

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 16-14	Policy # 18.3
Applicability: <input type="checkbox"/> All DJJ Staff <input checked="" type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)	Related Standards & References: NCCCHC 2011 Standard Y-A-06 ACA Standards: 3-JDF-1A-05, 4-JCF-4C-37 through 39, 4-JCF-6A-09 DJJ 12.2, 12.8	
Chapter 18. PROGRAMS AND SERVICES	Effective Date: 9/27/16 Scheduled Review Date: 9/27/17	
Subject: PROGRAMS QUALITY ASSURANCE	New Policy Division of Support Services APPROVED:	
Attachments: A. Program Corrective Action Plan	 <hr/> Avery D. Niles, Commissioner	

I. POLICY:

The Office of Behavioral Health Services (OBHS) shall recognize, promote and adhere to professional standards for the delivery of programs services in all DJJ facilities. In addition, OBHS shall be responsible for the implementation and administration of quality assurance programs as well as the periodic review of all behavioral health services.

II. DEFINITIONS:

Comprehensive Review: A qualitative and quantitative review of programs service delivery conducted by a Regional Programs Service Administrator.

Designated Health Authority (DHA): A registered nurse responsible for the facility's health care services as well as the quality and accessibility of all health services provided to the youth. The DHA must be a registered nurse and be identified by the job title of "Nurse Manager."

Designated Mental Health Authority (DMHA): The individual responsible for the facility's behavioral health services, as well as the quality and accessibility of all behavioral health services provided to the youth. The DMHA must be a mental health professional with at least a master's degree in a mental health related field and has served in a mental health position.

Designated Program Authority (DPA): The OBHS facility program staff approved by the Regional Program Administrator, responsible for ensuring the quality and accessibility of generalized counseling programs and case management services. The DPA must possess at least a bachelor's degree and a minimum of 2 years of experience in the area of counseling and/or case management services.

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Facility Program Staff: Institutional Program Directors, Juvenile Detention Counselors, Recreation Staff, Volunteer Coordinators, social service workers, and interns or volunteers with education, training, experience and background adequate to perform duties, as approved by the Designated Program Authority.

Regional Program Administrator: The Office of Behavioral Health staff that provides support and oversight to facility program staff to enhance the quality and accessibility of all program and case management services provided in the facility.

III. PROCEDURES:

- A. The DPA in every facility will coordinate an internal quality assurance program to assess the quality and consistency of the programs services provided and ensure compliance with professional standards, policies, and directives.
- B. Monthly Programs Continuous Quality Improvement Meeting will be held at every facility to review the Regional Programs Services Administrator's reports: statistical reports, program reviews, and other reports/issues that affect service delivery.
 1. Information gathered from the review as well as prior corrective action plans will be adopted to develop a corrective action plan (CAP). CAP and other significant issues discussed in the meeting will be documented on the Programs Corrective Action Plan (Attachment A) and filed behind the QA tab in the program plan.
 2. The DPA or designee will maintain attendance rosters for each meeting.
 3. The date and time of the meeting as well as identified participants will be included in the facility program plan in accordance with DJJ 18.1, Facility Programs and Case Management Services.
 4. The DPA and DMHA may choose to hold joint programs and behavioral health QA meetings. If the meetings are combined, it will be indicated in the program plans for both areas.
- C. The Regional Programs Services Administrator will conduct a comprehensive review of each facility's behavioral health service delivery system at least once every calendar year.
 1. The comprehensive review will assess the facility's compliance with DJJ policies, professional standards and directives from the OBHS.
 2. Following the comprehensive review, the Regional Programs Services Administrator will prepare a report of findings by the 15th of the following month (or the next business day following the 15th if the 15th is a weekend

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or holiday) and present the findings at the facility's quarterly health services quality assurance meeting.

- D. The Regional Programs Services Administrator will also conduct site visits at least once every quarter (unless otherwise authorized by the Chief of Programs and Case Management) to ensure the delivery of quality behavioral health services at each site. The Regional Programs Services Administrator will prepare a report of the findings by the 15th of the following month (or the next business day following the 15th if it falls on a weekend or holiday) that summarizes activities at each facility within their region. These reports will outline areas of strengths as well as weaknesses that must be addressed in the facility Continuous Quality Improvement meetings.
- E. The Chief of Programs and Case Management Services may grant specific extensions for report deadlines.
- F. The Director at every facility will conduct a health services quality assurance meeting at least once every quarter, to review the delivery of all health services in the facility.
1. The Director will serve as the chairperson of the meeting. In the absence of the facility Director, the designee or any staff member ranking as Assistant/Associate Director or above will serve as the chairperson.
 2. The meeting will be scheduled and communicated to all staff members required to attend at least 30 days in advance of the meeting date.
 3. The following staff members will be invited to the meeting:
 - Facility Director's immediate supervisor (Regional Administrator);
 - Facility Assistant Director(s);
 - Designated Health Authority;
 - Mental health clinical director and/or Qualified Mental Health Professionals;
 - Psychiatrist;
 - Psychologist;
 - Physician;
 - Dentist;
 - Behavioral health staff;

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- Programs and case management staff;
- Nursing staff;
- Regional Health Services Administrator;
- Regional Programs Administrator; and
- Regional Behavioral Health Services.

4. The agenda will include:

- New policies and the development of local procedures by clinical staff members;
- Health care services;
- Behavioral health care services;
- Dental services;
- Standards compliance;
- Health records reviews;
- Regional staff monthly reviews;
- Office of Continuous Improvement technical support and reviews;
- Behavioral health statistical reports;
- Health services statistical reports;
- Programs statistical reports;
- Issues that impact service delivery;
- Communication with service providers and administration;
- Infection control efforts;
- Performance improvement; and
- Corrective action plan (Attachment A).

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- G. The facility Director will ensure that the minutes of the meeting are recorded and staff members 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 five (5) business days of the meeting to the facility's assigned Regional Health Services Administrator, Regional Behavioral Health Services Administrator, Regional Programs Services Administrator, Regional Administrator, and the Director of the Office of Health Services.
- H. The DPA in every facility will maintain documentation of quality assurance activities by calendar year. No quality assurance documentation will be filed in the youth's institutional record. Documentation of quality assurance activities will be readily available for review by the Office of Behavioral Health Services. The documentation will include:
1. Site visit reports;
 2. Comprehensive review reports;
 3. Monthly Programs Statistical data; and
 4. Corrective Action Plans.
- I. The Director of the OBHS or designee will conduct quarterly quality assurance meetings that will be used to review program issues, direct statewide pilot studies, review statistical trends, and develop plans for performance improvement.

III. LOCAL OPERATING PROCEDURES REQUIRED: YES