

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR**

White Foundation CBIS - Circuit 2 (P2052)
Henry and Rilla White Youth Foundation, Inc.
(Contract Provider)
1000 W. Tharpe St., Suite 5
Tallahassee, Florida 32303

Review Date(s): January 11, 2011

ADDENDUM ATTACHED, Exempt Review Date(s): September 13, 2011



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



WANSLEY WALTERS, SECRETARY
JEFF WENHOLD, BUREAU CHIEF

Community Supervision Performance Rating Profile

Program Name: White Foundation CBIS-Circuit 2 (P2052)
 Provider Name: Henry and Rilla White Youth Foundation, Inc.
 County/Circuit #: Leon / 2
 Review Date(s): January 11, 2011

QA Program Code: 1214
 Contract Number: P2052
 Number of Slots: 16
 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	NA
2.02	State Attorney Recommendation (SAR)	NA
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	48	60	80%				X	

Overall Program Performance

Commendable 83%

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 | 1 # Case Managers
_____ # 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 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 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 type="checkbox"/> Youth Handbook
_____ # Health Records
_____ # MH/SA Records
3 # Personnel Records
5 # Training Records/CORE
5 # Youth Records (Closed)
5 # Youth Records (Open)
_____ # Other: _____ |
|--|--|---|

Surveys

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

Observations During Review

- | | | |
|---|---|--|
| <input type="checkbox"/> Admissions
<input type="checkbox"/> Confinement
<input checked="" 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 checked="" type="checkbox"/> Social Skill Modeling by Staff
<input checked="" 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
George Schaffer, Contract Manager, DJJ Probation and Community Intervention, North Region
Dicye Byrd, JPOS, DJJ Probation and Community Intervention, Circuit 2

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 2 is comprised of two (2) separate contracts. The same site and program staff are utilized for both contracts. Primary oversight is provided by the Program Director. The Clinical Coordinator, a licensed mental health professional, also performs supervisory duties. There are four (4) case managers for the program. At the time of the review, all sixteen (16) allocated slots were being utilized.

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, and this individual was previously employed by DJJ. A new background screening was not conducted in accordance with policy FDJJ 1800. This staff, however, had been screened through DJJ within the past five (5) years, and when discovered, the program submitted a screening for the staff member.

1.02: Provision of an Abuse Free Environment

Exceptional (10)

- There was clear evidence 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 completed 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.

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)

- Only one staff was applicable for this indicator. This individual was the Program Director, who had completed over 130 hours of training (mostly instructor-led), including forty-five (45) hours of supervisory training, which far exceeds the required twenty-four (24) hours of annual in-service training and eight (8) hours of supervisory training.

1.06: Supervisory Reviews

Commendable (8)

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

Standard 2: Assessment and Intervention



Overview

White Foundation CBIS Circuit 2 serves youth in the counties of Franklin, Gadsden, Jefferson, Leon, Liberty, and Wakulla. The program begins services while youth are still placed in residential facilities. There is a case manager dedicated to “transitional” youth, meaning those who are awaiting release from commitment programs. There was evidence that this individual attends transition conferences and exit staffing either by phone or in person.

Once admitted into the White Foundation program, youth are assessed using the Positive Achievement Change Tool (PACT) and a Youth-Empowered Success (YES) Plan is developed based on prioritized criminogenic needs, court-ordered sanctions, and transitional recommendations. Youth are required to complete action steps on the YES Plan prior to release. The program also has documented evidence of providing progressive sanctions to youth who fail to abide by the sanctions in the YES Plan. Some sanctions applied include:

additional essays and writing assignments, added community service hours, completing behavioral contracts, and holding avoidance staffings.

2.01: Positive Achievement Change Tool (PACT)

Non-Applicable (NA)

- The program's policies and procedures confirmed this requirement is non-applicable.

2.02: State Attorney Recommendation (SAR)

Non-Applicable (NA)

- The circuit has an interagency agreement with the local State Attorney's Office that indicates SARs are not required. Thus, this indicator is non-applicable.

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)

- For one (1) YES Plan there was no note indicating that the plan had been developed, and thus, it was impossible to determine if the parent/youth participated in the plan's development, as required.
- There was one (1) YES Plan that did not contain recommendations made by the residential program via the transition or exit plan. There was no evidence in the case documentation of the program attempting to obtain this information prior to the development of the YES Plan.

2.05: YES Plan Implementation/Supervision

Acceptable (7)

- In several instances, the actions steps of the YES Plan were not accomplished at the frequency prescribed in the YES plan. For example, one plan indicated that curfew checks would be conducted two (2) times per week, but documentation reflected that curfew was only checked three (3) times per month. In another instance, the PACT Goal was to be monitored twice per month, but only one note over two (2) months documented discussion of progress made on the PACT Goal.

2.06: Service Delivery/Referrals

Exceptional (10)

- Case notes documented that case managers have provided transportation to clients for appointments, going to/from school, traveling to community service work sites.
- There was an instance in which an eighteen year old youth was facing possible eviction from the family home. The assigned case manager worked closely with a therapist to assist the youth in applying for Social Security Income (SSI), identifying housing assistance programs and completing applications for these programs.
- The program provides an array of services that extend beyond the requirements of the Youth-Empowered Success (YES) Plans. For instance, the program has developed a group entitled FOCUS (Focusing on Changes Unique to Self). The program participates

in a mentoring pilot project in association with Florida Agricultural and Mechanical College. There was also documentation to support a close relationship with the Serious Habitual Offender Comprehensive Action Program (SHOCAP).

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 83%



**BUREAU OF QUALITY ASSURANCE
EXEMPT REVIEW ADDENDUM**

Program Name: White Foundation CBIS - Circuit 2 (P2052)
Program Type: Community Supervision
Provider Name: Henry and Rilla White Youth Foundation, Inc.
Location: Leon County / Circuit 2
Original Review Date(s): January 11, 2011
Exempt Review Date: September 13, 2011

QA Program Code: 1214
Contract Number: P2052
Number of Beds/Slots: 16
Lead Reviewer Code: 110

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

Summary

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

White Foundation Community-Based Intervention Services (CBIS) - Circuit 2 is comprised of two separate contracts. The program uses the same administration and staffing for both contracts. Primary oversight is provided by the Program Director, and the Community-Based Services Administrator provides additional support. There is a licensed mental health professional who serves as the Clinical Coordinator. This individual is responsible for treatment decisions and direct services to youth, as well as coordinating treatment referrals. There are four (4) case manager positions at the program, and three (3) of these were filled. The program is in the process of hiring for the fourth position.

At the time of this review, there were no new staff hired since the full Quality Assurance review in January 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 provider for at least five (5) years, so no re-screenings were required. The program had submitted the Affidavit of Good Moral Character to the Department of Juvenile Justice as required, and a copy of this form was maintained on-site. Also, since the time of the last review, the program had one incident that was reportable to the Central Communications Center (CCC), and this was reported within the required two-hour timeframe. Lastly, though there were no staff members who were applicable for the pre-service training requirements, the White Foundation's training processes and procedures were reviewed. All new employees receive an orientation/certification training plan that is position-specific. The program also maintained 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, prior to being in the presence of youth, complete "Essential Skills" training topics.

Since the time of the last review, the program has not been required to complete a Positive Achievement Change Tool (PACT) Pre-Screen. An interview with the Program Director and

Community-Based Services Administrator revealed that the program is aware of the requirements for completion of the PACT Pre-Screen and the Mental Health and Substance Abuse Screening Report and Referral Form. The interviews confirmed, however, that youth supervised by the program are usually taken into custody for new charges and screened by the Juvenile Assessment Center (JAC).

A review of three (3) youth files found that all Youth-Empowered Success (YES) Plans were completed timely. Two of the youth were Moderate-High or High risk to re-offend according to the PACT, and so a new PACT Full Assessment was completed prior to the development of the YES Plan. A review of three (3) initial YES Plans found that sixteen (16) of twenty-one (21) action steps contained all of the required elements. All plans were signed by all required parties within thirty (30) days of placement. Within the first 90-day period of supervision, the YES Plans contained a total of eighty-two (82) required Case Manager actions. The JJIS Case Notebook Module and file documentation were reviewed to assess how the required actions were completed.

A total of sixty-one (61) of the eighty-two (82) actions were accomplished within the 90-day review period. Many of the action steps were written at high frequencies, such as weekly, twice monthly, etc. Generally, it was these frequencies that were not accomplished. One (1) of three (3) files had a single documented instance of noncompliance by the youth, and the Case Manager responded in a manner that was consistent with the program's graduated sanctions/progressive response plan. In one (1) applicable file, the Case Manager made a referral to an external service provider, and there was no evidence of following up with the service provider within thirty (30) days of submitting the referral.

The program has taken a number of steps to effectively meet the needs of the youth population that is served. There was ample evidence of Case Managers providing transportation for employment interviews, counseling sessions, etc. Further, the Clinical Coordinator and other staff have developed groups to address criminogenic needs, such as FOCUS (Focusing on Changes Unique to Self). Further the program, noting that many youth owe restitution, partnered with a local business to develop Project Payback. This program affords youth the opportunity to complete work projects, such as roadside clean-up, serving meals to the homeless, etc. All work projects are supervised by White Foundation staff, and youth earn money to make restitution payments. Finally, the program is actively engaged in a pilot project with Florida Agriculture and Mechanical University (FAMU) to mentor youth.

Findings

As a result of this deemed 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.