

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY IMPROVEMENT
PROGRAM REPORT FOR**

White Foundation CBIS - Circuit 18
The Henry and Rilla White Youth Foundation
(Contract Provider)
101 S. Courtenay Parkway, Suite 105
Merritt Island, Florida 32952

Review Date(s): January 23-24, 2012



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



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Community Supervision Rating Profile

Program Name: White Foundation CBIS - Circuit 18
 Provider Name: The Henry and Rilla White Youth Foundation
 Location: Brevard County / Circuit 18
 Review Date(s): January 23-24, 2012

QA Program Code: 1217
 Contract Number: P2056
 Number of Slots: 44
 Lead Reviewer Code: 77

Indicator Ratings

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	Satisfactory
1.02	Provision of an Abuse Free Environment	Satisfactory
1.03	Incident Reporting	Satisfactory
1.04	Pre-Service/Certification Requirements	Satisfactory
1.05	In-Service Training Requirements	Satisfactory
1.06	Supervisory Reviews	Satisfactory

% Indicators Rated Satisfactory Compliance: 100%
% Indicators Rated Limited Compliance: 0%
% Indicators Rated Failed Compliance: 0%

2. Assessment and Intervention		
2.01	Positive Achievement Change Tool	Satisfactory
2.02	State Attorney Recommendation (SAR)	Satisfactory
2.03	Pre-Disposition Report (PDR)	Satisfactory
2.04	YES Plan Development	Satisfactory
2.05	YES Plan Implementation/Supervision	Limited
2.06	Service Delivery/Referrals	Limited
2.07	PACT Reassessments/YES Plan Updates	Satisfactory
2.08	Termination of Supervision	Satisfactory

% Indicators Rated Satisfactory Compliance: 75%
% Indicators Rated Limited Compliance: 25%
% Indicators Rated Failed Compliance: 0%

Overall Rating Summary

Satisfactory Compliance: 86%
Limited Compliance: 14%
Failed Compliance: 0%

* Percentages have been rounded to the nearest whole number. Percentages may not total 100% due to rounding.

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team

The Bureau of Quality Improvement 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:

Paul Czigan, Lead Reviewer, DJJ Bureau of Quality Improvement
Tommy Fawcett, Program Monitor, DJJ Residential Services, Central Region,

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 Improvement website, at <http://www.djj.state.fl.us/QA/index.html>.

Strengths and Innovative Approaches

The program designed a site-specific poster that included the Florida Abuse Registry telephone number, and the definition of the conditions which might require a report. The poster prompted youth to “Reach Out,” “Prevent Abuse” and “Speak Up”, and defined maltreatment in terms a youth could understand. These posters were printed on bright yellow paper and posted in prominent places in the office.

Standard 1: Management Accountability

Overview

White Foundation Community Based Intervention Services (CBIS) - Circuit 18 is in Merritt Island, Florida. The CBIS program is co-located with the Intensive Delinquency Diversion Services (IDDS) program; both programs are operated by The Henry and Rilla White Youth Foundation, through a contract with the Department. The contract is for forty-four slots; there were thirty-eight youth receiving supervision services (active) from the program at the time of the Quality Improvement review. Additionally, fifty youth were receiving transition and pre-transition services. The Program Director position has been vacant since December 30, 2011; the Program Director of White Foundation CBIS - Circuit 7 has oversight as the acting Program Director. One case manager, a transition case manager and an administrative assistant complete the current staff. An additional case manager position has been vacant since December 8, 2011.

Training is conducted by various program directors and corporate staff. Background screening is coordinated by the corporate staff.

1.01: Background Screening of Employees/Volunteers

Satisfactory Compliance

The provider submitted an Annual Affidavit of Compliance with Level 2 Screening Standards for the corporate office on December 28, 2011, that included all staff currently employed at the program. In addition, a site-specific Annual Affidavit of Compliance with Level 2 Screening Standards was submitted on January 18, 2012.

The files for two new employees were reviewed; both files contained an eligible background screening from the Background Screening Unit completed prior to hire. None of the staff were eligible for five-year re-screening. The corporate office conducted a driver’s license check and a drug screen on all new staff prior to hire. The program stated they require new staff to provide proof of auto insurance prior to hire; a copy of a current insurance card was found in each applicable staff file, however the date of acquiring the information could not be verified as prior to hire.

1.02: Provision of an Abuse Free Environment**Satisfactory Compliance**

The program had no incident reports or Central Communication Center (CCC) reports regarding allegations of staff abuse or neglect. The program maintains a binder of calls to the CCC and Florida Abuse Registry documenting calls related to allegations of abuse. A review of these reports and the CCC log indicated that none of the calls were alleging abuse by Department or provider staff.

The program conducts an exit survey of youth and their parent or guardian at the time of release. The results of twenty-one youth and twenty parent surveys completed in the current fiscal year were charted and available for review. The youth reported that the staff listened to them, that they felt comfortable with the staff and that the staff treated them with respect.

The program evaluated their abuse reporting process to determine where improvements could be made. The result was the design of a new poster that was written in more youth-friendly language, which was placed in the program office.

During the Quality Improvement review, the youth orientation documents were reviewed. The program discussed the youth's rights at admission, including the right to contact the Florida Abuse Registry if necessary.

1.03: Incident Reporting**Satisfactory Compliance**

One applicable call to the CCC was reviewed; the report included all information reported to the Florida Abuse Registry within the required timeframe. The program has policy and procedures in place to comply with reporting requirements. Training on these procedures was consistently documented in both new employees' training files.

1.04: Pre-Service/Certification Requirements**Satisfactory Compliance**

Two files were applicable for the receipt of pre-service training; one of the new hires was an administrative assistant, and did not require all of the training required for other staff, therefore this file was not reviewed. The file of another staff was reviewed, which documented all required essential requirements within eight days of hire. The program submitted their written pre-service training plan to the Department.

1.05: In-Service Training Requirements**Satisfactory Compliance**

One applicable file reviewed for the receipt of in-service training documented fifty hours of training received. All required courses were covered, including the Protective Action Response (PAR) refresher, cardiopulmonary resuscitation (CPR) and First Aid. The program conducts some training in-house, and contracts for courses such as CPR and First Aid.

The annual training plan was submitted to the Department on January 20, 2011. The program did not have a training calendar for 2011; they produced one for 2012, highlighting one specific

training event each month. However, only one course, was included in the list of instructor-led training documenting the course name, description, objective and training hours included. Applicable staff participate and complete courses in the agency's own web-based Supervisory Training System.

1.06: Supervisory Reviews

Satisfactory Compliance

All five reviewed files included supervisory reviews when required, which had been completed within the required time frame. Of the files reviewed, none required a second ninety-day review.

Standard 2: Assessment and Intervention

Overview

The program was staffed by a case manager and a transition case manager. Both case managers had an office in the program building. Meetings with youth and their parents or guardians were conducted at the program office, at school, or in the youth's home.

The provider's corporate office conducted mock audits on July 26 and September 14, 2011, to monitor the provision of services provided to the youth. Both audits were reviewed during the Quality Improvement review; the audits contained findings similar to those the Quality Improvement review team found in Indicators 2.05 and 2.06. There were recommendations to resolve the issues, and a corrective action plan was implemented. The files were reassigned in December 2011, and the youth began receiving services as required.

2.01: Positive Achievement Change Tool (PACT)

Satisfactory Compliance

One applicable file reviewed was of an "at-large" youth who had obtained a new charge. The PACT Pre-Screen was completed and the youth was identified as a High-risk to re-offend. The PACT Mental Health and Substance Abuse Screening Report and Referral Form was completed and a referral was indicated. The referral was made by the program, however the community provider had not been able to admit the youth. The case manager contacted the service provider and expedited the youth's contact with the referred agency. It was clear that program staff was familiar with the process for completing the PACT Pre-Screen and could proficiently do so when necessary.

2.02: State Attorney Recommendation (SAR)

Satisfactory Compliance

One applicable file was reviewed and the State Attorney Recommendation (SAR) was completed after the PACT Pre-Screen had been completed. Critical issues were discussed in the narrative sections of the SAR, and the recommendation reflected the youth's risk to re-offend. The supervisor initialed the SAR before it was submitted.

2.03: Pre-Disposition Report (PDR)

Satisfactory Compliance

Three Pre-Disposition Reports (PDRs) were reviewed; all had been completed after the PACT Full Assessment had been completed. The recommendations in the PDRs reflected treatment needs identified by the PACT. The PACT assessments were attached to the PDR prior to being submitted to the court. All three PDRs were submitted to the court at least forty-eight hours prior to the disposition hearing, as evidenced by reviewing the dates the court logged the reports on their website as received. All three PDRs were signed by the program supervisor prior to their submission.

2.04: Youth-Empowered Success (YES) Plan Development

Satisfactory Compliance

In all five files reviewed, the initial Youth-Empowered Success (YES) Plan was created in the Juvenile Justice Information System (JJIS) after the PACT Full Assessment. The YES Plans included at least one PACT Goal in all three applicable files. Four of five applicable files had YES Plans that addressed recommendations made by the residential program during the transition meeting. One file contained case notes indicating the residential program recommended independent living classes for the youth, however, this recommendation was not placed on the YES Plan as a requirement.

The Youth Requirements and PACT Goals in all five files contained the intervention plan elements “who, what and how often,” as well as appropriate target dates. The youth and their parent or guardian’s participation in YES Plan development was documented in the case notes in all five files reviewed. The initial YES Plans were signed by the youth, their parent or guardian and case manager within the time frame in all five files reviewed. All five files contained case notes that documented a supervisory review of the YES Plan.

2.05: YES Plan Implementation/Supervision

Limited Compliance

Four of five files were applicable to be reviewed for case manager action steps completed within the first ninety-day supervision period; one file had not met the ninety-day period at the time of the Quality Improvement review. The case notes documented that one of four applicable files demonstrated satisfactory compliance with Youth Requirements and PACT Goals without exception.

Three of four applicable files reviewed included Youth Requirements or PACT Goals on YES Plans that were either not addressed by the case manager or were not addressed within the required time frame. Twenty-one of sixty-nine Youth Requirements or PACT Goals were either not completed or not completed within the required time frame. The specific Youth Requirements or PACT Goals that were either not addressed or were not addressed within the required time frame included two applicable contacts not made to ensure school attendance, one applicable contact not made to ensure medication management, ten of twelve applicable checks not made to verify payment of court fees, one applicable discussion about stay away orders not discussed and one applicable verification of a psychological evaluation had not been completed. In all three files applicable discussions about skills were not completed, nor were applicable checks made to verify payment of restitution.

The case manager responded in a manner consistent with the progressive response/graduated sanctions plan in two of three applicable files. One file documented the youth had a positive drug screen and was not referred to drug counseling within the time frame identified in the program's progressive response/graduated sanctions plan. The youth was subsequently referred to counseling and did receive appropriate services.

2.06: Service Delivery/Referrals

Limited Compliance

There were referrals for services made as indicated in the YES Plans in three of four applicable files reviewed. The one exception was a referral for individual and family counseling; documentation showed that the referral had been made, however not within the required time frame.

In two of four applicable files, the case manager did not follow up with the service provider to verify enrollment or the initiation of services, though it was clear that the referrals were made. There were case notes documenting discussions between the case manager and the youth and parent that the youth was attending and participating in counseling. There was no documentation by the case manager with the therapist to verify the youth's attendance in counseling or with the physician regarding medication management. In another file, there was no documentation the case manager followed-up with the referral agency to confirm the youth received a psychological evaluation, participated with medication management or attended individual and substance abuse counseling.

2.07: PACT Reassessments and YES Plan Updates

Satisfactory Compliance

Five files were reviewed; four applicable files documented a new YES Plan had been saved in JJIS prior to the first ninety-day supervisory review. The YES Plan in one file was not applicable for a ninety-day review at the time of the Quality Improvement review. The youth in two of the files reviewed were classified as High risk to re-offend and required the PACT Reassessment, which was completed prior to the first ninety-day supervisory review in both files. The remaining two youth were Low risk to re-offend and did not require a PACT Reassessment during the first 90-day time frame.

The supervisor completed a review of all applicable YES Plans within the time frame, and there was one exception noted in one file. The case notes indicated the case manager had changed the youth's curfew from 7:00 PM-7:00 AM to 6:00 PM-6:00 AM, however this change was not reflected on the new YES Plan or on the JJIS Face Sheet prior to the ninety-day supervisory review.

2.08: Termination of Supervision

Satisfactory Compliance

Progress Reports and Pre-Release Notification and Acknowledgement forms (PRNs) were completed when termination was requested in all four applicable files. The PACT risk and needs information was included with Progress Reports in all three files when termination was requested. The youth were released successfully and were considered early terminations in four applicable files.

Overall Rating Summary	
Satisfactory Compliance:	86%
Limited Compliance:	14%
Failed Compliance:	0%

* Percentages have been rounded to the nearest whole number. Percentages may not total 100% due to rounding.