



THE HENRY & RILLA WHITE YOUTH FOUNDATION, INCORPORATED

In partnership with



Annual Report 2024-2025



Agency accredited since 2004

INTRODUCTION

The Henry and Rilla White Youth Foundation, Inc. (the Foundation) is built upon a history of caring for children and families. The Foundation is a Florida-based, not-for-profit corporation originally founded to serve troubled youth and their families. It was established in 1988 in memory of two of Levy County's most respected citizens, Henry and Avarilla White. Henry was a teacher, school board member and superintendent of the Levy County School System. His wife, "Rilla" Drummond White, owned White's Grocery Store, a gathering place for youth. She was widely known for her commitment to family, church and the youth of the community. In their honor, the Foundation provides services to adults with behavioral health needs, sponsors the National School Lunch Program in for-profit Department of Juvenile Justice facilities in Florida and Texas, and provides speech therapy in Levy County.

This Annual Program Management Report for the Henry and Rilla White Youth Foundation summarizes the results of our services, outcome and performance measures, strategic initiatives, and administrative functions for the year.

The Foundation's Mission, Vision, and Values are identified as:

MISSION

To ensure that individuals and families receive the help they need to live more meaningful, productive lives by focusing on their own worth, strength, and dignity.

VISION

We will:

- **Be part of the effort to create excellence through the most productive interface between the public and private service offerings.**
- **Become increasingly adept at teamwork to identify goals, solve problems, and achieve excellence.**
- **Continuously upgrade services that recognize no upper limit in programming quality.**
- **Remain committed to community-based programming as the key to successful service delivery based on the mutually supportive relationship between the community and the program.**

VALUES

We believe:

- **In helping individuals and families acquire skills and other supports needed for successful community living.**
- **In treating individuals and families in a manner that confirms their dignity and self respect.**
- **That collaboration and compassionate dialogue are the best ways to support individuals and families in their efforts to achieve their goals.**
- **That all people should be provided with a continuum of care based on individual needs.**



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FOUNDATION, INCORPORATED



FOUNDATION INFORMATION

The Foundation is committed to quality programming and services to the persons served. Executive Management ensures that services provided by any program of the Foundation are in compliance with applicable regulations, standards, and requirements of all governing and funding entities. A system of consistent internal monitoring, outcome evaluation, technical support, and consultation provide managers with the information and assistance integral to quality improvement for individual programs and the Foundation as a whole. The Foundation prides itself on such traits as:

- Leadership with a high level of experience in mental health, speech, and the NSLP;
- Experience in providing evidence-based and community-based programming and supervision services;
- Quality Improvement procedures for maximum program impact; and
- Commitment to outstanding relationships with the Partnership for Strong Families, Department of Children and Families, Lutheran Family Services, and Evidence-Based Associates.

The Foundation has recruited quality staff and leadership who have served children, youth and families over the past thirty- one years. Team members have substantial experience in the area they work with. They also have extensive background in program development, planning, start-up and quality maintenance, and improvement of program services.

The focus for the Foundation this year has been to maintain our level of quality services and to expand. We have a contract for mental health and substance disorder evaluations and treatment in circuit 2, 3, and 8. A new contract starting this year to provide comprehensive mental health evaluations for Circuit 2,3, and 8.

The lake city program is continuing to offer quality services to the adult in Lake City area who persistent severe mental health issues, they are now offering 3 full time groups and Targeted Case Management.

ADULT PROGRAMS

PSR

Psychosocial Rehabilitation Services are educational opportunities for the persons served living with a mental health or addiction/use issue. Classes are offered two times each day in subjects that are client centered on recovery not stabilization. There are two 30-minute groups each day and 2 units taught each day. Each person served must volunteer for a job that contributes to the program. PSR includes the provision for counseling, rehabilitation, therapeutic care services, and life skills training services designed to redevelop, maintain, or restore those abilities necessary to allow the person served to function in the community. Services are provided in a therapeutic milieu, which allows for more than custodial care. Services are individualized and directly relate to the treatment-plan goals and the persons' served long term goals for residential, work, or other life domains.

TARGET POPULATION

Severe and persistent mentally ill adult male and female residents from Adult Living Facilities and the community, ages 18 years and older.

LOCATION AND CAPACITY

Columbia County

(3) PSR Groups – 32 Men and Women ages 18 and older

TARGETED CASE MANAGEMENT

The primary goal of the Foundation's Mental Health Targeted Case Management program is to optimize the function of the persons served who have complex needs, by coordinating the provision of quality treatment and support services in the most efficient and effective manner. Services and service frequency are based on the persons' served needs, goals, and abilities of each person served.

TARGET POPULATION

Severe and persistent mentally ill adult male and female residents from Adult Living Facilities and the community, ages 18 and older.

LOCATION AND CAPACITY

Columbia County

38 – Men and Women ages 18 and older (TCM with other services)

21 of the 38 – Men and Women ages 18 and older (TCM clients only)

Youth Counseling Services

The primary goal of youth counseling program is two facet, we work with youth in the community who have not been in trouble but are on the road to it. Our goal here is to give them the tools to control impulses and anger and stay out of trouble. Our DJJ population has already committed some type of offense and our goal is to keep the m from reoffending.

TARGET POPULATION

Youth Ages 10 -19, community youth are identified by the school system and project catch and referred by brave. DJJ youth are referred by the probation department.

LOCATION AND CAPACITY

Serving Circuits 2, 3, and 8, located in the north central region of Florida. Our capacity grows with the need, with the advancements of telehealth we are really able to expand of services reach and efficiency.

Key Events During the 2024 Fiscal Year

The key events the Foundation experienced in 2024 – 2025 was being awarded a contract with DJJ for Comprehensive evaluation services. Our current probation contract is going out for procurement it has been in place for over 7 years. We intend to expand our reach into other circuits.

QUALITY OF CARE

The Foundation uses a systemic approach to ensure that the Foundation practices are consistent with established standards and procedures, and to improve overall quality of care and service by

identifying areas for improvement. Each Foundation program staff develops and agrees to program performance measures. Each program goal includes the current status, the goal, and each month staff report the results from that month. Each program is expected to conduct and/or participate in Quality Improvement activities in accordance with the Foundation-wide Quality Improvement Plan. The components of the plan include process evaluation, external reviews, outcome evaluation, management reviews, stakeholder surveys, persons served care and services monitoring/evaluation, staff development, facility safety and maintenance monitoring, incident reporting process, case review process, internal monitoring, accreditation review, and corrective action plans as needed. Full mock quality improvement internal review is conducted on a quarterly basis.

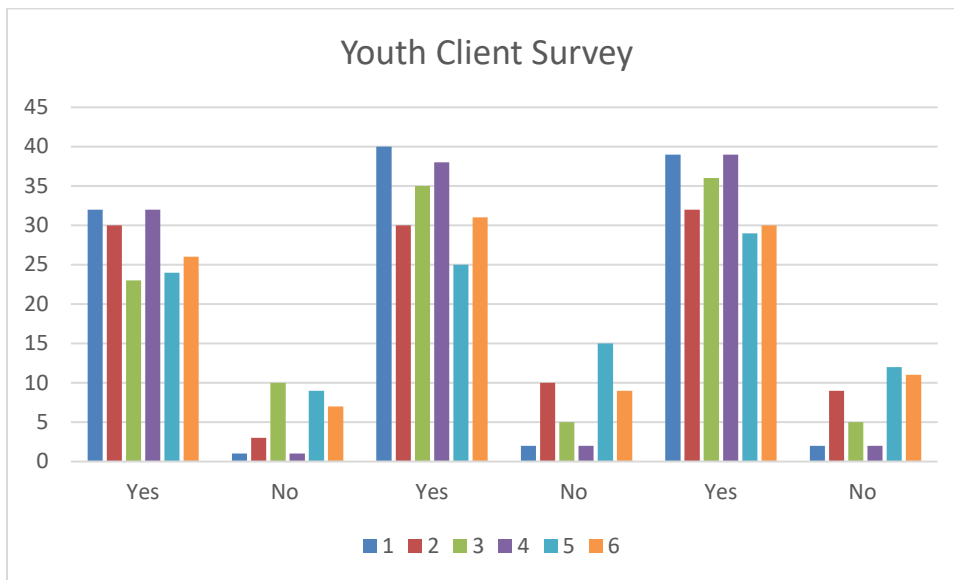
CARF Accreditation History

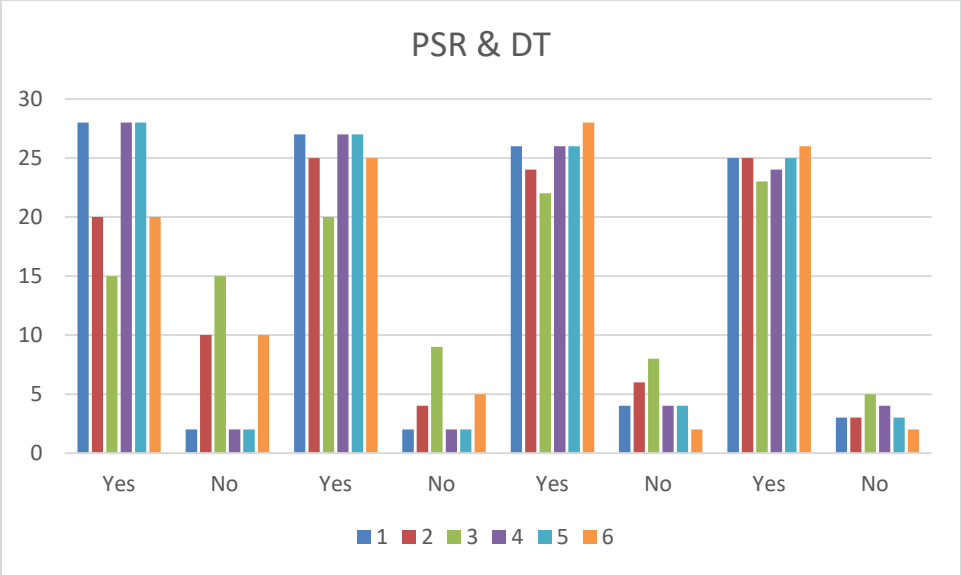
In September of 2024, The Foundation received a provisional -accreditation by the Commission on the Accreditation of Rehabilitation Facilities (CARF). CARF awarded the agency a one-year extension through October 2025.. The accredited areas are:

- Intensive Outpatient
- Outpatient

CARF will complete the next accreditation survey, including onsite reviews, in August 2025.

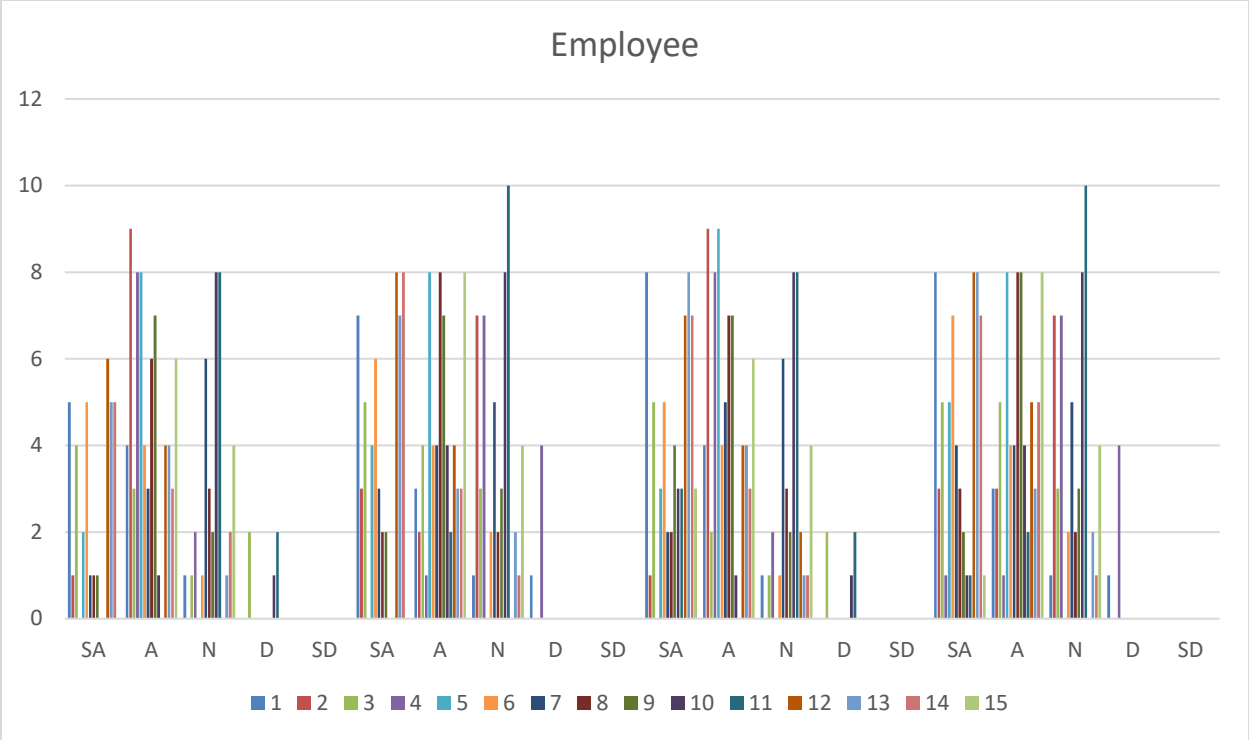
Survey Data





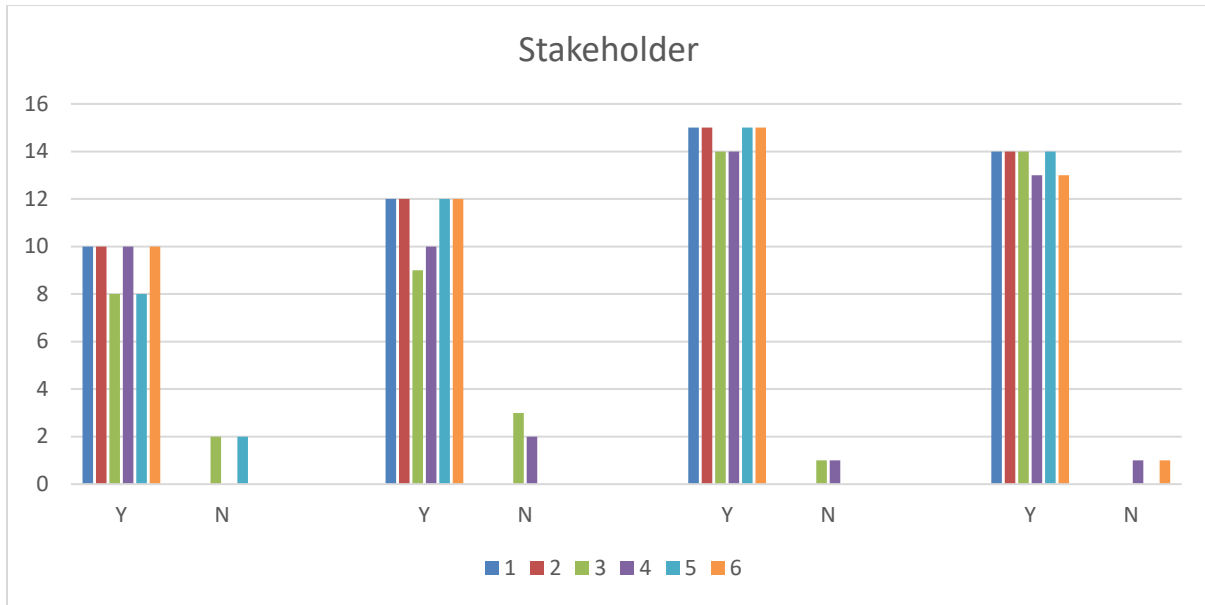
Analysis: In general client satisfaction is good , there appears to be some confusion across the board on what the clients expect out of the programs they're in.

Goal: Increase client awareness by 10%, by insuring all clients have received their handbooks and following up to ensure we thoroughly review them with the client.



Analysis: Employees are satisfied in the area that show they are valued and that their job is meaningful, however there is disaffection in pay and benefits. Some of the results maybe screwed to certain negative employees.

Goal: Work in raises into the budget, we need to be at industry standard level. Will review salary results and compare them to ours.



Analysis: Stakeholders show confidence in us, we have gradually received a few more responses. We would like to receive more but most DJJ JPO's and Chiefs are hesitant to respond.

Goal: Increase survey participation by 50%. Will continue to mention during stakeholder meeting how important the survey data is to us.

Financial Planning and Reporting

The Henry & Rilla White Youth Foundation, Inc. continues to report that we have the financial resources to expand into another small business if we determined a small business that meets our mission and values.

Financial Audit Reports

Our 2023 FY review has been completed. We have been notified that there are no major findings or areas that require changes. Our 2024 FY review is schedule for October 2025.

Technology

The Foundation continues to update and replace equipment to support staff and prevent any down time and interruptions of work flow. We are expanding our technology plan to include processes for cell phone updates.

Health and Safety

The current practices and policies have allowed the Foundation staff to remain healthy and safe during this very challenging year. We will continue safety training and drills and documented monthly safety drills at each program and headquarters.

Risk Management

The Risk Management process is an integral part of the overall Quality Improvement process within the Foundation. The components of risk management include the monitoring of Corporate Compliance, annual surveys, incident reporting, updating policies and procedures, and ongoing safety meetings with emergency preparedness plans and drills. Each program has its own Safety Committee that is responsible for conducting safety awareness training, various drills, and inspections. Quarterly data is forwarded to the Foundation's Safety and Security Coordinator and Quality Improvement Team for review and analysis. Annually each Staff Resource and Training Manual will be updated to include all changes in policy and or procedure.

Corporate Compliance

The Foundation is dedicated to the delivery of care in an environment characterized by strict conformance with the highest standards of accountability for administration, clinical, business, marketing, and financial management. The Foundation's leadership is fully committed to the need to prevent and detect fraud, fiscal mismanagement and misappropriation of funds. Therefore, through the development and implementation of its formal Corporate Compliance program, it ensures ongoing monitoring and conformance with all legal and regulatory requirements. Furthermore, the organization is committed to a Corporate Compliance program that emphasizes (1) prevention of wrong doing – whether intentional or unintentional, (2) immediate reporting and investigation of questionable activities and practices - without consequence to the reporting party, and (3) timely correction of any situation which puts the organization, its leadership or staff, funding sources, or the persons served at risk.

An annual report is provided for the Board of Directors. Any concerns are immediately reported to the Chairman of the Board. The Chairman of the Board will determine if there is a need to inform all Board members. There are currently no corporate compliance concerns.

Critical Incident Reporting

Critical incidents are reported to the VP and documented in the Z drive. Critical incidents are kept to a minimum by the constant monitoring provided by staff, appropriate hiring procedures, and training.

Business Function

The Foundation continues to monitor business functions and strives to be effective and efficient in our business functions. Data continue to show improvement at Headquarters and each program.

Quality Improvement Summary

Feedback and discussion about survey results lead to some great feedback and suggestions for changes to the youth, adult, and employee survey. These changes will be included in the strategic plan. Changes in CARF standard revealed the need to further focus on social determinants of health for all of our clients. This will also be addressed through the person-

centered plan and in the strategic plan. . Over all the health and safety of the Foundation has been exemplary. We will be making one addition to the emergency drill forms to document whether actions taken accomplish intended results.

Strategic Planning

The work of the Foundation is a continuous improvement process. T. We are currently a Community Behavioral Health Center. We are seeking to expand our services into other areas and broader basis. We have meetings setup with different departments in the state to see where we can help solve an issue they may have.