



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Nehemiah Educational and Economic Development (NEED)

on 03/06/2017

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory
Percent of indicators rated Satisfactory:100.00%	
Percent of indicators rated Limited:0.00%	
Percent of indicators rated Failed:0.00%	

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
Percent of indicators rated Satisfactory:100.00%	
Percent of indicators rated Limited:0.00%	
Percent of indicators rated Failed:0.00%	

Percent of indicators rated Satisfactory:100.00%
 Percent of indicators rated Limited:0.00%
 Percent of indicators rated Failed:0.00%

Rating Definitions

Rating were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	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.
Not Applicable	Does not apply.

Review Team

Members

Keith Carr, Lead Reviewer, FOREFRONT LLC/FNYFS

Melissa Quinn LMHC, Clinical Support Manager, Boys Town-Central Florida

Paul Czigan, Regional Monitor, Department of Juvenile Justice

Persons Interviewed

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input checked="" type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input checked="" type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <input type="checkbox"/> Counselor Non- Licensed |
| <input checked="" type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 2 Case Managers | 0 Maintenance Personnel | 1 Clinical Staff |
| 0 Program Supervisors | 0 Food Service Personnel | 1 Other |
| 0 Health Care Staff | | |

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 checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 0 # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 7 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 4 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 6 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 5 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

0 Youth 0 Direct Care Staff

Observations During Review

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Intake | <input type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input checked="" type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage | <input checked="" type="checkbox"/> Facility and Grounds |
| <input checked="" type="checkbox"/> Recreation | <input type="checkbox"/> Toxic Item Inventory and Storage | <input checked="" type="checkbox"/> First Aid Kit(s) |
| <input type="checkbox"/> Searches | <input type="checkbox"/> Discharge | <input checked="" type="checkbox"/> Group |
| <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <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.

Rating Narrative

Strengths and Innovative Approaches

Rating Narrative

Nehemiah Educational & Economic Development, Inc. (N.E.E.D.) is a 501 (c) (3) organization and was incorporated in February 2000. N.E.E.D. provides an array of services to the community, including youth services. N.E.E.D.'s Youth Services Division is experienced in providing prevention and intervention services to youth and families. Their management staff has over 27 years' experience working directly with youth. The Florida Department of Juvenile Justice awarded N.E.E.D. several prevention grants to operate mentoring and after-school programs. N.E.E.D. has also operated employability skills programs.

N.E.E.D.'s CINS/FINS program targets children, ages 6-17, which meet the following criteria for admissions: Runaway, Ungovernability/Beyond Control, Truancy/School Issues and Homelessness.

N.E.E.D. seeks partners (judiciary, law enforcement, schools, churches, community based organizations, parents and concerned citizens) to work with, as their focus is on helping youth and their families be successful and enjoy healthy relationships. They have collaborative partnerships with Macedonia Missionary Baptist Church of Eatonville FL, Inc., the Walt Disney Boys and Girls Club and a well-respected psychologist. Through these collaborations, they are able to offer youth and their parents a vast array of programs and services such as counseling, mentoring, life skills groups, character development, gender specific groups, annual college tours to eligible students, scholarship opportunities and opportunities for youth to voluntarily participate in creative arts (drama, choir, dance, mime groups). For parents, offered are, through collaboration, soup kitchen, clothes closet, health services, RESTORE group meetings, Addictive Behavior Recovery Ministry, prison ministry and referrals through the Social Services Ministry for financial assistance (public assistance and housing).

As a new program, N.E.E.D. is pleased to have accomplished the following:

- Selected by the Florida Network as its Agency of the Year for 2015-2016.
- Hired two new part-time case managers to replace one full-time case manager, enabling them to have three case managers.
- Exceeded training hours for direct care staff.
- Made new contacts in Eatonville/Orlando area, increasing potential families that they can serve.
- Continued to provide service to families in their main target area, Pine Hills and West Orlando.
- In July, they offer youth the opportunity to participate in week-long youth conference at Macedonia.
- For Christmas, they partnered again with Macedonia's Angel Tree program to submit some of their children's names to receive donated gifts that included gift cards, games and other items.
- Case Managers made numerous referrals for service such as counseling, substance abuse assessments, psychological assessments, mentoring, tutoring, community programs, etc.
- Case Managers mentored and coached youth on decision making, peer relations, drug education, educational and vocational activities.
- Conducted life skills and character development through their drama classes at Walt Disney Boys & Girls Club.
- The life skills and character development lessons were incorporated into the drama class for an end of the year presentation, a movie. The movie was developed by the students at the Boys & Girls Club which was shown in August 2016.
- Case Managers engaged parents beyond the initial intake visit by calling them with regular updates on their child's progress with Service Plan. This encouraged parents to become more involved with their child's success.
- Program achieved 100% on Annual Agency Report Card from the Florida Network.

- **Achieved 112% of deliverables, YTD Performance by conducting 136 assessments in 2015-2016 contract year, (contracted to conduct 132). They are on track to meeting or exceeding deliverables for 2016-2017.**

Standard 1: Management Accountability

Overview

Narrative

The Nehemiah Educational and Economic Development program is staffed by Venus Highsmith, Director; Barbara Seay, Administrative Assistant/Data Coordinator; Dr. John Robertson, Clinical Psychologist; Cierra Thomas, Case Manager; Terrance Middleton, Case Manager; Javis Mays, Case Manager and Jami Thomas, Drama Instructor/Group Facilitator.

Level 2 background screening is mandatory for employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. There were two new staff members that were newly hired and five first year staff members. All background screening requirements were fulfilled. There were no applicable 5-year re-screenings for the review period.

The primary goal of the CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Staff training ensures that staff assigned to the program has the proper credentials to perform their job responsibilities. Program orientation and training is an essential component of this effort. Staff are trained to conduct screenings and assessment services to youth and families that meet the CINS/FINS criteria. Individual training records are maintained in a binder for each staff that includes: training plan, individual certificates, and training hours. The provider has numerous partnership agreements throughout the local service area and conducts outreach to educate the community and market the program's services.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy referencing background screening of employees/volunteers that was last reviewed on August 1, 2016 by the Program Director.

The procedures include who must be screened, when background screening is not required, when to complete a background screening, how to submit a screening, use of the Clearinghouse and steps in the exemption process.

Seven files were reviewed for Level 2 background screening. Two staff were new hire individuals. Each of the two staff files reviewed contained an eligible background screening completed and were on file with the Agency for Health Care Administration, Care Provider Background Screening Clearinghouse (Clearinghouse) prior to hire. There were no staff or volunteers eligible for five-year re-screening.

Exception:

The Annual Affidavit for Compliance with Level 2 Screening Standards was completed on February 28, 2017 and faxed to the Department on March 2, 2017.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program does have an abuse-free environment policy signed on July 31, 2015 by the Program Director. The policy prohibits the use of physical abuse, profanity, threats or intimidation, and youth are not to be deprived of basic needs such as food, clothing, shelter, medical care and security.

Reporting procedures include youth and staff having unimpeded access to place a call to the Florida Abuse Hotline.

There were no incidents of abuse reported to the Florida Abuse Hotline during the review period. Interviews with staff revealed there were no occasions in which a report to the Florida Abuse Hotline was warranted. A review of case files did not reveal any incidents that should have been but were not reported to the Florida Abuse Hotline.

There were no exceptions noted for this indicator.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure regarding incident reporting that was last signed by the Program Director on July 31, 2015. The policy indicates applicable incidents are to be reported to the Central Communications Center as soon as possible but no later than two hours of the program learning of the incident.

Procedures include the Executive Director or designee will provide all the basic information known to the Hotline at the time of the call. Procedures describe reportable incidents and any other agencies to contact or actions to take according to specific categories of calls.

The Central Communications Center received one information notice pertaining to the program. The notice was generated by the Department of Highway Safety regarding staff driving violations. The notice was to provide the program with an update to an employee's driving status. The program maintained documentation of investigations conducted and follow-up actions taken.

There were no exceptions noted for this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has a training policy. The policy was last reviewed on July 31, 2016 and was approved and signed by the agency's Director of Youth Services. A detailed review of the policy found that the content meets the general requirements of the indicator. The agency's policy outlines the general policy including procedures, required training topics, first year and second year training and training files. The agency also has a completed Annual Training Plan.

The agency requires that each NEED staff member that provides direct care CINS/FINS services complete a total of eighty (80) hours of training in the first year of employment and 24 hours of training for each subsequent year of employment. The agency requires that all first year employees complete the required training course including Orientation; CINS/FINS Core; Managing Aggressive Behavior; Suicide Prevention; Signs and Symptoms of Mental Health; CPR and First Aid; Understanding Youth/Adolescent Development; and Child Abuse Reporting.

The agency's official training year operates from the date of hire to the staff person's anniversary hire date. The agency has an Annual Training Plan. The training plan is designed to schedule and deliver training courses annually between January – December. The agency's training plan includes training topics that are relative to the positions and duties of both direct care Case Managers and the Director of Youth Services.

The agency develops a training plan. The training topics and courses are scheduled throughout the year.

The training courses are provided directly by the Director of Youth Services and via courses provided online by both the Department of Juvenile Justice (DJJ) and the Florida Network of Youth and Family Services (FNYFS).

The agency is required to keep an individual training file that maintains training topics and hours completed during their training year.

At the time of this onsite program review, an individual training file was found on each NEED agency staff person. The training file includes training topics and hours log, training certificates, sign-in sheets, and agendas for each training course attended. The review found that the NEED agency provided access or delivered the following training topics that included Program Orientation-2; Policy and Procedure-2; Intro to the FNYFS-2; Introduction to NETMIS-2; Introduction to SkillPro; Motivational Interviewing-14; Mental Health and Substance Abuse-3; CINS/FINS Core-3; Victimization and Sexually Aggressive Behavior-1; Domestic Violence Respite-3; Suicide Prevention-3; CPR-4; First Aid-1; Sexual Harrassment-1; Child Abuse Reporting-2; Trauma Informed Care-2; Prison Rape Elimination Act (PREA)-2; Fire Safety and Awareness-1; Information Security-1; Serving LBGTQ-1; Diversity-1; Equal Employment Opportunity-1; Open Government-2; Information Resource Request1; Victimization and Sexually Aggressive Behavior; HIPPA-1; DJJ Safety Training-2; First Aid and Recognizing Medical Emergencies-1; Bed Bug Prevention-1; Word 2013-1 and Outlook 2013 Essentials-1.

The agency's training plan is completed on an annual basis by each fiscal year (July 1 – June 30). The training plan for the upcoming training year is developed prior to the end of the current fiscal year (June 30).

The reviewer conducted a file review of training courses completed by two (2) eligible first year staff members (2 Case Managers) and 2 on-going staff members (Director of Youth Services and 1 Case Manager). Of the aforementioned listed trainings, completed by the first year Case Management staff person hired on 08/26/2016, completed eighty-six (86) training hours to date. An additional first year Case Manager employee hired on 11/15/2016 has completed seventy-three (73) training hours to date.

A review of the 2 on-going staff members was conducted to determine their adherence to the minimum of 24 hours of training. The first on-going staff member hired on January 2, 2015 was reviewed. Trainings completed by the Director of Youth Services include for their first full year were seventy-two (72) training hours. The current number of hours completed is sixty and a half (60.5) training hours completed since January 5, 2016 through January 2017. The Director of Youth Services does not maintain a case or provide any direct care services to CINS/FINS youth and families.

A second on-going staff person hired on 01/12/2016, has documentation indicating they completed ninety-six (96) training hours from 01/2016 – 01/2017. Training courses completed included Program Orientation-2; Policy and Procedure-2; Intro to the FNYFS-2; Introduction to NETMIS-2; Introduction to SkillPro; Motivational Interviewing-14; Mental Health and Substance Abuse-3; CINS/FINS Core-3; Victimization and Sexually Aggressive Behavior-1; Domestic Violence Respite-3; Suicide Prevention-3; CPR-4; First Aid-1; Sexual Harrassment-1; Child Abuse Reporting-2; Trauma Informed Care-2; Prison Rape Elimination Act (PREA)-2; Diversity-1; Universal Precautions-1; Fire Safety and Awareness-1; Information Security-1; Serving LBGTQ-1; Diversity-1; Equal Employment Opportunity-1; Open Government-2; Information Resource Request1; Victimization and Sexually Aggressive Behavior; HIPPA-1; DJJ Safety Training-2; First Aid and Recognizing Medical Emergencies-1; Bed Bug Prevention-1; Stress Management-1; Quality Customer Services-1; Word 2013-1 and Outlook 2013 Essentials-1.

Exception:

None of the training files contained evidence of the staff completing training course Understanding Youth/Adolescent Development. This course is required to be completed no less than 120 days from the date of hire.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy for analyzing and reporting information signed by the Director on July 31, 2015. The policy includes the collection and review of quarterly case record reviews, incidents, accidents, and grievances, annual review of outcome data, and monthly review of NetMIS data reports.

The procedures include monthly review of NetMIS data reports, quarterly case record review, quarterly review of incidents, accidents and grievances, annual review of customer satisfaction data, and annual review of outcome data.

The program inputs the data monthly into the NetMIS system. The program reviews the data weekly and quarterly in conjunction with performing the quarterly file reviews. The team reviewed case file reviews for input to analyze the data. It was unclear from a review of seven files the comments that came from a review of the collected NetMIS data. Most case record review comments appear to come from a review of the youth assessment and plan.

The data clerk inputs data into NetMIS on a weekly or daily basis. The program has designed a Microsoft Excel spread sheet that tracks all services from referral screening, intake, needs assessment, service plan, 30-day due dates, 60-day due dates and actual dated exit dated and 30 and 60-day case review.

These reports are printed weekly providing the Director with data to review on all cases. A review of these printouts revealed occasionally a note some event was missed. Staff interviews revealed the Director verbally reviews the data with the applicable case manager when exceptions are noted in the data.

In addition, when applicable the agency reviews incidents, accidents and grievances. Additional information sources that the agency reviews includes customer satisfaction surveys data and monthly and annual services deliverable information.

Staff reports verbally each year to the Executive Director on the progress of the program in order for him to be able to report to the Board of Directors. The program was recognized by the Network as achieving 112% of deliverables. The program achieved 100% on the Annual Agency Report Card from the Network.

There were no exceptions noted for this indicator.

1.06 Client Transportation

Satisfactory

Limited

Failed

Rating Narrative

1.07 Outreach Services

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy on Outreach services signed by the Director on July 31, 2015. The policy indicates the program will develop formal and informal interagency agreements essential to developing a comprehensive continuum of service to support the coordination of services for agency clients. The program will develop a written plan to address site specific outreach activities targeting youth who are most at-risk and most likely to become delinquent.

Procedures include the program will develop an annual targeted outreach plan consisting of various types of activities aimed at increasing public awareness of and access to program services.

The annual plan included the following years 2015-2016 and 2017. The plan identified three primary goals or outcomes in the area of prevention and outreach services. The plan identified enrichment programs,

speakers' bureau, assigned designated staff to perform prevention and outreach services, targeted areas, interagency agreements informal linkages, participation in community boards, coalitions, and committees, committee needs assessment, informal service providers, formal service providers, law enforcement, and education/school system.

The program inputs the data monthly into the NetMIS system. The program has documentation of contact with ten agencies including Boys and Girls Club, Children's Home Society, Evans High School, Fresh Start Academy, JAC Center, St. Mark AME Church, Wekiva High School. There was one contact monthly for July, November, December 2016 and January 2017. There were two contacts in the months of August, October 2016, and February 2017. The program has written interagency agreements with the Orange County Shelter, Boys and Girls Clubs of Central Florida, Macedonia Missionary Baptist Church, and Robertson and Associates Psychological Services, LLC.

There were no exceptions noted for this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

N.E.E.D is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Orange County. The program provides centralized screening and intake services during regular business hours. The program accepts referrals from established referral partners and local elementary, middle and high schools. The agency also receives referrals from youth, parents/guardians, and local community-based organizations. The agency trains staff members to screen for presenting problems, current risk and CINS/FINS eligibility criteria to determine the needs of the family and youth. The agency has screening, intake and assessment components to address a various array of issues presented by youth and their families. The agency conducts follow-up status checks on each former client after their discharge.

The agency employs a Psychologist to work with the agency on a contractual basis. This contracted staff member provides clinical oversight and access to a license professional to assist with any technical assistance related to mental health issues and suicide risks assessment. The case managers are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

Case staffings have not yet been conducted by the agency. However, the Case Staffing Committee (a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians) would be prepared when the need arises.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

Policy 2.01 was last approved on July 31, 2015 by the Director. The policy states all referrals shall be determined to be eligible for services by specific criteria listed on the screening form. If child is ineligible for services based on specific criteria listed on the screening form appropriate referrals will be made. Screening is conducted to determine client eligibility, obtain legal status of child, gather background information and to provide appropriate referral information.

The initial screening must occur within seven working days of the referral. Appropriate referrals shall be made based on information gathered along with child's legal status. All assigned case managers are required to provide their assigned youth/family available service options, rights and responsibilities of youth and parents/guardians and parent brochure in writing. Each case manager will also maintain a case record for each youth enrolled in services. The following forms shall be completed at intake: NETMIS screening form, consent for services, CINS/FINS intake form, risk factor form and suicide risk screening.

The reviewer looked at a sample size of eight (8) client files, four (4) closed and four (4) active. All 8 files reviewed, met criteria for completing eligibility screening within seven working days of the referral. All 8 files provided legal guardians with available service options, rights and responsibilities of youth and parents/guardians and a parent brochure in writing. Other possible actions through CINS/FINS were also included.

No exceptions were found.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

Policy 2.02 was last approved on July 31, 2015 by the Director. The needs assessment is a multi-method process to gather and analyze information for each client. This tool will help develop the service plan by developing a picture of current problems the youth and/or family are facing, help determine the severity of each issue and enable case managers to make the most appropriate referrals as needed.

The needs assessment should be completed within two to three face to face contacts following the initial intake, or updated if most recent needs assessment is over six months old. The assessment shall be completed by a Bachelor's or Master's level case management staff and include clinical supervisor review signature upon completion. If there is a risk for suicide the needs assessment must be reviewed, signed and dated by a licensed clinical supervisor. The youth must then be referred for an Assessment of Suicide Risk conducted by or under the direct supervision of the licensed mental health professional.

The reviewer looked at seven files, four open and three closed. All seven files initiated and completed the needs assessment within 72 hours of the screening. All seven files were completed by a Bachelor's or Master's level case manager. Six of the seven files had the supervisor review signature.

Exceptions:

Two out of seven files reviewed had a positive risk for suicide. One of those files had the completed psychological assessment suicide risk in the file. One file had a referral form sent to the psychologist for a suicide assessment, however the completed assessment was not found in file.

One out of seven files did not contain a supervisor review signature. Case manager credentials were missing from the files where signatures were required.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

Policy 2.03 was last revised on July 31, 2015 by the Director. A service plan will be developed within seven days following the completion of the psychosocial assessment for each youth. The service plan will consist of a written document developed with youth and parent. It will capture identified needs; measurable goals and outcomes; proposed target dates; define responsible parties; address the type, frequency and location of services; track completion dates; include date service plan was initiated and obtain signatures from youth, parent, case manager and supervisor.

Each service plan is mutually developed and agreed upon by the case manager, youth, and available family members. The service plan is based upon information gathered from the initial screening, intake and assessment. N.E.E.D develops inter-local provider agreements with local service providers so that client needs can be met. Frequency, duration, completion dates and persons responsible will also be included. The service plan will be developed within 7 working days following the completion of the needs assessment.

There were 7 files (4 open and 3 closed) reviewed. All 7 files included service plans completed within 7 working days of the psychosocial assessment, person responsible, dates for completion and the date initiated. Six of the files contained signatures from youth, case manager, parent/legal guardian and supervisor. All files were reviewed for progress by case manager every 30 days.

Exceptions:

One of seven files did not include frequency of services on the service plan.

One file reviewed did not contain signatures of youth, case manager, parent/legal guardian or supervisor.

One file states the goal was successfully achieved in the service plan review, however the actual completion date on the service plan is left blank.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

Policy 2.04 was last revised on July 31, 2015 by the Director. Case managers shall provide clients with appropriate referrals and resources that may help the child/family based on identified need.

Each youth is assigned a case manager who will follow the youth's case and ensure delivery of services. The process includes establishing referral needs, coordinating service plan implementation, monitoring youth's/family progress, providing support for families, monitoring out-of-home placement when necessary, referral to case staffing as needed, recommend judicial intervention when needed, accompanying youth and guardian to court hearing and/or related appointments if applicable and complete case termination along with follow-up.

Eight files were reviewed, four open and four closed. All 8 files had an assigned case manager. All 8 files monitored youth/family's progress and provided support for youth/family. No referrals were made or needed for case staffing during this review period. Three closed files reviewed provided case termination notes and follow-up after 30 days. Two closed files (for more than 60 days) provided the 60 day follow-up after exit.

Exceptions:

One of four closed files reviewed did not include a follow-up after 30 days of exit.

All eight files had referrals mentioned when needed, however this reviewer was unable to find specifically who the referral was made to (e.g, referred for tutoring or referred for mentoring).

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

Policy 2.05 was last revised on July 31, 2015 by the Director. The policy states N.E.E.D will provide non-residential services and therapeutic community based services designed to help stabilize a family in the event of crisis, keep families intact, minimize out-of-home placement, provide aftercare services to youth and prevent the involvement of youth in the delinquency and dependency systems. Services include but not limited to crisis intervention, assessment and screening and individual/group/family counseling. Services can be provided in the client's home, community location or in local provider's counseling office and are in accordance with youth's service plan.

N.E.E.D will accept referrals from schools, local law enforcement, DJJ, concerned adults or youth themselves. N.E.E.D will maintain a presence in and target low-performing schools as well as high crime

zip codes identified annually by DJJ. N.E.E.D will reflect all case files coordination between presenting problems, psychosocial assessment, service plan, case management and follow-up, maintain individual case files on all youth and adhere to laws regarding confidentiality, maintain chronological case notes on youth's progress and maintain an on-going internal review process of case files, youth management and staff performance regarding CINS/FINS services.

Eight files (four open, four closed) were reviewed. The documentation indicated families received counseling services in accordance with the service plan. The clients were either referred out for counseling or had them continue with the existing provider. Seven files reviewed addressed the presenting problems in the psychosocial assessment, service plan and service plan reviews. All files maintained case notes in the Chronological section and all files were internally reviewed by the Director.

Exception:

One out of the eight files reviewed did not address building self-esteem and social coping skills on the initial service plan or service plan review. This recommendation was made by the psychologist during his psychological assessment suicide risk.

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

The agency has a policy on the Adjudication/Petition Process. The current policy has general provisions that meets the requirements of this indicator. The agency Adjudication/Petition Process policy was last reviewed by and signed and approved on July 31, 2015. The agency has not had any major changes in policy language and or procedure since the last review date. The current policy covers measures that include case staffing definition, case staff plan components, case staff committee make up, and case staffing committee timelines, case staffing committee plan revisions and overall goals/outcomes.

The procedure for petitions requires the agency to have a process to review and revise difficult cases and the service options being offered. The agency has a process that is prepared and ready to review the services offered if the youth and family are not in agreement with or not willing to participate in services or treatment. The agency has a process that allows it to convene a staff with required parties in seven (7) days and accommodate an appropriate time and location that is reasonable and includes the family's ability to participate. The agency's case managers coordinate as the agency's primary point of contact and role to manage all time sensitive meetings and facility for the process. In addition, the agency's case manager will act as the primary direct contact and be responsible for the verbal and or written communication from the agency to and from the family. This information is required to be documented in the client's permanent case file.

The Nehemiah Educational and Economic Development agency has not had any client cases that had determined the need to request the convening of a Case Staffing Committee since the date of the last program review. The agency has an up-to-date policy and procedure that indicates that in the event a youth or family receives a written request, the process to convene case staffing can be successfully executed within seven (7) days.

There were no exceptions noted for this indicator.

2.07 Youth Records

Satisfactory Limited Failed

Rating Narrative

The agency has a Youth Records policy. The policy was last reviewed on July 31, 2016 and was approved and signed by the agency's Director of Youth Services. A detailed review of the policy found that the content meets and adheres to the general requirements of the indicator. The agency's policy outlines the general policy including procedures, required youth records, organization of records, storage and access to client records.

The agency youth records procedure requires that all clients have an individual client file. All files are required to be marked confidential on the outside of the client file folder. Each folder is required to have a "confidential" marking stamped to the outside of the client file folder. All client files are required to be stored in alphabetical order inside a locked 4-drawer file cabinet when not in use. The cabinet is required to be under limited access to staff members of the NEED program. The file cabinet is required to be secured by key and maintained and locked in the same office as the Administrative Assistant. The agency has opaque mobile file boxes for Case Managers to use when taking files out of the office for off site client meetings.

A total of eleven (11) open and closed client files were reviewed onsite to assess the agency's adherence to the requirements of the youth records indicator. All 11 client files were found to have evidence that each one was marked confidential on the outside of the client file folder. All client files were stored in alphabetical order inside a locked 4-drawer file cabinet and when not in use were stored in the same office as the Administrative Assistant. The agency has two (2) opaque mobile file boxes for Case Managers to use when taking files to off site client meetings.

Exception:

The agency has opaque mobile file boxes for Case Managers to use when taking files out of the office for off site client meetings. However, the client file boxes did not have a key or combination lock affixed to the box in order to secure the contents when client records are transported to out-of-office client sessions, school and home visits.

Standard 3: Shelter Care

Overview

[Rating Narrative](#)

3.01 Shelter Environment

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.02 Program Orientation

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.03 Youth Room Assignment

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.04 Log Books

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.05 Behavior Management Strategies

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.06 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

3.08 Video Surveillance System

Satisfactory

Limited

Failed

Rating Narrative

Standard 4: Mental Health/Health Services

Overview

[Rating Narrative](#)

4.01 Healthcare Admission Screening

Satisfactory

Limited

Failed

[Rating Narrative](#)

4.02 Suicide Prevention

Satisfactory

Limited

Failed

[Rating Narrative](#)

4.03 Medications

Satisfactory

Limited

Failed

[Rating Narrative](#)

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

[Rating Narrative](#)

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

[Rating Narrative](#)