

Quality Assurance Policy Substance Use Disorder

	DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE INSTITUTIONAL POLICY
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SUPERSEDES:	None
APPROVED BY: DATE:	Juvenile Justice Deputy Administrator: Sharon Anderson May 22, 2024
REFERENCES:	NAC 458.153 NRS 458.025
ATTACHMENTS:	TBD

I. POLICY

It is the policy of the Division of Child and Family Services/Juvenile Justice Services, to ensure that quality assurance/quality improvement mechanisms are in place to enable each Substance Use Disorder (SUD) program within state-operated juvenile justice facilities to adequately monitor and analyze facility operations that pertain to the SUD program.

- II.** The purpose of this policy is to ensure program services comply with federal and state government regulations, best practice, and industry standards (NAC 458.153, NRS 458.025).

III. DEFINITIONS

As used in this document, the following definitions apply:

- 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.

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- C. Quality Assurance Framework: A monitoring structure design by a quantitative method of evaluation to measure several points. The reviews over time will measure quantitative indicators of change and or problems identified requiring intervention.

IV. PROCEDURES

- A. The deputy administrator will designate a 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 facilities. These standards may be adopted all or in part, or used only for guidance in monitoring best practice operations:
 - a. SAPTA: The Substance Abuse Prevention & Treatment Agency (SAPTA) administers programs and activities that provide community-based prevention and treatment.
 - b. National Certification Commission for Addiction Professionals

professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research."
 - c. Substance Abuse and Mental Health Services (SAMHSA), is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.
 - 2. Incorporate QA throughout the agency
 - a. An internal QA team consisting of two people on the clinical team with knowledge of SUD's shall conduct at a minimum, annual QA review of the following:
 - i. SUD Assessments
 - ii. LOCI-3
 - iii. LOCI-2
 - iv. PADDI-5
 - v. Treatment plans
 - vi. 30 -Day treatment plan reviews
 - vii. Case Consultation notes
 - viii. Progress notes, individual, group, and family sessions
 - ix. Discharge plans
 - x. Grievances, if applicable
 - xi. Discharge summaries
 - xii. Youth surveys

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- b. The clinical supervisor may consult with an external substance abuse professional to conduct a program review as needed. The substance abuse professional will possess the credentials and expertise to conduct a QA review.
- c. Gather data and information: Utilization of the following resources shall be used to gather data and information but not limited to:
 - i. Policies and Procedures
 - ii. Client and staff surveys
 - iii. TEDS report
 - iv. Client clinical charts
 - v. Client confidentiality, HIPAA compliance
 - vi. Level of Care Index (LOCI) ASAM
 - vii. Staff Interviews
 - viii. Incident reports
 - ix. SAPTA check list.
 - x. Staff training records
 - xi. Grievances
- d. Analyze data and information
 - i. The QA Review Team will discuss and analyze all information and data collected during the review process.
 - ii. The designated lead person shall submit the results of QA review report to the facility's superintendent.
- e. Use analyses and information to make improvements
 - i. The information and analysis completed by the QA Review Team is used to make improvements in areas of policy, procedures, practices, and programming.
 - ii. The clinical supervisor will be responsible for utilizing the findings in the QA Review to develop a Performance Improvement Plan (PIP) to ensure that Quality Improvement systems are in place.
 - iii. Action steps will be developed based on a finding made by the Review Team. If that facility was not in compliance with a specific standard or in a specific area, the Review Team will help the program meet or improve the standard(s).
 - iv. Disseminate Performance Improvement Plans to all persons or entities responsible for their implementation.
 - v. 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.
 - vi. Quality Assurance and Quality Improvement expectations will continue to be communicated throughout the agency in the following ways:

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- Incorporating expectations into training for new staff, existing staff, contact staff, volunteers, and interns.
 - Updating policy and procedure manuals to reflect expectations.
- f. The program supervisor will submit bi-monthly reports to the deputy administrator with updates on the program's current Performance Improvement Plan.
- g. Quality Assurance and Quality Improvement reports shall be available to SAPTA for their review.
- ❖ The policy shall be reviewed every three years and updated as needed.