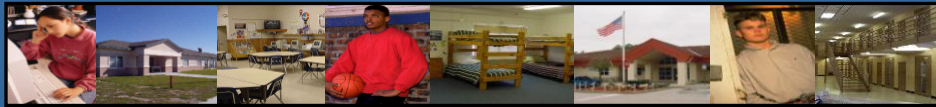


STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY IMPROVEMENT
PROGRAM REPORT FOR**

White Foundation IDDS - Circuit 4
The Henry and Rilla White Youth Foundation, Inc.
(Contract Provider)
707 Mill Creek Road
Jacksonville, Florida 32211

Review Date(s): May 1, 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 4
 Provider Name: The Henry and Rilla White Youth Foundation, Inc.
 Location: Duval County / Circuit 4
 Review Date(s): May 1, 2012

QI Program Code: 1148
 Contract Number: P2065
 Number of Slots: 86
 Lead Reviewer Code: 96

Indicator Ratings					
1. Management Accountability			2. Intervention and Case Management		
1.01	Background Screening of Employees/Vol.	Satisfactory	2.01	Admission	Satisfactory
1.02	Provision of an Abuse Free Environment	Satisfactory	2.02	Positive Achievement Change Tool	Satisfactory
1.03	Incident Reporting	Non-Applicable	2.03	YES Plan Development	Limited
1.04	Pre-Service/Certification Requirements	Satisfactory	2.04	YES Plan Implementation	Satisfactory
1.05	In-Service Training Requirements	Satisfactory	2.05	Service Referrals	Limited
1.06	Supervisory Reviews	Satisfactory	2.06	PACT Reassessments/YES Plan Updates	Satisfactory
			2.07	Release	Satisfactory

The following limited and/or failed indicators require immediate corrective action.

2.03 YES Plan Development

2.05 Service Referrals

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Improvement 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
1 # Program Supervisors
_____ # Other (listed by title): _____ |
|--|--|---|

Documents Reviewed

- | | | |
|---|--|--|
| <input checked="" 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 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 checked="" type="checkbox"/> Youth Handbook
_____ # Health Records
_____ # MH/SA Records
_____ # Personnel Records
_____ # Training Records/CORE
9 # Youth Records (Closed)
3 # Youth Records (Open)
_____ # 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:

Angela Mills, Lead Reviewer, DJJ Bureau of Quality Improvement
Caroline Sanchez, Program Monitor, DJJ Residential Services, North Region
Tom Witt, Juvenile Probation Officer Supervisor, DJJ Probation, Circuit 3

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/QI/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 Henry and Rilla White Youth Foundation conducts satisfaction surveys of the youth and parents/guardians in the program. The results for the last six months indicated youth and parents/guardians are satisfied with employees at the program and services provided.

Standard 1: Management Accountability

Overview

The Henry and Rilla White Youth Foundation, Incorporated, was awarded the Intensive Delinquency Diversion Services (IDDS) contract for Circuit 4 in February 2009. The program provides services in Duval and Clay counties. A new contract was awarded for March 2010 through March 2013. The contract was amended in February 2012 to reduce the number of slots from ninety-six to eighty-six. A new case manager was hired in the past year. One employee transferred from a residential program to be a case manager in the IDDS program in February 2012. The previous director left the program at the end March 2012. The new program director started in his position on April 30, 2012. The program changed supervisors in February 2012.

1.01: Background Screening of Employees/Volunteers

Satisfactory Compliance

The Annual Affidavit of Compliance with Level Two Screening was submitted within the required time frame. One new employee was hired since the last review and the background screening was completed prior to the employee's hire date. Three employees were due for five-year rescreens; the rescreens were completed prior to the employees' hire date anniversaries.

1.02: Provision of an Abuse Free Environment

Satisfactory Compliance

Program employees adhere to a code of conduct in accordance with Department requirements. There have been no allegations against employees since the last review. The program conducts youth and parent/guardian satisfaction surveys. The results of the parent/guardian surveys were reviewed for the past six months, showing parents/guardians are satisfied with services provided and that the program employees delivered and coordinated the services.

1.03: Incident Reporting

Non-Applicable

The program did not have any reportable incidents since the last review; therefore, this indicator will be rated non-applicable.

1.04: Pre-Service/Certification Requirements

Satisfactory Compliance

One new case manager was hired since the last review. The employee completed 120 hours of training. A few mandatory training courses were not completed, including orientation to understanding youth and supervision.

1.05: In-Service Training Requirements

Satisfactory Compliance

Three employee training files were reviewed. All employees exceeded the annual twenty-hour training requirement. The training consisted of online courses and instructor-led trainings. One supervisor completed twenty-four hours of instructor-led supervisory training.

1.06: Supervisory Reviews

Satisfactory Compliance

The previous program supervisor was out on medical leave in December 2011 and January 2012. There have been no lapses in supervisor reviews since February 2012. Monthly reviews were documented in the case notes in all nine files reviewed. The supervisor reviews the hard copy files. There was a signature page in each of the nine files documenting the supervisor's review of the file.

Standard 2: Intervention and Case Management**Overview**

The program currently has one supervisor and three case managers. The contract is funded for a total of four case manager positions; however, until recently, the program was operating under capacity. The program is now receiving more referrals and will be hiring one more case manager. The case managers are responsible for the completion of the Positive Achievement Change Tool (PACT) and development and implementation of the Youth-Empowered Success (YES) Plans.

2.01: Admission

Satisfactory Compliance

The juvenile probation officers (JPO) working at the juvenile assessment center in Jacksonville complete the Department's IDDS eligibility form. The JPOs are sending all the forms to the State Attorney's Office, even though not all youth meet eligibility criteria. In turn, the State Attorney's Office is referring youth who do not always meet IDDS eligibility criteria.

None of the nine youth reviewed met admission criteria based on their risk to reoffend according to the PACT, as all scored low or moderate-risk to reoffend. Four of the nine youth did not have one documented risk factor in at least three of four domains; the remaining five youth met this criterion. In all nine youth files reviewed, the case was assigned to a case manager within seven days of the referral. In all nine youth files, a face-to-face meeting was held with the parent/guardian and youth within seven working days of the referral.

2.02: Positive Achievement Change Tool (PACT)

Satisfactory Compliance

All nine youth files contained a completed PACT. The PACTs were completed within ten calendar days of admission with one exception. In one file, the tenth day fell on Christmas Day and the PACT was completed within twelve days of admission. All youth were low or moderate-risk to reoffend.

2.03: Youth-Empowered Success (YES) Plan Development

Limited Compliance

Three of the nine plans contained action steps that included all the intervention elements (who, what, how often). The remaining six plans had one or more goal action steps missing the “how often” intervention element for the youth, parent/guardian, and case manager. Seven of the nine plans contained goals with appropriate target dates. One of nine YES Plans did not contain a PACT Goal. The YES Plans were created within the required time in the Juvenile Justice Information System (JJIS) and approved by the supervisor within the twenty-one day time frame. However, the parent/guardian and youth signatures were not received within the required time frame on four of the nine YES Plans. The parent/guardian and youth signatures on the YES Plans were sixteen to sixty-three days late.

2.04: Youth-Empowered Success (YES) Plan Implementation

Satisfactory Compliance

Nine YES Plans were reviewed. A total of ninety-six out of 110 action steps were completed. The case notes included face-to-face contact with youth and parent/guardian. The files indicated the program employees followed the progressive action plan, as required in cases of youth noncompliance with YES Plan goals.

2.05: Service Referrals

Limited Compliance

Three YES Plans required referrals for services. Referrals were documented in two of the three files. Only one file documented contact with the service provider within thirty days of the referral to ensure enrollment in services. Two files did not document any contact with the service provider or any other follow-up to determine if each youth received services as required by the YES Plan.

2.06: PACT Reassessments and YES Plan Updates

Satisfactory Compliance

Files were pulled from the last six months. Twenty-eight youth have been enrolled in the program for at least ninety days and youth files were selected from these twenty-eight youth. Twenty-six of the files were split between two case managers. The sample consisted of six files

from one case manager and three from the other case manager who had the majority of the files. Five of the nine PACT reassessments and subsequent YES Plans were completed within the required time frame. The most recently hired case manager (hired in November 2012) had four PACT reassessments completed late by ten to twenty-three days and associated YES Plans were late from nine to fifteen days. Four of the subsequent YES Plans contained lapsed target dates. (One case manager was responsible for three of Plans with lapsed target dates.).

2.07: Release

Satisfactory Compliance

Three closed files were reviewed. The three files were unsuccessful completions. The three youth were released for failing to comply with the services and sanctions in their YES Plan, which did not exceed the seven month requirement. The juvenile probation officers and the State Attorney's Office were notified, in writing, of each youth's unsuccessfully release for failing to comply.