

YOUTH SERVICES POLICY

Title: Quality Assurance Reviews - Central Office Audits, Secure Facilities and Regional Offices Next Annual Review Date: 05/12/2017	Type: C. Field Operations Sub Type: 5. Monitoring Number: C.5.3
Page 1 of 9	
References: La. R.S. 15:827; ACA Standards 2-CO-1A-20, 2-CO-1A-21, and 2-CO-1C-17 (Administration of Correctional Agencies), 4-JCF-6A-09 (Performance-Based Standards of Juvenile Correctional Facilities); 2-2071, 2-7013 and 2-7045 (Standards for Juvenile Probation and Aftercare Services); YS Policy Nos. A.7.1 "Safety Plan", B.2.19 "Programs and Evidence-Based Practice", C.5.5 "Performance Standards", D.8.1 "Social Services and Prevention/Diversion Contract Monitoring, and D.15.3 "Delivery of Treatment and Auxiliary Services"	
STATUS: Approved	
Approved By: <i>Mary L. Livers, Deputy Secretary</i>	Date of Approval: 05/12/2016

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 an ongoing Quality Assurance (QA) Review Process of YS Secure Care Centers for Youth programs and functions, and the Community Based Services (CBS) Regional Office functions, and to ensure compliance with YS policies and procedures, the American Correctional Association (ACA), Performance-Based Standards, the Office of Risk Management (ORM), and Federal law.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Deputy Assistant Secretary, General Counsel, Health Services Director, Director of Treatment and Rehabilitative Services, Agency Safety Coordinator, Regional Directors, Facility Directors, Regional Managers, Continuous Quality Improvement Services (CQIS) staff, and designated Site Coordinators at the unit level.

IV. DEFINITION:

Continuous Quality Improvement Services (CQIS) - The Central Office performance-based and results-driven competency and efficiency management system.

Contract Monitor – The CBS Program Specialist assigned to ensure contract compliance. (Refer to YS Policy No. D.8.1)

Contract Monitoring Tool – A comprehensive tool utilized by the contract monitor to determine overall contract compliance through review of identified program areas and consolidation of Case File Audit tool data.

Correctional Program Checklist (CPC) – An evidence-based tool developed to assess correctional intervention programs. The CPC is used to ascertain how closely correctional programs meet the known “Principles of Effective Intervention”.

Electronic Record Management Application (ERMA) – The electronic healthcare management database utilized by Correct Care Solutions (CCS), the contracted healthcare provider at the YS secure care facilities.

Juvenile Electronic Tracking System (JETS) - The centralized database utilized to track all youth under OJJ supervision custody and to record all case record activity.

Prevention/Diversion Contract – An OJJ issued social service contract with a community-based provider that is based on a funding application. (Refer to YS Policy No. D.8.1)

Program Analysis Report – A semi-annual report compiled by CQIS Program Specialist staff that analyzes data compiled during the contract monitoring process. (Refer to YS Policy No. D.8.1)

Random Sample – A random sample of cases pulled through CQIS for review.

Social Service Contract – Ann OJJ issued social service contract with a community-based service provider that is based on a Request for Proposals (RFP). (Refer to YS Policy No. D.8.1)

V. POLICY:

It is the Deputy Secretary's policy that on-site QA Reviews of YS secure care facilities and CBS Regional Offices shall be conducted to provide Facility Directors and Regional Managers with an objective, informative assessment of operational activities.

The QA Reviews shall be conducted on a frequency as determined by the Deputy Secretary, but at a minimum, semi-annually for secure care facilities, and annually for Regional Offices.

VI. GENERAL:

- A. The Chief of Operations is responsible for the QA Review process for the Agency, which includes;
1. Treatment;
 2. Medical/Mental Health;
 3. Safety;

4. Investigative Services;
 5. Correctional Program Checklist (CPC);
 6. Secure Care and CBS Outcome Measures;
 7. Policy Reviews; and
 8. Targeted reviews based on agency needs.
- B. The Chief of Operations/designee is responsible for the development and revision of QA Review tools to be utilized during these reviews. Tools shall comply with established YS policy and procedures and shall be revised as needed.
- C. Qualified staff, knowledgeable of the operations of the program being reviewed, shall be designated to conduct the review of each corresponding program area. (Ex. Director of Treatment and Rehabilitation/Program Manager - Treatment Review; Health Services Director - Medical/Mental Health Review).
- D. After completion of each individual QA Review, the designated QA Review staff shall provide the Chief of Operations/designee with a report of their findings for review. The Chief of Operations shall submit the completed QA Review Report to the Deputy Secretary, Central Office Executive Staff, appropriate Regional Director, and the Facility Director and/or Regional Manager.
- E. Action Plans shall be submitted by the Facility Director and/or Regional Manager within the designated timeframe to address the findings that are in non-compliance with YS policy and procedures.

VII. SECURE CARE FACILITY QA REVIEWS:

- A. Outcome Measure Reviews
1. Outcome Measure Reviews shall be performed in the Secure Care Facilities on a quarterly basis encompassing established performance indicators and outcome measures.
 2. Facility Site Coordinators and CQIS staff shall be responsible for data collection and reporting procedures pursuant to YS Policy C.5.5.
 3. The Chief of Operations shall present the final report to Executive Staff, Regional Directors and Facility Directors on a semi-annual basis pursuant to YS Policy No. C.5.5.
 4. Facility Directors shall be responsible for submitting an Action Plan to address non-compliance areas as referenced in YS Policy C.5.5.

B. Quarterly Treatment Reviews

1. The Director of Treatment and Rehabilitative Services/designated staff are responsible for conducting quarterly treatment reviews of youth case records.
2. CQIS shall provide a random list of youth to be reviewed to the Director of Treatment and Rehabilitative Services/designated staff one (1) week prior to the review.
3. The week of the Quarterly Treatment Review, the Director of Treatment and Rehabilitative Services/designated staff shall conduct an electronic review of the selected youths case records utilizing the Juvenile Electronic Tracking System (JETS).
4. The Director of Treatment and Rehabilitative Services/designated staff shall conduct on-site case management record reviews utilizing the following tools available on YS SharePoint pursuant to YS Policy No. C.5.5:
 - a. Case Management File Review;
 - b. MR Record Review; and
 - c. Release/Reintegration Plan.

The Director of Treatment and Rehabilitative Services/designated staff shall send the list of youth case records to be reviewed to the Facility Director the day prior to the on-site review.

5. During the on-site review, Case Managers/designated staff shall be available and afforded the opportunity to address review findings and provide documentation to rectify non-compliance issues.
6. Data from the review tools shall be submitted by the Director of Treatment and Rehabilitative Services/designated staff to CQIS for compilation of data. CQIS staff shall adhere to the QA Review process referenced in Section VI.D-E above.

C. Medical/Mental Health Review Process

1. On a quarterly basis, the Health Services Director shall conduct a Medical and Mental Health Review at each secure care facility.
2. Five (5) randomly selected youth Electronic Health Records (ERMA) shall be requested for review by the Health Services Director for the quarter under review. The Electronic Health Record categories reviewed shall be as follows:
 - a. New Intakes;
 - b. Infirmary Admissions; and

c. Mental Diagnosis.

3. Audit tools created by the Health Services Director and CQIS staff shall be utilized to conduct the Medical and Mental Health Review report. The final report shall be reviewed by the Health Services Director, the facility Health Services Administrator (HSA), and designated facility staff. The report shall also be discussed during the quarterly Medical Administrative Committee (MAC), facilitated by the Contracted Healthcare Provider (CHP).

D. Safety Review

1. All OJJ secure care facilities shall undergo a quarterly safety audit performed by the Agency's Safety Coordinator. Quarterly Safety Audits in the secure care facilities ensure data required for the annual Office of Risk Management (ORM) safety audits.
2. Designated facility staff shall perform self audits every February in preparation for the Agency Safety Coordinator and the ORM auditor annual review during the months of March-May.
3. The Agency Safety Coordinator shall utilize checklists developed by the Safety Committee to monitor the overall Safety Program, which includes indicators relative to the compliance of the Division of Administration's Loss Prevention Manual and YS policies and procedures.

E. Correctional Program Checklist (CPC)

The CPC is an evidence-based tool developed to assess correctional intervention programs. The CPC is used to ascertain how closely correctional programs meet the known "Principles of Effective Intervention".

YS shall conduct CPC evaluations in the secure care facilities as reference in YS Policy B.2.19.

F. ACA

1. Monthly ACA file reviews shall take place at each secure care facility in accordance with the annual schedule of file reviews provided by the YS ACA Manager. Reviews are scheduled with the facility's ACA Coordinator, with notification to the Facility Director, Regional Director and Chief of Operations.
2. Following each monthly review, a report of findings indicating the Standards reviewed, as well as those compliant and non-compliant, along with the overall compliance percentage, is submitted to the ACA Coordinator, Facility Director, Regional Director, Assistant Secretary and Chief of Operations by the YS ACA Manager.

Standards found in non-compliance remain on the facility's monthly review by the YS ACA Manager until compliant.

3. The YS ACA Manager is responsible for scheduling an annual "mock" ACA audit to be conducted by selected OJJ staff certified as auditors by ACA. A report of findings is submitted to the Facility Director, Regional Director, Assistant Secretary, Chief of Operations, YS ACA Manager, and the facility ACA Coordinator.

Following the annual "mock" audit, it is the Facility Director's responsibility to ensure compliance prior to the next scheduled YS ACA Manager's review.

The YS ACA Manager is also responsible for ensuring a "mock" walk-through of the facility is conducted during the "mock" audit. Participants of the walk-through shall include the Chief of Operations, the YS ACA Manager, and other selected OJJ staff certified as auditors by ACA.

Following the annual "mock" walk-through, it is the Facility Director's responsibility to ensure areas of non-compliance are addressed and documented appropriately.

VIII. COMMUNITY BASED SERVICES (CBS)

A. Outcome Measure Reports

1. Outcome Measure Reviews shall be performed in the CBS Regional Offices on a semi-annual basis encompassing established performance indicators and outcome measures.
2. Regional Office Site Coordinators and CQIS staff shall be responsible for data collection and reporting procedures pursuant to YS Policy C.5.5.
3. The Chief of Operations shall present the final report to Executive Staff, Regional Directors and Regional Managers on a semi-annual basis.
4. Regional Managers shall be responsible for submitting an Action Plan to address areas in need as referenced in YS Policy C.5.5.

B. Safety Reviews

1. Designated Regional Office staff shall monitor and perform ORM Safety Program self audits every February in preparation for the annual Agency Safety Coordinator and the ORM auditor review during the months of March-May. Reviews are conducted to ensure compliance with the Division of Administration's Loss Prevention Manual and YS policies and procedures.

2. The Agency Safety Coordinator is available to conduct annual ORM compliance reviews upon the request of the Regional Manager. Request for the previous year's documentation review must be submitted during the month of July to be scheduled for compliance review.

C. Correctional Program Checklist (CPC)

The CPC is an evidence-based tool developed to assess correctional intervention programs. The CPC is used to ascertain how closely correctional programs meet the known "Principles of Effective Intervention".

YS shall conduct CPC evaluations in the CBS Regional Offices as referenced in YS Policy B.2.19.

D. Social Service and Prevention/Diversion Contract Monitoring

The assigned contract monitor is responsible for conducting, at a minimum, monthly, bi-monthly or quarterly on-site visits or their assigned programs, based on the Program Risk Rating, and monitoring areas of non-compliance, pursuant to the guidelines established in YS Policy No. D.8.1.

E. Social Services Staff Treatment Reviews

1. The CBS Clinical Supervisor and CBS Program Manager are responsible for conducting a quarterly treatment review of all cases assigned to the CBS social services staff.
2. The "Community Based Services Case Management Review" tool authorized by Central Office and available on SharePoint shall be utilized to conduct the quarterly reviews. Completion of the tools requires both an electronic record review in JETS and on-site case record review.
3. Written notification of any deficiencies noted shall be provided to the CBS social services staff within 72 hours by means of a corrective action plan from the CBS Clinical Supervisor or CBS Program Manager.
4. The CBS social services staff shall have seven (7) working days to correct all deficiencies and forward the corrective action plan back to the CBS Clinical Supervisor and CBS Program Manager.

F. ACA

ACA files for the CBS Regional Offices are to be maintained at Central Office by the YS ACA Manager. The YS ACA Manager is responsible for the following:

1. Maintaining a rotational schedule whereby documentation is forwarded from the Regional Offices to Central Office on a monthly/quarterly/yearly basis;

2. Ensuring an annual “mock” ACA audit is conducted at Central Office by OJJ staff certified as auditors by ACA; and
3. Ensuring discrepancies noted during the annual “mock” audit are brought into compliance prior to the next scheduled review.

G. Internal QA Review Schedule

It is the Regional Director’s responsibility to ensure that an established internal review schedule of all CBS programs and operations of each Regional Office under their direction is conducted annually. The annual review shall encompass the following:

1. An established format for the internal review process;
2. An action plan to correct any deficiencies or needs; and
3. A report of findings along with the action plan, within 30 days of the review, submitted to the Regional Director and the Deputy Assistant Secretary.

IX. CENTRAL OFFICE (CO):

A. Safety

The Agency’s Safety Coordinator is responsible for conducting and maintaining documentation applicable to CO to monitor the overall Safety Program, which includes indicators relative to the Division of Administration’s Loss Prevention Manual and YS policies and procedures.

B. ACA

1. ACA files for Central Office are to be maintained by the YS ACA Manager.
2. Central Office Unit Heads are responsible for submitting requested documentation for the Central Office ACA files as requested by the YS ACA Manager.
3. The YS ACA Manager is responsible for ensuring an annual “mock” ACA audit is conducted at Central Office by OJJ staff certified as auditors by ACA; and
4. Ensuring discrepancies noted during the annual “mock” audit are brought into compliance prior to the next scheduled review.

X. INTERNAL DATA QUALITY ASSURANCE:

- A. On a weekly basis, the Office of Information Technology (OIT) located at the Department of Public Safety (DPS) generates a report entitled "Regional Weekly Report" which is distributed to the Chief of Operations, Regional Directors, Facility Directors, Regional Managers, Director of Treatment and Rehabilitation, and the Central Office CBS Program Manager 2. The report outlines the potential errors that exist in JETS.
- B. All recipients of the report are required to review and ensure corrections to data are made within seven (7) working days of receipt.
- C. In the interim, the YS Data Warehouse Manager may process additional exception reports on a case-by-case basis as reports are generated. These additional reports require the same diligence in rectifying the errors as noted above.

Previous Regulation/Policy Number: C.5.3

Previous Effective Date: 02/04/2015

Attachments/References: