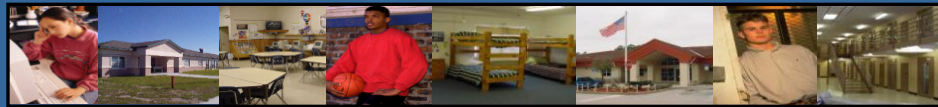


STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

White Foundation CBIS-Circuit 8
The Henry and Rilla White Youth Foundation, Inc.
(Contract Provider)
397 E. Hathaway Avenue
PO Box 729
Bronson, Florida 32621

Review Date(s): April 5, 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 8

QA Program Code: 1207

Provider Name: The Henry and Rilla White Youth Foundation, Inc.

Contract Number: P2054

County/Circuit #: Alachua / Circuit 8

Number of Slots: 12

Review Date(s): April 5, 2011

Lead Reviewer Code: 96

Program Performance by Indicator/Standard

1. Management Accountability				2. Assessment and Intervention			
1.01	Background Screening of Employees/Vol.	8		2.01	Positive Achievement Change Tool	NA	
1.02	Provision of an Abuse Free Environment	10		2.02	State Attorney Recommendation (SAR)	NA	
1.03	Incident Reporting	8		2.03	Pre-Disposition Report (PDR)	7	
1.04	Pre-Service/Certification Requirements	8		2.04	YES Plan Development	7	
1.05	In-Service Training Requirements	8		2.05	YES Plan Implementation/Supervision	8	
1.06	Supervisory Reviews	8		2.06	Service Delivery/Referrals	7	
Commendable 83%				2.07	PACT Reassessments/YES Plan Updates	8	
				2.08	Termination of Supervision	8	
				Acceptable 75%			

Standard	Program Score	Max. Score	Rating	Failed 0-59%	Minimal 60-69%	Acceptable 70-79%	Commendable 80-89%	Exceptional 90-100%
1. Management Accountability	50	60	83%				X	
2. Assessment and Intervention	45	60	75%			X		

Overall Program Performance

Acceptable 79%

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 | 2 # 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 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 type="checkbox"/> Youth Handbook
_____ # Health Records
_____ # MH/SA Records
4 # Personnel Records
3 # Training Records/CORE
5 # Youth Records (Closed)
5 # Youth Records (Open)
3 # Other: <u>Pre-Disposition Reports</u> |
|--|--|--|

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:

Angela Mills, Lead Reviewer, DJJ Bureau of Quality Assurance
Paul McIntyre, Program Monitor, DJJ Residential Services, North Region
Kelley Brault, Juvenile Probation Officer, DJJ Probation, Circuit 5

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

The Henry and Rilla White Youth Foundation was awarded contract P2054 to provide Community-Based Intervention Services (CBIS) in Alachua County. The contract indicates there are twelve slots. The contract was signed on March 3, 2010. The staff consists of a program director, two case managers, and an administrative assistant. The corporate human resource office completes all background screenings.

1.01: Background Screening of Employees/Volunteers

Commendable (8)

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

1.02: Provision of an Abuse Free Environment

Exceptional (10)

- 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 reported they were treated with respect by program staff.
- Each youth is given a youth handbook that clearly outlines abuse reporting guidelines and the youth's rights while being supervised by the program. Abuse Registry numbers were posted in the office.
- There was documented training with staff for 2010 in this area via staff meetings and CORE, and annual training plans show that this is a topic covered annually through CORE and instructor-led trainings.

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

Commendable (8)

- This is a new program and all staff went through pre-service training. As such, there was not a full year of in-service training to evaluate. Although, a review of in-service training completed thus far in 2011 showed all staff had already completed the required number of annual training hours and had completed or were scheduled to complete all required trainings. It was clear the program's training procedures exceeded the indicator and the program had demonstrated the capacity to fulfill the requirements as outlined in their procedures.

1.06: Supervisory Reviews

Commendable (8)

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

Standard 2: Assessment and Intervention**Overview**

The Department has an interagency agreement with the State Attorney's Office waiving all State Attorney Recommendations (SAR) in Alachua County. The two case managers are responsible for completing the Positive Achievement Change Tool (PACT), Youth-Empowered Success (YES) Plans, and entering all case notes into the Juvenile Justice Information System (JJIS) Case Notebook Module.

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 Department has an interagency agreement with the State Attorney's Office waiving all State Attorney Recommendations (SAR) in Alachua County.

2.03: Pre-Disposition Report (PDR)

Acceptable (7)

- In one of three applicable files, the PDR was not submitted within the applicable timeframe.

2.04: Youth-Empowered Success (YES) Plan Development

Acceptable (7)

- In one of five applicable files, the initial YES Plan did not address recommendations made by the residential program during the youth's transition.
- In four of five applicable files, there was at least one Youth Requirement/PACT Goal in the initial YES Plan that did not contain the intervention plan elements (who, what and how often). Thirty-six of forty-four Youth Requirements/PACT Goals in the initial YES Plans contained the intervention plan elements (who, what and how often). The remaining eight action steps were missing only one intervention plan element (how often).
- In two of five applicable files, there was at least one Youth Requirement/PACT Goal in the initial YES Plan that did not provide an appropriate target date for completion.
- In two of five applicable files, the initial YES Plan was not signed by the youth, parent/guardian, JPO/case manager and/or supervisor within 30 days of disposition/placement. Specifically, both files were missing the parent/guardian signature; however, the case notes reflected repeated attempts to get the parent/guardian to sign the YES Plan.

2.05: YES Plan Implementation/Supervision

Commendable (8)

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

2.06: Service Delivery/Referrals

Acceptable (7)

- In two of five applicable files, the JPO/case manager did not follow up with the service provider within 30 days to verify enrollment and/or initiation of services.

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

Acceptable 79%

