



**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 2020-2021 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 2020 through June 30, 2021.

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. The last onsite QI visit was conducted on October 10, 2019.

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 ten 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

2020-2021 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 05-26-2021

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): May 26, 2021		
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 at least two staff members certified as DJJ QI Peer reviewers.	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency provided a list of two additional funding sources. The list identifies the amount and start and 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 \$500,000 policy aggregate. Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency is insured for General Liability by Underwriters at Lloyds, London at \$1,000,000 each/\$3,000,000 aggregate and \$50,000 damage to rented premises	No recommendation or Corrective Action.

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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						and \$5,000 medical expenses. Effective 10/30/2020 – 10/30/2021. Professional Liability by Underwriters at Lloyds, London at \$1,000,000 each/\$3,000,000 aggregate. Effective 10/30/2020 – 10/30/2021. 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 last reviewed 01/2021.	No recommendation or Corrective Action.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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: 07-2020 Through 4-2021. 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"/>	Interview: 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 reviewed for accuracy and	No recommendation or Corrective Action.

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					Notes	
					Explain Unacceptable or Conditionally Acceptable:	
					(Attach Supportive Documentation)	
					<p>completeness for the period of July 2020 – April 2021.</p> <p>Bank account statements were provided for the period covering November 2020 – April 2021. 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 transaction categories include Payroll, Background Screening, Insurance, Office Rent, Utilities, Postage, Supplies, Telephone, Mileage, Travel, ADP fees, and Training/Seminars.</p> <p>Any purchases require an official request to be completed by the Program Director in advance. The designated purchase is then processed to be reviewed by the agency's Executive Director.</p> <p>The agency maintains a general filing system. The NEED CINS/FINS</p>	

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						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 within 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"/>	N/A – The agency has not purchased any items with FNYFS monies since the last review.	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 last two quarters of 2020. QuickBooks E-pay Confirmation was provided for each quarter showing payment to the United	No recommendation or Corrective Action.

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						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 July 2020 – April 2021 was provided. Report shows original budget and budget expenses 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 \$750,000. 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 \$750,000. 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. The policies were last reviewed in January 2021.	
					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 ten applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Three of the thirteen indicators were not applicable because: 1) the provider does not have any outstanding corrective action item(s) cited by an external funding source, 2) the provider does not have any current inventory purchased with DJJ/FN Funds, and 3) 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

May 26, 2021

Compliance Monitoring Services Provided by





Quality Improvement Review

Nehemiah Educational and Economic Development (NEED) – May 26, 2021
Lead Reviewer: Ashley Davies

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01	Background Screening	Satisfactory
1.02	Provision of an Abuse Free Environment	Satisfactory
1.03	Incident Reporting	Satisfactory
1.04	Training Requirements	Satisfactory
1.05	Analyzing and Reporting Information	Satisfactory
1.06	Client Transportation	Not Applicable
1.07	Outreach Services	Satisfactory

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

Standard 2: Intervention and Case Management

2.01	Screening and Intake	Satisfactory
2.02	Needs Assessment	Satisfactory
2.03	Case/Service Plan	Satisfactory
2.04	Case Management & Service Delivery	Satisfactory
2.05	Counseling Services	Satisfactory
2.06	Adjudication/Petition Process	Satisfactory
2.07	Youth Records	Satisfactory
2.08	Sexual Orientation, Gender Identity, Gender Expression	Satisfactory
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) – May 26, 2021
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 - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Kamille Payne – Regional Monitor, Department of Juvenile Justice

Nadjie Pierre – Lutheran Services Florida



Quality Improvement Review

Nehemiah Educational and Economic Development (NEED) – May 26, 2021
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, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2020/Jan 2021).

Persons Interviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Case Manager | <input type="checkbox"/> Nurse – Full time |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Counselor Non-Licensed | <input type="checkbox"/> Nurse – Part time |
| <input type="checkbox"/> Chief Operating Officer | <input type="checkbox"/> Advocate | 0 # Case Managers |
| <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Direct – Care Full time | 0 # Program Supervisors |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Direct – Part time | 0 # Food Service Personnel |
| <input type="checkbox"/> Program Manager | <input type="checkbox"/> Direct – Care On-Call | 0 # Healthcare Staff |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Intern | 0 # Maintenance Personnel |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Volunteer | 1 # Other (listed by title): |
| <input type="checkbox"/> Counselor Licensed | <input type="checkbox"/> Human Resources | <u>Administrative Assistant</u> |

Documents Reviewed

- | | | |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Table of Organization | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Youth Handbook |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Grievance Process/Records | 0 # Health Records |
| <input type="checkbox"/> Logbooks | <input type="checkbox"/> Key Control Log | 0 # MH/SA Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Fire Drill Log | 4 # Personnel /Volunteer Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Medical and Mental Health Alerts | 6 # Training Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 5 # Youth Records (Closed) |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 3 # Youth Records (Open) |
| <input type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> List of Supplemental Contracts | 0 # Other: _____ |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Vehicle Inspection Reports | |

Observations During Review

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

Comments

Due to COVID-19, this review was conducted virtually.



Quality Improvement Review

Nehemiah Educational and Economic Development (NEED) – May 26, 2021

Lead Reviewer: Ashley Davies

Monitoring Purpose:

The purpose of this monitoring is to provide an annual quality improvement program review. This is to verify the agency adheres to all current CINS/FINS standards and contract compliance requirements for residential and non-residential services.

Strengths and Innovative Approaches

2020-2021 has been a challenging year for the program due to the COVID-19 pandemic. They have incorporated telehealth sessions, alternate work schedules, and additional team meetings to try to keep up with their deliverables.

The program has continued their partnership with ACE School, thereby increasing the number of potential referrals to the program.

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

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

The program achieved 100% positive feedback on Overall Client Satisfaction on the Client Satisfaction Reports.

The program achieved 100% on the Annual Agency Report Card from the Florida Network for 2019-2020.

Narrative Summary

Standard 1

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



Quality Improvement Review

Nehemiah Educational and Economic Development (NEED) – May 26, 2021

Lead Reviewer: Ashley Davies

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 were no vacant positions.

Standard 2

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 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. 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.

The overall findings for the QI Review for Nehemiah Educational and Economic Development (NEED) are summarized as follows:

Standard 1: This standard has a total of seven indicators regarding management accountability. Indicator 1.06 Client Transportation was not applicable due to the program not transporting youth. The remaining six indicators were rated satisfactory. There was an exception noted in indicators 1.04 Training Requirements due to one staff completing the DOJ Civil Rights and Federal Funds training outside the required time frame.



Quality Improvement Review

Nehemiah Educational and Economic Development (NEED) – May 26, 2021

Lead Reviewer: Ashley Davies

Standard 2: This standard has a total of ten indicators that relate to intervention and case management. Indicator 2.10 Stop Now and Plan (SNAP) was not applicable as this program does not provide SNAP services. The remaining nine indicators were rated satisfactory with no exceptions noted.

Quality Improvement Review

Nehemiah Educational and Economic Development (NEED) – May 26, 2021
Lead Reviewer: Ashley Davies

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators:	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	Review Based Upon Document Source	Notes Explain any items that have any deficiencies, exceptions or are 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						YES X NO (explain) There is a policy in place titled 1.01 Background Screening and Annual Affidavit of Good Moral Character that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth or the agency has provided an explanation to for staff hired with a non-passing/low score.	X					There was one new staff hired since the last QI review. The agency uses the HR Avatar Pre-Employment Test and completed the screening prior to hire for that staff.	
Background screening completed prior to hire/start date or exemption obtained prior to working with youth (if rated ineligible) for new hires, volunteers/interns, and contractors	X					There was one new staff hired since the last QI review. That staff received a background screening with an eligible rating prior to their start date.	
Five-year re-screening completed every 5 years from initial date of hire	X					There were three staff applicable for a five-year rescreening during the review period. All three staff received a rescreening prior to their initial date of hire.	



Quality Improvement Review

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Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	X					The agency submitted the Annual Affidavit of Compliance with Level 2 Screening via email to the Background Screening Unit on 1/29/2021.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	X					Documentation of approval of E-Verify work eligibility was provided for the one new staff hired.	
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						YES X NO (explain) There is a policy in place titled 1.02 Abuse Reporting/Abuse Free Environment and Grievances that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Abuse Free Environment							
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	X					All staff employed at the program have signed a code of conduct.	
Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	X					The program submitted pictures of the Child Abuse Registry telephone number posted in the office.	
Youth were informed of the Abuse and Contact Number (see youth survey results)	X					All eight youth files reviewed documented the youth were informed of the abuse hotline number during orientation.	
Management takes immediate action to address any incidents of threats or abuse			X			The Director reported there have been no instances management has needed to take immediate action to address any incidents of threats or abuse.	
Grievance Process							
Agency has a formal grievance process	X					The program has a policy titled 1.02 Abuse Reporting/Abuse Free Environment that outlines the grievance procedures for the program.	
Locked box accessible to only management and available to youth in a common area	X					The program has a locked grievance box that is accessible to all youth located in the lobby area of the office.	
Direct care does not handle the complaint/grievance unless assistance is asked for by the youth. Program director/supervisor			X			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 QI review.	

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will have access to and manage grievances unless it is towards themselves.							
72-hour resolution requirement by management. If this does NOT occur within the 72 hour period, there is sufficient documentation explaining the cause for the delay in resolution.			X			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 QI review.	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						YES X NO (explain)	
						There is a policy in place titled 1.03 Incident Reporting that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident			X			A review of the Department's CCC Reports for the program and an interview with the Director revealed the program has not had any reportable incidents during this review period.	
The program completes follow-up communication tasks/special instructions as required by the CCC			X			A review of the Department's CCC Reports for the program and an interview with the Director revealed the program has not had any reportable incidents during this review period.	
Incidents are documented in the program logs and on incident reporting forms			X			A review of the Department's CCC Reports for the program and an interview with the Director revealed the program has not had any reportable incidents during this review period.	
All incident reports are reviewed and signed by program supervisors/directors			X			A review of the Department's CCC Reports for the program and an interview with the Director revealed the program has not had any reportable incidents during this review period.	
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						YES X NO (explain)	
						There is a policy in place titled 1.04 Training that addresses the requirements of this indicator. The	



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						policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
First Year Direct Care Staff							
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire. <i>(Staff hired before January 1st were required to complete no later than December 31, 2020)</i>		X				There were six staff training files reviewed. Five of the six staff completed the DOJ Civil Rights and Federal Funds training in the required time frames.	Exception: One staff completed the training late. The training was completed outside the staff's first 30 days of employment.
All staff receives all mandatory training during the first 90 days of employment from date of hire.	X					There was one staff training file available for review for first year training requirements. The staff completed all training required during the first 90 days of employment.	
All staff completes all mandatory Florida Network and SkillPro training during the first-year employment.	X					There was one staff training file available for review for first year training requirements. The staff completed all trainings required for the first year of employment and documented 86 hours of training.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training					X	The program does not employ any clinical shelter staff.	
Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number)					X	The program does not employ any clinical shelter staff.	

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of the licensed mental health professional supervisor).							
In-Service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (<i>40 hours if the program has a DCF child caring license</i>).	X					There were four staff training files reviewed for annual training requirements. All four staff documented more than the required 24 hours of annual training with 25.5, 32, 26, and 25. All four staff completed all required trainings.	
Required Training Documentation							
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	X					In all training files, there was evidence of a spreadsheet with all trainings, date completed, and hours. Also, the training files included any related documentation including certificates, sign-in sheets, agendas, and worksheets.	
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						YES X NO (explain)	
						There is a policy in place titled 1.07 Analyzing and Reporting Information that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Case record review reports demonstrate reviews are conducted quarterly, at a minimum	X					A review of eight youth files confirmed the Director reviews each 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 monthly case review reports are then reviewed with each staff and at staff meetings.	
The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum			X			Through an interview with the Director, 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	



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						document any such incidents, and none have been documented during this review period.	
The program conducts an annual review of customer satisfaction data	X					The program reviews the customer satisfaction data on a quarterly basis. This review is documented in meeting minutes.	
The program conducts an annual review of outcome data and (if applicable) there is evidence of annual reconciliation that occurs through communication from the Florida Network via email or phone call when corrections are needed and the information is corrected and submitted within the requested timeframes.	X					The Director reviews all annual outcome data and presents this data to the President of the company on an annual basis. In addition, the Director provides the President with highlights for the fiscal year. The program reported an annual reconciliation was just completed with the Florida Network in January 2021.	
The program conducts a monthly review of NetMIS data reports.	X					The Director receives monthly data generated from NetMIS and reviews this data on a monthly basis.	
The Florida Network conducts monthly reconciliation by comparing NetMIS data to JJIS data. Agency has evidence that they have reconciled any differences noted.	X					The Director receives monthly NetMIS and JJIS data. Any differences noted are reconciled immediately by the Administrative Assistant.	
The program has a process in place to review and improve accuracy of data entry & collection	X					The Administrative Assistant is the only person to input data into NetMIS and JJIS to help improve accuracy of data entry. Data entry and collection is also reviewed for accuracy after each youth intake.	
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	X					A review of monthly meeting minutes documented that findings are communicated to staff.	
There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	X					Monthly meeting minutes show evidence of strengths and weaknesses identified, and improvements implemented. Staff are informed and involved in the process.	



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Provider has a written policy and procedure that meets the requirement for Indicator 1.06	YES	NO (explain)	X	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle			X	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy			X	
Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting			X	
In the event that a 3 rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior			X	
The 3 rd party an approved volunteer, intern, agency staff, or other youth			X	
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.			X	

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Provider has a written policy and procedure that meets the requirement for Indicator 1.07						YES	X	NO (explain)	
						There is a policy in place titled 1.05 Outreach Services that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.			
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable				
The program has a lead staff member designated to participate in local DJJ board and council meetings with evidence that includes minutes of the event or other verification of staff participation	X					The program provided documentation, in the form of meeting agendas and minutes, that a staff member participated in the last six bi-monthly Circuit 9 Community Advisory Board meetings. Due to Covid-19 the meetings have been held virtually via Zoom.			
Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.	X					The program had conducted one outreach activity during this review period. The Director reported due to Covid-19 staff have not been able to conduct outreach activities. The program has continued their partnership with ACE School which has helped increase the number of referrals to the program.			
The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	X					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.			
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						YES	X	NO (explain)	
						There is a policy in place titled 2.01 Screening, Intake, and Admission that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.			
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable				
Shelter youth: Eligibility screening is completed immediately for all shelter placement inquiries. If staff on duty cannot complete the screening, an on-call supervisor is contacted and eligibility is determined within 30 minutes from initial inquiry.					X	This is a community counseling program and does not provide shelter services.			

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Community counseling: Eligibility screening is completed within 3 business days of referral by a trained staff using the NetMIS form	X					There were eight files reviewed, three open and five closed. All eight had an eligibility screening completed within three calendar days of the referral.	
Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	X					All eight files reviewed documented the youth and parents received all required information at intake.	
The following is also available to the youth and parents/guardians: a. Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) b. Grievance procedures	X					All eight files reviewed documented the youth and parents received all required information at intake.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						YES X NO (explain) There is a policy in place titled 2.02 Needs Assessment that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Completion of Needs Assessment							
Shelter Youth: Needs Assessment initiated within 72 hours of admission					X	This is a community counseling program and does not provide shelter services.	
Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old	X					There were eight files reviewed, three open and five closed. The Needs Assessment was completed within 2 to 3 face-to-face contacts in all eight files.	
Needs Assessment is conducted by a bachelor's or master's level staff member	X					All eight Needs Assessments were conducted by a bachelor's or master's level staff member.	

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Needs Assessment includes a supervisor's review signature upon completion	X					A supervisor's signature was present on all eight Needs Assessments reviewed.	
Suicide Risk as a Result of the Needs Assessment							
Youth was identified with an elevated risk of suicide as a result of the Needs Assessment			X			None of the files reviewed documented the youth had an elevated risk of suicide as a result of the Needs Assessment.	
If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional			X			None of the files reviewed documented the youth had an elevated risk of suicide as a result of the Needs Assessment.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						YES X NO (explain) There is a policy in place titled 2.03 Service Plan that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Case/Service plan is developed within 7 working days of Needs Assessment	X					There were eight files reviewed, three open and five closed. In all eight files the Service Plans were developed within seven working days of the Needs Assessment.	
Case plan service Plan includes: 1. Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and Actual completion date(s) 5. Signature of youth, parent/guardian, counselor, and supervisor 6. Date the plan was initiated	X					All eight Service Plans reviewed included individualized and prioritized needs and goals identified by the Needs Assessment, service type, frequency and location, persons responsible, and target dates for completion. Of the eight files reviewed, five files include actual goal completion dates while three files were still open. All eight Service Plans had the signature of the counselor, supervisor, youth, and parent.	
Case/service plans are reviewed for progress/revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after	X					All eight files documented Service Plan reviews every 30 days for the first three months. None of the files were applicable for reviews beyond the first three months.	



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Provider has a written policy and procedure that meets the requirement for Indicator 2.04						YES	X	NO (explain)			
Rating Criteria						Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	
Counselor/Case Manager is assigned						X					Each of the eight files reviewed showed a Case Manager was assigned to the youth.
The Counselor/Case Manager completes the following as applicable: 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitors out-of-home placement (if necessary) 6. Makes referrals to the case staffing to address problems and needs of the youth/family 7. Accompanies youth and parent/guardian to court hearings and related appointments 8. Refers the youth/family for additional services when appropriate 9. Provides case monitoring and reviews court orders 10. Provides case termination notes 11. Provides follow-up after 30 days of exit 12. Provides follow-up after 60 days of exit						X					All eight files establish referral needs and coordinated referrals to services based upon the ongoing assessment of the youth's/family's problems and needs, coordinated service plan implementation, monitored youth's/family's progress in service, and provided support to families. None of the files were applicable for monitoring out-of-home placement, referring the youth and family to the case staffing committee, accompanying the youth/guardian to court hearings and related appointments, referring the youth/family for additional services, or reviewing court orders. All five applicable files provided case termination documentation. Two files were applicable for providing follow-up after 30 days of exit and one file after 60 days. All follow-ups were completed.
The program maintains written agreements with other community						X					The program has established written interagency agreements with The Mustard Seed of Central Florida,

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partners that include services provided and a comprehensive referral process						Boys and Girls Clubs of Central Florida, New Covenant Perfecting Ministries, Inc. and Robertson and Associates Psychological Services, LLC. The agreements provide a comprehensive referral process.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						YES X NO (explain) There is a policy in place titled 2.05 Counseling Services that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	X					There were eight files reviewed, three open and five closed. Service Plans and case notes maintained demonstrated all eight youth received counseling services to address needs identified during the assessment process.	
Shelter Program							
Shelter programs provides individual and family counseling					X	This is community counseling program and does not provide shelter services.	
Group counseling sessions held a minimum of five days per week					X	This is community counseling program and does not provide shelter services.	
Group counseling sessions consist of: a. Length of at least 30 minutes b. Opportunity for youth engagement c. Clear and relevant topic (informational/developmental/ educational) d. Clear leader or facilitator					X	This is community counseling program and does not provide shelter services.	
Community Counseling							
Community counseling programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, or the local provider's counseling office.	X					All eight files documented therapeutic services were provided by program staff and this was documented in the case notes. Services were provided both virtually, due to COVID-19, and in the youth's home.	
Counseling Services							

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Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	X					All eight files reviewed documented coordination between presenting problems, the needs assessment, service plan, service plan reviews, case management, and follow-up.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	X					An individual youth file was maintained for all eight youth files reviewed.	
Case notes maintained for all counseling services provided and documents youth's progress	X					All eight youth files included case notes that documented services provided including counseling and the youth's progress.	
On-going internal process that ensures clinical reviews of case records and staff performance	X					All eight files reviewed confirmed the Director reviews each 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 monthly case review reports are then reviewed with each staff and at staff meetings. The Director also signs all screening, assessment, and treatment paperwork in each file to ensure staff performance is adequate.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						YES X NO (explain) There is a policy in place titled 2.06 Adjudication/Petition Process that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Case Staffing Initiation and Notifications							
If parent/guardian initiates, staffing is held within 7 days			X			The Program Manager reported there have been no case staffing's during this review period.	
The youth, family and case staffing committee are contacted within a minimum of five working days a. Notification to youth/family no less than 5 working days prior to staffing			X			The Program Manager reported there have been no case staffing's during this review period.	



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b. Notification to committee no less than 5 working days prior to staffing							
Case Staffing Committee							
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative			X				The Program Manager reported there have been no case staffing's during this review period.
Other members may include: a. State Attorney's Office b. Others requested by youth/family c. Substance abuse representative d. Law enforcement representative e. DCF representative f. Mental health representative			X				The Program Manager reported there have been no case staffing's during this review period.
The program has an established case staffing committee, and has regular communication with committee members	X						The program has an established committee that meets when needed.
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	X						The program has policy 2.06 Adjudication and Petition Process that outlines procedures for the case staffing process.
As a result of the Case Staffing							
The youth and family are provided a new or revised plan for services			X				The Program Manager reported there have been no case staffing's during this review period.
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations			X				The Program Manager reported there have been no case staffing's during this review period.
If applicable, the program works with the circuit court for judicial intervention for the youth/family			X				The Program Manager reported there have been no case staffing's during this review period.
Case Manager/Counselor completes a review summary prior to the court hearing			X				The Program Manager reported there have been no case staffing's during this review period.
Provider has a written policy and procedure that meets the requirement for Indicator 2.07							YES X NO (explain) There is a policy in place titled 2.07 Youth Records that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.

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Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All records are clearly marked 'confidential'.	X					There were eight youth files reviewed. All files were marked "confidential".	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	X					All files were kept in locked file cabinets in the Administrative Assistants office. The file cabinets were marked "confidential". Pictures were provided of the file cabinets.	
When in transport, all records are locked in an opaque container marked "confidential"	X					The program provided a picture of a locked, opaque container marked "confidential" that is used to transport files.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	X					All files were neat and orderly, and documents were maintained in a consistent manner.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						YES X NO (explain) There is a policy in place titled 2.08 Sexual Orientation, Gender Identity, Gender Expression that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Use of youth's preferred name/ pronoun: a. Youth are addressed according to their preferred name and gender pronouns b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards			X			A review of the Florida Network's SOGIE Report as of March 8, 2021 and an interview with the Director confirmed there have been no youth who have fallen under the requirements of this indicator since the last Quality Improvement review.	
Youth in need of specialized support is referred to qualified resources (as applicable)			X			A review of the Florida Network's SOGIE Report as of March 8, 2021 and an interview with the Director confirmed there have been no youth who have fallen under the requirements of this indicator since the last Quality Improvement review.	
Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual					X	This program only serves community counseling youth.	

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orientation, gender identity, or gender expression							
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression					X	This program only serves community counseling youth.	
The agency has signage and brochures/publication placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression	X					Pictures were provided of postings around the office indicating all youth are welcome regardless of sexual orientation, gender identity, and gender expression.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						YES X NO (explain) There is a policy in place titled 2.09 Specialized Additional Program Services Special Populations that addresses the requirements of this indicator. The policy was last reviewed on April 29, 2021 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Staff Secure							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	YES	NO	N/A X			This program does not provide Staff Secure services.	
Staff Secure policy and procedure outlines the following: a. In-depth orientation on admission b. Assessment and service planning c. Enhanced supervision and security with emphasis on control and appropriate level of physical intervention d. Parental involvement e. Collaborative aftercare							
Program only accept youth that meet legal requirements of F.S. 984 for being formally court							



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ordered in to Staff Secure Services							
Staff Assigned: a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift							
Agency provides a written report for any court proceedings regarding the youth's progress							
Domestic Minor Sex Trafficking (DMST)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	YES	NO	N/A X			This program does not provide DMST services.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements							
Services provided to these youth specifically designated services designed to serve DMST youth							
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the							



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appropriate level of supervision and safety measures?							
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.)							
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter							
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements							
Domestic Violence							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	YES	NO	N/A X			This program does not provide Domestic Violence services. See FYRAC below.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth admitted to DV Respite placement have a pending DV charge and have evidence of being screened by JAC/Detention, but do not meet criteria for secure detention							
Data entry into NetMIS and JJIS within (3) business days of intake and discharge							



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Youth in program do not have length of stay in DV Respite placement that exceeds 21 days. If more than 21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.							
Case plan in file reflects goals focusing aggression management, family coping skills, or other intervention design to reduce reoccurrence of violence in the home							
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements							
Probation Respite							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	YES	NO	N/A X			This program does not provide Probation Respite services. See FYRAC below.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All probation respite referrals are submitted to the Florida Network.							
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status							
Data entry into NetMIS and JJIS within (3) business days of intake and discharge							
Length of stay is no more than fourteen (14) to thirty (30) days? (Placement beyond thirty (30) days requires the approval of the JPO and/or CPO)							



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All case management and counseling needs have been considered and addressed							
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements							
Intensive Case Management (ICM)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	YES	NO	N/A X			This program does not provide ICM services.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth receiving services was court ordered or referred by case staffing committee							
Services for youth and family include: a. Four (4) direct contacts per month b. Four (4) collateral contacts per month							
Assessments include: a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)							
Case plan demonstrates a strength-based, trauma-informed focus							



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Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf, initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones							
Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	YES X	NO	N/A				
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating	X					There were three FYAC files reviewed, two open and one closed. All three youth were referred by DJJ.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	X					All three files documented approval from the Florida Network.	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program	X					In all three files the intake was face-to-face and included a gathering of family history and demographic information. All three files also had a Service Plan developed during the initial session that was signed by the parent and youth. All three files also documented the parent and youth were oriented to the program.	



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Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning	X					In all three files the individual sessions with the youth and family identified strengths and needs of the family and helped to improve family functioning. All sessions documented were at least 60 minutes in length.	
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session			X			The Director reported due to COVID-19 group sessions have not been provided.	
Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, or there is evidence in the youth's file that an extension is granted by DJJ circuit Probation staff	X					The one applicable closed file documented the youth and family participated in 90 consecutive days of services.	
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						YES NO (explain) X This program does not provide SNAP services.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		



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SNAP Clinical Groups						
Youth are screened to determine eligibility of services					X	
Needs assessment is completed at initial intake, or within two face-to-face sessions					X	
SNAP Assessments a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post) b. Teacher Report Form (TRF) completed by the teacher (pre & post) c. Tool for Parenting Self Efficacy (TOPSE) completed by the caregiver (pre & post) d. Prevention Assessment Tool (PAT) (pre & post)					X	
SNAP discharge report summary					X	
SNAP Boys/SNAP Girls Parent Group Evaluation Form					X	
SNAP Boys/SNAP Girls Child Group Evaluation Form					X	
SNAP in Schools						
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)					X	
“Class Goal” sheet					X	



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Measure of Classroom Environment (MoCE) (Pre and Post) is used to identify baseline and treatment outcomes of reported classroom dynamics.					X		
Pre and Post Evaluations					X		
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox					X		