

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY IMPROVEMENT
PROGRAM REPORT FOR**

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

Review Date(s): January 11-12, 2012



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



WANSLEY WALTERS, SECRETARY
JENNIFER RECHICHI, BUREAU CHIEF

Diversion Rating Profile

Program Name: White Foundation IDDS - Circuit 18
 Provider Name: The Henry and Rilla White Youth Foundation, Inc.
 Location: Brevard County / Circuit 18
 Review Date(s): January 11-12, 2012

QA Program Code: 1201
 Contract Number: P2074
 Number of Slots: 50
 Lead Reviewer Code: 84

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	Non-Applicable
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. Intervention and Case Management		
2.01	Admission	Satisfactory
2.02	Positive Achievement Change Tool	Satisfactory
2.03	YES Plan Development	Satisfactory
2.04	YES Plan Implementation	Satisfactory
2.05	Service Referrals	Satisfactory
2.06	PACT Reassessments/YES Plan Updates	Satisfactory
2.07	Release	Satisfactory

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

Overall Rating Summary

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

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

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability and (2) Intervention and Case Management, which are included in the Diversion Standards (July 2011).

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 | 2 # Case Managers
_____ # Clinical Staff
_____ # Food Service Personnel
_____ # Healthcare Staff | _____ # Maintenance Personnel
_____ # Program Supervisors
1 # Other (listed by title):
Community Based Administrator |
|--|--|---|

Documents Reviewed

- | | | |
|---|--|---|
| <input type="checkbox"/> Accreditation Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character
<input type="checkbox"/> CCC Reports
<input type="checkbox"/> Confinement Reports
<input type="checkbox"/> Continuity of Operation Plan
<input type="checkbox"/> Contract Monitoring Reports
<input 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 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 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 checked="" type="checkbox"/> Youth Handbook
0 # Health Records
0 # MH/SA Records
3 # Personnel Records
3 # Training Records/CORE
3 # Youth Records (Closed)
7 # Youth Records (Open)
0 # 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.

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:

Ann Little, 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 is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International; the accreditation is active from August 2010 through August 2013.

The program conducts exit surveys with the youth and the youth's parents or guardians, soliciting feedback on various components of the program including program orientation, program expectations, grievance process, staff availability and professionalism, and whether the program had a positive impact or resulted in positive changes to the youth's behavior.

Standard 1: Management Accountability

Overview

The Department of Juvenile Justice contracts with The Henry and Rilla White Youth Foundation, Inc., to operate an Intensive Delinquency Diversion Services (IDDS) program in Circuit 18. The program, which serves the youth in Brevard County, is contracted for fifty slots and became operational April 15, 2010. The program's office is located in Merritt Island, Florida, and serves male and female youth younger than eighteen years of age, and youth that are eighteen years old if the offense occurred prior to the youth's eighteenth birthday. The target age group is youth fifteen years of age and younger, who have been assessed as Moderate-High or High risk to re-offend based on the Positive Achievement Change Tool (PACT) or have a minimum of one documented risk factor in three of the four identified risk areas of family, school, substance abuse or delinquency. The program staff is comprised of a Program Director, two Case Managers, and a part-time Administrative Assistant.

An individual training file is maintained for each employee that includes a training plan, certificates, and sign-in sheets. Training is offered in-house by agency staff, on the Department's CORE/Learning Management System (LMS), and through the agency's own Supervisor On-line Training system. All training is documented in CORE/LMS.

1.01: Background Screening of Employees/Volunteers

Satisfactory Compliance

A review of personnel files revealed the program was in compliance with the Department's background screening requirements. In addition to completing the background screening prior to hiring an employee, each employee successfully completed a drug screening and possessed a valid driver's license. At the time of the QI review, an Annual Affidavit of Compliance with Level 2 Screening Standards was signed by the program's corporate office and on-file.

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

The program employees were expected to abide by the White Foundation's code of ethics and employee expectations. As part of the employee's orientation, staff signed a receipt acknowledging they had been provided with a copy of the code of ethics and had read, understood, and agreed to abide by the employee expectations. There were abuse reporting procedures in place and the Florida Abuse Hotline number was posted in the program's offices.

As part of the youth's orientation to the program, each youth was provided with a handbook that included the code of ethics, youth's rights, grievance process, and the abuse hotline number. A review of personnel files revealed no instances of disciplinary action taken due to a violation of the code of ethics or expectations; this was confirmed in discussions with program management. The program also conducted exit surveys with the youth and the youth's parents or guardians, upon completion of the program. Results from the last six months of surveys were reviewed; of the twenty-five respondents, all parents and guardians indicated that program staff were courteous and respectful, they were comfortable talking to staff about their child, and they were satisfied with the services their child received while in the program. Of the twenty-five youth responding to the exit survey, each indicated that staff treated them with respect, were available when needed, and they felt comfortable in the locations where they met with program staff.

1.03: Incident Reporting**Non-Applicable**

The program did not have any reportable incidents during the scope of the review; thus the indicator is rated "non-applicable" for this review.

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

Two files were applicable for review of pre-service training. Both employees completed their first 180 days of employment with over 120 hours of total training documented in their files. Both completed the following essential skills within ninety days and prior to being the presence of youth: Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), professionalism and ethics, suicide prevention, and emergency procedures. One of the two files documented first aid certification prior to being in the presence of youth as required. The second employee obtained first aid certification within the first 180 days, however was providing case management services prior to being certified. All other required training topics were completed, with the exception of supervision. The individual pre-service training plans for both staff indicated supervision training would be completed during "job shadowing", however there was no documentation in the training file or in CORE to document that this occurred.

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

One file was applicable for review of annual in-service training. Total training hours exceeded the required twenty-four hours, documenting approximately 100 hours. The file documented current first aid and CPR certification, along with an annual PAR update and professionalism and ethics training. The same file was reviewed for required supervisory training; of the total training hours, ten web-based supervisory courses were recorded, for a total of twelve credit

hours. The employee also obtained supervisory training by attending agency management meetings.

1.06: Supervisory Reviews

Satisfactory Compliance

In a review of seven youth files, the supervisor conducted monthly case reviews and documented the reviews in the Juvenile Justice Information System (JJIS) Case Notebook Module. Supervisory review notes provided guidance and recommendations to the case managers. The supervisor also documented in the case notes a review of the PACT assessments and Youth-Empowered Success (YES) Plans.

Standard 2: Intervention and Case Management

Overview

Youth are referred to the IDDS program by the Department of Juvenile Justice and the court system. The case managers are responsible for the completion of the Positive Achievement Change Tool (PACT), developing and implementing Youth-Empowered Success (YES) Plans, ensuring that services are being provided and documenting case activities in the Juvenile Justice Information System (JJIS) Case Notebook Module. The services provided to IDDS youth include: social and life skills enhancement, self-sufficiency skill enhancement, anger management, and gender-specific topics. Any youth identified to be in need of mental health and/or substance abuse treatment are referred to an appropriate provider within the community. Each case manager carries an average caseload of twenty-two youth; the Program Director also carries a caseload of six youth, along with supervising the case managers. The Program Director's caseload is supervised by the Community Based Administrator from the corporate office. The program has fifty slots, and was at capacity at the time of the Quality Improvement review.

2.01: Admission

Satisfactory Compliance

Seven files were reviewed to determine whether the youth met admission criteria; none of the youth met criteria based on the Positive Achievement Change Tool (PACT). Therefore, all youth were required to have a minimum of one documented risk factor in three of the four areas of family, school, substance abuse, or delinquency factors. Six of the seven files documented at least three risk factors. In the last file, the youth documented risk factors in two of the four possible categories. Comments on the screening form indicated that the youth did not qualify, but seemed appropriate based on the interview with the youth. Additionally, this referral was approved by the State Attorney's office.

All seven cases were assigned to a case manager within seven calendar days of the referral being received, and the case manager made face-to-face contact with the youth and the youth's parent or guardian within seven working days of the referral being received. Additionally, the youth and parent signed the participation agreement during the initial face to face contact with the case manager in each case reviewed.

2.02: Positive Achievement Change Tool (PACT)**Satisfactory Compliance**

Seven files were reviewed to determine whether the Positive Achievement Change Tool (PACT) Full Assessment had been completed within ten calendar days of admission. In each of the seven files, the program completed the assessments within the required time frame.

2.03: Youth-Empowered Success (YES) Plan Development**Satisfactory Compliance**

Seven files were reviewed for Youth-Empowered Success (YES) Plan development. YES Plans were developed with at least one Positive Achievement Change Tool (PACT) Goal or one goal that addressed a risk factor associated with family, school, substance abuse or delinquency in all seven files reviewed. The initial YES Plans were signed by all required parties within twenty-one calendar days of admission in all seven files. The Youth Requirements and PACT Goals in all seven files included the intervention plan elements “who, what and how often,” and contained individualized target dates. However, in two files reviewed, the intervention plan elements and target dates did not correlate for all Youth Requirements on the plan.

2.04: Youth-Empowered Success (YES) Plan Implementation**Satisfactory Compliance**

In each of the seven files reviewed, the case notes contained on-going documentation of case activities, which included face-to-face interaction and telephone contact with the youth, the youth’s parents or guardians, and collateral sources. In four of six applicable files, case notes reflected consistent compliance with the case manager action steps contained in the initial Youth-Empowered Success (YES) Plan. Overall, there were a total of ninety-seven Youth Requirements/PACT Goals in the applicable files and eleven were not completed within the required time frame. Those not completed included stay away orders, letters of apology, curfew checks, community service, gender-specific skills, life enhancement skills, and pre-vocational skills. In the seventh file, the case manager had time remaining as indicated by the action steps to address Youth Requirements/PACT Goals.

2.05: Service Referrals**Satisfactory Compliance**

Three files reviewed were applicable for service referrals. In each of the files, the referral for service had been made as indicated on the Youth-Empowered Success (YES) Plan. The case manager documented follow-up with the service provider within thirty days to ensure the youth and the youth’s parent or guardian had taken the appropriate steps to initiate services in two of the three files. In the third file, documentation in the case notes supported multiple attempts by the case manager to refer the youth for counseling, however there was no documentation that the program followed-up to determine whether counseling had been initiated. The program reported problems securing the counseling because of the youth’s insurance; numerous telephone attempts were made to follow-up with the possible service providers to determine if services had begun. The program did not document these attempts in the case notes.

In the two applicable files, the case manager documented the receipt of progress reports or verbal communication with the service provider and when necessary, acted upon the information obtained.

2.06: PACT Reassessments and YES Plan Updates**Satisfactory Compliance**

Of the six applicable files reviewed, the Positive Achievement Change Tool (PACT) Reassessments were completed every ninety days as required. The case managers made necessary updates to the Youth Requirements and PACT Goals prior to the supervisory review and a new Youth-Empowered Success (YES) Plan was saved in JJIS as required. Two YES Plans had updates that required the input of the youth and the youth's parent or guardian, and conversations focusing on these updates were clearly documented in the case notes.

2.07: Release**Satisfactory Compliance**

Four applicable files were reviewed for release requirements. In three of the four files reviewed, the youth successfully completed the program as evidenced by the final progress report and JJIS. In the last file reviewed, the youth was released from the program unsuccessfully. The program's practice was to notify the State Attorney's Office and the youth's Juvenile Probation Officer via e-mail of all releases, both successful and unsuccessful, and document the status in the youth's case notes.

Overall Rating Summary	
Satisfactory Compliance:	100%
Limited Compliance:	0%
Failed Compliance:	0%

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