



**Florida Network for Youth and Family Services
Compliance Monitoring Report for
Nehemiah Educational and Economic Development (N. E. E. D.)**

**611 N. Wymore Rd, Suite 209
Winter Park, 32789**

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Nehemiah Educational and Economic Development (N.E.E.D.) for the FY 2019-2020 at its program office located at 611 N. Wymore Road, Suite 209, Winter Park, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Nehemiah Educational and Economic Development (N.E.E.D.) is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective for July 2019 through June 30, 2020.

The review was conducted by Ashley Davies, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from Nehemiah Educational and Economic Development (N.E.E.D.) present for the entrance interview were: Venus Highsmith, Director of Youth Services; Terrance Middleton, Case Manager; Jarvis Mays, Case Manager. The last onsite QI visit was conducted on November 29, 2018.

In general, the Reviewer found that Nehemiah Educational and Economic Development (N.E.E.D.) is in compliance with specific contract requirements. **Nehemiah Educational and Economic Development (N.E.E.D.) received an overall compliance rating of 100% for achieving full compliance with nine indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions as a result of the monitoring visit; however, no recommendation was made for an indicator rated as conditionally acceptable.

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: keithcarr@forefrontllc.com

2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 10-10-2019

Agency Name: Nehemiah Educational and Economic Development (N.E.E.D.)					Monitor Name: Ashley Davies, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 611 N. Wymore Rd., Suite 209, Winter Park		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): October 10, 2019		
Explain Rating							
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview: The program currently has two staff members certified as DJJ QI Peer reviewers. Neither reviewer have participated as a peer reviewer this season but are scheduled later in the season.	No recommendation or Corrective Action.
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA -At the time of this on-site program review, the agency reports that its program does not have additional state and federal contracts description of services, and contract start & end dates.	No recommendation or Corrective Action.
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency is insured for Worker's Compensation and Employer's Liability by Hartford Underwriters Insurance Company at \$500,000 each employee/accident	No recommendation or Corrective Action.

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\$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV						with a policy limit of \$500,000. Effective 11/16/2018 – 11/16/2019. The Florida Network is listed as Certificate Holder upon request. All documents were reviewed, verified and confirmed on-site.	
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.	No recommendation or Corrective Action.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that are general and provide for limited internal controls. The Accounting Policies and Procedures were initially established for the CINS/FINS program during 2018-2019 calendar	No recommendation or Corrective Action.

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						year. No changes were reported for these policies.	
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General ledger (GL) for Periods: 07-2019 Through 9-2019. The agency maintains a detailed general ledger with corresponding source documents. The General Ledger documents and tracks all funding sources by category.	No recommendation or Corrective Action.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) –ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If required at any time during the program service year, the agency has a petty cash system for program clients and staff/team members for occasional program events and outings. The request for cash is a form-based justification process and required to be placed in advanced via a check request or official cash request. As of the date of the review, there were no examples of the program executing a petty cash request for the current fiscal year.	No recommendation or Corrective Action.
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: All program invoices are processed for payment by the agency's Program Director and Executive Director. Invoices for service delivery are submitted to the FNYFS as required. Copies of submitted invoices were	No recommendation or Corrective Action.

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					reviewed for accuracy and completeness for the period of July 2019 – September 2019. Bank account statements were provided for the period covering April 2019 to September 2019. Account Reconciliation Summaries were provided for the aforementioned period. In addition, Transaction Detail by the respective account was also submitted. CINS/FINS account detail for transactions categories including Payroll, Background Screening, Insurance, Office Rent, Utilities, Postage, Supplies, Telephone, Mileage, Travel, ADP fees, and Training/Seminars. Any purchases require an official request to be completed by the Program Director in advances. The designated purchase is then processed to be reviewed by the agency's Executive Director.			

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							Notes
							Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
							The agency maintains a general filing system. The NEED CINS/FINS program maintains vendor files on an annual basis. Current and previous year files are stored in adjacent file cabinets area or a secure storage area until completion of fiscal year audit. Request for purchases generally include acquisition of certain local supplies or services for the operation of the program. Accounts Payable Reconciliations are reviewed and signed monthly by the Executive Director. These tasks are generally completed 4 weeks of receipt.
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
							No recommendation or Corrective Action.
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Documentation: Documentation of payroll taxes and deposits was provided for the first two quarters of 2019. QuickBooks E-pay Confirmation was provided for each
							No recommendation or Corrective Action.

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							quarter showing payment to the United States Treasury. Copies of the checks written to the United States Treasury were also provided. EFTPS payment history was provided for the current calendar year.		
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: CINS/FINS Budget-to-Actual report for the last three Months Ending July 2019 – September 2019 was provided. Report shows original budget and budget exp 2019-2020 and available funds. Variances in budget are monitored on a regular basis by management and reported accordingly.	No recommendation or Corrective Action.
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The annual expenses for the agency are not greater than \$500,000. The agency is not required to submit an annual Single audit from an outside agency. No Management Letter is applicable or required.	No recommendation or Corrective Action.

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i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					Documentation: The agency has updated policies in Storage and Retention; Confidentiality, Retention, Record Retention Schedule. The agency also has related policies that address Storage and Disposal. There have been no changes to current policies since FY July 2016.	
					No recommendation or Corrective Action.	

CONCLUSION

Nehemiah Educational and Economic Development (N.E.E.D.) has met the requirements for the CINS/FINS contract as a result of full compliance with nine applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Four of the thirteen indicators were not applicable because: 1) the provider does not have any additional state or federal contracts, 2) the provider does not have any outstanding corrective action item(s) cited by an external funding source, 3) the provider does not have any current inventory purchased with DJJ/FN Funds, and 4) the provider is not required to submit a Single Audit from an outside agency. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

SUMMARY OF RECOMMENDATIONS

Recommendation

There were no recommendations as a result of this review.

If required, the provider must submit a corrective action plan to address corrective actions cited in the corresponding section of this report. The provider's Corrective Action Plan should address the issues, corrective actions item cited, time frames and staff responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.



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%



Quality Improvement Review

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

Lead Reviewer: Ashley Davies

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



Quality Improvement Review

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

Lead Reviewer: Ashley Davies

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 | NA # Food Service Personnel |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | NA # Healthcare Staff |
| <input type="checkbox"/> Counselor Non-Licensed | <input checked="" type="checkbox"/> Case Manager | NA # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources | NA # 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 | NA # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Fire Drill Log | NA # 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 | NA # 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.



Quality Improvement Review

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

Lead Reviewer: Ashley Davies

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.

Quality Improvement Review

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

Lead Reviewer: Ashley Davies

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

Quality Improvement Review

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

Lead Reviewer: Ashley Davies

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.



Quality Improvement Review

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Lead Reviewer: Ashley Davies

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)
	Explain						
	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



Quality Improvement Review

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

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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



Quality Improvement Review

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

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						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



Quality Improvement Review

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

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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							



Quality Improvement Review

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

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<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>

Quality Improvement Review

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

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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

Quality Improvement Review

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

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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



Quality Improvement Review

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

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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						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.	

Quality Improvement Review

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

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STANDARD 2: INTERVENTION AND CASE MANAGEMENT

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	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



Quality Improvement Review

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

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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

Quality Improvement Review

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

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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

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						31, 2015 and reviewed, most recently, on September 1, 2019 by the director of youth services.	
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
2.07: Youth Records							
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



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
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
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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	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.