



Florida Network of Youth and Family Services Quality Improvement Program Report

Follow Up Program Review of Lutheran Services/Northwest –
Currie House
4610 West Fairfield Drive
Pensacola, Florida 32506

October 27, 2022

Compliance Monitoring Services Provided by





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

Keith Carr - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Overview

Monitoring Purpose:

The purpose of this monitoring is to conduct a Follow-Up Program Review for the Lutheran Services Florida Northwest – Currie House program. The program originally received a Failed compliance rating for Indicator 1.04 Training Requirements during the Fiscal Year 2021-2022 annual Quality Improvement (QI) program review, conducted March 30, 2022. This subsequent visit was conducted in a virtual review format approved by the Florida Network of Youth and Family Services (FNYFS) to determine the current status and if the corrective action taken by the agency has resulted in improvements in the aforementioned Failed indicator.

During the entrance meeting, the Lead Reviewer, Keith Carr, met with the following agency representatives: Angerea Bridges, Manager II; Cynthia Freshour, Manager I; Sherry Kuss, Shelter Supervisor; and Howard Jordan, Senior Administrative Assistant through a virtual program review format. Sherri Kirkpatrick, Regional Director, was out of the office during this Follow-Up Program Review. The Follow-Up Program Review measures involved reviewing documentation of staff training records and staff interviews.

During the Follow-Up Program Review, the agency did not report having a corrective action plan with any other funding/regulatory agencies or any current open investigations.

1.04 Training Requirements Indicator Follow-Up

In the FY 2021-2022 QI report, the following findings were observed at the time of the review: Indicator 1.04 Training Requirements was rated Failed due to new hire staff not completing pre-service required trainings within the first 90 days of employment. In addition, staff members did not complete in-service annual training requirements within the required timeframes. The agency has a policy in place 1.04 - Training Requirements which was reviewed and approved by the previous Regional Director on December 4, 2021. Two of the three staff reached their first ninety days of employment. One staff was still within the ninety-day requirement and appeared to be on target to complete the remaining trainings. Another staff member was still within the initial 90 days of his hire date and had time to complete the remaining trainings within the timeframe as required. Two of three staff reviewed had one or more trainings missing completion within the required timeframe that included Managing Aggressive Behavior/Crisis Intervention, and Cultural Humility.

Per policy, direct care staff, in residential programs licensed by DCF, are required to have forty hours of training per year after the first year. Three staff were reviewed for in-service training. One staff completed sixteen hours, the second completed twenty-two, while the third staff completed thirty-six hours of annual training. One staff, who is also a supervisor, failed to complete the DJJ Suicide Awareness and Prevention, Florida Network Youth Suicide Prevention, Fire Safety Equipment, Human Trafficking, and Child Abuse: Recognition, Reporting, and Prevention. The second staff did not complete DJJ Suicide Awareness and Prevention, CPR, First Aid, Fire Safety Equipment, and Child Abuse: Recognition, Reporting, and Prevention. The third staff failed to complete DJJ Suicide Awareness and Prevention,

Florida Network Youth Suicide Prevention, CPR, First Aid, and Child Abuse: Recognition, Reporting, and Prevention. Three (3) of three staff did not meet the required 40 hours of required annual training. All three staff files reviewed were missing evidence of all required trainings as follows; DJJ Suicide Awareness and Prevention, Florida Network Youth Suicide Prevention, Fire Safety Equipment, Human Trafficking, Child Abuse: Recognition, Reporting, and Prevention, CPR, First Aid, and Child Abuse: Recognition, Reporting, and Prevention.

Findings

During the annual compliance Follow-Up Program Review, on October 27, 2022, the program demonstrated compliance with the indicator and received a **Satisfactory rating** for the 1.04 Training Requirements Indicator. The Follow-Up Program Review period included a review of recent months staff files (April 2022 through May 2022) and consisted of a document review of twelve staff member training file records. The agency developed and submitted its Outcome Based Corrective Action Plan (OBCAP) on August 18, 2022. The OBCAP cited the explanation for the exceptions cited in the March 2022 Quality Improvement program review. The OBCAP reported new changes which include action steps requiring staff members to complete CINS FINS training requirements. These changes include the Shelter Supervisor reviewing staff members training files at all monthly staff meetings to assess training compliance for new hire and annual staff members. Additionally, the agency has put measures in place to review training requirements in monthly meetings with all staff members. Other measures include staff members not working on any works shifts until all minimum training requirements are met. In addition, the agency submitted an updated Lutheran Services Florida – Northwest 2022-2023 Annual Shelter Training Plan as part submission of the OBCAP. The updated Training Plan includes a comprehensive array of training topics and hours delivered annually between July 1, 2022 and June 30, 2023. The training plan list specific training topics the agency will deliver each month over the aforementioned period. The training plan lists the topic, format of delivery (in person at the shelter or online) and the number of hours completed. The training plan also lists training topics delivered during regular monthly staff meetings.

The agency submitted the names of all staff members that were employed at the time of the last Quality Improvement program review but are no longer employed with the agency. These former staff members included a staff member hired on June 13, 2022 who last worked July 31, 2022. This employee is still employed and currently not active on the youth shelter work schedule pending training completion (pending termination). The staff member was a previous Stop Now And Plan Case Manager and previous Youth Care Specialist II. An additional staff member reported as no longer employed by the agency was hired April 4, 2022 and their employment was terminated on October 11, 2022. Another staff member was hired on November 29, 2021 and their employment was terminated May 31, 2022. The fourth staff member was hired on January 24, 2021 and their employment was terminated on October 11, 2022.

A review of ongoing staff members were re-reviewed who did not meet the requirements, during the last Quality Improvement program review in March 2022, for annual training hours was

conducted. The training records review for six staff files reviewed demonstrated all staff have documented evidence of completing all required trainings since the last onsite QI program review.

New hires since the last QI program review included the review of six staff members. All staff members training records reviewed contained evidence of the completing training topics with the required 90 day timeframe. An exception was found during the Follow-Up Program Review that indicated one training record did not contain evidence of the completing all training topics with the required 90 day timeframe.

Summary of Re-Review

As previously stated, the purpose of the Follow-Up Program Review is to determine if corrective actions taken by the program has resulted in improvements. The OBCAP cited failures by the agency to ensure that all staff members meet minimum 90 day and 12 month training hour requirements. The agency conducted a review of its current staffing challenges and assessed major factors contributing to them not meeting the requirement as stipulated in the Quality Improvement 1.04 Training Requirements Indicator. At the time of this Follow-Up Program Review on October 27, 2022, there is still evidence of at least one staff person not completing training hour requirements with in the initial 90 days of employment. The agency determined root cause of their failure to meet the training requirement is due to multiple factors. The agency failed to designate a staff person to monitor staff training completion on a consistent and ongoing basis. The agency had Shelter Supervisors, Manager I and staff members monitoring training hour completions. Another cause for failure of the Training indicator was to continue to allow staff to be scheduled to work even though staff had not completed all required training hours. The agency's response to these root cause findings has resulted in them increasing communication of all three training logs (DJJ SkillPro, Bridge Training and Internal LSF Training logs) of all employees to Shelter Supervisors and the Manager I to effectively review training and monitor training achievement. Furthermore, the agency will no longer allow staff members to be scheduled to work on any work shifts if training hours are not up to date. The agency's response will also include monitoring training hour achievement at all monthly staff meetings. As a result of the agency's response to address these deficiencies, the Follow-Up Program Review for this indicator demonstrates satisfactory improvement resulting from the corrective action steps taken.