



KERN BRIDGES YOUTH HOME

Performance and Quality Improvement Quarterly Report

January 1, 2021 to March 31, 2021

Final

5 Year Plan Goals Progress 2020/2025

- a. BoD members and senior staff to recruit members in the following professions: College Professor of Cal State Bakersfield, Insurance industry executive, and Oil Industry Executive, and Kern High School District employee. *The above positions still to be filled are College Professor of Cal State Bakersfield, and an Oil Field Executive.*
- b. *BoD members to more actively fund raise and market the agency. Progress continues.*
- c. *Fully implement COA standards and gain COA Accreditation. Initially Accredited 9/30/2014. Reaccredited in July 2018. Next accreditation is 2022 and the process has begun.*
- d. *Build monetary fund reserves to \$300,000.00. Current value of CDs is \$31,118.00. There is an additional \$14,003.67 in the Casa de Niño's building fund.*
- e. *Hire a new CEO as the current CEO will retire in the summer of 2024.*
- f. *Review the management structure as KBYH has expanded its services over the last five years.*



Short Term Plans Progress in Implementing 5 Year Plan Goals

- 1) BoD members and senior staff to recruit members in the following professions: Medical employee of CHW, Law Enforcement, College Professor of Cal State Bakersfield, Insurance industry executive, and Oil Industry Executive, Bakersfield City Government employee and Kern High School District employee. Four new members joined the BoD this quarter. *The above positions still to be filled are Professor of Cal State Bakersfield, and an oil industry executive.*
- a) BoD will engage community members of the differing careers listed above as

opportunity allows. At each BoD meeting utilization of this task will be discussed. During annual open house members from the above professions will be encouraged to consider joining our Board. After the open house each senior staff and BoD member will be asked if they made any progress towards encouraging a member of the above professions to consider joining our BoD. *Open house completed. BoD recruitment continues.*

b) A BoD recruiting post will be put on our web site and Facebook pages. *Done.*

2) BoD members to more actively fund raise and market the agency. *Progress made.*

a) BoD members will solicit Wishmas Tree donations during the Christmas Holiday season. *This was accomplished in each year. Christmas donations via the Wishmas tress totaled over \$15,000.00 in 2020.*

c) BoD members will be asked for commitments at the October BoD meeting. This was accomplished. *BoD attendance 70% in January, 60% in February, 50% in March. The By-Laws state four members constitute a quorum.*

d) BoD members will spearhead at least one fundraiser in addition to those listed above. *This has been accomplished. 100% participation in the "Give Big Kern Day"*

3) *Fully implement COA standards and gain COA Accreditation. This was complete on September 30, 2014 and we were reaccredited in July, 2018. The annual data submissions are sent to COA every year. With the new law AB 403 COA will require KBYH to be accredited as a Short Term Residential Therapeutic Program and as a Mental Health Provider. KBYH has been licensed as STRTP and had SMH program approved in March by Tulare County.*

a) *All personnel will be involved in training for accreditation standards and will have an opportunity over the five-year plan to participate on differing committees. All personnel old and new have been trained and this is ongoing.*

b) *Management team will discuss accreditation progress at weekly management meetings. This is discussed at weekly management meeting and is ongoing*

4) *Build monetary fund reserves to \$300,000.00. Current CD reserve is \$31,118.00 and current total checking and savings is \$909,116.65.*

2020/2021 Budget Year Goals

KBYH continues to have one "budget-year" goal, and that is to make no new

expenditures unless necessitated by a Title 22 issue or safety & health issue or exigent circumstances because of the following reasons:

Reasoning behind this goal:

KBYH will become Medi-cal certified in March 2021 and the reimbursement for services can lag as much as thirty days. KBYH is now Medi-Cal certified through Tulare County.

KBYH has been awarded a ISFC contract which will begin in March or April 2021. This contract has begun.

KBYH recently received a contract to provide Court Ordered visitation for foster youth and families. This is required certain restroom and other repairs due to the increased heavy use. Repairs have begun.

COVID continues to be a pandemic. Warp Speed has brought us vaccinations and we are slowly returning to normal.

STRTP DATA: Planned/Unplanned Discharges

	Planned	Unplanned	Planned	Unplanned
April-June 2020	2 CASA	0	1 Almklov	2
Jul-Sep 2020	0	4	0	0
Oct-Dec 2020	4	2	0	0
Jan-March 2021	1	0	2	0

The planned discharges during this period were for a resident who transitioned to lower levels of care or moved to a STRTP closer to family. Neither STRTP had an unplanned discharge for the quarter.

AWOLS

	CASA	Almklov
April-June 2020	25	15

Jul-Sep 2020	8	7
Oct-Dec 2020	2	2
Jan-March 2021	2	1

AWOLs fluctuate at both homes based on the barrier behaviors of the current residents.

In cooperation with Law Enforcement, Youth who leave the STRTP without permission, and yet we know where they are, are not considered AWOL. Instead, they are considered UA (unauthorized absence) and no police report is filed, unless they are gone past midnight.

When youth leave, and we do not know where they are after three hours, a police report is made.

Medication Errors (Staff errors)

	CASA	Almklov
April-June 2020	0	0
Jul-Sep 2020	0	0
Oct-Dec 2020	0	0
Jan-March 2021	1	1

There were two staff medication errors this quarter.

Medication Incidents (these are not Staff errors)

	CASA	Almklov
April-June 2020	15	4
Jul-Sep 2020	40	1

Oct-Dec 2020	0	0
Jan-March 2021	0	6

These numbers fluctuate based on the number of residents with AWOLing behavior, and who do not desire to be on psychotropic medication and refuse to take the prescribed medications. An “incident vs error” is logged, when through no direct fault of KBYH staff, medications were not taken.

These incidents are caused primarily for two reasons: (1.) The court medication order or scripts were not provided by county and/or mental health staff, or (2.) Clients go AWOL without their medications, or Clients simply refuse to take the medication.



STRTP Residents Requiring First Aid

	CASA	Almklov
April-June 2020	5	1
Jul-Sep 2020	0	1

Oct-Dec 2020	0	3
Jan-March 2021	1	2

Injuries

Casa had 1 injury requiring first aid treatment during the Jan-March 2021 quarter

- Phillip bit RJ on the leg and staff cleaned the wound with Neosporin

Almklov had two injuries requiring first aid treatment during the Jan-March 2021 quarter

- Julian cut himself with a razor blade. Staff confiscated the blades and cleaned the wounds with neosporin.
- Ryan cut himself with a razor blade. Staff confiscated the blades and cleaned the wounds with neosporin.

STRTP Residents Requiring Professional Medical Care

	CASA	Almklov
April-June 2020	5	3
Jul-Sep 2020	4	1
Oct-Dec 2020	6	3
Jan-March 2021	4	7

Casa had four incidents requiring professional medical care during Jan-March 2021 quarter

- Gabriel complained of a throat/neck and was transported to Emergency Room in Delano. Follow up with primary Dr. on 1/29
- Damon complained of having a runny nose, and minimal taste, was taken to Urgent Care for Covid Test
- Joey complained of right-hand pain and was transported to Emergency Room in Delano. X-ray revealed a fracture, cast was put on.

- Josh was involved in a fight, and was in the mouth, transported to Emergency Room in Delano, received 6 stitches, follow up with PCP

Almklov had seven incidents requiring professional medical care during Jan-March 2021 quarter

- Micheal punched the wall after getting upset due to trying to push pass staff to get into laundry room area. Micheal complained of righthand pain and was transported to the Urgent Care and diagnosed with a righthand bruise.
- Ryan complained of no taste and smell and was transported to Urgent Care. Positive for Covid-19 and required to quarantine for ten days
- Alex complained of no taste and smell and was transported to Urgent Care. Positive for Covid-19 and required to quarantine for ten days
- Josue complained of no taste and smell and was transported to Urgent Care. Negative for Covid-19
- Ryan applied self -harm due to having issues with mom and was transported to Mary K Shell on 5150 hold
- Julian contacted LEA after stating he was suicidal and homicidal after having altercations with peers. Julian was transported to Mary K Shell on 5150 hold and released after 8 hours
- Ryan called his CSW and reported that he was going to harm himself. BPD arrived and he was transported to Mary K Shell on a 5150 hold for 4 hours and was released.

School Days Missed/Total Days Scheduled

School Days Missed V Scheduled	CASA	Almklov
April 2020	NA	NA

May 2020	NA	NA
June 2020	NA	NA
July 2020	NA	NA
August 2020	35/72	3/36
September 2020	127/210	38/126
October 2020	156/220	61/132
November 2020	156/220	51/96
December 2020	156/220	41/96
January 2021	78/252	65/120
February 2021	78/252	65/120
March 2021	78/252	65/120

The clients at CASA/Almklov generally come to us with major school issues. However, as one can see, missed school days continues to be a major problem with youth in STRTP. With the seriousness of this issue KBYH has instituted a comprehensive policy that includes sending a letter to the placing worker indicating that the resident may need to be moved to another facility if they believe there is a facility that can motivate the youth to attend school. This comprehensive policy has been shared with all pertinent stakeholders and the clients. County Social Workers are as frustrated with the residents who constantly refuse school as anyone else is. Although the data shows a downward (positive) trend for KBYH residents, albeit modest, truancy remains a major issue at KBYH and STRTPs throughout the United States. In addition, the “subjects” being measured change, so the data is not a “pure” grasp of our program’s influence.

In reviewing the data and reviewing the literature we find, . . . *“In its review of promising truancy reduction programs, the Colorado Foundation for Families and Children noted several critical elements that were necessary for effective programming: (1) parent/guardian involvement, (2) a continuum of services, to include meaningful incentives, consequences and support, (3) collaboration with community resources—including law enforcement, mental health services, mentoring and social services, (4) school administrative support and commitment to keeping youth in the educational mainstream, and (5) ongoing evaluation”*. . .

The one area we, at KBYH, have most control over is meaningful incentives. In a non-scientific survey boys desire for money ranks in the top ten after girls, sports, video games and a few others. But three boys said it well;

“Money - This Should Be The 1St.
Because No Money No Girl - No Money No Games - No Money No Cheese
No Money No Sex - Got it? - StylesX

Money is definitely the one to vote for. These guys at school are totally into the money. I am a girl and a tomboy. I think I should know.

This should be one of the first, no money, no nothing”

KBYH has redesigned our allowance policy whereby the residents will receive \$5 per day for school attendance. This coupled with other allowance incentives provides for a total of \$70.00 or more per week.

Individual Counseling via Community Resources

Another issue that residents in STRTP often have is the refusal to attend therapy that is provided by professionals outside of the STRTP. KBYH make effort to motivate residents to attend therapy with rewards for attending.

No consequences are given for refusing to attend as they have a right to refuse treatment under the Foster Youth Bill of Rights.



Appointments Missed	CASA	KBYH Staff Fault	Child Guidance Cancelled	Resident Refused or AWOL
April 2020	7	0	1	6
May 2020	0	0	0	0
June 2020	3	0	3	0
July 2020	0	0	0	0
August 2020	0	0	0	0
September 2020	0	0	0	0
October 2020	0	0	0	0
November 2020	0	0	0	0
December 2020	0	0	0	0
January 2021	0	0	0	0
February 2021	1	0	0	1
March 2021	0	0	0	0

Appointments Missed	Almklov	KBYH Staff Fault	Child Guidance Cancelled	Resident Refused or AWOL
April 2020	5	0	0	5
May 2020	5	0	1	4
June 2020	3	0	0	3
July 2020	2	0	2	0
August 2020	6	0	3	3
September 2020	4	0	0	4
October 2020	5	0	3	2
November 2020	3	0	1	2
December 2020	2	1	1	0
January 2021	3	0	0	3
February 2021	4	0	1	3
March 2021	3	0	1	2

CASA LAW ENFORCEMENT CONTACTS

Month	Total Number of Law Enforcement Contacts	Initiated by KBYH as Required by Title 22	Initiated by KBYH at Staff Discretion	Initiated by Resident	Initiated by Stake Holder
Apr 2020	6	5(AWOLs)	0	0	1
May 2020	4	4(AWOLs)	0	0	0
June 2020	10	10(AWOLs)	0	0	0
July 2020	5	5(AWOLs)	5	0	0
Aug 2020	3	2(AWOLs)	0	1	0
Sep 2020	0	0	0	0	0
Oct 2020	0	0	0	0	0
Nov 2020	0	0	0	0	0
Dec 2020	2	2(AWOLs)	0	0	0
Jan 2021	0	0	0	0	0
Feb 2021	1	1(AWOLs)	0	0	0
March 2021	1	1(AWOLs)	0	0	0

ALMKLOV LAW ENFORCEMENT CONTACTS

Month	Total Number of Law Enforcement Contacts	Initiated by KBYH as Required by Title 22	Initiated by KBYH at Staff Discretion	Initiated by Resident	Initiated by Stake Holder
Apr 2020	8	8(AWOLs)	0	0	0
May 2020	2	2(AWOLs)	0	0	0
June 2020	0	0(AWOLs)	0	0	0
July 2020	4	4(AWOLs)	0	0	0
Aug 2020	1	1(AWOLs)	0	0	0
Sep 2020	2	2(AWOLs)	0	0	0
Oct 2020	0	0	0	0	0
Nov 2020	3	3(AWOLs)	0	0	0
Dec 2020	6	6(AWOLs)	0	0	0
Jan 2021	1	1(AWOLs)	0	0	0
Feb 2021	0	0	0	0	0
March 2021	0	0	0	0	0

Congregate Law Enforcement Contacts

Month	Total Number of Law Enforcement Contacts	Initiated by KBYH as Required by Title 22	Initiated by KBYH at Staff Discretion	Initiated by Resident	Initiated by Stake Holder
Apr/May/June 2020	30	29	0	0	1
Jul/Aug/Sep 2020	15	14	0	1	0
Oct/Nov/Dec 2020	11	11	0	0	0
Jan/Feb/Mar 2021	3	3	0	0	0

Under the new law, CCL conducts a comprehensive review of the programs in the State that have the top 50% of law enforcement contacts initiated by the STRTP. We have been reviewed annually and no deficiencies were found. However, this quarter Almklov had 11 police calls initiated by our staff for runaways: two at Casa and 9 at Almklov. Staff are mandated to call LEA after a resident is missing after 3 hours. All residents did eventually return back to the facility and the LEA reports were called off by our staff.

STRTP Residents Property Destruction

Property Destruction generally includes holes in walls, broken TVs, and vehicle damage. This quarter property damage was very low at both STRTP locations. We believe the new restructure of our allowance has contributed to lower property damage. Property damage is taken into consideration when determining the amount of money, a resident will receive for their weekly allowance.

	CASA	Almklov
Apr-June 2020	\$1902	\$70
Jul-Sep 2020	\$255	\$620
Oct-Dec 2020	\$237	\$420
Jan-Mar 2021	\$300	\$1990



Clients Taking Psychotropic Medication

With the passage of AB 403 the State department of Social Services is now monitoring how many residents are on psychotropic medication. A mandatory review of all programs that are in the top 50% of agencies with percentage of clients on psychotropic medications is now done annually by CCL. We have been reviewed annually and no deficiencies were found.

Fiscal Year 2018/2019	Casa Total Clients Served	Casa Total Clients and % of total clients on Psychotropic Medications	Almklov Total Clients Served	Almklov Total Clients and % of total clients on Psychotropic Medications	Congregate % of clients on Psychotropic Medications
April 2020	15	8=53%	8	2=25%	43%
May 2020	12	8=67%	7	2=29%	53%
June 2020	12	8=67%	6	2=33%	56%
July 2020	13	8=62%	6	2=33%	53%
August 2020	13	8=62%	6	2=33%	53%
September 2020	12	6=50%	6	2=33%	44%
October 2020	13	5=42%	6	2=33%	37%
November 2020	12	6=50%	6	2=33%	44%
December 2020	12	6=50%	6	2=33%	44%
January 2021	13	6=50%	6	2=33%	42%
February 2021	14	6=50%	8	5=63%	59%
March 2021	13	6=50%	6	5=83%	58%

We attribute this to AB 403 in the sense that there is a stronger push to have youth in foster care. Subsequently, only the youth with the most severe barrier behaviors are in group care and they are more likely to be under psychiatric care.

Bed Days = Total Available/Total Filled

	CASA	Almklov
April 2020	355/360=99%	175/180=97%
May 2020	367/372=99%	156/186=84%
June 2020	355/360=99%	179/180=99%
July 2020	361/372=97%	186/186=100%
August 2020	337/372=91%	186/186=100%
September 2020	349/360=97%	180/180=100%
October 2020	367/372=99%	186/186=100%
November 2020	360/360=100%	180/180=100%
December 2020	372/372=100%	186/186=100%
January 2021	366/372=98%	186/186=100%
February 2021	312/312=100%	146/156=94%
March 2021	372/372=100%	186/186=100%

Occupancy Rate was 100% for Casa and 98% for Almklov for quarter.

Physical Restraints

	CASA	Almklov
Apr-June 2020	2	3
Jul-Sep 2020	1	1
Oct-Dec 2020	1	2
Jan-Mar 2021	1	2

STRTP Residents' Complaints

A California Benchmarking Initiative satisfaction survey was given to all 18 residents in December 2020, and 14-residents chose to complete the survey. The maximum score was 5, and the minimum score was 1. The overall average was 4.5 with "3" meaning neutral, and "4" meaning agree. Line Staff will be shown the survey and the results will be discussed as well as ways to improve the program to help residents be more satisfied with the services they receive. This quarter and last quarter was pretty much status quo. Not much changed with the overall satisfaction of the program.

Almklov had only 1 complaint during the quarter. A resident was complaining about his shoes and wanted a new pair. The shoes were replaced during the same week. Nonetheless, all other needs were granted to client's satisfaction.

There were 2 complaints made by Casa de Ninos residents in this quarter. Both complaints involved clothing items. One resident didn't like the shoe he got for Xmas. So, management approved for him to get a pair of shoes to his likeness. Another resident complained because his peer got new shoes, but he didn't. The resident was reminded of his contract for shoes. All other needs were granted to client's satisfaction.

Youth directed Council Meetings are held weekly to obtain input from the youth regarding the program including likes, dislikes of food, staff, and activities.



STRTP Adventure Program

Residents with substance abuse issues fluctuate in their commitment to sobriety.

Month	Total number of different residents with substance abuse problems participating in the outings	Number & % of different residents with substance abuse problems who <u>Attended All outings</u>	Number & % of different residents with substance abuse problems who <u>Refused at least one outing</u>
April 2020	8	0=0%	8=100%
May 2020	8	1=13%	8=100%
June 2020	9	2=22%	8=89%
July 2020	9	3=33%	6=67%
Aug 2020	8	0=0%	8=100%
Sep 2020	8	1=13%	8=100%
Oct 2020	9	2=22%	8=89%
Nov 2020	8	3=38%	8=100%
Dec 2020	8	3=38%	8=100%
January 2021	8	0=0%	8=100%
February 2021	8	1=13%	8=100%
March 2021	8	1=13%	8=100%

All residents who have a substance abuse problem are required to attend the weekend adventure outings. That number varies from week to week based on the intake and discharge of youths, or if a resident is no longer dealing with a substance abuse issue. The goal is to get 100% of the residents dealing with substance issues to participate in 100% of the outings.

Trauma Informed Care Self-Assessment

Our annual trauma informed care self-assessment shows us rating from 3 to 4 in all

areas.

2 = Plan has been implemented

3 = Plan has been implemented and data has been gathered regarding implementation

4 = Plan has been implemented and revised, based on feedback/data regarding implementation

Administrative Functions

Financial Stability measured by all departments:

The Agency overall has an overall YTD net income of \$ 316,097.49
This can be attributed to an increase in rates and number of adoptions completed.

Measure staff turnover:

This quarter saw 2 staff separated, and 3 staff hired.

Workers Compensation Claims:

There were 2 new workers' compensation claim this quarter (ankle injury and toe injury).

Unemployment Claims:

There were 0 new unemployment claim this quarter.

Other liability insurance claims:

There were 0 new liability insurance claims.

Vehicles Accidents:

There were 0 vehicle accidents this quarter.

CCL Reviews - **FFA**

There were no citations this quarter.

A133 Financial Audit

The Audit for fiscal year 2019-2020 is completed with no deficiencies found.

Annual Risk Management

The annual risk management review was conducted, and KBYH continues to be within accepted parameters.

Annual Review of Policy Manual

Policies were updated during the year to keep in compliance with State and federal changes. All policies are in compliance with the law. With that said AB 403 continues to be implemented. KBYH's FFA Policies have been approved by the State and are in compliance with AB 403. KBYH submitted the policy and program revisions to CCL for approval and approval was achieved on March 26, 2019. KBYH has submitted an application to Tulare County to become Medi-Cal Certified, and that has been approved.

Annual "Interested Party" Review

Two BoD members have "interested party" status having received compensation for work performed for the agency during this time period. Mike Conard performs IT work for KBYH, and Bill Slocumb provided legal work for us.

Annual Insurance Coverage Review and Authorization

A review of our insurance coverage was completed again this year. Some upgrades to coverage amounts were made.

Financials

As of March 31, 2021

Total Current Assets:	\$1,505,642.22
Total Current Liabilities:	\$491,038.97
Total Current Checking/Savings:	\$909,116.65

Health and Safety Committee Minutes — January 19, 2021

The Health and Safety Committee Meeting convened at 9:00 AM via Zoom teleconferencing due to the COVID-19 pandemic. Chairman contacted members for any input to the committee report prior to this meeting. This report covers the 4th Quarter, CY-2021 for months October, November and December 2020.

Joe G. Ortega Safety Officer / Chairman
 Kathy Irwin Member
 Trina Smith Member

Opening Remarks. This Safety Meeting met with all members via Zoom. In light of the COVID-19 pandemic, this meeting was conducted via teleconferencing until such time it is safe to meet in person.

Old Business. The safety program continues to be significantly impacted by the COVID-19 pandemic; however, through training, cooperation and effective implementation of measure, the agency has been able to meet its mission completely and safely. KBYH continued to cause our staff and clients to exercise social restrictions, infection control and sound reporting procedures. As a direct result of our efforts, our staff, clients and families suffered no fatalities or serious injury. Staff and Resource Parents continue to receive training on matters pertaining to the COVID-19 pandemic. As the threat is frequently reassessed, our administration continues to issue directives and guidance to ensure safety and health well-being of all in this agency. Last meeting Kathy introduced an observation that the west social work offices in Building B need assessment for fire escape since the construction of metal outside guards restrict escape from the offices in case egress from the door entry/exit is blocked by potential fire. We researched this and decided that this should be tabled for the moment.


New Business. For Trina's benefit. we provided her information regarding the purpose of the Safety Committee.

We also discussed the need for the Safety Committee to follow statistics on COVID-19 alerts pertaining to Resource Families and employees to support Mr. Bacon's PQI statistics of KBYH.

Phone Numbers. The Disaster Call Center may be contacted as follows:
 Primary: 661-619-5335. Secondary: 661-396-2301

NOTE: All "in person trainings" were also suspended and guidelines for training had been modified by the state so that staff and resource families would not be held accountable for missing necessary trainings such as updating CPR.

FFA Data

Indicator 	Intra-Agency Youth Transfers	School age youth NOT attending school	Injuries requiring professional medical care	Injuries requiring first aid	Property Damage by youth
Month ↓					

April 2020	1	0	0	2	0
May 2020	2	0	1	2	0
June 2020	0	0	0	2	0
July 2020	0	0	0	4	0
August 2020	2	0	0	4	0
September 2020	1	0	0	5	0
October 2020	0	0	0	4	0
November 2020	1	0	1	5	0
December 2020	1	0	0	5	1
January 2021	1	0	1	4	0
February 2021	0	0	2	4	0
March 2021	2	0	2	5	0

Status of Resource Family Homes

	Approved Homes at Beginning of month	Newly Approved Homes this month	Closed Homes this month	Total Approved homes at end of month
April 2020	35	0	1	34
May 2020	34	0	1	33

June 2020	33	0	0	33
July 2020	33	1	1	32
August 2020	32	0	0	32
September 2020	32	0	1	31
October 2020	31	0	0	31
November 2020	31	0	1	30
December 2020	30	0	0	30
January 2021	30	1	1	30
February 2021	30	0	0	30
March 2021	30	1	0	31

ISFC INTAKE/DISCHARGE

MONTH	# INTAKE	# DISCHARGE	# TOTAL IN PROGRESS
April 2020	0	1	7
May 2020	2	1	8
June 2020	2	0	10
July 2020	1	1	10
August 2020	3	0	13
September 2020	0	1	12
October 2020	2	0	14
November 2020	1	2	13
December 2020	1	0	14
January 2021	3	0	17
February 2021	1	0	18
March 2021	1	2	17

ISFC DISCHARGE/LENGTH OF STAY

QUARTER	YOUTH	DISCHARGE OUTCOME	LENGTH OF STAY (WEEKS)	DATE OF DISCHARGE
1 (2020)	JS	14 day notice	3	3/11/20
2	WO	14 day notice	61	4/27/20

	RRB	14 day notice	33	5/21/20
3	VG	Left the home after turning 18	4	7/1/20
	FB	Left the home after turning 18	6	9/4/20
4	TC	Placed with grandparents	9	11/04/20
	AR	Placed in STRTP	82	11/16/20
1 (2021)	PV	Juvenile Hall	22 weeks	3/21/21
	KO	Juvenile Hall	8 weeks	3/26/21

During the first quarter of 2021, the KBYH ISFC program had two discharges. The discharges were due to probation youth re-offending and being returned to Juvenile Hall. Overall, the ISFC program has seen consistent growth and the program has been successful in keeping youth from losing placements or residing in congregate care settings. Also, KBYH was recently selected to be the contract provider to provide ISFC services for Kern County Resource Parents. This contract is likely to commence on 5/1/21 and will serve up to 60 youth.

SUPERVISED VISITATION PROGRAM

On 8/31/20, KBYH launched a Supervised Visitation Program that started with 2 spaces and is now providing 4 spaces plus an outdoor play area. The number of scheduled visits and actual visitation hours has steadily increased since the inception of the program, to the

extent that Kern County is requesting additional spaces(s) and will appeal for the contract budget to be increased. The program has seen a number of successes, including biological parents meeting their child for the first time, several successful reunifications, and improved family relations. The SVP now includes five full-time employees and two interns.

Referrals

Month	Number of Referrals	Number of Scheduled Visits	Number of Visits Cancelled/No Show
October 2020	35	202	37
November 2020	37	181	36
December 2020	39	186	32
January 2021	43	213	40
February 2021	42	217	42
March 2021	52	275	45

Serious Incidents

Month	Incident
October 2020	Father smacked his child on the leg
November 2020	Child felt flush and mother called 911
December 2020	Father spanked child on the leg
January 2021	None
February 2021	None
March 2021	None

ADOPTIONS

The average number FE referrals has been steadily increasing, but continue to be completed within the contracted timeline of 30 days or less. The adoptions program saw a decrease in the number of adoptions for FY 2020-2021 due to COVID-related restrictions. At this time, adoptions have resumed to regular capacity. The adoptions program consists of two full time social workers and a program supervisor.

	Contract FE Referrals	KBYH FE's
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		assigned
April 2020	5	1
May 2020	4	1
June 2020	7	0
July 2020	11	0
August 2020	7	1
September 2020	9	1
October 2020	8	0
November 2020	8	2
December 2020	10	1
January 2021	8	1
February 2021	11	1
March 2021	12	1

	Contract Psychosocial Assessment/FE Referrals Completed (average time frame in weeks)	KBYH Psychosocial Assessment/FE's Completed (average time in weeks)
April 2020	3.8	N/A
May 2020	4.1	6
June 2020	3.9	N/A
July 2020	3.8	N/A
Aug 2020	4.1	4
Sep 2020	3.9	N/A
Oct 2020	3.8	N/A
Nov 2020	4.0	N/A
Dec 2020	3.9	6
January 2021	3.9	N/A
February 2021	4.0	4
March 2021	3.8	4

Family Evaluation Satisfaction Survey—all surveys were positive.

Client Records/FFA, STRTP

An STRTP file review as completed on 1/28/21. Nine active files were presented and reviewed. All files were in good order with the exception of some Monthly and/or Quarterly Reports being overdue. Also, STRTP Certifications were present in only one of the files and unless this is a requirement, I recommend removing it from the index or noting that it is an optional form. No other concerns or recommendations at this time.

On January 28, 2021, we conducted a file review for KBYH FFA. This review is intended to satisfy our Accreditation Standards set by COA. The tool we utilized in this review was the COA Case Record Checklist form. Other KBYH employees from our Residential Department assisted with this review: Mark Dominguez, Stacy Knots, Ryan Buck, Trina Smith, and Abraham Nesheiwat.

After reviewing a large sample of client files (27), it was found that most of the files we reviewed were maintained all in good order and very easy to follow based on the COA Case Record Checklist form. There was some confusion as to what documents are required on the checklist. However, after speaking to FFA Director things were clarified. For the most part, all the files seemed to be completed appropriately and adequately with the exception of a few areas. We found that some of the files were missing required documentation such as Personal Rights Form, Social Security Numbers, or Medical/TBIC Card. Likewise, some files did not have CFTM notes. We weren't sure if the lack of CFTM notes was a county or KBYH issue. Maybe putting some sort of correspondence in the file to help clarify that section.

Resolution:

At this point in time, the COA Case Record Checklist Form that we utilized for this audit needs to be reformatted. For this reason, areas such as Quarterly Reports, OTC Medication Sheets, and Statement of Dangerous Behaviors are no longer requirements for FFA files.

Staff records

The employee file review was completed and all were complete.

Survey Responses: Staff satisfaction survey data returned an aggregate score of 4.12 out of 5 with five being completely satisfied.

