

YOUTH SERVICES POLICY

Title: Quality Assurance Reviews - Central Office Audits, Secure Facilities and Regional Offices	Type: C. Field Operations Sub Type: 5. Monitoring Number: C.5.3
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References: La. R.S. 15:827; ACA Standards 2-CO-1A-20, 2-CO-1A-21, 2-CO-1A-22, 2-CO-1C-17, 2-CO-1E-09 and 2-CO-4C-01 (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 Practices", D.8.1 "Social Service Contract Monitoring, and D.15.3 "Delivery of Treatment and Auxiliary Services"	
STATUS: Approved	
Approved By: <i>William A. Sommers, Deputy Secretary</i>	Date Approved: 06/17/2021

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:

All Youth Services Employees.

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 adhere to the known “Principles of Effective Intervention”.

Council of Juvenile Justice Administrators – Performance-based Standards (PbS) – A program for juvenile justice agencies, facilities, and residential care providers to identify, monitor, and improve conditions and rehabilitation services provided to youth using national standards and outcome measures through a continuous learning and improvement process.

Electronic Record Management Application (ERMA) – The electronic healthcare management database utilized by Wellpath (WP), 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 or custody, and to record all youth case record activity.

Program Analysis Report – An 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 – Any 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 assessment of operational activities and policy compliance.

At a minimum, QA Reviews shall be conducted annually for secure care facilities, and annually for Regional Offices.

VI. GENERAL:

- A. The Chief of Operations shall develop and implement Agency QA processes for the following areas:
1. Treatment;
 2. Medical/Mental Health;
 3. Safety;
 4. Education;
 5. Food Services;
 6. Office of Management and Finance;
 7. Investigative Services;
 8. Correctional Program Checklist (CPC);
 9. CJJA Performance-based Standards;
 10. Policy Reviews; and
 11. Targeted reviews based on agency needs.
 12. Community Based Services Field Operations;
 - a. Probation and Parole Regional Offices
 - b. Contract Programs
 13. Secure Care Operations
- 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. QA Review teams shall be comprised of OJJ staff who are sufficiently qualified through knowledge and experience specific to the areas under review.
- D. After completion of each individual QA Review, the designated QA Review staff shall provide a QA report of findings to the Deputy and Assistant Secretaries with copies to all executive staff, assigned regional directors (if applicable), assigned regional managers (if applicable) and assigned facility directors (if applicable).

VII. SECURE CARE FACILITY QA REVIEWS:

- A. Secure Operations Review
1. CQIS shall conduct annual reviews of secure care operations in each OJJ secure care facility.
 2. Designated CQIS staff shall review secure care facilities for compliance with current OJJ policies and procedures in areas such as:
 - Security procedures
 - Education

- Treatment
 - LaMod
 - Physical plant
 - Cleanliness
 - Safety
 - Tool control
 - Key control
 - Maintenance
 - Training
3. Following a secure care quality assurance review, the Chief of Operations shall submit a report of findings in accordance with Section VI D. above.
 4. Within thirty (30) days of receipt of the report of findings, the assigned facility director shall submit an action plan to address overall deficiencies falling at or below eighty (80) percent. The action plan shall contain strategies designed to bring deficient areas into compliance with timelines for completion.
 5. Six (6) months following receipt of the secure care facility action plan, CQIS shall conduct a follow-up review to determine if the secure care facility is complying with the action steps and timelines.

B. Biannual Treatment Reviews

1. The Director of Treatment and Rehabilitation/designated staff shall conduct treatment reviews of youth case records in accordance with the CQIS schedule.
2. CQIS shall provide a random sample of two review cases per case manager to the Director of Treatment and Rehabilitation/designated staff one (1) week prior to the review.
3. The week of the Treatment Review, the Director of Treatment and Rehabilitation/designated staff shall conduct an electronic review of randomly selected case records via the Juvenile Electronic Tracking System (JETS).
4. The Director of Treatment and Rehabilitation/designated staff shall conduct on-site case management record reviews utilizing the following tools available on YS SharePoint:
 - a. Case Management File Review - Secure; and
 - b. Supervisory Review (Treatment).

CQIS staff shall send a list of randomly selected review cases to the Facility Director ten (10) days prior to the on-site review.

5. During the on-site review, Case Managers/designated staff may be afforded the opportunity to address review findings and provide documentation to rectify areas of non-compliance.
6. Within two (2) weeks following a treatment review, completed treatment review tools shall be submitted to CQIS. Designated CQIS staff shall utilize data obtained from the treatment review tools to create a report of findings which will be submitted in accordance with the process described in Section VI. D 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. Approved review tools 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 take part in quarterly safety audits. These audits shall be conducted by the Agency's Safety Coordinator. Data gathered during the Quarterly Safety Audits shall be compiled for the annual Office of Risk Management (ORM) safety audits.
2. Each February, designated facility staff shall conduct self-audits in preparation for the Agency Safety Coordinator and the ORM auditor annual review during the months of March through April.
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)

YS shall conduct CPC evaluations in the secure care facilities in accordance with YS Policy B.2.19.

F. Performance-based Standards (PbS)

Secure Care Facilities will collect PbS data and follow the guidelines as specified by the Council of Juvenile Justice Administrators. Information about PbS can be found at <http://pbstandards.org>

VIII. COMMUNITY BASED SERVICES (CBS)

A. CBS Operations Review

1. CQIS shall conduct annual reviews of operations in each OJJ regional office to include the Community Based Social Service staff youth records.

The purpose of the case reviews are to ensure that youth are receiving services as identified on the Support Services Treatment Plan and the Sexual Behavior Problem Treatment Plan that all required documentation is completed and placed in the Youth's Social Services Case Record. The quality assurance tool authorized by CO shall be utilized to document review findings.

2. Designated CQIS staff shall review regional offices for compliance with current OJJ policies and procedures in areas such as:
 - JETS entry
 - Client contact
 - Program referral processes
 - Secure/non-secure placement processes
 - Collections
 - SAVRY
 - Individual Service Plan
 - Supervisory review
 - Firearms/Bullet proof vests
 - Social Services youth case records
3. Following the regional office review, the Chief of Operations shall submit a report of findings in accordance with Section VI D. above.
4. Within thirty (30) days of receipt of the report of findings, the assigned regional manager shall submit an action plan to address overall deficiencies falling below ninety (90) percent. The action plan shall contain strategies designed to bring deficient areas into compliance.

5. CQIS, at the direction of the Chief of Operations, shall conduct follow-up field operations quality assurance reviews six months after receipt of the action plan. JETS reviews will be conducted in office. Site visits will be made when deemed necessary.

B. Safety Reviews

1. Compliance Reviews are conducted by the Agency's Safety Coordinator during July – December to review the previous year.
2. 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-April. Reviews are conducted to ensure compliance with the Division of Administration's Loss Prevention Manual and YS policies and procedures.

C. Correctional Program Checklist (CPC)

YS shall conduct CPC evaluations in the CBS contract programs in accordance with YS Policy B.2.19.

D. Social Service Contract Monitoring

The assigned contract monitor is responsible for conducting, on-site visits for assigned programs, in accordance with YS Policy No. D.8.1.

E. ACA

ACA files for the CBS Regional Offices are to be maintained at Central Office by the CQIS Program Manager. The CQIS Program Manager is responsible for maintaining a rotational schedule whereby documentation is forwarded from the Regional Offices to Central Office on a monthly/quarterly/yearly basis.

F. 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, shall be submitted to the Regional Director, Probation and Parole Program Director and the 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 CQIS Program Manager.
2. Central Office Unit Heads are responsible for submitting requested documentation for the Central Office ACA files as requested by the CQIS Program Manager.

X. INTERNAL DATA QUALITY ASSURANCE:

- A. At OJJ request, the Office of Technology Services (OTS) located at the Department of Public Safety (DPS) shall provide the ability to generate error reports for each Region, which the YS Data Warehouse Manager or OJJ staff requesting the report shall distribute to the appropriate Regional Directors, Facility Directors, Regional Managers, Probation and Parole Program Director and Secure Facilities Director as appropriate. The report shall outline the potential errors and conflicts that exist within JETS.
- B. All recipients of the report are required to review and ensure corrections to data are made within in a timely fashion.
- C. 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: 06/11/2020

Attachments/References: