

# Quality Assurance

<b>DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE POLICY</b>	
<b>SUBJECT:</b>	Quality Assurance
<b>POLICY NUMBER:</b>	DCFS/JJS 100.11
<b>EFFECTIVE DATE:</b>	9/27/2021
<b>APPROVED BY:</b> <b>DATE:</b>	Kathryn Roose, Deputy Administrator – Division of Child and Family Services 9/15/2021
<b>SUPERSEDES:</b>	DCFS/JJS 500.02 effective September 30, 2020
<b>APPROVED BY:</b> <b>DATE:</b>	Ross Armstrong, Administrator – Division of Child and Family Services 9/15/2021
<b>REFERENCES:</b>	NRS 62B.600-645, NRS 218G.570-595; Performance-based Standards (DCFS/JJS 100.14); Evaluation of Evidence-based Practices (DCFS/JJS 100.16); Prison Rape Elimination Act (DCFS/JJS 300.09)
<b>ATTACHMENTS:</b>	None

## I. SUMMARY

The Division of Child and Family Services (DCFS) provides for a comprehensive process of quality assurance and continuous quality improvement to provide effective treatment and rehabilitation services, programs, and operations for youth committed to the State.

## II. PURPOSE

To outline schedules and procedures for quality assurance reviews in state facilities and the Youth Parole Bureau.

## III. DEFINITIONS

As used in this document, the following definitions shall apply:

- A. Continuous Quality Improvement (CQI): A cyclical process of assessing performance, making plans to improve performance, and reassessing results with a focus on aiming to achieve the best possible outcomes.
- B. Correctional Program Checklist (CPC): A tool for assessing correctional intervention programs designed to evaluate the extent to which programs adhere to evidence-based practices (DCFS/JJS 100.16).
- C. Emergency Preparedness: An emergency is an incident – natural, technological, or manmade that requires a response to protect life, property, or the environment.
- D. Improvement Plan: Written corrective action steps which address areas of deficiency identified in any type of review or audit, to include specific actions to be taken and dates the actions will be completed by.

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- E. Juvenile Justice Oversight Commission (JJOC): As established in NRS 62B.600-.645, a Commission to establish procedures to determine the effectiveness of the juvenile justice system and outcomes of youth in the system.
- F. Juvenile Justice Partners: Service providers in areas including, but not limited to, medical, education, mental health, and substance abuse.
- G. Legislative Counsel Bureau (LCB), Audit Division: As established by and under the authority of the Nevada Legislature, the Audit Division performs audits of the Executive and Judicial Branches of state government (NRS 218.G).
- H. Performance-based Standards (PbS): A data-driven improvement model adopted by the Division of Child and Family Services, Juvenile Justice Services, grounded in research which holds juvenile justice agencies, facilities, and residential care providers to the highest standards for operations, programs, and services.
- I. Prison Rape Elimination Act (PREA): A federal law supporting the prevention, detection, and response to sexual abuse and sexual harassment within facilities. This law applies to all DCFS state facilities.
- J. Qualitative Data: Information which cannot be counted, measured, or easily expressed using numbers. It is collected from text, audio and images and shared through data visualization tools. This data type is non-numerical in nature and is collected through methods of observations, one-on-one interviews, focus groups, and similar methods.
- K. Quality Assurance: A structured, internal monitoring, evaluation, and corrective action process designed to improve and ensure effective services and improved outcomes.
- L. Quantitative Data: Data which is measurable; items are more precisely described in terms of quantity and in which numerical values are used.
- M. Respective Deputy Administrator: For state facilities, this shall be defined as the Deputy Administrator of Residential Services. For the Youth Parole Bureau (YPB), this shall be defined as the Deputy Administrator of Community Services.
- N. State Facility: A secure facility operated by DCFS, including Caliente Youth Center, Nevada Youth Training Center, and Summit View Youth Center.

#### IV. AGENCY ANNUAL QUALITY ASSURANCE REVIEW OVERVIEW

- A. Each state facility and the Youth Parole Bureau shall receive an agency quality assurance (QA) review no less frequently than annually, using established review tools.
- B. The QA review shall be completed by a Quality Assurance Team (QA Team) to be led by the Quality Assurance Specialist III assigned to the DCFS Juvenile Justice Programs Office, supported by a member of the DCFS Planning and Evaluation Unit (PEU), and the Director of Nursing, at minimum.
- C. The Quality Assurance Specialist III shall coordinate with Superintendents and the Chief of Parole for the Youth Parole Bureau in developing and issuing a schedule of the dates of annual reviews by July 1 of each calendar year.

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1. Dates shall, to the extent possible, avoid other established dates for such activities as *PbS* data collection months (April and October), annual CPC evaluation, and other review or audit activities.
- D. The Quality Assurance Specialist III shall notify Superintendents and the Chief of Parole of an upcoming review, and any needed accommodations, information, or other requirements, at least 20 business days prior to the scheduled review. This notification shall include copies or a link to the review tools for reference.
- E. Reviews shall be conducted as close as possible to the previous year's review date but not later than 30 business days after the review date from the previous year, unless approved by the respective Deputy Administrator and the Deputy Administrator of Quality and Oversight.
- F. QA reviews shall include a three-day on-site visit, at minimum.
  1. The Administrator may approve completing some, or all, of the review virtually.
- G. To ensure the least disruption to the program under review, the on-site review may not continue for more than five days unless justified by the Quality Assurance Specialist III and approved by the Deputy Administrator of Quality and Oversight.

### **V. CONTENT OF THE ANNUAL QUALITY ASSURANCE REVIEW**

- A. The Quality Assurance Specialist III shall be responsible for developing the initial format of the QA Review to include the following elements, as applicable:
  1. Items identified in the previous annual review as areas in need of improvement
  2. Items identified in other reviews or audits (e.g., LCB, *PbS*, PREA, CPC) as areas in need of improvement
  3. Laws, regulations, state policies, and Standard Operating Procedures (SOPs)
  4. Human resources (e.g., vacancies, turnover, hiring, training, performance evaluations)
  5. Climate/Culture (e.g., surveys of staff, youth, family, juvenile justice partners)
  6. Case reviews (e.g., compliance with required assessments, education, programming, visitation, and case planning)
  7. Cleanliness of the facility and working order all equipment
- B. The Quality Assurance Specialist III shall provide the initial format of the review to the Deputy Administrator of Quality and Oversight for review at least 25 business days before a QA Review.
  1. Upon approval by the Deputy Administrator of Quality and Oversight, the Quality Assurance Specialist III shall provide the format of the review to the DCFS Administrator, the respective Deputy Administrator, and the Superintendent/Chief of Parole at least 20 business days before the scheduled QA Review.
  2. With the notification, the Quality Assurance Specialist III shall also solicit recommendations for additional items to add to the review and shall modify the format as recommended.
- C. The review will consist of qualitative and quantitative data collection and analysis, as well as interviews of staff, youth, juvenile justice partners, and others as appropriate.

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## VI. ANNUAL QUALITY ASSURANCE REVIEW PROCESS

- A. The QA Team shall meet with the Deputy Administrator of Quality and Oversight prior to the scheduled review to prepare for the review, designate responsibilities, determine approaches and timelines, establish a schedule for the review, debrief previous audit findings, and consider any and all such matters necessary for a successful review.
- B. The QA Team shall check in with the Superintendent/Chief of Parole or designee in person or by phone when they arrive at the facility/YPB office.
- C. Any urgent issues identified during the review (e.g., safety, harassment, abuse) shall be immediately presented to the Superintendent/Chief of Parole, their respective Deputy Administrator, and the Deputy Administrator of Quality and Oversight.
- D. Any possible PREA violation within the state facilities shall be immediately reported to the DCFS PREA Coordinator.
- E. Upon completion of the on-site review, the Quality Assurance Specialist III shall hold a debriefing with the Superintendent/Chief of Parole and provide a summary of the findings.
- F. A comprehensive draft report shall be submitted by the Quality Assurance Specialist III to the Deputy Administrator of Quality and Oversight within 15 business days of the completion of the on-site review for feedback and approval.
  - 1. The Deputy Administrator of Quality and Oversight shall have five business days to provide feedback to the Quality Assurance Specialist III.
  - 2. Upon approval by the Deputy Administrator of Quality and Oversight, the draft report shall be submitted by the Deputy Administrator of Quality and Oversight to the Superintendent/Chief of Parole and their respective Deputy Administrator.
  - 3. Within 10 business days of receiving the report, the Superintendent/Chief of Parole shall submit any questions, identified errors, or additional information in writing to the Quality Assurance Specialist III.
  - 4. The Quality Assurance Specialist III and Deputy Administrator of Quality and Oversight shall consider any written information received from the Superintendent/Chief of Parole and submit a final report within five business days to the Superintendent/Chief of Parole, their respective Deputy Administrator, and the Administrator.
  - 5. If necessary or requested by the Superintendent/Chief of Parole, the Quality Assurance Specialist III shall prepare a version for distribution to all staff with any confidential information removed (e.g., individual answers on staff surveys).
- G. The Quality Assurance Specialist III shall maintain records of each review in a designated folder on the DCFS shared drive and/or Microsoft Teams.
- H. The Superintendent/Chief of Parole shall ensure the development of an Improvement Plan as outlined in this policy.

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## **VII. OTHER REVIEWS**

- A. Other areas of review may include, but are not limited to:
  - 1. P<sub>B</sub>S data collection periods two times a year (DCFS/JJS 100.14)
  - 2. LCB Reviews
  - 3. Annual CPC reviews as required by NRS 62B.620 and the JJOC (DCFS/JJS 100.16)
  - 4. PREA audits (DCFS/JJS 300.09)
  - 5. Health Department inspections
  - 6. U. S. Department of Agriculture inspections
  - 7. Education reviews
- B. Facilities shall maintain records of emergency preparedness drills completed as required by DCFS/JJS 300.10 Emergency Planning and Response.
- C. All reviews shall receive the full cooperation of the agency, its units, facilities, and the YPB.

## **VIII. SPECIAL REVIEWS**

- A. At times, other types of reviews may be requested by a Deputy Administrator or the Administrator (e.g., Root Cause Analysis, time study), or may be required by policy (e.g., following an escape attempt or successful escape (DCFS/JJS 300.05), following a suicide attempt or suicide completion (DCFS/JJS 400.01)).
- B. The Superintendent/Chief of Parole will be notified by their respective Deputy Administrator as soon as practicable a review will be taking place, to include the date and time of the review, the duration of the review, and how they need to prepare for the review.
  - 1. When the review has been completed, the report will be submitted to the respective Deputy Administrator, the Deputy Administrator of Quality and Oversight, and the Administrator.
  - 2. The Superintendent/Chief of Parole will meet with their Deputy Administrator to review the results.
  - 3. The Superintendent/Chief of Parole shall develop an Improvement Plan as outlined in this policy.

## **IX. IMPROVEMENT PLANS**

- A. The Superintendent/Chief of Parole shall be responsible for the preparation of an Improvement Plan in response to any review.
  - 1. This task may be completed by facility/parole staff, overseen by the Superintendent/Chief of Parole.
- B. The QA Team shall provide support to the Superintendent/Chief of Parole in the preparation of any Improvement Plan, as requested by the Superintendent/Chief of Parole and their Deputy Administrator.
- C. The Superintendent/Chief of Parole shall have 15 business days, from receipt of the report, to develop an Improvement Plan, to be submitted to their Deputy Administrator, the Deputy Administrator of Quality and Oversight, and the Administrator.

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1. The Superintendent/Chief of Parole shall work with their Deputy Administrator to select recommendations to add to their Improvement Plan.
    - a. For the Annual Quality Assurance Review, at least five recommendations shall be included in the Improvement Plan.
    - b. For other reviews, the respective Deputy Administrator shall determine how many items shall be added to the Improvement Plan.
  2. The Improvement Plan shall address each recommendation, the specific actions which will be taken to address the finding, identification of who will be responsible, intermediate steps to complete the item, as applicable, and dates for completion.
- D. The Superintendent/Chief of Parole shall submit a progress report to their respective Deputy Administrator, the Deputy Administrator of Quality and Oversight, and the Administrator every 30 to 90 days, as determined by the respective Deputy Administrator, depending on the nature of the review and the urgency of the remedies.
1. The Quality Assurance Specialist III shall set calendar reminders for the Superintendent/Chief of Parole, their respective Deputy Administrator, the Deputy Administrator of Quality and Oversight, and the Administrator at 30 to 90-day increments as applicable, to facilitate progress reporting.
  2. The progress reports shall be kept in the relevant file on the DCFS shared drive.

### **X. STANDARD OPERATING PROCEDURES**

- A. Each facility and the Youth Parole Bureau shall create Standard Operating Procedures consistent with this policy, to include but not limited to:
1. Internal processes for the designation of staff to develop, address, and monitor Improvement Plans.