

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY IMPROVEMENT
PROGRAM REPORT FOR**

White Foundation CBIS - Circuit 1
Henry and Rilla White Youth Foundation, Inc.
(Contract Provider)
3250 West Navy Blvd., Suite 101
Pensacola, Florida 32505

Review Date(s): March 1, 2011

ADDENDUM ATTACHED, Exempt Review Date(s): December 20, 2011



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



WANSLEY WALTERS, SECRETARY
JENNIFER RECHICHI, BUREAU CHIEF

Community Supervision Performance Rating Profile

Program Name: White Foundation CBIS-Circuit 1
 Provider Name: Henry and Rilla White Youth Foundation, Inc.
 County/Circuit #: Escambia/Circuit 1
 Review Date(s): March 1, 2011

QA Program Code: 1130
 Contract Number: P2027
 Number of Slots: 100
 Lead Reviewer Code: 110

Program Performance by Indicator/Standard

1. Management Accountability

| | | |
|------|--|----|
| 1.01 | Background Screening of Employees/Vol. | 7 |
| 1.02 | Provision of an Abuse Free Environment | 10 |
| 1.03 | Incident Reporting | 8 |
| 1.04 | Pre-Service/Certification Requirements | 8 |
| 1.05 | In-Service Training Requirements | 10 |
| 1.06 | Supervisory Reviews | 8 |

Commendable 85%

2. Assessment and Intervention

| | | |
|------|-------------------------------------|----|
| 2.01 | Positive Achievement Change Tool | 8 |
| 2.02 | State Attorney Recommendation (SAR) | 8 |
| 2.03 | Pre-Disposition Report (PDR) | 8 |
| 2.04 | YES Plan Development | 7 |
| 2.05 | YES Plan Implementation/Supervision | 7 |
| 2.06 | Service Delivery/Referrals | 10 |
| 2.07 | PACT Reassessments/YES Plan Updates | 8 |
| 2.08 | Termination of Supervision | 8 |

Commendable 80%

| Standard | Program Score | Max. Score | Rating | Failed 0-59% | Minimal 60-69% | Acceptable 70-79% | Commendable 80-89% | Exceptional 90-100% |
|--------------------------------|---------------|------------|--------|--------------|----------------|-------------------|--------------------|---------------------|
| 1. Management Accountability | 51 | 60 | 85% | | | | X | |
| 2. Assessment and Intervention | 64 | 80 | 80% | | | | X | |

Overall Program Performance

Commendable 82%

Methodology

This review was conducted in accordance with Florida Administrative Code 63L-2 (Quality Assurance, 6/10/10 Hearing Draft), and focused on the areas of (1) Management Accountability and (2) Assessment and Intervention, which are included in the Community Supervision Standards (July 2010).

Persons Interviewed

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Program Director <input checked="" type="checkbox"/> DJJ Monitor <input type="checkbox"/> DHA or designee <input type="checkbox"/> DMHA or designee | _____ # Case Managers 1 # Clinical Staff _____ # Food Service Personnel _____ # Healthcare Staff | _____ # Maintenance Personnel _____ # Program Supervisors _____ # Other (listed by title): _____ |
|--|--|--|

Documents Reviewed

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Accreditation Reports <input checked="" type="checkbox"/> Affidavit of Good Moral Character <input checked="" type="checkbox"/> CCC Reports <input type="checkbox"/> Confinement Reports <input type="checkbox"/> Continuity of Operation Plan <input type="checkbox"/> Contract Monitoring Reports <input checked="" type="checkbox"/> Contract Scope of Services <input checked="" type="checkbox"/> Egress Plans <input type="checkbox"/> Escape Notification/Logs <input type="checkbox"/> Exposure Control Plan <input type="checkbox"/> Fire Drill Log <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Fire Prevention Plan <input checked="" type="checkbox"/> Grievance Process/Records <input type="checkbox"/> Key Control Log <input type="checkbox"/> Logbooks <input type="checkbox"/> Medical and Mental Health Alerts <input type="checkbox"/> PAR Reports <input type="checkbox"/> Precautionary Observation Logs <input checked="" type="checkbox"/> Program Schedules <input type="checkbox"/> Sick Call Logs <input checked="" type="checkbox"/> Supplemental Contracts <input checked="" type="checkbox"/> Table of Organization <input type="checkbox"/> Telephone Logs | <input type="checkbox"/> Vehicle Inspection Reports <input type="checkbox"/> Visitation Logs <input checked="" type="checkbox"/> Youth Handbook _____ # Health Records _____ # MH/SA Records _____ # Personnel Records 5 # Training Records/CORE 5 # Youth Records (Closed) 10 # Youth Records (Open) _____ # Other: _____ |
|---|---|--|

Surveys

- | | | |
|---------------|---------------------------|----------------------|
| _____ # Youth | _____ # Direct Care Staff | _____ # Other: _____ |
|---------------|---------------------------|----------------------|

Observations During Review

- | | | |
|--|---|--|
| <input type="checkbox"/> Admissions <input type="checkbox"/> Confinement <input type="checkbox"/> Facility and Grounds <input type="checkbox"/> First Aid Kit(s) <input type="checkbox"/> Group <input type="checkbox"/> Meals <input type="checkbox"/> Medical Clinic <input type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Posting of Abuse Hotline <input type="checkbox"/> Program Activities <input type="checkbox"/> Recreation <input type="checkbox"/> Searches <input type="checkbox"/> Security Video Tapes <input type="checkbox"/> Sick Call <input type="checkbox"/> Social Skill Modeling by Staff <input type="checkbox"/> Staff Interactions with Youth | <input type="checkbox"/> Staff Supervision of Youth <input type="checkbox"/> Tool Inventory and Storage <input type="checkbox"/> Toxic Item Inventory and Storage <input type="checkbox"/> Transition/Exit Conferences <input type="checkbox"/> Treatment Team Meetings <input type="checkbox"/> Use of Mechanical Restraints <input type="checkbox"/> Youth Movement and Counts |
|--|---|--|

Comments

Items not marked were either not applicable or not available for review.

Performance Ratings

Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by F.A.C. 63L-2.002(10)(a) (6/10/10 Hearing Draft):

| | |
|-------------------------|--|
| Exceptional (10) | The program consistently meets all requirements, and a majority of the time exceeds most of the requirements, using either an innovative approach or exceptional performance that is efficient, effective, and readily apparent. |
| Commendable (8) | The program consistently meets all requirements without exception, or the program has not performed the activity being rated during the review period and exceeds procedural requirements and demonstrates the capacity to fulfill those requirements. |
| Acceptable (7) | The program consistently meets requirements, although a limited number of exceptions occur that are unrelated to the safety, security, or health of youth, or the program has not performed the activity being rated during the review period and meets all procedural requirements and demonstrates the capacity to fulfill those requirements. |
| Minimal (5) | The program does not meet requirements, including at least one of the following: an exception that jeopardizes the safety, security, or health of youth; frequent exceptions unrelated to the safety, security, or health of youth; or ineffective completion of the items, documents, or actions necessary to meet requirements. |
| Failed (0) | The items, documentation, or actions necessary to accomplish requirements are missing or are done so poorly that they do not constitute compliance with requirements, or there are frequent exceptions that jeopardize the safety, security, or health of youth. |

Review Team

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Daniel May, Lead Reviewer, DJJ Bureau of Quality Assurance
Greg Brown, Contract Monitor, DJJ Residential Services, North Region
Dan Bears, Juvenile Probation Officer Supervisor (JPOS), DJJ Probation, Circuit 1

Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at <http://www.djj.state.fl.us/QA/index.html>.

Standard 1: Management Accountability



Overview

White Foundation Community Based Intervention Services (CBIS)-Circuit 1 is overseen by a Program Director. Additional supervision is provided by the Clinical Coordinator, a Licensed Mental Health Professional (LMHC), and a Case Management Supervisor. The provider's Community Based Services Administrator provides corporate-level oversight and assistance with programming needs.

There are a total of twelve (12) staff at the program, with seven (7) identified case managers. Two (2) of these case managers are transitional case managers and, therefore, work with the residential program and youth prior to their release back to the community. At the time of the review, the program was serving ninety (90) youth, with a total slot allocation of 100.

The White Foundation has developed internal training processes to ensure that staff receive timely, relevant training. Among these initiatives is an internal on-line training program for supervisors, as well as a multi-day Program Director's meeting. The corporate Quality Assurance Coordinator also conducts reviews of staff training files to ensure that deadlines are met. Completed training is also compared to the employee's annual training plan to further ensure adherence to required timeframes.

1.01: Background Screening of Employees/Volunteers

Acceptable (7)

- One staff was hired in 2010 who was a former DJJ employee. This staff did not receive a new screening, as required by policy FDJJ 1800. Upon recognizing this oversight, the program had the employee complete a new screening.

1.02: Provision of an Abuse Free Environment

Exceptional (10)

- There was clear evidence that the program is committed to providing services in an environment that is free of abuse, threats, or intimidation of youth. There is an internal survey process, whereby youth and parents complete exit surveys. These surveys address items such as feeling safe at meeting locations, being comfortable with staff, being treated with respect, etc. A review of completed survey data revealed that 100% of youth and parents felt safe and treated respectfully by program staff.
- There was documentation in each intake case note that outlines the program's process for contacting the abuse registry. The youth handbook also described the youth rights

relating to being treated appropriately and in a non-abusive manner. Each youth was provided a copy of the handbook at intake, and this process was documented in the case note as well. Additionally, each youth also received the Abuse Hotline telephone number.

- There were documented staff meeting minutes in which the Program Director reviewed procedures for interacting with youth in a professional manner and for reporting suspected abuse.
- A walk-through of the offices revealed that the Abuse Registry phone number was conspicuously posted in all offices, as well as common areas of the program.

| | |
|---------------------------------|-----------------|
| 1.03: Incident Reporting | Commendable (8) |
|---------------------------------|-----------------|

- The program consistently met all requirements for this indicator without exception.

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|---|-----------------|
| 1.04: Pre-Service/Certification Requirements | Commendable (8) |
|---|-----------------|

- The program consistently met all requirements for this indicator without exception.

| | |
|---|------------------|
| 1.05: In-Service Training Requirements | Exceptional (10) |
|---|------------------|

- Three staff were reviewed for this indicator, and all exceeded the required training hours. The total hours were seventy-six (76), seventy-one (71), and eighty-seven (87) hours respectively. A majority of these hours were instructor-led courses. Further, a recently appointed supervisor staff received twelve (12) hours of supervisory training within sixty (60) days of promotion. The Program Director had completed forty-six and a half (46.5) hours of supervisory training.

| | |
|----------------------------------|-----------------|
| 1.06: Supervisory Reviews | Commendable (8) |
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- The program consistently met all requirements for this indicator without exception.

Standard 2: Assessment and Intervention



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|-----------------|
| Overview |
|-----------------|

White Foundation CBIS-Circuit 1 serves male and female youth in Escambia, Santa Rosa, Okaloosa, and Walton Counties. There were a number of interventions and practices that the program had developed to assist youth in meeting their needs upon release from residential programming. One such practice is the storage of canned goods and shelf-stable food products for families to access. The program also maintains gender-specific hygiene bags for youth who need personal items.

The Clinical Coordinator, in conjunction with the Program Director, Case Manager Supervisor, the assigned Transitional Case Manager, and field Case Manager, conduct a “pre-intake staffing” (called a transitional staffing) internally prior to the youth’s release from residential commitment. This meeting allows the licensed professional to review behavioral health needs and begin formulating appropriate referrals or Youth-Empowered Success (YES) Plan goals. Additionally, the youth’s primary living situation, academic/vocational needs, and court-ordered sanctions are discussed in this meeting.

2.01: Positive Achievement Change Tool (PACT)

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

2.02: State Attorney Recommendation (SAR)

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

2.03: Pre-Disposition Report (PDR)

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

2.04: Youth-Empowered Success (YES) Plan Development

Acceptable (7)

- In five (5) of ten (10) applicable files, youth and/or parent/guardian participation in the development of the initial YES Plan was not documented.
- In seven (7) of ten (10) applicable files, there was at least one Youth Requirement/PACT Goals in the initial YES Plan that did not contain the intervention plan elements (who, what, and how often). Sixty-one (61) of seventy (70) Youth Requirement/PACT Goals in the initial YES Plan contained the intervention plan (who, what and how often).

2.05: YES Plan Implementation/Supervision

Acceptable (7)

- In six (6) of ten (10) applicable 90-day supervision periods, case notes did not reflect consistent compliance with JPO/case manager action steps contained in the YES Plan. This non-compliance was generally attributed to staff including high-frequency actions steps for themselves in Youth Requirements/PACT Goals.
- In one (1) of four (4) applicable instances where noncompliance was documented, the JPO/case manager did not respond in a manner consistent with the progressive response/graduate sanctions plan.

2.06: Service Delivery/Referrals

Exceptional (10)

- The program provides an array of services that extend beyond those required in the YES Plan. For instance, they have implemented gender-specific group programming, such as Girls’ Circle and the Boys’ Council. There is a clear pattern of referral and discussion of external behavioral health needs, such as assisting youth with psychiatric appointments to ensure that needed pharmacological interventions are not interrupted.

There are informational meetings held to provide youth with parenting materials and referrals for Healthy Start.

- There was evidence of one youth, during an office meeting with the case manager, expressing potential suicidal ideation. He was immediately assessed by the licensed mental health professional, and then a subsequent family counseling session was held with the youth and family, to prevent future crisis development.
- There was ample documentation in the case notes of case managers transporting youth to appointments, group meetings, community service work sites, and even for job interviews.

2.07: PACT Reassessments and YES Plan Updates

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

2.08: Termination of Supervision

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

Overall Program Performance

Commendable 82%



**BUREAU OF QUALITY ASSURANCE
EXEMPT REVIEW ADDENDUM**

Program Name: White Foundation CBIS - Circuit 1
Program Type: Community Supervision
Provider Name: Henry and Rilla White Youth Foundation, Inc.
Location: Escambia County / Circuit 1
Original Review Date(s): March 1, 2011
Exempt Review Date: December 20, 2011

QA Program Code: 1130
Contract Number: P2027
Number of Beds/Slots: 100
Lead Reviewer Code: 112

Review Team

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

William Hardy, Lead Reviewer, DJJ Bureau of Quality Assurance
Daniel May, Review Specialist, DJJ Bureau of Quality Assurance

Summary

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures).

White Foundation Community-Based Intervention Services (CBIS) - Circuit 1 is housed with the provider's Intensive Delinquency Diversion Services (IDDS) program. The provider uses the same administration for both programs. Primary oversight is provided by the Program Director and Case Manager Supervisor. The Community-Based Services Administrator provides additional support. There is a licensed mental health professional who serves as the Clinical Coordinator.

There were two new staff hired since the full Quality Assurance review on March 1, 2011. As a result, there were no staff applicable for review of background screening prior to hire. There were also no staff who had been employed by the program for at least five (5) years, so no re-screenings were required. The program had submitted the Annual Affidavit of Compliance with Level 2 Screening Standards to the Department of Juvenile Justice as required, and a copy of this form was maintained on-site. Since the time of the last review, the program had no incidents that were reportable to the Central Communications Center (CCC). In addition, there was one applicable staff member file reviewed for pre-service training requirements. A review of training documentation found that all new employees receive an orientation/pre-service training plan that is position-specific. The program also maintains a site-specific training plan for all staff, and this plan is revised annually by the provider's Quality Improvement Unit and Chief Operations Officer. There were clear procedures for ensuring that staff complete essential skills training topics prior to being in the presence of youth.

A review of three (3) youth files found that each Youth-Empowered Success (YES) Plan was completed by the required deadline. Two of the youth scored Moderate-High or High risk to re-offend according to the pre-screen Positive Achievement Change Tool (PACT), so a PACT Full Assessment was completed prior to the development of the youth YES Plan. A review of three (3) initial YES Plans found that seventeen (17) of nineteen (19) action steps contained all of the

required elements. All plans were signed by the required parties within thirty (30) days of placement. Within the first 90-day period of supervision, the YES Plans contained a total of thirty-five (35) case manager action steps. The Juvenile Justice Information System (JJIS) Case Notebook Module and file documentation were reviewed to assess how the required action steps were completed.

The program has taken a number of steps to effectively meet the needs of the youth population that is served. All work projects are supervised by White Foundation staff, and youth earn money to make restitution payments. One such practice is the storage of canned goods and non-perishable food products for families to access. The program also maintains gender-specific hygiene bags for youth who need personal items.

Findings

As a result of this Exempt review, the review team determined that the program:

would receive an overall program performance rating of at least Acceptable on a regular review. Accordingly, the program **RETAINS EXEMPT STATUS**.

would not receive an overall program performance rating of at least Acceptable on a regular review. Accordingly, **EXEMPT STATUS IS REVOKED**, and a regular review will be conducted within 90 days.