



# **Florida Network of Youth and Family Services Quality Improvement Program Report**

Review of Nehemiah Educational and Economic Development  
(NEED)  
Non-Residential Program

November 29, 2018

**Compliance Monitoring Services Provided by**

 **FOREFRONT**



## Quality Improvement Review

Nehemiah Educational and Economic Development (NEED) – 11/29/2018

Lead Reviewer: Ashley Davies

### CINS/FINS Rating Profile

#### Standard 1: Management Accountability

1.01 Background Screening	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 & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity, Gender Expression	Satisfactory

**Percent of indicators rated Satisfactory: 100.00%**

**Percent of indicators rated Limited: 0.00%**

**Percent of indicators rated Failed: 0.00%**

#### Standard 3: Shelter Care & Special Populations

3.01 Shelter Environment	Not Applicable
3.02 Program Orientation	Not Applicable
3.03 Room Assignment	Not Applicable
3.04 Log Books	Not Applicable
3.05 Behavior Management Strategies	Not Applicable
3.06 Staffing and Youth Supervision	Not Applicable
3.07 Special Populations	Satisfactory
3.08 Video Surveillance	Not Applicable

**Percent of indicators rated Satisfactory: 100.00%**

**Percent of indicators rated Limited: 0.00%**

**Percent of indicators rated Failed: 0.00%**

#### Overall Rating Summary

**Percent of indicators rated Satisfactory: 100.00%**

**Percent of indicators rated Limited: 0.00%**

**Percent of indicators rated Failed: 0.00%**



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### 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.
Not Applicable	Does not apply.

### Reviewer

#### Members

Ashley Davies - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Paul Czigan – Regional Monitor - Department of Juvenile Justice

Cyntoria Thomas – Program Manager - Thaise



## **Strengths and Innovative Approaches**

Nehemiah Educational and Economic Development, Inc. (NEED) is a 501 © (3) organization and was incorporated in February 2000. Need provides an array of services to the community, including Youth Services. NEED's Youth Services Division is experienced in providing prevention and intervention services to youth and families. Management staff have over 28 years' experience working directly with youth. The Florida Department of Juvenile Justice has awarded NEED several prevention grants to operate mentoring and afterschool programs. NEED has also operated employability skills programs.

NNED 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 families be successful and enjoy healthy relationships. They have collaborative partnerships with Macedonia Missionary Baptist Church of Eatonville, FL Inc., ACE School, 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, gender specific groups, opportunity to participate in annual college tours to eligible students, scholarship opportunities, and opportunities for youth to voluntarily participate in creative arts at Macedonia (drama, choir, dance, and mime groups). For parents, they offer through collaboration with Macedonia, soup kitchen, clothes closet, health services, RESTORE group meetings, Addictive Behavior Recovery Ministry, prison ministry, and help with applying for public assistance and housing. They recently partnered with the Mustard Seed organization to help families needing to furnish their home or apartments for a low-cost fee.

All Case Management staff have bachelor's level or above degrees and are experienced in CINS/FINS or case management programs.

One Case Manager was replaced with a new, energetic, part-time Case Manager.

Another Case Manager was promoted to Senior Case Manager due to job performance.

The job duties of the Administrative Assistance/Data Coordinator was expanded to provide more assistance to program staff in the area of training.

Two former male students from the group at the Walt Disney World Boys and Girls graduated from college.

One Case Manager formed a new partnership and, thereby, expanded services to students at ACE School, thereby increasing the number of potential referrals to the program.



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The agency now offers a life skills group for boys at the ACE School, facilitated by one of the Case Managers. Another female Case Manager, recently hired, will begin providing a girls group at the same location.

The program met or exceed training hours for direct care staff.

The program continues to provide service to families in main target area, Pine Hills and West Orlando.

Case Managers made numerous referrals for service such as counseling, substance abuse assessments, psychological assessments, mentoring, tutoring, and community programs.

Case Managers mentored and coached youth on decision making, peer relations, drug education, and educational and vocational activities.

Case Managers engage parents beyond the initial intake visit by calling them with regular updates on their child's progress with the Service Plan. This encouraged parents to become more involved with their child's success.

Achieved 99% positive feedback on Client Satisfaction Reports.

Achieved 87% on Annual Agency Report Card from the Florida Network for 2018.

Achieved 121% of deliverables, YTD Performance, by conducting 137 Screenings and servicing 158 children in 2017-2018 contract year (contracted to serve 131). They are on track to meeting or exceeding deliverables for 2018-2019.

## **Standard 1: Management Accountability**

### **Overview**

The Nehemiah Educational and Economic Development program is staffed by a Director, an Administrative Assistant/Data Coordinator, a Clinical Psychologist, three Case Managers and a 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 three staff members that were screened since the last quality improvement review. All background screening requirements were fulfilled.

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 of Employees/Volunteers**

Satisfactory

Limited

Failed

The program has a policy in place for background screening. The policy includes: In accordance with Chapters 435, 984, 985, 943 Florida Statutes, and the DJJ Statewide Procedure (FDJJ-1800) on Background Screening for Contract Provider Employees and Volunteers, all personnel of contract providers for any program for children, including all owners, operators, employees, persons who have access to confidential youth records and volunteers, must complete a Level 2 employment screening prior to being hired or utilized as a volunteer.

The pre-employment assessment policy includes an applicant or volunteer cannot have contact with youth or confidential youth records until an applicant successfully passes a pre-employment assessment (to determine suitability) for direct-care positions. Nehemiah Educational & Economic Development, Inc. will determine the pre-employment assessment test that it will utilize. NEED will determine the criteria for the

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pre-assessment tool and the pre-assessment pass rate, score, or measure. The assessment requirement is not applicable to volunteers, certain positions requiring a professional license, certification, or degree; and community Providers excluded through contract.

The program had one staff eligible for review hired August 18, 2018. The staff personnel record contained a background screening from the Clearinghouse with an eligible approval of August 8, 2018. A review of on-line records confirmed the staff background screening was posted with the Clearinghouse. The staff record contained documentation of an interview with sixteen questions. The program has not implemented a policy to determine the criteria for a pre-assessment tool and the pass rate, score or measure for suitability of direct care staff working with youth.

Interviews with program staff revealed they were informed by the Florida Network of a suitable resource for the preassessment after the new hire staff was brought aboard. The program future plans include the use of the HR Avatar social worker – child, family, school pre-employment assessment. There was no documentation the program had determined what the pass rate, score or measure for suitability would be required for hiring criteria.

In lieu of a formal pre-assessment tool, the program utilizes a test for designing a mock individual case management plan. The new hire staff personnel record contained a mock individual case management plan handwritten by the subject staff. A review of the staff roster revealed none of them were applicable for a five-year rescreening from date of hire.

### Exceptions:

There were no exceptions noted for this indicator.

### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

The program has a policy in place for abuse reporting. The policy includes Nehemiah Educational & Economic Development Staff will adhere to a code of conduct that prohibits the use of physical abuse, profanity, threats or intimidation. Youth shall not be deprived of basic needs, such as food, clothing, shelter, medical care and security.

Child abuse that occurs at the home is only reported to the Florida Abuse Hotline. Abuse that occurs at the facility is first immediately (occurring near the time of the incident or when the information is first received) reported to the Florida Abuse Hotline (1-800-962-2873) and then secondly to the Department Central Communications Center (CCC) hotline.

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Youth and staff shall have unimpeded access to place a call to the Florida Abuse Hotline. Youth and staff shall be allowed to make the decision to report allegations of abuse without obtaining permission. If the youth must go through staff to obtain the use of the telephone, this is not considered impeding access unless staff refuses to allow the call to be made within a reasonable time frame.

The team observed posting of the Florida Abuse Hotline and the Central Communications Center Hotline in the director's office. Staff interviews revealed youth are primarily seen in homes or other safe public places.

A review of pre-service and in-service staff records revealed staff are trained on abuse reporting procedures. Interviews with program staff revealed the program has a binder to document any calls to the Florida Abuse Hotline. However, during the reporting period, there were no calls made. The program maintains a sheet in the binder for documenting abuse reports. A review of the sheet revealed there were no abuse reports during 2018.

The program has a grievance process including a grievance form including a two-step resolution process. The program also maintains a sheet to document the number of grievances each month. A review of the sheet revealed there were no grievances noted for any of the months in 2018. Staff interviews indicated the program has not had any grievances during the review period.

### Exceptions:

There were no exceptions noted for this indicator.

### 1.03 Incident Reporting

Satisfactory

Limited

Failed

The program has policy in place for reporting incidents. The policy includes the reporting of incidents must be consistent with the Department of Juvenile Justice's requirements.

Incidents will be reported to the Central Communications Center (CCC) as soon as possible, but no later than two hours after any reportable incident occurs, or within two hours of the program learning of the incident. The purpose of the CCC is to provide a service to the Department, the provider, local providers, and programs in maintaining a safe environment for the treatment, care and provision of services to youth. The CCC activities are conducted twenty-four hours a day, seven days a week. The telephone number for the CCC is 1-800-355-2280.

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A review of the CCC records revealed there were no reports within the review period. The program has an incident reporting process including a report form. The program also maintains a sheet to document the number of incidents each month. A review of the sheet revealed there were no incidents noted for any of the months in 2018. Staff interviews indicated the program has not had any incidents during the review period requiring a report to the CCC. The program binder also contains a blank five-page CCC draft report form dated July 17, 2009. This form has an updated version on the web which is now eight pages. An updated copy of the form was supplied to the program.

### Exceptions:

There were no exceptions noted for this indicator.

### 1.04 Training Requirements

Satisfactory

Limited

Failed

The agency has an approved policy signed by the Director of Youth Services dated 7/31/2018. The policy outlines that all direct care staff have a minimum of 80 hours of training within the first year and 24 hours for each full year of employment thereafter. The policy details several of the courses that are required according the QI standards.

Per the agency policy, the agency utilizes a variety of training services throughout the year that may be provided by Florida Network, the Department, Nehemiah Educational & Economic Development, Inc., local community resources, and various approved or certified local providers' personnel. The policy states that staff receive the necessary training that is essential to preform job specific functions.

There were three staff training files reviewed. All three files contained a training log that list the staff members' name, date of hire, training title, hours planned for the training, provider or name of trainer, date of training, and hours completed. The log totaled how many hours had been completed so far, a staff signature and a supervisor signature. Each file also included some form of supporting documentation for each training in the form of: certificates, agendas, sign-in sheets, test results, or meeting minutes.

There was one new hire training file reviewed. This staff was hired in August 2018. There was documentation this person had already completed 80.5 training hours and had completed all trainings required during the first 120 day of employment as well as the first year of employment. This staff has nine months left of the first-year training cycle to receive additional trainings.

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There were two staff training files reviewed for annual training requirements. Both staff had completed all required trainings for the 2018-2019 training cycle. The staff documented 32.5 and 21 hours of training so far. Both staff had ample time left in their 2018-2019 training cycle to receive additional trainings. One staff already exceeded the 24 hours of required training. The other staff was on track to receive the required hours and had a training plan in place, being followed, and once completed will receive a total of 38 hours of training for the year.

### Exceptions:

There were no exceptions noted for this indicator.

### 1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

The program has a policy for analyzing and reporting information. The policy includes the program shall collect and review several sources of information to identify patterns and trends including, quarterly case record review reports (reviews may be completed by peers), quarterly review of incidents, accidents and grievances, annual review of customer satisfaction data, annual review of outcome data, and monthly review of NetMIS data reports.

Findings shall be regularly reviewed by management and communicated to staff and stakeholders. Strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.

Nehemiah Educational & Economic Development's Director of Youth Services shall conduct Quality Assurance duties. The Director of Youth Services shall have sample reports of aggregated data and make report to the Executive Director, documented by written reports or minutes analyzing information. There should be evidence of improvements/changes made from the analysis (revised procedures, training conducted, or corrective action implemented). Review of external regulatory reports should reflect compliance and/or corrective action implemented.

Additionally, the Director of Youth Services will collect and review several sources of information to identify patterns and trends including: quarterly case record review reports. These reports may be completed by peers, quarterly review of incidents, accidents and grievances, annual review of customer satisfaction data, annual review of outcome data, and monthly review of NetMIS data reports.

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The director reviews the case files and makes notes in the individual record of discrepancy and informs the staff what needs to be corrected. A review of case notes revealed the director review each case record every thirty days. Weekly the director completes a tracking sheet which is in the form of an MS Excel grid tracking each metric with each youth. A review of the week of October 29, 2018 revealed 170 youth from July 2017 through October 29, 2018. The tracking sheet indicated which youth metrics were completed and which were due during the coming week. The program completes this review sheet weekly.

Staff interviews indicate the program has not had any incidents, accidents, or grievances to review. Staff interviews indicate the program pulls the raw customer satisfaction data form out of the closed files and uses these sheets to create the numbers for data. Then staff include this in the report to the CEO. A review of the current report indicates there was a 98% positive feedback from the surveys. Annual review of outcome data is also included in the annual report to the CEO. A review of the annual report revealed the outcome data was included, specifically the program achieved 121% of deliverables by conducting 137 screenings and servicing 158 children in 2017-2018. The program reviews the NetMIS data to update the weekly tracking sheet. As a result, the program is reviewing NetMIS more frequently than monthly.

### Exception

There were no exceptions noted for this indicator.

### 1.06 Client Transportation

Satisfactory                       Limited                       Failed                       Not Applicable

This rating does not apply to this program.

### Exception

There were no exceptions noted for this indicator.

### 1.07 Outreach Services

Satisfactory                       Limited                       Failed

The agency has a policy titled Outreach Services. 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

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activities targeting youth who are most at-risk and most likely to become delinquent. The policy was last reviewed on July 30, 2018. The policy was signed and approved the agency's Director of Youth Services.

Procedures for the NEED program include a completed annual targeted outreach plan. The plan consists of establishing networking and partnership relationships with local organizations, entities and public and private agencies. This organizational plan supports the agency's goal of securing partnerships with various types activities to increase the local community's awareness of NEED and how to access its program services. The NEED agency still maintains an annual outreach plan that includes goals for 2017-2018.

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 requires that outreach events and activities be entered into the NetMIS data base on a monthly basis.

A review of the current outreach practice was conducted. The agency documents all outreach activities in the NetMIS system. A printout for the last year was provided that documented forty-three outreach activities were conducted since the last on-site Quality Improvement review. Some of the outreach activities included presentations and groups at the Boys and Girls Club and at Academic Center for Excellence. The agency provided evidence of attending the Juvenile Justice Circuit Advisory Board meetings in February 2018 and September 2018. The program has established and maintains written interagency agreements with The Mustard Seed of Central Florida, Orange County Government's Youth Shelter, Boys and Girls Clubs of Central Florida, Macedonia Missionary Baptist Church, and Robertson and Associates Psychological Services, LLC.

### **Exceptions:**

There were no exceptions noted for this indicator.

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

### **Overview**

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

The agency Nehemiah Educational and Economic Development (NEED) has a written screening policy and procedure for the CINS/FINS program, titled Screening and Intake, Policy #2.01. The Screening and Intake Policy meets the general requirements of the indicator. The policy manual is current. The policy was last updated on 4/2/2018 and approved by the Director of Youth Services.

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The policy and procedures state that the initial screening is completed within seven calendar days of the referral to the program and documented on the CINS/FINS NetMIS screening form.

This policy further states once the screening process is completed, a face-to face appointment is scheduled with the youth and parent/guardian(s) for the initiation of the intake process. The CINS/FINS Case Manager is required to provide eligible families at the time of intake with a written copy of available service options, rights and responsibilities, and parent brochure.

A total of six files were reviewed, three open files and three closed files.

The six files indicated that contact was made with the family within seven calendar days from the date of the referral. All six files that were reviewed had signed documentation from the client and parent that they received information at intake.

The parents and clients were given the "A Guide For Parents in Need Solutions for At-Risk Youth" brochure which describes the case staffing committee, and CINS petition process. Consent for services form, client rights and responsibilities, grievance procedures, confidential agreement, receipt of notice of privacy practices, youth rights, and parent book were given to the client and parents. The latter is evidenced by singled forms listed in the file. The youth and parents received a copy of the service availability options in writing.

### **Exceptions:**

There were no exceptions noted for this indicator.

## **2.02 Needs Assessment**

Satisfactory

Limited

Failed

There is a written policy and procedure titled Needs Assessment, Policy #2.02 and was last updated on 7/31/2015. Reviewed and approved by the Director of Youth Services, this policy and procedures adheres to all of the key elements of the indicator.

The agency completes a needs assessment for each incoming youth receiving services. The procedure details the process staff follows for the completion of the needs assessments. The assessments are to be initiated within the required time frames. All needs assessments include a suicide risk screening section.

There were six files reviewed, three open and three closed.

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The Needs Assessments were completed in all six files within the required time and completed by a bachelor's level staff and with a supervisor's review signature upon completion. There were no youth who met the requirement for needing further suicide assessment. They were all screened during intake but did not require an assessment.

All policies were adhered to with requirements pertaining to Needs Assessments and Suicide Assessments. None of the cases need further assistance from their licensed psychologist.

### Exceptions:

There were no exceptions noted for this indicator.

### 2.03 Case/Service Plan

Satisfactory

Limited

Failed

There is a written policy and procedure titled Service Plan, Policy #2.03 and was last updated on 7/31/2015. It was reviewed and approved by the Director of Youth Services. The policy and procedures adhere to all of the key elements of the indicator.

The provider's policy requires Service Plans for non-residential youth to be completed within seven days of the completion of the Needs Assessment and reviewed at minimum for the first three months (at 30, 60 and 90-day) for progress towards stated goals.

There were six files reviewed, three open and three closed.

All six Service Plans completed contained service goals, type, frequency, and location of services. The persons responsible for completing each goal, a target date for completion, and actual completion dates were also included on the Service Plans.

The Service Plans also include a section for the 30, 60, and 90-day reviews. All required signatures were on the service plans and the date the plan was initiated was documented on the service plan. There were no files requiring a 90 day review, there were two files requiring a 60 day review and they were both done in the time frame, and there were four files requiring a 30 day review and they were also done in the time frame.

Each file had a service plan completed within the expected time frame. All Service Plans were completed the same day as the Needs Assessment.

**Exception:**

There were no exceptions noted for this indicator.

**2.04 Case Management and Service Delivery**

Satisfactory

Limited

Failed

There is a written policy and procedure titled Case Management & Economic Development, Policy #2.04, Family Involvement, Policy #2.4A, and Case Termination, Policy #2.4B. They were last updated on 7/31/2015. They were reviewed and approved by the Director of Youth Services. These policies and procedures adhere to all of the key elements of the indicator.

The program policy requires the Case Manager to assess the need of the family by establishing referral needs and coordinates referrals by implanting the service plan; monitoring the youth's/family's progress; providing support; the pursuit of family engagement; as needed referrals to the case staffing committee to address the problems and needs of the family and recommending the pursuit of judicial intervention in selected cases and make additional referrals if needed. The program also requires completing case termination and follow up.

There were six files reviewed, three open and three closed.

All six files showed written documentation of the Case Manager monitoring the youth's/family's progress in services, as well as the monitoring of progress in services and family support and making referrals according to Service Plan. All of the Service Plans were developed with the youth and parent as evidenced by the signature of the parent, youth, and CINS/FINS staff.

All three closed files reviewed showed evidenced that a Counselor/Case Manager completed the discharge summary.

The thirty day follow ups are presently due, but still within the allotted time frame of compliance.

**Exception:**

There were no exceptions noted for this indicator.

**2.05 Counseling Services**



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Satisfactory

Limited

Failed

There is a written policy and procedure titled Service Plan, Policy #2.05 and was last updated on 7/31/2015. The policy was reviewed and approved by the Director of Youth Services. This policy and procedure adhere to all of the key elements of the indicator.

The program policy requires the Case Manager/Counselor coordinates service of the presenting problem by developing a Needs Assessment, Case/Service Plan, Case/Service Plan reviews, the provision of case management, and follow up and monitoring of the youth and family. The policy requires all youth have an individual case file and adhere to all laws regarding confidentiality. The case has chronological case notes on the youth's progress. And there is an internal review process of the case.

There were six files reviewed, three open and three closed.

In four of the six files reviewed the youth and families received counseling services in accordance with the Service Plan. The files contained chronological progress notes, showing the coordination of services and referrals. All six files had a confidential stamp on the outside of the file. And contained evidence of Consent for Services and Treatment signed by the parent.

### **Exception:**

In two of the closed files reviewed there was inconsistent documentation as it relates to the Service Plan. One file stated in the referral/intake that youth was in need of anger management assistance but didn't offer that service during the duration of services, just general monitoring of existing activities. The other file stated the youth needed tutoring but didn't provide or refer the youth to a tutoring service provider. They just monitored the youth's academic progress.

### **2.06 Adjudication / Petition Process**

Satisfactory

Limited

Failed

Not Applicable

The agency has a policy called Nehemiah Educational and Economic Development program for CINS/FINS 2.06 Incident Reporting/Abuse Free Environment. The policy requires that a case staffing committee meeting is scheduled to review the case of any youth or family that the program determines is in need of services or treatment. The policy was last reviewed on July 31, 2015. The policy was signed and approved the agency's Director of Youth Services.

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The agency is required to ensure that the filing of CINS/FINS petitions and the process of adjudicating youth as a Child in Need of Services is active and available for all clients and families that want to use this process. The agency's case staffing policy lists what committee members must be included. The policy further states the NEED program has agreed to hold its case staffing with Orange County Youth Shelter. The program is required to hold a case staff meeting to review any case that the program determines to be in need of services or treatments. The program will also provide means to ensure that the case staffing is convened in seven days; provide a new or revised plan for services and within seven days of the meeting. A written report is provided to the parent/guardian outlining the committee recommendations.

A request was submitted by the reviewer to obtain any evidence of petition examples completed in the last six months by the agency. The agency's Director of Youth Services reported that the agency did not have any cases that required official filing of CINS/FINS petitions and or need for adjudication of a youth as a Child In Need of Services. The agency Director reported that the agency does advise all parents/guardians of the all available service options including filing of CINS/FINS petitions. The agency's Director also reported that the program has an agreement to conduct all case staffings with Orange County.

The agency is familiar with the current staffing process and is capable of facilitating the filing of a CINS/FINS petition. This includes the program understanding how to schedule a review of the circumstances involving a youth that may need to be determined as in Need of Services and Treatment. Further, the interview with the agency's Director of Youth Services resulted in her reporting the agency's understanding of the steps to ensure that the case staffing is convened in seven days with the proper array of committee members and system partners. She is also aware of the need to provide a new or revised plan for services and within seven days of the meeting, as well as a written report being provided to the parent/guardian outlining the committee recommendations.

### Exception:

There were no exceptions noted for this indicator.

### 2.07 Youth Records

Satisfactory

Limited

Failed

The agency has a policy called Nehemiah Educational and Economic Development program for CINS/FINS 2.06 Youth Records. The policy requires that the agency have

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a process for assembling, securing, transporting, and storing client files. The policy is required to be adhered to by all staff members and contract Case Managers. This is to ensure that the agency has an established practice of working with client and family information in a confidential and secure manner. The policy was last reviewed on July 31, 2015. The policy was signed and approved by the agency's Director of Youth Services.

The agency requires that client files be assembled in a standardized format for all persons that meet CINS/FINS eligibility requirements and are admitted to the program. All files are required to be stamped confidential on the outside of the file folder. Once a pre-assembled file is used for a client, all files are required to be stored in a metal multi-drawer file cabinet located in the main entrance of the program office.

The agency file cabinet was locked and marked confidential on the outside of the cabinet on the top drawer of the cabinet. The agency houses the cabinet in the main office area. All files in the cabinet were marked confidential. The agency has a mobile transport case exclusively for files. The case is to be used by Case Managers when they are transporting files off-site to services and to meet with clients and families. The case is made of black plastic and has a locking key to secure confidential client and family information while providing services to clients outside of the agency office. All six files used to review Quality Improvement Standard 2 were stamped and marked confidential and organized in a standardized format.

### Exception:

There were no exceptions noted for this indicator.

## 2.08 Sexual Orientation, Gender Identity, Gender Expression

Satisfactory

Limited

Failed

The agency has a policy in place titled Sexual Orientation, Gender Identity, Gender Expression. The policy was implemented on July 31, 2018. The policy states all youth should feel respected, safe, and free from persecution based on their actual or perceived sexual orientation, gender identity, and gender expression. All youth are provided a safe environment and therapeutic case planning regardless of the youth's actual or perceived sexual orientation, gender identity, or gender expression.

Nehemiah Educational and Economic Development shall ensure all youth are addressed according to their preferred name and gender pronouns. The youth's preferred name and gender pronoun is to be used in the case files and on all outward-



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facing documents and census boards. Youth in need of specialized support are referred to qualified resources.

The agency has not had any applicable youth that fall under the requirements of this indicator. There are SOGIE signs posted in the main office of the agency where the Administrative Assistant and Case Managers desks are located. Colored copies of the Zine are available for anyone who wants to take a copy. All staff have been trained on how to treat and respond to LGBTQ youth.

### **Exception:**

There were no exceptions noted for this indicator.



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### Standard 3: Shelter Care and Special Populations

#### Overview

The only applicable indicator in this standard is 3.07 Special Populations. All other indicators in this standard were rated “Not Applicable” as they do not apply to Non-Residential programs. The agency does provide Family/Youth Respite Aftercare Services (FYRAC). A review of the agency’s FYRAC services was completed and can be found documented under indicator 3.07. All other components of indicator 3.07 were Not Applicable as they apply to Residential programs only.

#### 3.01 Screening and Intake

Satisfactory                       Limited                       Failed                       Not Applicable

##### Rating Narrative

This rating does not apply to this program.

##### **Exception:**

No exceptions are documented for this indicator.

#### 3.02 Program Orientation

Satisfactory                       Limited                       Failed                       Not Applicable

##### Rating Narrative

This rating does not apply to this program.

##### **Exception:**

No exceptions are documented for this indicator.

#### 3.03 Room Assignment

Satisfactory                       Limited                       Failed                       Not Applicable

##### Rating Narrative



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This rating does not apply to this program.

### Exception:

No exceptions are documented for this indicator.

### 3.04 Log Books

Satisfactory

Limited

Failed

Not Applicable

#### Rating Narrative

This rating does not apply to this program.

### Exception:

No exceptions are documented for this indicator.

### 3.05 Behavior Management Strategies

Satisfactory

Limited

Failed

Not Applicable

#### Rating Narrative

This rating does not apply to this program.

### Exception:

No exceptions are documented for this indicator.

### 3.06 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Not Applicable

#### Rating Narrative

This rating does not apply to this program.

### Exception:

No exceptions are documented for this indicator.

### 3.07 Special Populations

Satisfactory                       Limited                       Failed                       Not Applicable

The agency has a draft policy in place titled Family/Youth Respite Aftercare Services (FYRAC) Non-Residential Services Only. This policy is still in draft form and is still being revised/reviewed.

The draft policy states youth who receive these services may be referred following a residential shelter stay, an arrest, or from a Probation Officer. All FYRAC referrals must have prior approval from the Network Office. Youth and Family may participate in services for thirteen sessions or ninety consecutive days of service, unless an extension is granted by DJJ circuit Probation staff.

There were three youth files reviewed for Family/Youth Respite Aftercare Services (FYRAC), one open file and two closed files. All three files documented the youth were referred by DJJ and were on probation. All three files documented approval by the Florida Network Office. All intake and initial assessment sessions were completed face-to-face and include a gathering of family history and demographic information. All files documented the youth and parent were provided an orientation to the program during this initial visit. The Service Plan was also developed at the same time and signed by the youth and parent/guardian. Each youth documented Life Management sessions at the youth's home with the youth, case manager, and any family members present. These sessions were an hour in length each time and focused on identifying strengths and needs of the youth and family to help improve family functioning. Any group sessions documented no more than eight youth present and were at least an hour in length. The two closed cases documented each case was opened for 90 days and each youth received thirteen sessions. The open case had not been open for more than 90 days at the time of the review.

**Exception:**

There were no exceptions noted for this indicator.

### 3.08 Video Surveillance System

Satisfactory                       Limited                       Failed                       Not Applicable

Rating Narrative

This rating does not apply to this program.



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### **Exception:**

No exceptions are documented for this indicator.