



**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 #203
Winter Park, 32789**

Date: January 25, 2023

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 (NEED) for the FY 2022-2023 at its program office located at 611 N. Wymore Road, Suite 203, 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 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 1, 2022 through June 30, 2023.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and Peer Reviewer, Teresa Andersen, Florida Department of Juvenile Justice (FDJJ). Agency representatives from NEED present for the entrance interview were Venus Highsmith, Director of Youth Services; Dr. John Robinson, Clinical Psychologist; Case Managers Jarvis Mays and Cierra Thomas; Todd Barnes, Mentor; and Data Specialists Minnie Jackson and Karen Scott. The last onsite QI visit was conducted on April 7, 2022.

In general, the Reviewer found that NEED is in compliance with specific contract requirements. **NEED 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

2022-2023 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 01-25-2022-2023

Agency Name: Nehemiah Educational and Economic Development (N.E.E.D.)					Monitor Name: Marcia Tavares, 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): January 25, 2023						
Explain Rating					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)				
Major Programmatic Requirements					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 Lloyd's, London at \$1,000,000 each \$3,000,000 aggregate, \$50,000 damage to rented premises, and \$5,000 medical expenses. Policy is effective 10/30/2022 – 10/30/2023. Automobile Liability Insurance is not applicable because the agency does not have any company vehicles and requires all staff to carry full personal automobile coverage. Professional Liability by Underwriters at Lloyds, London at \$1,000,000 each/\$3,000,000 aggregate, effective 10/30/2022 – 10/30/2023.	No recommendation or Corrective Action.

CONCLUSION

Nehemiah Educational and Economic Development has met the requirements for the CINS/FINS contract as a result of full compliance with all three 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)
Community Counseling Program

January 25, 2023

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.04 Training Requirements	Limited
1.06 Client Transportation	Satisfactory

Percent of Indicators rated Satisfactory: 66.67 %
Percent of Indicators rated Limited: 33.33 %
Percent of Indicators rated Failed: 0 %

Standard 2: Intervention and Case Management

2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory

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

Standard 4: Mental Health/Health Services

4.02 Suicide Prevention	Satisfactory
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Percent of Indicators rated Satisfactory: 100 %
Percent of Indicators rated Limited: 0 %
Percent of Indicators rated Failed: 0 %

Overall Rating Summary

Percent of indicators rated Satisfactory: 83.33 %
Percent of indicators rated Limited: 16.67 %
Percent of indicators rated Failed: 0 %

January 25, 2023

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

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Teresa Andersen – Regional Monitor, Department of Juvenile Justice

Methodology

This review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused on the 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 September 1, 2022).

Persons Interviewed

Chief Executive Officer	Case Manager		Nurse – Full time
Chief Financial Officer	Counselor Non-Licensed		Nurse – Part time
Chief Operating Officer	Advocate		# Case Managers
Executive Director	Direct – Care Full time		# Program Supervisors
X Program Director	Direct – Part time		# Food Service Personnel
Program Manager	Direct – Care On-Call		# Healthcare Staff
Program Coordinator	Intern		# Maintenance Personnel
Clinical Director	Volunteer		1 # Other (listed by title): Data Specialist
Counselor Licensed	Human Resources		

Documents Reviewed

Accreditation Reports	X Table of Organization		Visitation Logs
X Affidavit of Good Moral Character	Fire Prevention Plan		Youth Handbook
CCC Reports	Grievance Process/Records		# Health Records
Logbooks	Key Control Log		# MH/SA Records
Continuity of Operation Plan	Fire Drill Log		1 # Personnel /Volunteer Records
X Contract Monitoring Reports	Medical and Mental Health Alerts		6 # Training Records
Contract Scope of Services	Precautionary Observation Logs		5 # Youth Records (Closed)
X Egress Plans	Program Schedules		4 # Youth Records (Open)
Fire Inspection Report	X List of Supplemental Contracts		# Other: ___
Exposure Control Plan	Vehicle Inspection Reports		

Observations During Review

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

Surveys

0 # of Youth	2 # of Direct Staff		# of Other	
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Comments

Due to the systemic staffing issues which impact the availability for member agencies to participate in the QI Peer Review team review, this review was conducted using the Modified QI Review Tool.

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/or community counseling services.

Strengths and Innovative Approaches

Nehemiah Educational and Economical Development, Inc. (NEED) is a non-profit human services agency located in Winter Park, Florida. NEED contracts with the Florida Network of Youth and Family Services (Florida Network) to operate Children In Need of Services/Families In Need of Services (CINS/FINS) community counseling services to youth and families in Orange County at large and target areas Pine Hills, West Orlando, and Eatonville. With a special focus on youth and elderly members of the community, NEED, Inc. teaches valuable self-sufficiency skills and provides resources to help those at-risk overcome difficult situations. In addition to CINS/FINS, NEED is also contracted with the Florida Network to provide Family Youth Respite Aftercare Services (FYRAC) services to youth charged with domestic violence (DV Respite) or at risk of violating their probation (Probation Respite).

The agency provided the following programmatic updates:

Staffing

During the current review period, the executive management structure for NEED remains intact with no change in key leadership positions such as the executive director, youth services director, contracted licensed psychologist, four part-time case managers, and a mentor. All case managers have a bachelor's degree or master's degree. The program did experience turnover in the administrative assistant/data coordinator position that became vacant due to the staff's medical issues. Two new administrative assistants/data specialists were hired and cross-trained.

Program Updates

Since the last onsite visit, the program office was moved to another suite, Suite 203, in the same building previously occupied. Staff continues to engage youth and families through in-home, school visits, and virtual services if requested/preferred by families. The program's data staff served on the NetMIS-3 test group for the Florida Network to assist with beta testing of the new platform. NetMIS-3 is scheduled for rollout in February 2023. In conjunction with Macedonia Missionary Baptist Church, the program provided coats to youth in need during the Christmas holidays.

Facility

NEED program is operated from office space leased in a two-story office building on Wynmore Road. The move to the new suite allowed for additional office space and included a waiting room, conference room, three individual offices, and a multi-purpose room. The offices were newly painted during the move.

Funding/Finance

The program has not received any new funding this past year and had to cancel the annual golf tournament due to COVID concerns.

**QUALITY IMPROVEMENT REVIEW Nehemiah Educational and Economical Development (NEED) LEAD REVIEWER: Marcia Tavares
January 25, 2023**

Governance and Community

NEED was recovering from COVID-related issues and focused on retaining the staff and providing quality services to the families they serve. Staff continues to participate in the Department of Juvenile Justice circuit advisory meetings monthly.

External Corrective Action Plans

None reported

Major Challenges

None reported

Narrative Summary

NEED is under the leadership of an Executive Director and a Youth Development Director who oversees the CINS/FINS and FYRAC DV/Probation programs. The program staff includes a contracted licensed Psychologist, four part-time case managers, a mentor, and two administrative assistants/data specialists. As previously mentioned, the data specialists participated in the testing of NetMIS 3 client information system and are fully trained and prepared for data entry in both NetMIS and JJIS. There were no vacant positions at the time of the onsite visit. The program has not reported any major challenges, incidents, administrative review, or current external investigation.

The overall findings for the modified QI Review for 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. Two indicators 1.01 and 1.06, were rated Satisfactory; however, indicator 1.01 was found to have an exception due to the agency not completing E-Verify for new staff. The remaining indicator 1.04 received a Limited rating.

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. Both indicators were rated Satisfactory, but Indicator 2.03 was found to have an exception because the 30-day review was conducted nine days late in one youth record.

Standard 4:

Standard 4, Mental Health/Health Services, has one indicator (4.02) that was reviewed under the Modified QI Review process. Indicator 4.02 was rated Satisfactory.

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

Standard 1:

Indicator 1.04 - Limited

One new staff hired completed the DOJ Civil Rights training late, 89 days after the 30-day required timeframe. The same staff did not complete eight mandatory trainings prior to the 90-day required timeframe. Additionally, two of five in-service staff did not complete all required annual training.

CINS/FINS QUALITY IMPROVEMENT TOOL

<p>Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator</p>	<p>Review Based Upon Document Source <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i></p>	<p>Notes Explain any items that have any deficiencies, exceptions or are not applicable.</p>
<p>Standard One – Management Accountability</p>		
<p>1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</p>		<p>Exception</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	<p>NO If NO, explain here: The current policy and procedure does not indicate which pre-employment assessment is used and passing score. The program has a policy #1.01 that was reviewed and approved by the Director of Youth Services on 1/3/2023.</p>	
<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>	<p>Compliance</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>	<p>Compliance</p>	
<p>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.</p>	<p>No eligible items for review</p>	

Five-year re-screening completed every 5 years from initial date of hire	No eligible items for review	The program did not have any eligible staff who met the criteria for 5-year re-screening.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	Compliance	Provider emailed the Annual Affidavit of Compliance with Level 2 Screening to DJJ Background Screening Unit on 1/24/2023 prior to the January 31st deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Exception	No E-Verify documentation was found for one staff hired during the review period.	E-Verify work authorization was not completed for one new staff hired during the review period.
Additional Comments: There are no additional comments for this indicator.			
1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)		Limited	
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES		
	If NO, explain here:		
	The program has the required policy #1.04 that was reviewed and approved by the Director of Youth Services on 1/3/2023.		
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	No eligible items for review	One new staff was hired prior to September 1, 2022, the effective date of this requirement.	
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>	Exception	The training record for one new staff hired was reviewed. Training documentation reviewed revealed the DOJ Civil Rights training was not completed on time.	The new staff hired completed the DOJ Civil Rights training late, 89 days after the 30-day required timeframe.
All direct care CINS/FINS staff (full time, part time, or on-call) demonstrated a minimum of 80 hours of training or more for the first full year of employment.	No eligible items for review	The new staff, date of hire 6/28/2022, is currently within the first year of hire and has time to complete the required 80 hours of training.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	Exception	Review of one applicable training record showed 14 of the 22 training topics required within the first 90-days were completed on time; however, eight were completed late.	One first year staff did not complete the following eight mandatory trainings prior to the 90-day required timeframe: Cultural Humility, Youth Development, Child Abuse Reporting, Confidentiality, Universal Precaution, SSMHSA, Trauma Informed Care, and SOGIE/LGBTQ).

Staff Required to Complete Data Entry for NIRVANA or access the Florida Department of Juvenile Justice Information System (JJIS)			
Any designated staff that is responsible for entering NIRVANA or ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System (JJIS) have completed all of the required trainings.	Compliance	Training documentation reviewed revealed the staff completed the required NIRVANA data entry and JJIS training.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)			
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).	Not Applicable	Not applicable to community counseling programs.	
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).	Exception	There were five staff training records reviewed for annual training requirements. Four of the five records exceeded the required 24 hours and the fifth has time in the current year to complete the hours. Three of the five staff completed all required trainings.	Two of five in-service staff did not complete annual training requirements as follows: 1) One staff did not complete DJJ SkillPro Child Abuse (last completed 10/30/21) and Florida Network Suicide Prevention (last completed 10/28/21) for training year 11/15/21-11/15/22. 2) Another staff did not complete annual DJJ SkillPro Human Trafficking (last completed 2/28/21) and Child Abuse (last completed 5/15/21), and Florida Network Suicide Prevention (last completed 5/20/21) for training year 6/14/21-6/14/22.

Required Training Documentation		
The agency has a designated staff member responsible for managing all employee's individual training files and completes routine reviews of staff files to ensure compliance.	Compliance	The Data Specialist is responsible for managing all employees' individual training records and ensures documentation is on file to support training completed. The program experienced turnover and delay filling this position in the last year due to prior staff resigning for medical reasons.
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as electronic record/transcript, training certificates, sign-in sheets, and agendas for each training attended.	Compliance	All five training records were maintained individually for each staff and included an annual employee training hours tracking form and related documentation. Training is maintained annually based on the staff's date of hire.
Additional Comments: There are no additional comments for this indicator.		
1.06: Client Transportation		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.06	NO	
	Policy 1.08 does not include documentation of a transportation log that will be used in the event of staff transporting youth including name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.	
	Policy 1.08 was reviewed and approved by the Director of Youth Services on 1/3/2023.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	Compliance	Per policy 1.08, all staff are approved to transport clients if needed but NEED does not encourage staff to transport clients due to liability issues.
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	Compliance	Policy 1.08 requires staff to maintain valid Florida driver's license and personal full automobile coverage.

<p>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 3rd party is NOT present in the vehicle while transporting</p>	<p>Compliance</p>	<p>NEED does not encourage staff to transport clients due to liability issues. However, if obtaining a 3rd party is not possible and client transport is necessary, the client's history and behavior will be considered and Executive Director or Administrative Assistant must be contacted for approval, a mobile phone will be used during transport, the transport must be documented on a travel form, and vehicle used must have full insurance coverage.</p>	
<p>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</p>	<p>No eligible items for review</p>	<p>There were no client transports since the last QI review that were reported by the program director.</p>	
<p>The 3rd party is an approved volunteer, intern, agency staff, or other youth</p>	<p>No eligible items for review</p>	<p>There were no client transports since the last QI review that were reported by the program director.</p>	
<p>The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.</p>	<p>No eligible items for review</p>	<p>There were no client transports since the last QI review that were reported by the program director.</p>	
<p>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.</p>	<p>No eligible items for review</p>	<p>There were no client transports since the last QI review that were reported by the program director.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>2.03 - Case/Service Plan</p>			<p>Exception</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The program has the required policies #2.03 (Service Plan) and 2.03A (Service Plan Implementation) that were reviewed and approved by the Director of Youth Services on 1/3/2023.</p>		

<p>The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.</p>	<p>Compliance</p>	<p>A total of nine youth records were reviewed for five closed and four open youth. Each of the nine plans reviewed were created based on information gathered during the initial intake, screening, suicide assessment and NIRVANA.</p>	
<p>Case/Service plan is developed within 7 working days of NIRVANA</p>	<p>Compliance</p>	<p>All nine records confirmed the service plan was developed within seven days of the NIRVANA being completed.</p>	
<p>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</p>	<p>Compliance</p>	<p>The service plan contained all required elements in all nine records reviewed. Each youth case record was reviewed by the program supervisor within seven days of the service plan initiation and this was documented in the case notes. In addition, the contracted clinical supervisor, who is located offsite, reviews and signs the service plan. The clinical supervisor's reviews and signatures were often over thirty days or more after the service plan was initiated in seven of the nine records. The following is the number of days, post service plan initiation, the service plans were signed by the clinical director: 59, 57, 55, 47, 30, 18, 32, 36, and 27. It was at this time the clinical director completed the initial clinical summary. Each youth had a projected end completion date within ninety days.</p>	
<p>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</p>	<p>Exception</p>	<p>Eight of the nine youth's service plans were reviewed, as required, every thirty days for the first ninety-day period; with one exception.</p>	<p>One youth's service plan 30-day review was conducted nine days late.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>2.04 - Case Management and Service Delivery</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The program has the required policies #2.04 (Case Management and Service Delivery), #2.04A (Family Involvement), and #2.04B (Case Termination) that were reviewed and approved by the Director of Youth Services on 1/3/2023.</p>		

<p>Counselor/Case Manager is assigned</p>	<p>Compliance</p>	<p>Nine youth records were reviewed, five open and four closed. All nine records confirmed a case manager was assigned during the intake process.</p>	
<p>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</p>	<p>Compliance</p>	<p>For each of the nine youth, the case manager established referral needs and coordinated services for each youth and their families, coordinated the service plan implementation, monitored the youth's progress, and provided support to the families. The case manager provided case termination notes, and case follow-up post closure, as required, for the four youth who were closed from the program.</p>	

<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p>Compliance</p>	<p>The program has a referral form to utilize in the event a referral is needed. The program maintains a Youth and Family Service Referral Form list, which includes a list of community resources used for referrals, and has written collaborative agreements with a variety of community partners.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>4.02 - Suicide Prevention</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 4.02</p>	<p>YES If NO, explain here: The program has the required policies #3.03 that was reviewed and approved by the Director of Youth Services on 1/3/2023.</p>		
<p>Suicide Risk Screening and Approval (Residential and Community Counseling)</p>			
<p>Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.</p>	<p>No eligible items for review</p>	<p>Per interview with the Program Director, the program has not served any youth who were screened as a suicide risk since the last onsite QI review. In the event youth is identified as a suicide risk, the program contracts with a licensed clinical professional who will conduct the assessment of suicide risk and determine appropriate actions necessary.</p>	
<p>The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services</p>	<p>Compliance</p>	<p>NEED uses a Suicide Risk Assessment that was developed approved by the Florida Network.</p>	
<p>Supervision of Youth with Suicide Risk (Shelter Only)</p>			
<p>Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.</p>	<p>Not Applicable</p>	<p>Not applicable due to program providing community counseling services only.</p>	
<p>Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals</p>	<p>Not Applicable</p>	<p>Not applicable due to program providing community counseling services only.</p>	

Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement	Not Applicable	Not applicable due to program providing community counseling services only.	
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Youth with Suicide Risk (Community Counseling Only)			
<p>Youth identified for suicide risk during intake was immediately assessed by a licensed professional or non-licensed professional (under the direct supervision of a licensed mental health professional) and the parents and supervisor were both notified of the results.</p>	<p>No eligible items for review</p>	<p>Per interview with the Program Director, the program has not served any youth who were screened as a suicide risk since the last onsite QI review.</p>	
<p>During the intake, if the appropriate staff is unavailable, youth identified for suicide risk was immediately referred by the provider and the parent/guardian is notified of the suicide risk findings disclosed and advised that an Assessment of Suicide Risk should be completed ASAP by a licensed professional.</p>	<p>No eligible items for review</p>	<p>Per interview with the Program Director, the program has not served any youth who were screened as a suicide risk since the last onsite QI review.</p>	
<p>Information on resources available in the community for further assessment was provided to the parent/guardian and is documented in the youth's file and signed by the parent/guardian OR a written follow-up notification was sent by certified mail if the parent/guardian was not present during the screening and was notified by telephone.</p>	<p>No eligible items for review</p>	<p>Per interview with the Program Director, the program has not served any youth who were screened as a suicide risk since the last onsite QI review.</p>	
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p>No eligible items for review</p>	<p>Per interview with the Program Director, the program has not served any youth who were screened as a suicide risk since the last onsite QI review.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p>No eligible items for review</p>	<p>Per interview with the Program Director, the program has not served any youth who were screened as a suicide risk since the last onsite QI review.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			