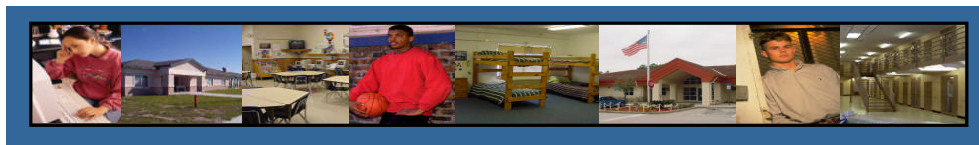


STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

White Foundation CBIS-Circuit 9
Henry and Rilla White Youth Foundation, Inc.
(Contract Provider)
773 S. Kirkman Road, Suite 112
Orlando, FL 32811

Review Date(s): June 21-22, 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 9
 Provider Name: Henry and Rilla White Youth Foundation, Inc.
 County/Circuit #: Orange / Circuit 9
 Review Date(s): June 21-22, 2011

QA Program Code: 1198
 Contract Number: P2055
 Number of Slots: 77
 Lead Reviewer Code: 84

Program Performance by Indicator/Standard

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	8
1.02	Provision of an Abuse Free Environment	8
1.03	Incident Reporting	8
1.04	Pre-Service/Certification Requirements	7
1.05	In-Service Training Requirements	8
1.06	Supervisory Reviews	7
Acceptable		77%

2. Assessment and Intervention		
2.01	Positive Achievement Change Tool	5
2.02	State Attorney Recommendation (SAR)	7
2.03	Pre-Disposition Report (PDR)	8
2.04	YES Plan Development	5
2.05	YES Plan Implementation/Supervision	0
2.06	Service Delivery/Referrals	5
2.07	PACT Reassessments/YES Plan Updates	5
2.08	Termination of Supervision	7
Failed		53%

Standard	Program Score	Max. Score	Rating	Failed 0-59%	Minimal 60-69%	Acceptable 70-79%	Commendable 80-89%	Exceptional 90-100%
1. Management Accountability	46	60	77%			X		
2. Assessment and Intervention	42	80	53%	X				

Overall Program Performance

Minimal 63%

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

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | 0 # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 6 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 5 # Training Records/CORE |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 5 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 8 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 5 5 # Other: State Attorney |
| <input type="checkbox"/> Fire Drill Log | <input type="checkbox"/> Table of Organization | Recommendations Pre- |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | Disposition Reports |

Surveys

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

Observations During Review

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

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.

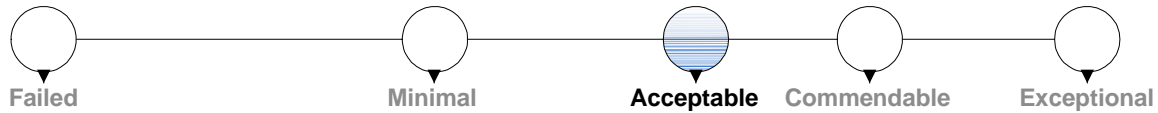
Review Team

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:

Ann Little, Lead Reviewer, DJJ Bureau of Quality Assurance
Tommy Fawcett, Program Monitor, DJJ Residential Services, Central Region
Shelvin McGill, Senior Juvenile Probation Officer/Case Manager, Seminole Sheriff's Office
Contracted Supervision

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 Department of Juvenile Justice contracts with the Henry and Rilla White Foundation, Inc. to operate a Community Based Intervention Services (CBIS) program in Circuit 9. The program serves the youth in Orange and Osceola Counties. The contract, which has seventy-seven slots, began April 1, 2010. The program's office is located in Orlando, Florida. The program provides comprehensive case management services for youth residing in Circuit 9 that have been placed on Probation, Conditional Release, and Post-Commitment Probation. The program also provides case management services for youth transitioning from a residential commitment program to his/her home community. The program staff is comprised of a Program Director, a Clinical Coordinator, six full-time Case Managers, one part-time Case Manager and an Administrative Assistant. The program experienced significant turnover in the past year; at the time of the quality assurance review, the program had two full-time Case Manager positions, one part-time Case Manager position and the Clinical Coordinator position vacant.

The program maintains an individual training file for each employee. Training is received in-house and through the Department of Juvenile Justice. Training is documented in the CORE Learning Management System (LMS). The program is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International. Accreditation is active August 2010 through August 2013.

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

Commendable (8)

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

1.03: Incident Reporting

Commendable (8)

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

1.04: Pre-Service/Certification Requirements

Acceptable (7)

- Two applicable training files did not document receipt of all required essential skills training, such as emergency procedures training, prior to the staff having contact with youth.

1.05: In-Service Training Requirements

Commendable (8)

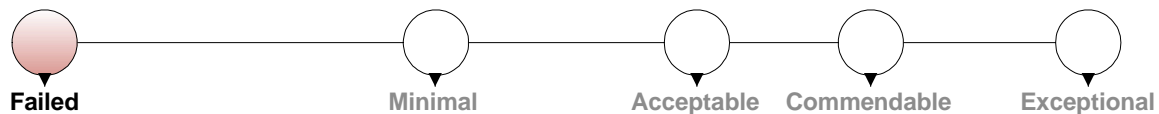
- This is a new program; as such, there was not a full year of in-service training to review. However, a review of in-service training completed thus far in 2011 showed staff had completed the required number of annual training hours and had completed all required trainings. It was clear that the program's 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

Acceptable (7)

- In one of five applicable files, the supervisor did not initial the State Attorney Recommendation before it was submitted to the Court.
- In one of nine instances where one was required, a supervisory review was not conducted within the ninety-day timeframe.

Standard 2: Assessment and Intervention



Overview

The Community Based Intervention Services (CBIS) program provides case management to youth who are under court ordered supervision by the Department of Juvenile Justice. Cases are received by the program through referrals from Probation and Community Intervention-Circuit 9. One case manager usually provides services during the youth's transition from the residential commitment program, and the other case managers provide full-service case management services to youth placed on Probation, Conditional Release, and Post-Commitment Probation. The case managers are responsible for completion of the Positive Achievement Change Tool (PACT), Youth-Empowered Success (YES) Plans, and documenting case activities in the Juvenile Justice Information System (JJIS) Case Notebook Module. Youth identified to be in need of mental health and/or substance abuse treatment are referred to an appropriate provider within the community.

The program had noted deficiencies regarding the completion of the PACT Mental Health and Substance Abuse Screening Report and Referral Form, YES Plan development and updates, YES Plan implementation and supervision, and follow-up and monitoring of referrals for services.

2.01: Positive Achievement Change Tool (PACT)

Minimal (5)

- In five of five applicable files, the Positive Achievement Change Tool (PACT) Mental Health and Substance Abuse Screening Report and Referral Form was not completed as required.

2.02: State Attorney Recommendation (SAR)

Acceptable (7)

- In one of five applicable files, the State Attorney Recommendation was not submitted within the applicable timeframe.

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

Minimal (5)

- In two of six applicable files, the initial YES Plan did not address recommendations made by the residential program during the youth's transition.
- In five of eight 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). 58 of 72 Youth Requirements/PACT Goals in the initial YES Plan contained the intervention plan elements (who, what, and how often).
- In one of eight 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. 70 of 72 Youth Requirement/PACT Goal action steps in the initial YES Plan contained an appropriate target date for completion.
- In four of eight applicable files, the initial YES Plan was not signed by the youth, parent/guardian, JPO/case manager, and/or supervisor within thirty days of placement. Of the four files, two initial YES Plans were not provided for review to determine whether the youth and parent/guardian had signed the plan; one initial YES Plan was not signed by the parent/guardian; and one initial YES Plan did not document all required signatures until seventy-one days after placement.

2.05: YES Plan Implementation/Supervision

Failed (0)

- In eight of eight applicable ninety-day supervision periods, case notes did not reflect consistent compliance with JPO/case manager action steps contained in the YES Plan.
- In two of six instances where noncompliance was documented, the JPO/case manager did not respond in a manner consistent with the progressive response/graduated sanctions plan.

2.06: Service Delivery/Referrals

Minimal (5)

- In one of four applicable files, referrals for services were not made as required by the court order and/or action steps contained in the YES Plan.
- In two of three applicable files, the JPO/case manager did not follow up with the service provider within thirty days to verify enrollment and/or initiation of services.
- In one of three applicable files, the JPO/case manager did not receive (or attempt to solicit), review, and/or document progress reports (written or verbal) from the provider.
- In two of two applicable files, the JPO/case manager did not address negative progress reports from the provider such as missed appointments and non-participation.

2.07: PACT Reassessments and YES Plan Updates

Minimal (5)

- In two of six applicable ninety-day supervision periods where one was required, a PACT Reassessment was not completed within ninety days of the previous Full Assessment; one reassessment was due May 18, 2011 and had not been completed, and one reassessment was completed five days late.
- In four of six applicable ninety-day supervision periods, Youth Requirements/PACT Goals were not updated in JJIS prior to the ninety-day supervisory review.
- In eight of nine applicable ninety-day supervision periods, a new YES Plan was not saved in JJIS within ninety days of the initial YES Plan; two YES Plans were late, nine days and thirty-four days respectively, and six had not been completed.

2.08: Termination of Supervision

Acceptable (7)

- In one of five files reviewed for this indicator, the Progress Report did not include PACT risk and needs information, as required due to the youth's risk to re-offend.

Overall Program Performance

Minimal 63%

