Best Practices in Documentation

GETTING TO THE BARE ESSENTIALS

WELCOME!

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Thanks:

- Georgia Criminal Justice Coordinating Council

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Part Two:

HOW TO WRITE A GOOD CASE NOTE,

RECOMMENDATIONS FOR RECORD RETENTION, AND

MORE ABOUT FUNDER REQUIREMENTS

Upcoming Confidentiality Webinars

Confidentiality and Community Partnerships

How to engage in a coordinated community response to domestic violence without violating survivor confidentiality

Tuesday, September 22nd

10:00 am – 11:30 am

2:00 pm – 3:30 pm

Record-keeping Philosophy: Why Less is Best

- Records can be subpoenaed and used against survivors in court proceedings
- Excessive documentation may violate a survivor's trust and/or confidentiality
- Too much documentation is time consuming and unnecessary
- Documentation of a survivor's shelter stay could be used as a reason not to re-admit her or to provide services at a later date
- Remember the information belongs to the survivor

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Trauma-Informed Approach to Intake

Intake Philosophy

- Intake process is more than completing forms and collecting data:
  - Purpose is to identify the person's level of safety, need for services and how the program can assist.
  - Should be viewed as the first step towards establishing a respectful and supportive relationship with the survivor

Understanding the Trauma-Impact of Intake

- Intakes inquire about private and detailed personal information.
- Survivor may be in crisis, anxious about seeking help, and sensitive to trauma triggers.
- A trauma-informed approach to intake process minimizes the trauma-impact and avoids retraumatizing or triggering survivors.
- Our goal is to be flexible and compassionate in our intake process—considering the trauma impact on the survivor throughout the process.

Trauma-Informed Approach to Intake

- Timing--Is this the right time to do intake? Can we collect this information later? Give survivor some control over when the intake is scheduled.
- Information---Explain the process, confidentiality and privacy rights, limits to confidentiality, she can decline to answer ?'s.
- Use compassionate and conversational approach--Alter questions to be less intrusive or abrupt. Use good listening skills and body language.
- Shorten the process--Intake process and information we collect should be as short as possible.
- End the intake by checking-in with survivor about how she feels.

Best Practices for Documentation

PROFESSIONAL AND OBJECTIVE

Should the case note be written?

- Does the case note contribute to meeting the needs of the survivor?
- What is the purpose of writing down this information?
- Can the purpose be addressed in another way?
- Is the written record of this information necessary to protect the program or staff from liability?
- How would the survivor react if she read these written notes?
- Does writing this case note enable program staff to do their jobs?

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Purpose of the Case Note

ALLOWS THE AGENCY TO DOCUMENT SERVICES PROVIDED TO THE SURVIVOR

Definitions

- **Case Note**: written about services provided, case planning, etc. kept either in the client's file or in Apricot case notes.
- **Shelter/Daily Living Note**: problems that arise during survivor's participation in program – conflicts with others, substance abuse, mental illness, etc. – not kept in client file or in Alice.
- **Documentation**: refers to both Case Notes and Shelter/Daily Living Notes

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Guidelines for good documentation

- Be objective! Do not write opinions, keep to the facts
  - Bad example: *I do not believe that Melissa is applying for jobs or working on her case plan. She is depressed and does not want to work.*
  - Good example: *I met with Melissa today. We discussed her job search and her goal of employment. Melissa has applied for several of the her list.*
    - Client's file

Guidelines for good documentation

- Avoid writing verbatim statements made by the survivor
  - Bad example: *Melissa came to staff this morning and said, "You better tell my roommate not to touch my stuff, or she and I are gonna have a serious problem!"*
  - Good example: *Melissa expressed to staff her concern that her roommate may be touching her personal belongings. I assisted Melissa in finding a safe space for her belongings, and we agreed that respect for each other's personal possessions will be a topic discussed at this week's house meeting.*
    - Shelter/daily living log

Guidelines for good documentation

- Avoid writing detailed notes about parenting problems
  - Bad Example: *Melissa is frustrated with her son, Sam, and is feeling overwhelmed. She does not know how to effectively discipline Sam and ends up yelling at him too often.*
  - Good Example: *I spoke with Melissa about her parenting goals, and we created a list of discipline techniques that she can practice with her son Sam.*
    - Client's file

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Guidelines for good documentation

- Do not include comments about drug or alcohol consumption in Case Notes, only in Daily Living Notes
- Do not include names of other survivors in an individual's client file
- Include factual notations that indicate dates and types of services provided

Guidelines for good documentation

- Use language that survivors can understand, notes that you would be comfortable with the survivor reading
  - Bad Example: *Melissa has acquired a substantial disregard for the programmatic relevance of the delivery of this particular exercise and has promoted her personal ideations as exceeding those previously discussed in this group.*
  - Good Example: *Melissa attended support group this evening.*
    - Client's file

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Guidelines for good documentation

- Do not include diagnoses or assessments or legal conclusions about the survivor
  - Bad Example: *Melissa shows signs of PTSD. Extensive therapy is needed before Melissa will be capable of successfully working on her case plan.*
  - Good Example: *Melissa conveyed that she has been having flashbacks and nightmares of the more violent incidents with her batterer, and that she is having trouble sleeping. I talked with Melissa about available community resources.*
    - Shelter/daily living log

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Documentation Formats

THERE IS NO ONE FORMAT APPROVED BY FUNDERS. THE KEY IS TO ENSURE THAT INFORMATION REQUIRED IS MAINTAINED.

Things to keep in mind

- Formats are generally used to meet insurance requirements
- Advocates are not clinicians
- Focus on services provided, advocates actions, not on progress or assessment of survivor
- Use format as a guideline for objectivity

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Practice Case Note

- **Scenario 1 (shelter):** *Amy tells you that another program participant stole her cell phone. Amy is extremely angry and upset. Her voice is raised, and she is demanding that the other participant be searched and evicted from the shelter. Amy is saying that if staff does not handle this situation, she will do it herself and "make" the participant return her phone.*
- **Scenario 2 (outreach):** *Mary comes to your office for a meeting. You had planned to assist Mary with her resume, but she relays to you that she is not prepared. She explains that she has been feeling very anxious over the past two weeks, has not been sleeping, and on occasion has suddenly felt panicky, unable to breathe, with clammy hands and tunnel vision. Mary expressed concern that she is "going crazy" or has a serious illness, and is asking you for help/feedback on what she has been feeling.*

Scenario 1 (shelter)

- Amy asked to speak with me about her cell phone. Amy relayed that she believes another participant stole her phone. She appeared angry as evident by her raised voice. Amy asked that the participant be searched and evicted from the shelter, or Amy would handle the situation herself. I reassured Amy that I will alert the rest of staff to the situation and that we will conduct a room search for the missing phone as per our policy. I asked Amy to please not confront the other participant herself, and that staff can mediate a conversation between them if the phone does not turn up after the search. Amy agreed to this. I will ask another staff person to help me in conducting a room search, and I will then follow up with Amy.

Scenario 2 (outreach)

- I met with Mary today. We discussed how she has been doing over the last two weeks since our last meeting. I provided Mary with a referral to see a counselor who is experienced in working with survivors of domestic violence. Mary asked for assistance in updating her resume at our next meeting, and we set a date for our next meeting in two weeks.

Document Maintenance and Retention

GUIDELINES AND FUNDER REQUIREMENTS

Record Maintenance & Data Security

- Survivors' files kept in locked filing cabinets
- Accessible only to designated staff (and the survivor)
- Funders and researchers have access only to aggregate statistical information
- Supervise volunteers or students' documentation

- Keep survivor data away from the internet
- Utilize anti-virus software & firewalls
- Use alphanumeric passwords and change them frequently
- Use skilled technology professionals
- Seek ongoing education
  - NNEDV Handout

Record Retention

- Best Practice as recommended nationally
  - Records of a survivor's involvement (under her name) with an agency will not be kept for more than one year
  - Aggregate information and statistical data will not be kept for longer than 7 years
  - Case notes, intake forms, signed releases of information, etc. shredded 3 months after a survivor is no longer receiving services (both shelter and outreach)

Alert/Flagged lists

- Extreme cases that create an unsafe shelter or program environment – how does it work?
  - Create a flexible policy that allows for case-by-case consideration
    - How will "flagging" the survivor help/harm in the future?
    - What is the goal of creating the list?
    - What are the options for offering services other than shelter?
    - Who will be involved in the decision-making process?
    - What factors will be considered?
    - What truly constitutes a safety risk?

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Funder Requirements

- Grant files should be kept for 3 years after grant officially closes
  - Financial records, reports, contracts, etc. (not client files)
- For survivors, period of services, demographics, what services were provided
- No specific time frame requirement for survivor files
- An opportunity to develop ideas, give input, create best practice for Georgia
- GCADV will continue to talk with state/federal funders about best practices for retention

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Computer Files - Apricot

- How long are client files or case notes saved?
  - Create a policy re: timeframe for deleting files
- What fields on the screen are required?
  - Ensure that identifying information stored in the database is truly required by the funder

Written Policies and Procedures

- Each program will decide what policies will work best for them

- Key is to have a <u>written policy</u>
  - What will be documented and how
  - How long documentation and client files will be kept
  - How the quality of case notes will be assured

Conclusion

- Consider why something is documented, and whether or not it is in the best interest of the survivor
- Make sure aggregate data provided to funders is non-identifying
- When something should be documented, make sure the documentation is objective and professional
- Have a policy in place for checking the quality of case notes
- Have a policy in place for document and record retention and destruction

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Thank You!

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