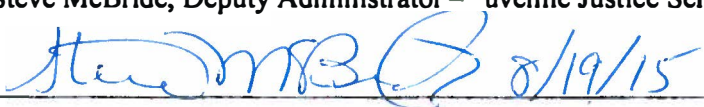



# Quality Assurance Policy

<b>DIVISION OF CHILD AND FAMILY SERVICES</b> <b>Juvenile Justice Services</b> <b>STATEWIDE INSTITUTIONAL POLICY</b>	
<b>SUBJECT:</b>	Quality Assurance Policy
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<b>ATTACHMENTS:</b>	None

## I. POLICY

It is the policy of the Division of Child and Family Services (DCFS) – Juvenile Justice Services, to ensure that quality assurance/quality improvement mechanisms are in place that shall enable each facility or program to adequately monitor, and analyze facility operations and incidents as well as identify performance improvement plans (PIP), as appropriate, and to ensure that such improvements are successfully undertaken. Designated staff will be responsible for coordinating and conducting on-site QA/QI Reviews at each facility at a minimum of once annually, and as needed.

## II. DEFINITIONS

As used in this document, the following definitions apply:

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- A. Quality Assurance (QA): Retrospective review or inspection of services or processes that is intended to identify problems, solutions, and assure quality in service delivery and procedures.
- B. Quality Improvement (QI): A formal set of activities that review and affect the quality of services provided. Quality improvement includes continuous quality monitoring (the continuous study and improvement of a process, system, or organization). It seeks to describe those activities that are lending themselves to improved outcomes, as well as ensuring that they are allowed to continue.

## III. PROCEDURES

- A. The Deputy Administrator will designate lead staff to ensure that all individuals responsible for Quality Assurance/Quality Improvement responsibilities will be adequately trained to perform these functions.
- B. The framework for the QA Review will be based on the quality of care through analysis, review, and evaluation of the institution's operations.
  - 1. Adopt outcomes and standards: The following areas are standards and surveys which are a guideline for the Division's facilities. These standards may be adopted all or in part, or used only for guidance in monitoring best practice operations:
    - a. The standards for juvenile facilities established by the American Correction Association (ACA), *Standards for Juvenile Correctional Facilities* are utilized in conducting monthly facility reviews.
    - b. The annual staff and youth surveys are based on the nationally recognized Performance Based Standards (PbS) surveys.
    - c. The Standards for Health Services in Juvenile Detention and Confinement Facilities (National Commission on Correctional Health Care – NCCHC) are utilized during QA Reviews.
    - d. Prison Rape Elimination Act 2003 (PREA): An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.
  - 2. Incorporate QA throughout the agency:
    - a. An External QA team consisting of three or more of the following: Clinical Program Planner-Juvenile Services, Clinical Program Planner/Mental Health Services for Juvenile Services, Youth Parole Unit Manager, Mental Health Counselors, CYC/NYTC/SVYC Assistant Superintendents, local DCFS support representatives, local community-based support representatives, and University Interns (when available) shall conduct at a minimum, annual on-site QA Reviews.

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- b. An Internal QA team consisting of facility specific designated staff led by the Assistant Superintendent or designees of each correctional facility participates in quarterly QA Reviews.

### 3. Gather data and information:

Utilization of the following resources should be used to gather data and information:

- a. ACA Standards Coversheets
- b. Youth and Staff Interviews
- c. NCCHC checklists
- d. Youth and Staff Surveys
- e. Training records
- f. Agency specific data and facility analysis reports (i.e., Use of Force incidents, Grievances, Room Confinement, Staff to Youth Ratios, Abuse/Neglect reports, etc.)
- g. Statewide Juvenile Justice Policies and Standard of Practice (SOP's) if applicable.

### 4. Analyze data and information:

- a. The Internal and/or External QA Review Team will discuss and analyze all information and data collected during the review process.
- b. The designated lead person shall submit the results of Quality Assurance Reviews in report format to the facility Superintendents and the Deputy Administrator of Juvenile Services.

### 5. Use analyses and information to make improvements:

- a. The information and analysis completed by the QA Review Team is used to make improvements in areas of policy, procedures, practices and programming.
- b. The Superintendents and Assistant Superintendents will be responsible for utilizing the findings in the QA Review to develop a Performance Improvement Plan (PIP) to ensure that Quality Improvement mechanisms are in place.
- c. Goals will be "compliance" with set standards and/or practices.

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- d. Action steps will be developed based on a finding made by the Review Team in that the facility was not in compliance with a specific standard or in a specific area.
  - e. Disseminate Performance Improvement Plans to all persons or entities responsible for their implementation.
  - f. Modify the plans, as necessary, to ensure their effectiveness.
  - g. Regularly evaluate staff development and training curricula and techniques based on staff comments and performance interviews, and incident reports, continue to make revision as needed.
- C. Quality Assurance and Quality Improvement expectations will continue to be communicated throughout the agency in the following ways:
- 1. Incorporating expectations into training for new staff, existing staff, contact staff, volunteers and interns.
  - 2. Updating policy and procedure manuals to reflect expectations.
  - 3. Including expectations in personnel performance evaluations.
  - 4. Including expectations in budget requests.
- D. The Assistant Superintendent will act as the Superintendent's designee in reviewing the Quality Assurance and Quality Improvement activities. Additionally, each facility will maintain a quarterly Quality Assurance Committee, to include meeting minutes, reporting on quality assurance and other matters related to safety.
- E. Each Superintendent will submit monthly reports to the Deputy Administrator following the format addressed in the Facility Programming Reporting and Review Policy along with updates on the facility's current Performance Improvement Plan.
- F. This policy will be reviewed annually and revised as needed.