



Florida Network of Youth and Family Services Quality Improvement Program Report

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

October 10, 2019

Compliance Monitoring Services Provided by

 **FOREFRONT**



Quality Improvement Review

Nehemiah Educational and Economic Development (NEED) – October 10, 2019

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/ Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	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, Consultant-Forefront LLC, Florida Network of Youth and Family Services

Teresa Anderson, Regional Monitor Supervisor, Department of Juvenile Justice

Theresa Jackson, Clinical Supervisor, Arnette House



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Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability and (2) Intervention and Case Management which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2019).

Persons Interviewed

- | | | |
|--|--|--|
| <input 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 | <u>2</u> # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | <u>1</u> # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | <u>NA</u> # Food Service Personnel |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <u>NA</u> # Healthcare Staff |
| <input type="checkbox"/> Counselor Non-Licensed | <input checked="" type="checkbox"/> Case Manager | <u>NA</u> # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources | <u>NA</u> # Other (listed by title): _____ |
| <input type="checkbox"/> Nurse – Full time | <input type="checkbox"/> Nurse – Part time | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Table of Organization | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Grievance Process/Records | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input type="checkbox"/> Key Control Log | <u>NA</u> # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Fire Drill Log | <u>NA</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Medical and Mental Health Alerts | <u>3</u> # Personnel /Volunteer Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>6</u> # Training Records |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>3</u> # Youth Records (Closed) |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Supplemental Contracts | <u>3</u> # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Telephone Logs | <u>NA</u> # Other: _____ |

Surveys

NA # Youth NA # Direct Care Staff 0 # Other: NA

Observations During Review

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

Comments

Additional Comments regarding observations, other important findings of interest, etc.



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Strengths and Innovative Approaches

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

Staff are recognized and promoted in an effort to retain them.

The duties of the administrative assistant/data coordinator were expanded to provide more assistance to the program staff in the area of training.

A case manager continues to conduct life skills groups at ACE School. This partnership allows the program to expand services to students at ACE School, thereby increasing the number of potential referrals to the program.

For Christmas, the program partners with Macedonia's Angel Tree program to submit one of their youth's names to receive donated gifts.

Case managers made numerous referrals for services 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 engaged parents beyond the initial intake visit by calling them with regular updates on their child's progress. This encouraged parents to become more involved with their child's success.

The program achieved 99% positive feedback on Client Satisfaction Reports.

The program achieved a 100% on the Annual Agency Report Card from the Florida Network for 2018-2019.

The program achieved 124% of deliverables by conducting 178 screenings and admitting/servicing 162 youth in 2018-2019 contract year.

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Standard 1: Management Accountability

Overview

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 provides prevention and intervention services to youth and families. 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. has 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 families an array of programs and services such as counseling, mentoring, life skills groups, gender specific groups, opportunities to participate in annual college tours, scholarship opportunities, and opportunities for youth to participate in creative arts (drama, choir, dance, mime) at Macedonia.

N.E.E.D. is managed by an executive director, a director of youth services, and an administrative assistant/data coordinator. At the time of the review there was one vacant case manager position.

All indicators in standard one were rated satisfactory with the only exception noted in indicator 1.04 Training Requirements. The exception in indicator 1.04 was due to two staff training files, reviewed for first year training requirements, received five trainings required in the first 120 days of employment approximately one month late. Indicator 1.06 Client Transportation was not applicable because this program does not transport youth. All other indicators were rated satisfactory with no deficiencies.

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 with main target areas of Pine Hills, West Orlando, and Eatonville. The program provides centralized screening and intake services during regular business hours. The program

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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.

Services are provided by three case managers. At the time of the review one of the case manager positions was vacant. The program also employs three separate case managers to provide Family and Youth Respite Aftercare Services (FYRAC). All case managers are overseen by the director of youth services and hold a bachelor's degree or higher.

The agency works with a Psychologist 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.

The only special population served by the agency is FYRAC. The agency maintains paper files. All services are provided in the youth and family's home if possible. Case staffing's 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.

All indicators in standard two were rated satisfactory with no exceptions or deficiencies identified. Indicator 2.10 was not applicable as the agency does not provide Stop Now and Plan (SNAP) services.



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STANDARD 1: MANAGEMENT ACCOUNTABILITY

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 1.01 Background Screening. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Affidavit of Annual Compliance with Level 2 Screening Standards was submitted to the Department of Juvenile Justice Background Screening Unit on January 31, 2019 via fax. The program is using Avatar as their pre-employment suitability assessment. Eligible candidates for employment must receive a rating of 65% or higher on this assessment. The program has not had any newly hired staff since the last on-site review. The program did not have any staff eligible for a five-year re-screening during this review period.	No exceptions
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	No exceptions



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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						The agency has a policy titled 1.02 Abuse Reporting/Abuse Free Environment. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff employed at the program have signed a code of conduct. The program utilizes a five-page Incident/Complaint Report Form, which captures the details of an incident, to include contacting the Florida Abuse Hotline. In addition, the program has a DJJ CCC & Abuse Reports form to capture monthly data for any abuse calls. This form was reviewed and documented there have been no abuse calls since the last annual review. The program's policy indicates management staff will take immediate action to address incidents of physical and/or psychological abuse, verbal intimidation, use of profanity and/or excessive use of force towards program youth. The program utilizes a tracking form to capture monthly data documenting the number of grievances each month. A review of the form documented there have been no grievances since the last annual compliance review. In the event the youth or parent would like to file a grievance, the program utilizes a form to file the grievance, titled Grievance Form. The form indicates the grievance is submitted to the director or president of NEED, a	No exceptions



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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						copy to the supervisor and a copy for the youth to keep. In addition, there is a Grievance Resolution Form which documents the status of the grievance and the resolution of the grievance. The program maintains signage in each of the offices documenting the Florida Abuse Hotline and the CCC phone numbers. In addition, each office had signage to reflect all youth are accepted, by demonstrating signage of SOGIE (sexual orientation, gender identity and expression) posters.	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 1.03 Incident Reporting. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program utilizes a tracking form to capture monthly data documenting the number of CCCs and abuse reports for each month. A review of the form documented there have been no CCC reports since the last annual compliance review. In the event the CCC were called to report an incident, the program utilizes a five-page form to file the incident, titled Incident/Complaint Report Form. The policy indicates the CCC shall be contacted within two hours of the program	No exceptions



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						learning of the incident; the program shall complete follow-up communication tasks/special instructions as required by the CCC; and all incident reports are reviewed and signed by the program supervisors/director.	
1.04: Training Requirements Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 1.04 Training Requirements. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	No exceptions
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three staff training files reviewed for first year training requirements. All three staff documented over the required eighty hours of training for the first year and also documented all required trainings were completed. In two of the training files reviewed there five trainings required in the first 120 days of employment that were completed approximately one month late. There were two trainings files reviewed for annual training requirements. Both staff documented over the required twenty-fours of annual training for the 2018-2019 training cycle. Both staff did receive all required trainings.	In two trainings files reviewed for first year training requirements documented five trainings required in the first 120 of employment were completed approximately one month late.
1.05: Analyzing and Reporting Information							



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
<p>The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.</p>							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</p>						<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 1.05 Analyzing and Reporting Information. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.</p>	<p>No exceptions</p>
<p>RATING</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A review of three open and three close youth records validated the director reviews the case on a monthly basis, which is documented in the case notes and on the Youth Contact/Progress Report. In addition to case reviews, the director utilizes an internal weekly spreadsheet to document the status and due dates of each youth. The program reviews the customer satisfaction data on a quarterly basis, which exceeds the annual review requirement. Through an interview with the director of youth services, it was validated a monthly review of any incidents, accidents and grievances would be reviewed if any occurred. The program maintains a monthly form to document any such incidents. The director reviews all annual outcome data and presents this data to the president of the company on an annual basis. In addition, she provides the president with highlights for the fiscal year. The director receives</p>	<p>No exceptions</p>

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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						monthly data generated from NetMIS and reviews this data on a monthly basis. As reports are reviewed or case reviews are completed, the director immediately sends an email to staff to inform them of any issues, concerns, or improvement processes. Through an interview with the administrative assistant and review of documentation, it was determined data entry and collection is reviewed for accuracy after each youth intake, in addition to a review of the monthly reconciliation of a JJIS information and billing spreadsheet for accuracy.	
1.06: Client Transportation							
Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input type="checkbox"/> YES Not applicable	<input checked="" type="checkbox"/> NO (explain) Not applicable
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable	This program does not transport any youth so this indicator is not applicable.
1.07: Outreach Services							
The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						<input checked="" type="checkbox"/> YES The agency has a policy titled 1.07 Outreach Services. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	<input type="checkbox"/> NO (explain) No exceptions



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The program provided a copy of the NetMIS printout of outreach services conducted since the last annual review which was November 2018. The program has conducted thirteen outreach services, which included attendance at the last two DJJ Board and Council quarterly meetings. The other eleven outreach services included events such as Back to School Blast, FNYFS Program Overview, ARMY Conference, and Sabrina gives (where a staff member provided a case of bottled water and donations to a family). In addition, the program's case manager provides groups to youth on topics such as time management, understanding your value, peer pressure, self-esteem, and anger management. The program has established written interagency agreements with The Mustard Seed of Central Florida, Boys and Girls Clubs of Central Florida, New Covenant Perfecting Ministries, Inc. and Robertson and Associates Psychological Services, LLC. The program has a CINS/FINS Targeting Plan which was established for the fiscal year 18/19 and program continues to utilize this plan for fiscal year 19/20. This plan outlines their program goals and outcomes and how they will meet them. It addresses how they will perform outreach services, where the targeted areas are, their interagency agreements, their participation on community boards,</p>	No exceptions



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable			Explain
						coalitions and committees, a description of their community needs assessment, a list of their informal and formal service providers, and their relationship with education services and the school system.		

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STANDARD 2: INTERVENTION AND CASE MANAGEMENT

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.01 Screening and Intake. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was a total of six files reviewed, three open and three closed. All files had an admission date, date referral was received, and an eligibility screening that was completed within seven calendar days of the initial referral. All files had information on available service options, explained the rights and responsibilities of youth and parents, and were signed by the youth, parent, and case manager. All six files showed documentation that the youth/parent rights and responsibilities were received in writing by youth and parent; and were signed by the youth, parent, and case manager. All files reviewed explained that youth and parent were informed of CINS/FINS services, and the possible actions as it relates to CINS/FINS services.	No exceptions



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
2.02: Needs Assessment							
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.02 Needs Assessment. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was a total of six files reviewed, three open and three closed. All six files had a needs assessment that was initiated within seventy-two hours of admission. All six needs assessments were completed on the day initiated. All six needs assessments were conducted by a bachelor's level case manager and signed by the director upon completion. None of the youth were identified with an elevated risk of suicide as a result of the needs assessment.	No exceptions
2.03 Case/Service Plan							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.03 Case and Service Plans. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was a total of six files reviewed, three open and three closed. All six files had a case plan that was developed within	No exceptions

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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						seven working days of the needs assessment. All case plans were individualized and identified the needs of the youth. All six case plans reviewed identified the service type, frequency, and location, as well as identified the person(s) responsible. All case plans had a target date for completion; and all closed files had a completion date. All case plans were signed by the case manager, youth, parent, and director. All case plans were reviewed for progress/revised by the case manager and parent every thirty days.	
2.04: Case Management and Service Delivery							
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.04 Case Management and Service Delivery. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was a total of six files reviewed, three open and three closed. In all six files a case manager was assigned. All files identified the ongoing needs of the youth and family and demonstrated the coordination of services through a referral process. All files monitored the progress of the youth/family and the ongoing services being provided. All files demonstrated the agency provides	No exceptions

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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						support for the youth and family. All three closed files had case termination notes. Thirty- and sixty-day follow-ups were completed, as applicable, for the three closed files.	
2.05: Counseling Services							
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.05 Counseling Services. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was a total of six files reviewed, three open and three closed. All six files reviewed reflected the coordination of the needs assessment and case plan with the youth's presenting problem. All six files contained case notes documenting referrals for individual and family counseling services in accordance to the individual case plan. Case notes also documented the youth's progress. The director of youth services reviews all files monthly and feedback is documented in the case notes of each file.	No exceptions
2.06: Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.06 Adjudication and Petition Process. The policy was created and approved on July	No exceptions



Quality Improvement Review

Nehemiah Educational and Economic Development (NEED) – October 10, 2019

Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
2.07: Youth Records							
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services. The agency had no open or closed cases that have been in the adjudication or petition process since the last review. The agency is familiar with the current staffing process and is capable of facilitating the filing of a CINS/FINS petition if needed.	No exceptions
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.07 Youth Records. The policy was created and approved on July 31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was a total of six files reviewed, three open and three closed. All files were marked confidential. All files were secured in a room with a secure locking mechanism and were marked confidential. When transported, files are locked in a secure box marked confidential. All files were maintained in a neat and orderly manner.	No exceptions
2.08: Sexual Orientation, Gender Identity, Gender Expression							
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled 2.08 Sexual Orientation, Gender Identity,	No exceptions



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable			Explain	
2.09: Special Populations									
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender Expression. The policy was most recently reviewed on September 1, 2019 by the director of youth services.	No exceptions		
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a policy in place titled 2.09 Family and Youth Respite Aftercare Services (FYRAC). The policy was most recently reviewed on September 1, 2019 by the director of youth services. This is the only special population service provided by this program, so the other special populations covered under this indicator are not applicable.	No exceptions		
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four (two open and two closed) FYRAC files reviewed. All three files documented the youth were referred by DJJ and were on probation. All four files documented approval by the Florida Network Office. All intake and initial assessment sessions were completed	No Exceptions		



Quality Improvement Review

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Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						<p>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 ninety days and each youth received thirteen sessions. The two open cases had not been open for more than ninety days at the time of the review.</p>	
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain)	No exceptions Not applicable
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable	This program does not provide SNAP services, so this indicator is not applicable.