JJS Director reviews the request with the Office of General Counsel or the Department Privacy Officer to ensure that no violation of Federal or State law, the provisions of this procedure, or other departmental regulation exists.

17.11.3 If appropriate, the JJS Director approves the access for research, the scope of the research and the dissemination of the research findings.

17.12 Qualified health service care professionals have access to the information in the client's Master File when the Health Service Administrator determines that such information may be relevant to the clients' health and course of treatment.

17.13 Access to and/or use of the storage and maintenance areas of the Medical File or Behavioral Health File, whether written, electronically recorded, automated or verbally accounted, is controlled by the Health Services Administrator.

17.14 The Health Services Administrator shares information with the superintendent or facility administrator regarding a client's' medical management, security and ability to participate in programs.

18 RECORDS TRANSFER

18.1 The Facility Records Manager or designated staff member monitors client movement to ensure client records are transported simultaneous to the client transfer for all regularly scheduled transports, and within 72 hours after a client's departure during an emergency transport when client files are not available for immediate transport. Medical and behavioral health summaries or copies of histories are forwarded to the receiving facility prior to or at arrival of the client during emergency transports when the client files are not immediately available for transport.

18.2 When a client is transferred to a contracted facility or treatment center operated by an entity other than CYFD, pertinent health information as designated by the Health Services Administrator is transported simultaneous to the client transfer for all regularly scheduled transports, and within 72 hours after a client's departure during an emergency transport when client files are not available for immediate transport.

18.3 The Superintendent or Classification Supervisor notifies the Facility Records Manager or designated staff member 48 hours prior to a pending client transfer.

18.4 The Facility Records Manager forwards a copy of the "Client Release Packet" to all Department Heads for release authorization.

18.5 The Facility Records Manager or designated staff members completes a "Client File Tracking Receipt" that includes the client's name, number, sending and destination facility and total number of volumes.

18.6 The Client Master File, Medical File, Behavioral Health File, and Education File are audited by the designated department for completeness, content and policy and procedural mandates. Each File is signed off by the auditor certifying the audit.

18.7 At the close of business on the day prior to transport, or on the regularly scheduled transport date, each file is bagged and sealed. The Client File Tracking Receipt is signed by the Transport Officer and the files are released to the Transport Officer or secured in a designated area for pick up.

18.8 Once the client and files arrive at the destination facility, the "Client File Tracking Receipt" is signed by the receiving facility confirming that the files and client have been received.

18.9 All "Client File Tracking Receipt(s)" are to be immediately returned to the sending Facility Records Manager by the Transportation Officer. The Facility Records Manager shall distribute the signed copies to the appropriate departments.

18.10 If a "Client File Tracking Receipt" is not received by the Facility Records Manager, the Facility Records Manager will verify receipt of the file by calling

the destination facility and immediately report the violation of this procedure to the Facility Superintendent.

18.11 If medications or other medical devices are transferred as part of the medical file, the Health Services Administrator or designee will provide a separate inventory detailing the additional items being sent. The medication or medical devices will be inventoried by medical or health service personnel, or a designated staff member by the Health Services Administrator and the additional inventory will be signed at the destination facility and immediately facsimiled back to the Health Services Administrator's office.

18.12 The Client Master File will be forwarded to the following facilities upon a clients transfer:

18.12.1 Youth Diagnostic and Development Center
18.12.2 Camino Nuevo Youth Center
18.12.3 J. Paul Taylor Center
18.12.4 Albuquerque Boys Center

18.13 A composite of the Clients Master File containing the most recent Face Sheet, Chronological History, SCM Risk and Need Assessment, Baseline, current Petition, current Judgment and Disposition or Commitment Order, most recent MDT report and available original vital information (birth certificate, ID, Social Security Card) will be forwarded to the following facilities upon a client transfer:

18.13.1 Area 1
18.13.2 San Juan County Juvenile Detention Center
18.13.3 Eagle Nest Reintegration Center
18.13.4 Carlsbad Residential Treatment Center
18.13.5 Albuquerque Girls Center

18.14 The Medical and Behavioral Health File will be forwarded to the following facilities upon a clients transfer:

18.14.1 Area 1
18.14.2 Youth Diagnostic and Development Center
18.14.3 Camino Nuevo Youth Center
18.14.4 J. Paul Taylor Center
18.14.5 San Juan County Juvenile Detention Center
18.14.6 Albuquerque Boys Center - Medical File maintained at YDDC

18.15 A composite of the client's Medical File containing a medical transfer summary, History and Physicals, PPD Testing results, Immunization Flow Sheet and Medication Transfer Summary will be forwarded to the following facilities upon a client transfer:

18.15.1 Albuquerque Girls Center
18.15.2 Carlsbad Residential Treatment Center
18.15.3 Eagles Nest Reintegration Center

18.16 A composite of the client's Behavioral Health File containing a complete copy of the clients file contents will be forwarded to the following facilities upon a client transfer:

18.16.1 Albuquerque Boys Center – Behavioral Health File Forwarded
18.16.2 Albuquerque Girls Center
18.16.3 Carlsbad Residential Treatment Center
18.16.4 Eagles Nest Reintegration Center

18.17 The Educational File will be forwarded to the following facilities upon a clients transfer:

18.17.1 J. Paul Taylor Center
18.17.2 Camino Nuevo Youth Center

18.17.3 All other educational file requests will be forwarded after a request from a recognized school district and maintained at the Youth Diagnostic and Development Center.

19 RECORDS INTEGRITY

19.1 Every staff member assigned to JJS, especially those staff members assigned to work with the client record or file, may not engage in and is responsible for the immediate reporting of the following actions to the Facility Superintendent, Health Services Administrator, Superintendent of Education or the Office of Quality Assurance: filing of documents that are not marked with the actual date and time of the activity or inclusion into the file; documents that are not filed or entered into the file within five working days of generation or completion; any evidence of the use of correction fluid, correction tape or erasures on documents already entered into the record or file; suspected forgery; and/or the receipt of falsified documents; the unauthorized removal or destruction of a filed document; the receipt of any backdated or predated document or any evidence of modification, manipulation, alteration or concealment of a document with the intent of impairing a documents integrity or availability.

19.1.1 Any staff member engaging in the above activity or failing to report evidence of the above activity is subject to disciplinary action.

19.1.2 If it is necessary to correct or delete a note or log entry, the incorrect entry will be marked through with a single line, initialed and dated by the corrector, with the original entry not being blocked out or obscured.

20 CLIENT ACCESS TO FILE

20.1 Clients 14 years of age or older have the right to review and request copies of information contained in their respective Master File, Medical File, Behavioral Health File and Education File. Behavioral Health file records shall be disclosed to the client pursuant to NMSA 1978 32A-6A-24.

20.2 If disclosure of otherwise confidential records is made to the client or any other person or entity pursuant to a valid release of information signed by the client, all victim or witness indentifying information shall be redacted or otherwise deleted.

20.3 Clients can request access to or information from their Master File, Medical File, Behavioral Health File or Education File through written request to the Facility Records Manager or designated staff member.

20.4 The Facility Records Manager or designated staff member will consult with the Facility Superintendent, Health Services Administrator, Director of Behavioral Health or Superintendent of Education or their designees, to ensure the access or release is in accordance to New Mexico State Statute, applicable regulations and the provisions of this procedure.

20.5 Unless there is specific indication identified by the Facility Superintendent or designee that access could be detrimental to the safety or security of others such as confidential or protected information about another client, identified confidential informants, victim address and location, National Crime Information Center or Federal Bureau of Investigation Identification "RAP Sheet" for law enforcement disclosure only, the client shall have access to their Master File.

20.6 Unless there is specific indication identified by the Health Services Administrator or Director of Behavioral Health or designee that access could be detrimental to the patient or seriously detrimental to the patient/health care provider relationship or the safety of the health care provider, the client shall have access to their Medical and Behavioral Health File.

20.7 Unless there is a specific indication identified by the Superintendent of Education or designee, through consultation with the Special Education Coordinator, that disclosure would not be in the best interests of the client, the client shall have access to their Education File.

20.8 Under no circumstances shall a client be allowed to access their original Master File, Medical File, Behavioral Health File or Education File without the direct supervision of a designated staff member from the operation or service area.

20.9 Clients have the ability to challenge incorrect information in their Master File, Medical File, Behavioral Health and Education File by providing documentation or written information demonstrating a need for correction to their respective classification officer of the respective department head. This challenge becomes part of the File.

20.9.1 Clients have the ability to challenge the Department's decision not to allow access to their Master File, Medical File, Behavioral Health File and Education File by following the established grievance procedure.

20.10 Reasonable requests for copying or the duplication of file information will be completed within 7 days of the request, approval, or receipt from archives.

20.10.1 Clients are expected to pay a reasonable cost for the copying or duplication of information requested unless there is evidence the client does not have monetary means.

21 RECORD CONTINUOUS QUALITY IMPROVEMENT (CQI)

21.1 The Facility Records Manager or designated staff member will conduct a review of the File Access Log and complete an opening and closing File Inventory Count on a daily basis to monitor custody and accessibility to the client files.

21.2 The Facility Records Manager or designated staff member will conduct a review of the files on a daily basis to monitor files meeting the approved Records Label format.

21.2.1 The Daily Log Access review, File Inventory Count and Records Label Format Review, with discrepancies noted will be recorded and maintained by the Facility Records Manager or designated staff member.

21.2.2 Any unaccounted for files will be immediately reported to the Facility Superintendent, Health Services Administrator or Superintendent of Education.

21.3 The Facility Records Manager or designated staff member will conduct a complete Format and Content review of two files on a Weekly basis. This review will monitor: file format according to policy and procedure; if documents are located in the appropriate sections; and if information/documentation is clearly written, legible, identified by submitter and identified by date.

21.3.1 The Weekly Format and Content Review, with discrepancies noted will be recorded and maintained by the Facility Records Manager or designated staff member. Discrepancies will be listed as the total number of items checked versus the percentage of discrepancies noted.

21.4 In conjunction with the Fire Safety Officer, the Facility Records Manager or designated staff member will conduct a review of the file storage area on a Monthly basis to monitor if files are being stored and maintained in accordance to this policy and procedural statement.

21.4.1 The File Storage Area Review, with discrepancies noted, will be recorded and maintained by the Facility Records Manager or designated staff member and the Fire Safety Officer.

21.4.2 Any noted fire hazard or situation that compromises the safe storage of the client file will be immediately corrected if possible and immediately reported to the Facility Superintendent, Health Services Administrator or Superintendent of Education.

21.5 For each facility, on a Quarterly basis, the Facility Superintendent or designee, the Health Services Administrator or designee, the Superintendent of Education or designee, the Facility Records Manager / designated staff member, the Fire Safety Officer and a representative from the Office of Quality Assurance will review the daily, weekly and monthly reviews, note the discrepancies, issue corrective action plans, and evaluate previous corrective action taken.

21.5.1 The Facility Records Manager will maintain minutes of the Quarterly meetings.

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22. AUTHORIZED SIGNATURE:

6/10/10

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Dorian Dodson, Cabinet Secretary **Date**
Children Youth and Families Department