

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 18-5	Policy # 12.5
Applicability: <input type="checkbox"/> All DJJ Staff <input checked="" type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities	Related Standards & References: O.C.G.A. §§ 49-4A-7, 49-4A-8 NCCHC 2011 Standard Y-A-06 ACA Standards 3-JDF-1A-05, 4-JCF, 6A-09, 4-JCF-4C-38 through 39 DJJ 12.2, 12.8	
Chapter 12: BEHAVIORAL HEALTH SERVICES	Effective Date: 3/22/18 Scheduled Review Date: 3/22/19	
Subject: BEHAVIORAL HEALTH QUALITY ASSURANCE	Replaces: 3/19/18 Division of Support Services	
Attachments: A- Corrective Action Plan	APPROVED:  <hr/> Avery D. Niles, Commissioner	

I. POLICY:

The Office of Behavioral Health Services shall recognize and promote adherence to professional standards pertaining to the delivery of behavioral health services in all DJJ facilities. The Office of Behavioral Health Services shall be responsible for the implementation and administration of behavioral health quality assurance program. The quality assurance program shall provide for the periodic review of all behavioral health services including contracted services and the performance improvement component.

II. DEFINITIONS:

Clinical Review: A qualitative review of clinical services and programs conducted by a licensed mental health professional. These reviews focus on the adequacy of clinical skills rather than policy compliance.

Comprehensive Review: A qualitative and quantitative review of behavioral health service delivery conducted by a Regional Behavioral Health Services Administrator.

Designated Health Authority (DHA): The individual responsible for the facility's health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The Designated Health Authority will be a Registered Nurse.

Designated Mental Health Authority (DMHA): The individual responsible for the facility's behavioral health services including ensuring the quality and accessibility of all behavioral health services provided to juveniles. The Designated Mental Health Authority must be a mental health professional with at least a master's degree in a mental health related field and who is serving in a mental health staff position.

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Designated Program Authority (DPA): The individual responsible for ensuring the quality and accessibility of generalized counseling programs and case management services. The designated program authority must possess at least a bachelor’s degree and have a minimum of 2 years of experience in the area of counseling and/or case management services.

Facility Program Staff: In secure facilities this may include: Institutional Program Directors, Juvenile Detention Counselors, social service workers, and interns or volunteers with education, training, experience, and background adequate to perform duties as approved by the Designated Program Authority.

Licensed Mental Health Professional (LMHP): A licensed Psychiatrist, licensed Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Clinical Nurse Specialist (CNS) in psychiatry/mental health. Licensure at the independent practice level is required in order for a clinician to be considered an LMHP.

Mental Health Caseload: Those youth who have been identified, following assessment, as requiring behavioral health services. These youth are assigned a primary clinician to coordinate the behavioral health treatment team presentations of this youth and assure that services recommended by the team are provided.

III. PROCEDURES:

- A. Each facility’s Designated Mental Health Authority (DMHA) will coordinate an internal quality assurance program to determine the quality and consistency of the mental health services provided and ensure that care is delivered according to professional standards, policies and directives.
- B. Clinical reviews will be conducted by a licensed mental health professional bi-monthly beginning in January of each year. The process will include a chart review which examines the quality, appropriateness, and efficacy of the services delivered.
 1. The results of each clinical review will be discussed with the individual clinician during clinical supervision in accordance with DJJ 12.8, Clinical Supervision. Overall findings and program trends will be presented during the Behavioral Health Continuous Quality Improvement Meeting.
 2. Corrective action plans will be developed during the Behavioral Health Continuous Quality Improvement Meeting.
- C. Each facility will have a monthly Behavioral Health Continuous Quality Improvement Meeting to review the Regional Behavioral Health Services Administrator reports, statistical reports, clinical reviews, and any other reports or issues that affect service delivery.

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1. This review, along with previous corrective action plans, will be used to develop a plan for improvement. The Corrective Action Plan and any significant issues discussed in the meeting will be entered into the OBHS Facility Quality Assurance Log in the Juvenile Tracking System (JTS) by the 5th of the following month.
 2. The DMHA or designee will maintain attendance rosters for each meeting.
 3. The scheduled day and time of the meeting and identified participants will be included in the facility program plan in accordance with DJJ 12.2, Scope of Behavioral Health Services.
 4. The facility Designated Mental Health Authority and Designated Programs Authority may choose to hold joint behavioral health and programs QA meetings. If the meetings are combined this should be indicated in the program plans for both areas.
 5. The Corrective Action Plan and any significant issues shall be reported to the Director of OBHS and the Assistant Commissioner.
- D. The Regional Behavioral Health Services Administrator will conduct a comprehensive review of each facility's behavioral health service delivery system at least twice per year.
1. The comprehensive review will assess the facility's compliance with DJJ policies, professional standards, and directives from the Office of Behavioral Health Services (OBHS).
 2. Following the comprehensive review, the Regional Behavioral Health Services Administrator will prepare a report of findings by the 10th of the following month (or the next business day following the 10th if the 10th falls on a weekend or holiday) and present the findings at the facility's quarterly health services quality assurance meeting.
- E. The Regional Behavioral Health Services Administrator will also conduct site visits at least quarterly (unless otherwise authorized by the Director of Behavioral Health Services) to ensure the delivery of quality behavioral health services at each site. The Regional Behavioral Health Services Administrator will prepare a report of findings by the 10th of the following month (or the next business day following the 10th if the 10th falls on a weekend or holiday) that summarizes activities at each facility within their region. These reports will outline areas of strength as well as weaknesses that must be addressed in the facility Continuous Quality Improvement meetings.

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- F. The Director of OBHS may grant specific extensions for report deadlines after consulting with the Assistant Commissioner assigned to oversee OBHS.
- G. Each facility Director, along with the Regional Behavioral Health Services Administrator, will conduct a quarterly health services quality assurance meeting to review the delivery of all health services in the facility.
1. The facility Director will serve as the chairperson of the facility's health services quality assurance meeting. In the absence or vacancy of the facility Director the designee or Assistant/Associate Director or above will serve as the chairperson.
 2. The meeting will be scheduled and communicated to all staff required to attend at least 30 days in advance of the meeting date.
 3. The following staff will be invited to the meeting:
 - a) Facility Director's immediate supervisor;
 - b) Facility Assistant Director(s);
 - c) Designated Health Authority;
 - d) Mental health clinical director and/or Qualified Mental Health Professionals;
 - e) Psychiatrist;
 - f) Psychologist;
 - g) Physician;
 - h) Dentist;
 - i) Behavioral health staff;
 - j) Programs and case management staff;
 - k) Nursing staff;
 - l) Regional Health Services Administrator;
 - m) Regional Programs Administrator; and
 - n) Regional Behavioral Health Services Administrator.

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4. The agenda will include:

- a) New policies and the development of local procedures by clinical staff;
- b) Health care services;
- c) Behavioral health care services;
- d) Dental services;
- e) Standards compliance;
- f) Health records reviews;
- g) Regional staff monthly reviews;
- h) Office of Continuous Improvement technical support and reviews;
- i) Behavioral health statistical reports;
- j) Health services statistical reports;
- k) Programs statistical reports;
- l) Issues that impact service delivery;
- m) Communication with service providers and administration;
- n) Infection control efforts;
- o) Performance improvement; and
- p) Corrective Action Plan (Attachment A).

H. The facility Director will ensure that the minutes of the meeting are recorded and staff who are unable to attend the meeting will review and sign the meeting minutes. The meeting minutes and corrective action plans will be submitted within 5 business days of the meeting to the Deputy Commissioner of Support Services and the Director of OBHS.

I. Each facility's DMHA will maintain documentation of quality assurance activities by calendar year. No quality assurance documentation will be filed in the youth's health record. Documentation of quality assurance activities will be readily available for review by the Office of Behavioral Health Services.

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1. The documentation will include, at a minimum:

- a) Clinical reviews;
- b) Site visit reports;
- c) Comprehensive review reports;
- d) Monthly Behavioral Health Statistical data;
- e) Self-harm incident reports (no youth pages with names should be included); and
- f) Corrective Action Plans.

J. The Director of the Office of Behavioral Health Services will conduct quarterly quality assurance meetings that will be used to review programmatic issues, direct statewide pilot studies, review statistical trends, and develop plans for performance improvement.

K. Quality reviews will be conducted at least biennially by the Office of Behavioral Health Services for each facility's psychological and psychiatric services per the protocol maintained by the Office of Behavioral Health Services.

IV. LOCAL OPERATING PROCEDURES REQUIRED: YES