



**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 2021-2022 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 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 1, 2021 through June 30, 2022.

The review was conducted by Baldwin Davis, Consultant for Forefront LLC and Peer Reviewer, Bonita Williams, Florida Department of Juvenile Justice (FDJJ). Agency representatives from N.E.E.D present for the entrance interview were Venus Highsmith, Director of Youth Services, Minnie Jackson, Program Coordinator, and Dr. John Robinson Clinical Psychologist (virtually). The last onsite QI visit was conducted on May 26, 2021.

In general, the Reviewer found that 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 three applicable indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions or recommendations 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

2021-2022 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 04-07-2021-2022

Agency Name: Nehemiah Educational and Economic Development (N.E.E.D.)					Monitor Name: Baldwin Davis, Lead Reviewer							
Contract Type: CINS/FINS					Region/Office: 611 N. Wymore Rd., Suite 209, Winter Park, FL.							
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): April 7, 2022							
Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; background-color: red; color: white; text-align: center; padding: 5px;">Unacceptable</td> <td style="width: 15%; background-color: yellow; text-align: center; padding: 5px;">Conditionally Unacceptable</td> <td style="width: 15%; background-color: black; color: white; text-align: center; padding: 5px;">Fully Met</td> <td style="width: 15%; background-color: green; text-align: center; padding: 5px;">Exceeded</td> <td style="width: 15%; background-color: blue; color: white; text-align: center; padding: 5px;">Not Applicable</td> </tr> </table>							Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable								
I. Administrative and Fiscal												
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 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					<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 and \$5,000 medical expenses. Effective 10/30/2021 – 10/30/2022. Professional Liability by Underwriters at Lloyds, London at \$1,000,000 each/\$3,000,000 aggregate. Effective 10/30/2021 – 10/30/2022. The Florida Network is listed as Certificate Holder upon request. All documents were reviewed, verified and confirmed on-site.		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 all four applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool.

Two of the five indicators were not applicable because the provider does not have any current inventory purchased with DJJ/FN funds and 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% percentage**. 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.

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 Economical Development (NEED)
Non-Residential Program

April 7, 2022

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.04 Training Requirements	Satisfactory
1.06 Client Transportation	Not Applicable

Percent of indicators rated Satisfactory: 100 %
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

Standard 2: Intervention and Case Management

2.03 Case/Service Plan	Limited
2.04 Case Management & Service Delivery	Satisfactory

Percent of indicators rated Satisfactory: 50 %
Percent of indicators rated Limited: 50 %
Percent of indicators rated Failed: 0 %

Overall Rating Summary

Percent of indicators rated Satisfactory: 75 %
Percent of indicators rated Limited: 25 %
Percent of indicators rated Failed: 0 %

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.

Reviewers

Members

Baldwin Davis- Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
 Brenda Comadore – Regional Monitor, Department of Juvenile Justice

Methodology

This modified review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused in particular areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Shelter Care/Health Services, and (4) Mental Health/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (effective January 2022).

Persons Interviewed

Chief Executive Officer	<input checked="" type="checkbox"/> Case Manager	Nurse – Full time
Chief Financial Officer		Nurse – Part time
Chief Operating Officer	Advocate	2 # Case Managers
Executive Director	Direct – Care Full time	# Program Supervisors
<input checked="" type="checkbox"/> Program Director	Direct – Part time	# Food Service Personnel
Program Manager	Direct – Care On-Call	# Healthcare Staff
Program Coordinator	Intern	# Maintenance Personnel
Clinical Director	Volunteer	# Other (listed by title): ___
Counselor Licensed	Human Resources	

Documents Reviewed

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

Observations During Review

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

Comments

Due to COVID-19, this review was conducted on-site using the modified QI Review plan.

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

The Florida Department of Juvenile Justice awarded Nehemiah Educational & Economic Development, Inc. (NEED) several prevention grants to operate mentoring and afterschool programs. NEED has also operated employability skills programs. In the second year of the Covid pandemic, the previous years' challenges continued for NEED into 2021-2022. While NEED incorporated telehealth sessions, virtual services, alternate work schedules, and additional team meetings to maintain contract deliverables, they are now resuming some in-person normalcy for staff and clients served. The recent pandemic has significantly impacted the personal lives of several staff members who continue to make every effort to continue providing quality services to the youth in the program.

The current staff of NEED has over three decades of experience working directly with youth, specifically due to service delivery changes brought on by the pandemic, Case Managers continued to engage parents beyond the initial intake visit by calling them with regular updates on their child's progress with the Service Plan. The agency reports this method of engagement has certainly encouraged parents to become more involved with their child's success.

Despite the pandemic and the vacancy of key personnel, the agency reported having accomplished the following:

- 100% of case management staff have Bachelor level or above degrees.
- Implemented a staff recognition strategy in an effort to retain talent.
- Continued their partnership with ACE School, thereby allowing continuity of referrals when there was a slowdown statewide.
- Continued to provide service to families in their main target areas of Pine Hills, West Orlando, and Eatonville.
- Case Managers made numerous referrals for services such as counseling, substance abuse assessments, psychological assessments, and mentoring.
- Achieved 100% on Annual Agency Report Card from the Florida Network for 2021-2022.

The agency's leadership voiced they are looking forward to operations and programs settling down in the 2022-2023 fiscal year so they can do more outreach in the community and continue to enjoy their relationship with the Florida Network of Youth and Family Services for many years to come.

Narrative Summary

Standard 1

Nehemiah Educational & Economic Development, Inc. (NEED) is a 501 (c) (3) organization that was incorporated in February 2000. NEED provides an array of services to the community, including Youth Services where the division is experienced in providing prevention and intervention services to youth and families. For staff hire, the agency continues to utilize an industry-standard assessment tool and indicated they will be doing so for any new hire. There was no new hire since the last review. The on-site Quality Improvement (QI) review observation indicates the agency places significant emphasis on all staff being fully trained to meet their required CINS/FINS training and training hours.

NEED continues to seek partnerships with the local judiciary, law enforcement, schools, churches, community-based organizations, parents, and concerned citizens to work with, as their focus is on helping youth and their families to be successful and enjoy healthy relationships. They continue to have a strong collaborative partnership with Macedonia Missionary Baptist Church of Eatonville FL, Inc., ACE School and they continue to secure the services of a well-respected clinical psychologist. Among various other partnerships, NEED also partners with the Mustard Seed organization to help families needing to furnish their homes or apartments for a low-cost fee.

Standard 2

NEED'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. Special Populations of Family/Youth Respite Aftercare Services (FYRAC), Domestic Violence (DV) and Probation youth are provided with services by the agency.

NEED is managed by an Executive Director, a Director of Youth Services, and is supported by an Administrative Assistant/Data Coordinator, which at the time of the review that position was vacant. The Director of Youth Services indicates that the void created by their Administrative Assistant/Data Coordinator vacancy has negatively impacted every area of their program services; however, she insists that the program continues to operate at an appropriate level to meet the needs of the clients served.

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

Standard 1:

This standard, Management Accountability, has a total of three indicators (1.01, 1.04, and 1.06) that were reviewed utilizing the Modified QI Review process. Indicator 1.06 Client Transportation was not applicable due to the program not transporting youth. The remaining two indicators, 1.01 and 1.04 were rated Satisfactory.

Standard 2:

This standard, Intervention and Case Management, has a total of two indicators (2.03 and 2.04) that were reviewed under the Modified QI Review process. Indicator 2.03 Case Service Plan was rated Limited and Indicator 2.04 Case Management and Service Delivery were rated Satisfactory with an exception for all 3 closed files missing documentation of the applicable 30-day or 60-day follow-ups as required.

Summary of Deficiencies resulting in Limited or Failed Rating (If Applicable):

Standard 2: Indicator 2.03 received a Limited rating for the applicable assessments being incomplete and missing information as required. Of the 5 applicable files reviewed, 4 were missing the actual completion date on the case/service plan.

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CINS/FINS QUALITY IMPROVEMENT TOOL

<p>Quality Improvement Indicators: Add an "X" in the applicable column</p> <p><i>Satisfactory</i> <i>Non-Compliant (E.g. Exceptions)</i> <i>No Eligible Items for Review</i> <i>No Practice</i> <i>Not Applicable</i></p>	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	<p>Review Based Upon Document Source</p> <p><i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i></p>	<p>Notes</p> <p>Explain any items that have any deficiencies, exceptions or are not applicable.</p>
Standard One – Management Accountability							
1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	YES						
	If NO, explain here:						
	There is a policy in place titled 1.01 Background Screening that addresses the requirements of this indicator. The policy was last reviewed March 1, 2022 by the Director.						
<p>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 for staff hired with a non-passing/low score.</p>			X			<p>There was no new staff were hired since the last QI review. The agency uses the HR Avatar Pre-Employment Test prior to hire for any new staff.</p>	
<p>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</p>			X			<p>There was no new staff hired since the last QI review who would require screening to meet an eligible rating prior to their start date.</p>	

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Agency has evidence for employees who have had a break in service and who are in good standing and reemployed with the same agency without an additional suitability assessment or background screening if the break is less than 90 days.			X			There was no staff who had a break in service and who are in good standing and reemployed with NEED without an additional suitability assessment or background screening if the break is less than 90 days.	
Five-year re-screening completed every 5 years from initial date of hire	X					There was one staff applicable for a five-year rescreening during the review period. One applicable staff received a rescreening prior to their initial date of hire 5 year anniversary date.	
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 1/31/2022.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security			X			No eligible staff were hired since the last QI review.	

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	
	If NO, explain here:	
	There is a policy in place titled 1.04 Training that addresses the requirements of this indicator. The policy was last reviewed March 1, 2022 by the Director.	

Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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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. (Staff hired before January 1 st were required to complete no later than December 31, 2020)			X			There were no new staff hired since the last review in June 2021.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.			X			There were no new staff hired since the last review in June 2021.	

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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 is community based and does not employ 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 of the licensed mental health professional supervisor).					X	The program is community based and does not employ clinical shelter staff.	
In-Service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).					X	There were five staff training files reviewed for annual training requirements. All five staff documented the required 24 hours or more of annual training with each staff member receiving the following total hours: 24, 24.5, 24.5, 37, and 24.5. All five staff completed all required trainings except for one staff who had two months left of the current year to complete the three remaining trainings; DJJ and FN Suicide Prevention and Human Trafficking 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	Of the five training files reviewed, all 5 files were maintained in an individual training file for each staff and included an annual employee training hours tracking form and related documentation.	
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						YES	
						If NO, explain here:	
						There is a policy in place titled 1.08 Client Transportation. The policy was last reviewed on March 1, 2022 by the Director.	

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Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle					X	The agency has a transport policy that provides staff with directives should a youth require transportation, however, the agency itself does not transport youth.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy					X	Agency does not transport youth.	
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	Agency does not transport youth.	
In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior					X	Agency does not transport youth.	
The 3 rd party an approved volunteer, intern, agency staff, or other youth					X	Agency does not transport youth.	
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	Agency does not transport youth.	
Standard Two – Intervention and Case Management							
					YES	NO (explain below)	
					If NO, explain here:		

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Provider has a written policy and procedure that meets the requirement for Indicator 2.03						There is a policy in place titled 2.03 Service Plan that addresses the requirements of this indicator. The policy was last reviewed on March 1, 2022 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 NIRVANA		X				A total of six youth records were randomly selected and reviewed. Four of the six youth records reflected the case/service plan was completed within seven working days of the assessment.	Exception: Two of the six youth records reviewed the assessment was not filled out completely (one the staff did not fill in the answers and one did not date the assessment.
Case plan service Plan includes: 1. Individualized and prioritized need(s) and goal(s) identified by the NIRVANA 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				A total of six records were reviewed; 3 open records and 3 closed records. Five of 6 case/service plans included the individualized and prioritized needs and goals as identified by the assessment. The case/service plan included service type, frequency, location, person(s) responsible, target date for completion, signature of youth, parent/guardian, counselor, supervisor, and date the plan was initiated. One record was not applicable for actual completion date.	Exception: Four of five records reviewed, the actual completion date on the case/service plan was not filled.
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					In each of the six youth records reviewed there was documentation in case notes that the counselor and parent reviews progress every thirty days for youth services.	
						YES	
						If NO, explain here:	

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Provider has a written policy and procedure that meets the requirement for Indicator 2.04						There is a policy in place titled 2.04 Case Management and Service Delivery that addresses the requirements of this indicator. The policy was last reviewed on March 1, 2022 by the Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Counselor/Case Manager is assigned	X					In each of the six youth records reviewed, there were documentation indicating that the youth was assigned a counselor/case manager.	
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				The case manager/counselor completes several tasks to ensure youth are receiving appropriate services. The counselor/case manager established referral needs and coordinates referrals based on the ongoing assessment of the youth and family. In addition, the counselor coordinates service plan implementation, monitors the progress of services received, and provides support for families. None of the youth files reviewed were applicable for any services related to court hearing/orders. Two files still had time to complete the sixty-day reviews. During an interview with the Director while onsite, the Director explained that this was a job function of the administrative staff vacancy, that exists, and they are unable to fill in for all the duties of that position.	Exception: There was no documentation of the thirty and/or sixty day follow up services for each of the three closed records reviewed.

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The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	X					The program has a policy and procedure on written agreements with community providers, some of which are: 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 total of thirteen written agreements with other community partners. The agreements include the type of service and the referral process for youth. Each of the community partners are in the local communities where youth are being served and live.	
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