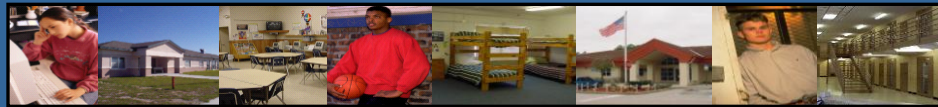


STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY IMPROVEMENT  
PROGRAM REPORT FOR**

**White Foundation IDDS - Circuit 7**  
***The Henry and Rilla White Youth Foundation, Inc.***  
(Contract Provider)  
1440 N. Nova Road  
Holly Hill, Florida 32117

*Review Date(s): February 7-8, 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 7  
 Provider Name: The Henry and Rilla White Youth Foundation, Inc.  
 Location: Volusia County / Circuit 7  
 Review Date(s): February 7-8, 2012

QA Program Code: 1199  
 Contract Number: P2067  
 Number of Slots: 20  
 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<br><input checked="" type="checkbox"/> DJJ Monitor<br><input type="checkbox"/> DHA or designee<br><input type="checkbox"/> DMHA or designee | <b>1</b> # Case Managers<br>_____ # Clinical Staff<br>_____ # Food Service Personnel<br>_____ # Healthcare Staff | _____ # Maintenance Personnel<br>_____ # Program Supervisors<br><b>1</b> # Other (listed by title):<br><u>Community Based Administrator</u> |
|--|--|---|

### Documents Reviewed

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accreditation Reports<br><input checked="" type="checkbox"/> Affidavit of Good Moral Character<br><input type="checkbox"/> CCC Reports<br><input type="checkbox"/> Confinement Reports<br><input type="checkbox"/> Continuity of Operation Plan<br><input type="checkbox"/> Contract Monitoring Reports<br><input type="checkbox"/> Contract Scope of Services<br><input checked="" type="checkbox"/> Egress Plans<br><input type="checkbox"/> Escape Notification/Logs<br><input type="checkbox"/> Exposure Control Plan<br><input type="checkbox"/> Fire Drill Log<br><input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Fire Prevention Plan<br><input type="checkbox"/> Grievance Process/Records<br><input type="checkbox"/> Key Control Log<br><input type="checkbox"/> Logbooks<br><input type="checkbox"/> Medical and Mental Health Alerts<br><input type="checkbox"/> PAR Reports<br><input type="checkbox"/> Precautionary Observation Logs<br><input type="checkbox"/> Program Schedules<br><input type="checkbox"/> Sick Call Logs<br><input type="checkbox"/> Supplemental Contracts<br><input checked="" type="checkbox"/> Table of Organization<br><input type="checkbox"/> Telephone Logs | <input type="checkbox"/> Vehicle Inspection Reports<br><input type="checkbox"/> Visitation Logs<br><input checked="" type="checkbox"/> Youth Handbook<br><b>0</b> # Health Records<br><b>0</b> # MH/SA Records<br><b>3</b> # Personnel Records<br><b>2</b> # Training Records/CORE<br><b>3</b> # Youth Records (Closed)<br><b>5</b> # Youth Records (Open)<br><b>0</b> # Other: _____ |
|--|--|---|

### Surveys

\_\_\_\_\_ # Youth                      \_\_\_\_\_ # Direct Care Staff                      \_\_\_\_\_ # Other: \_\_\_\_\_

### Observations During Review

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

<b>Satisfactory Compliance</b>	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.
<b>Limited Compliance</b>	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.
<b>Failed Compliance</b>	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  
Robin Robertson, Program Monitor, DJJ Residential Services, North 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/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 program conducts exit surveys with the youth and their parents or guardians, soliciting feedback on various components of the program including program orientation, the grievance process, the program's expectations, staff availability and professionalism, and whether or not 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 the Intensive Delinquency Diversion Services (IDDS) program in Circuit 7. The program, which serves the youth in Volusia, Flagler, Putnam, and St. Johns Counties, became operational on March 15, 2010. The program's office is located in Holly Hill, 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, with a target age group of fifteen years of age and younger. In addition, the youth must 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, one Case Manager, and an 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

The program had one applicable file to review for compliance with the Department's Background Screening policy. The file documented a completed background screening with eligible results prior to the date of hire. In addition, the employee must successfully complete a drug screening and possess 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 staff are expected to abide by the White Foundation's code of ethics and employee expectations. As part of the agency 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. The program has written policy and procedures in place for abuse reporting and in-service training was conducted with program staff on abuse reporting requirements. The abuse hotline number is also posted within the program's building.

All youth are provided with a handbook upon their admission to the program. Included in the handbook are the youth's rights, as well as information on the grievance process, the abuse hotline number, and the code of ethics. During the program orientation, the youth and the youth's parent or guardian are advised of the program's mandatory abuse reporting requirements. The youth and parent or guardian sign the orientation checklist acknowledging receipt of the handbook and their understanding of the information provided during orientation. This form was located in all files that were reviewed.

The program documented one incident in which the case manager contacted the abuse hotline to report an abuse incident that occurred in the youth's home. The program reported no incidences of disciplinary action taken due to staff violating the code of ethics or employee expectations.

The program conducts exit surveys with the youth and the youth's parent or guardian upon completion of the program. During the Quality Improvement review, the survey results for the current fiscal year were reviewed; seven youth responded and all indicated that program staff treated them with respect, were available when needed, and they felt comfortable in the locations where they met with program staff. Of the eight parents or guardians responding, all indicated that program staff were courteous and respectful, were available to answer questions, and they were comfortable talking to staff about their child.

**1.03: Incident Reporting**

Non-Applicable

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

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

Satisfactory Compliance

The program had no new direct care staff hired in the past year, therefore there was no practice to evaluate. However, there is an Individualized Orientation and Pre-Service Training Plan for IDDS staff that the the program would utilize in the event a new employee is hired.

**1.05: In-Service Training Requirements**

Satisfactory Compliance

Two applicable files were reviewed for in-service training; both employees exceeded the required twenty-four hours of in-service training in 2011. The Case Manager documented seventy-eight total training hours, with a combination of CORE and instructor-led courses. The

Program Director documented approximately 110 total hours, which included supervisory training obtained during program director meetings and on-line trainings.

Both employee files documented current first aid certification, annual Protective Action Response (PAR) updates, and professionalism and ethics training. The Case Manager's training file documented current cardiopulmonary resuscitation (CPR) certification. The Program Director's training file documented a two-month lapse in her CPR certification. The previous certification course was taken in May 2010 and was valid for one year; the recertification class was taken in July 2011. In addition, the Program Director's file did not include current CPR card/certification, only a copy of the sign-in sheet. The program reported they had attempted to obtain a CPR card or certificate from the trainer, however were unsuccessful. The program also advised the Program Director was enrolled in a CPR class in May 2011, however due to a family emergency was unable to take the class until July 2011.

### 1.06: Supervisory Reviews

Satisfactory Compliance

In a review of five youth files, the Program Director documented monthly case reviews in the Juvenile Justice Information System (JJIS) Case Notebook Module, recording instructions to the Case Manager and whether or not the Case Manager was in compliance with the Youth-Empowered Success (YES) Plan action steps during the review period, with one exception noted. In one file, the September 26, 2011 entry did not have any notes, it simply stated "Supervisory Review". The Program Director also reviewed all YES Plans and progress reports.

It is the program's practice to send quarterly progress reports, in addition to termination reports, to the State Attorney's Office (SAO) to provide information on the youth's progress in the program. In the four applicable files, the supervisor reviewed and signed the termination report sent to the SAO.

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

### Overview

The youth are referred to the program by the Department of Juvenile Justice and the court system. The Case Managers are responsible for completing 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. These services are usually provided on a one-on-one basis, however can also be provided in a group setting.

The program staff attended a two-day ARISE LifeSkills Training in April 2011 and are certified ARISE Life Skills Group Facilitators. Any youth identified in need of mental health and/or substance abuse treatment are referred to an appropriate provider within the community. The program has twenty slots and was providing services to fourteen youth on the first day of the Quality Improvement review.

**2.01: Admission**

Satisfactory Compliance

Five 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 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. Four of the five files documented at least three risk factors and did meet admission criteria. In the last file, the screening completed by the Juvenile Probation Officer prior to the youth being referred to the program documented risk factors in two of the four possible categories. However, a new screening instrument completed by the program's Case Manager did indicate the youth had three risk factors. The second screening instrument was not filled out completely; sections such as the program name, date, client's age, and whether or not the youth was fifteen years of age or younger at the time of the offense were not completed. The bottom of the form was also not dated to indicate when the screening instrument had been completed.

All five 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 parent or guardian within seven working days of the referral being received in four of the five cases. In one file, the face-to-face contact was documented twenty-one days after receipt of the referral. Multiple attempts were documented in the case notes supporting the Case Manager's efforts to make contact with the family to schedule an intake conference. The youth and parent did sign the participation agreement during the initial face-to-face contact with the Case Manager in all files reviewed.

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

Satisfactory Compliance

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

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

Satisfactory Compliance

Five files were reviewed for Youth-Empowered Success (YES) Plan development. YES Plans were developed with at least one goal that addressed a risk factor associated with family, school, substance abuse, or delinquency in all files reviewed. The initial YES Plans were signed by all required parties within twenty-one calendar days of admission in four of five files. In the fifth file, the YES Plan was signed and dated by the Case Manager, Program Director, and youth's parent as required; the youth signed the plan, however he did not date his signature. The Youth Requirements and PACT Goals in all five files included the intervention plan elements and contained individualized target dates.

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

Satisfactory Compliance

In each of the five files reviewed, the case notes contained on-going documentation of case activities, which included face-to-face interaction and telephone contact with youth, parents, and



collateral sources. There were instances in which the case notes were brief and did not consistently provide details of the event. The case notes reflected consistent compliance with the Case Manager action steps contained in the initial Youth-Empowered Success (YES) Plan.

#### 2.05: Service Referrals

Satisfactory Compliance

Four 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 three of four files. In two applicable files, the Case Manager documented the receipt of written 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

The program is completing the Positive Achievement Change Tool (PACT) Reassessments every two months. The Youth-Empowered Success (YES) Plans were also updated, generally every two months. The Case Manager updates the Youth Requirements and PACT Goals as required, with the exception of community service hours. In a review of five files, the community service hours were not updated in the Juvenile Justice Information System (JJIS) prior to the development of the updated YES Plan; the hours were documented as completed when all of the hours had been completed. According to the program, the community service hours are not updated in JJIS until they are verified; the case note entries do not distinguish between the youth completing community service hours and the Case Manager actually verifying the completion of the hours.

#### 2.07: Release

Satisfactory Compliance

Four applicable files were reviewed for release requirements; two were successful terminations and two were unsuccessful terminations. The program submitted a termination report to the State Attorney's Office, Juvenile Probation Officer, and Clerk of Court in each case, via email. The program's practice is to notify all parties of all releases, both successful and unsuccessful, and document the status in the case notes of the youth's file.

#### 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.