



KERN BRIDGES YOUTH HOME

Performance and Quality Improvement Quarterly Report

October 1, 2018 through December 31, 2018

Final

5 Year Plan Goals Progress 2014/2019

a. *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 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.*

d. *Build monetary fund reserves to \$300,000.00. Current value of CDs is \$127,014.75 There is an additional \$46,003.67 in the Casa de Niño's building fund.*

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. Next open house will be held once we are in full compliance with AB 403.*

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 2015, 2016 and 2017. Christmas donations via the Wishmas tress totaled over \$16,000.00 in 2018.*

c) BoD members will be asked for commitments at the October BoD meeting. This was accomplished. BoD attendance 60% in October, 60% in November, 50% in December. 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 not been accomplished.

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 Residential Treatment Center and as a Mental Health Provider. This process has begun and is progressing well.

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. Will be documented in file. 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 reserve is \$173,018.45.

a) Each quarter, as cash flow allows, a CD may be bought and set aside as part of fund reserves. This amount will be discussed as part of regular BoD meetings and progressed assessed. This is progressing well.

2018/2019 Budget Year Goals

KBYH has one budget year goal and that is to make no new expenditures unless necessitated by a Title 22 issue or safety & health issue because of the following reasons:

a) The reimbursement rate by the State of California is scheduled to increase by about 25% (\$3,000 per resident per month) once we are certified as an STRTP and the State is determined to move youth very quickly out of STRTP care so our typical occupancy rate of 97% or higher may change and we do not know where we are in the queue as it pertains to our STRTP certification

b) The Adoption payment methodology for finalized adoptions, through PAARP, has remained unchanged. The current contract with the Kern County Department of Human Services pays \$2,000 per completed assessment (\$3,000 for Spanish speaking families) and is reimbursed to KCDHS when or if the family finalizes an adoption.

c) The new Foster Parent, now known as Resource Parent, pay rate has once again been delayed. Current rates are frozen at the basic rate, with the new Level of Care

rates set to begin March 1, 2018.

Group Homes DATA:

Planned/Unplanned Discharges

	CASA		Almklov	
	Planned	Unplanned	Planned	Unplanned
Oct-Dec 2017	3	1	1	0
Jan-Mar 2018	1	1	1	0
Apr-Jun 2018	1	3	1	0
Jul-Sep 2018	0	2	1	0
Oct-Dec 2018	1	0	1	0

The planned discharges during this period were for a resident who transitioned to lower levels of care. Neither group home had an unplanned discharge for the quarter.

AWOLS

	CASA	Almklov
Oct-Dec 2017	14	1
Jan-Mar 2018	3	1
Apr-Jun 2018	7	0
Jul-Sep 2018	16	1
Oct-Dec 2018	8	4

AWOLs fluctuate at both homes based on the barrier behaviors of the current residents. In cooperation with Law Enforcement, youth who leave the group home without permission, and yet we know where they are, they are not considered AWOL. 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
Oct-Dec 2017	0	0
Jan-Mar 2018	0	0
Apr-Jun 2018	0	0
Jul-Sep 2018	0	0
Oct-Dec 2018	0	0

There were no staff medication errors this quarter.

Medication Incidents (these are not staff errors)

	CASA	Almklov
Oct-Dec 2017	5	5
Jan-Mar 2018	8	16
Apr-Jun 2018	4	5
Jul-Sep 2018	4	18
Oct-Dec 2018	0	24

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 is when it is through no direct fault of KBYH staff.** These incidents are primarily for two reasons. The court medication order or scripts were not provided by county and/or mental health staff or (as for most of the incidents) the clients are AWOL or refuse medication.

School Days Missed/Total Days Scheduled

School Days Missed V Scheduled	CASA	Almklov
October 2017	49/254=19%	4/127=3%
November 2017	43/192=22%	3/96=3%
December 2017	40/192=21%	8/96=8%
January 2018	54/204= 26%	0/102=0%
February 2018	35/216=16%	6/108=6%
March 2018	28/204=14%	13/102=13%
April 2018	23/240	24/118
May 2018	61/264	4/110
June 2018	7/21	0/0
July 2018	3/17	0/0
August 2018	37/240	4/78
September 2018	89/240	21/114
October 2018	51/276	24/138
November 2018	34/195	10/96
December 2018	36/180	74/90

The clients at CASA/Almklov generally come to us with major school issues. As one can see missed school days continues to be a major problem with youth in group homes. 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. Although letters have been sent, County Social Workers are as frustrated with the residents who constantly refuse school as anyone else is. Although the data shows a downward trend for KBYH residents, albeit modest, truancy remains a major issue in group homes throughout the United States. In addition, the

“subjects” being measured change so the data is not a “pure” grasp of our program influence. In reviewing the data and, once again, reviewing the literature, . . . *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 have most control over is meaningful incentive. 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 in 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. This will take place once we are certified as STRTP.

Individual Counseling via Community Resources

Another issue that residents in group homes often have is the refusal to attend therapy that is provided by professionals outside of the group home. 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
Oct 2017	1	1	0	0
Sept 2017	1	0	0	1
Dec 2017	2	0	0	2
Jan 2018	2	1	1	0
Feb 2018	2	0	1	1
Mar 2018	2	0	2	0
Apr 2018	1	0	0	1
May 2018	4	0	1	3
June 2018	1	0	0	1
July 2018	0	0	0	0
August 2018	0	0	0	0
September 2018	0	0	0	0
October 2018	0	0	0	0
November 2018	3	0	3	0
December 2018	4	0	3	1

Appointments Missed	Almklov	KBYH Staff Fault	Child Guidance Cancelled	Resident Refused or AWOL
Oct 2017	3	0	0	3
Nov 2017	2	0	0	2
Dec 2017	0	0	0	0
Jan 2018	5	1	2	2
Feb 2018	4	0	1	3
Mar 2018	5	0	0	5
Apr 2018	3	0	2	1
May 2018	2	1	0	1
June 2018	3	0	2	1
July 2018	4	0	3	1
Aug 2018	2	0	2	0
Sept 2018	4	0	2	2
Oct 2018	4	0	2	2
Nov 2018	2	2	0	2
Dec 2018	2	0	2	0

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
Oct 2017	3	0	3	0	0
Nov 2017	1	0	0	0	1
Dec 2017	8	6(AWOLs)	0	0	2
Jan 2018	1	0	1	0	0
Feb 2018	1	1	0	0	0
Mar 2018	0	0	0	0	0
Apr 2018	3	2(AWOLs)	1	0	0
May 2018	6	1(AWOL)	1	1	3
June 2018	5	3(AWOLs)	0	1	1
July 2018	0	0	0	0	0
Aug 2018	4	4(AWOLs)	0	0	0
Sept 2018	12	12(AWOLs)	0	0	0
Oct 2018	5	4(AWOLs)	0	0	1
Nov 2018	2	2(AWOLs)	0	0	0
Dec 2018	2	1(AWOL)	1	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
Oct 2017	3	0	0	2	1
Nov 2017	1	0	1	0	0
Dec 2017	2	0	0	1	1
Jan 2018	1	1	0	0	0
Feb 2018	2	1	1	0	0

Mar 2018	1	0	0	0	1
Apr 2018	1	0	0	1	0
May 2018	0	0	0	0	0
June 2018	0	0	0	0	0
July 2018	0	0	0	0	0
Aug 2018	1	0	0	0	1
Sept 2018	1	0	0	0	1
Oct 2018	3	0	0	1	3
Nov 2018	0	0	0	0	0
Dec 2018	2	1(AWOL)	0	0	1

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
Oct/ Nov/ Dec 2017	18	6	4	3	5
Jan/Feb/Mar 2018	5	2	1	1	1
Apr/May/Jun 2018	15	6	4	3	2
Jul/Aug/Sept 2018	18	16	0	0	2
Oct/Nov/Dec 2018	14	8	1	1	4

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 group home.

Injuries

Group Home Residents Requiring Professional Medical Care

	CASA	Almklov
Oct-Dec 2017	2	1
Jan-Mar 2018	2	2
Apr-June 2018	6	2
Jul-Sept 2018	2	2
Oct-Dec 2018	3	5

Casa had three injuries requiring professional medical care during Oct-Dec 2018 quarter.

- Resident fell bump his head while horse playing with peer. Went to emergency as a precaution.
- Resident hurt himself while on home pass jumping out of a tree. He complained of foot pain, so our staff took him to the ER for checkup. No further checkup needed.
- Resident hurt his back at football practice. Staff took him to the doctor for checkup.

Almklov had five incidents requiring professional medical care during Oct-Dec 2018 quarter.

- Took resident to ER after receiving cut on his right eye while horse playing with peer. He was advised to use an ice pack 3x daily until swelling went down.
- Resident went to ER and was diagnosed with serve Tonsillitis/ Pharyngitis. Resident was released with medication.
- Resident went to ER and was diagnosed with Herpangina. Resident was released with medication.
- Resident hurt his hand while horse playing. He was taken to ER and was diagnosed with Contusion of his right hand.
- Resident broke his hand while on a home pass. Staff took him to ER to get a soft cast.

Group Home Residents Requiring First Aid

	CASA	Almklov
Oct-Dec 2017	2	3
Jan-Mar 2018	3	3
Apr-June 2018	0	2
Jul-Sept 2018	1	0
Oct-Dec 2018	4	2
Fiscal Year Total	9	10

Casa had four injuries requiring first aid treatment during the Oct-Dec 2018 quarter

- Resident step on fish hook while fishing
- Resident had fight at school bruised his eye
- Resident hit his eye on tree branch while running through the orchard
- Resident bumped heads while horse playing

Almklov had two injuries requiring first aid treatment during the Oct-Dec 2018 quarter

- Resident was horse playing with peer and received a small abrasion above eye
- Resident was horse playing with peer and hurt his hand

Group Home Residents Property Destruction

	CASA	Almklov
Oct-Dec 2017	\$1,328	\$525
Jan-Mar 2018	\$1,479	\$450
Apr-June 2018	\$1,154	\$50
Jul-Sept 2018	\$2,561	\$0

Oct-Dec 2018	\$1,683	\$50
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Property Destruction generally includes holes in walls, broken TVs, and vehicle damage. This quarter property damage was very low at both group homes. We believe our 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. If residents do property damage, they are held accountable by paying for the damages from their allowance. Under our new allowance scale, the boys can earn up to \$70 dollars per week.

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.

Fiscal Year 2016/2017	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
October 2017	13	9=69%	6	5=83%	74%
November 2017	14	10=71%	7	6=86%	76%
December 2017	13	10=77%	6	6=86%	84%
January 2018	13	6=46%	7	6=86%	60%
February 2018	12	6=50%	6	6=100%	67%
March 2018	12	6=50%	6	6=100%	67%
April 2018	14	10=71%	7	6=86%	76%
May 2018	14	11=79%	6	6=100%	85%
June 2018	12	10=83%	6	5=83%	83%
July 2018	12	10=83%	6	6=100%	89%
August 2018	13	9=69%	7	6=86%	75%
September 2018	13	9=69%	6	5=83%	74%
October 2018	13	8=62%	6	5=83%	68%
November 2018	12	8=67%	6	5=83%	72%
December 2018	12	8=67%	7	6=86%	74%
Fiscal Year Total	192	130=68%	95	85=89%	75%

The data indicates that the percentage of residents on psychotropic medications has increased over the last six months. We attribute this to AB 403 in the sense that there

is a stronger push to have youth in foster care or kin care instead of group care. Subsequently, only the youth with the most severe barrier behaviors are in group care and they are the youth most likely to be under psychiatric care.

Bed Days = Total Available/Total Filled

Fiscal Year 17/18	CASA	Almklov
Oct 2017	372/372= 100%	186/186=100%
Nov 2017	356/360=99%	180/180=100%
Dec 2017	372/372=100%	183/186=98%
January 2018	365/372= 98%	186/186=100%
February 2018	334/336= 99%	168/168=100%
March 2018	372/372= 100%	186/186=100%
April 2018	346/360= 96%	176/180=98%
May 2018	362/372=97%	176/186=95%
June 2018	340/360=94%	180/180=100%
July 2018	372/372= 100%	186/186=100%
August 2018	363/372=98%	180/186=97%
September 2018	357/360=99%	180/180=100%
October 2018	364/372=98%	186/186=100%
November 2018	360/360=100%	180/180=100%
December 2018	372/372= 100%	175/186=94%

Occupancy Rate was 99% for Casa and 98 % for Almklov for quarter.

Physical Restraints

	CASA	Almklov
Oct-Dec 2017	8	5
Jan-Mar 2018	2	4
Apr-June 2018	5	2
Jul-Sept 2018	7	0
Oct-Dec 2018	1	1

Physical restraints are still considerable low this quarter even though we are working with high-profile residents who are extremely behaviorally disturbed. These high-profile residents are making very good progress and we expect an extinction of the serious aggressive behavior during the next quarter.

Group Home Residents Complaints

A satisfaction survey was given to all residents in December and 12 residents chose to complete the survey. The maximum score was 5 and the minimum score was 1. The overall average was 4.2 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 showed a slight improvement than last quarter.

Almklov had zero complaints during the quarter. Our management staff believes this is due to the new allowance structure. Under the new allowance structure, the client could potentially earn \$70 per week so they’re able to take care of their own basic needs. Plus, all clients have debit cards which gives them more liberty and self-control when it comes to spending at their own discretion. Likewise, all other needs were granted to client’s satisfaction.

Complaints made by Casa de Ninos residents in this quarter were minor complaints and all resolved to resident’s satisfaction. Majority of the complaints during this quarter were about self-programming and mandated programming. We have a few boys who want to self-program and hang out after hours even though they’re not on the appropriate level. At times, the same clients refuse to go on our mandated Adventure Outings. They rather spend the weekends with their friends and Adventure Outings. As you might expect, our milieu staff stick to the vision of the program and its philosophy. However, all other needs were met to client’s satisfaction.

Group Home Adventure Program

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

Month	Total number of different residents with	Number & % of different residents	Number & % of different residents

	substance abuse problems participating in the outings	with substance abuse problems who attended all outings	with substance abuse problems who refused at least one outing
Oct 2017	6	1=17%	5=83%
Nov 2017	8	0=0%	8=100%
Dec 2017	6	0=0%	5=100%
Jan 2018	5	0=0%	5=100%
Feb 2018	6	1=17%	5=83%
Mar 2018	6	2=33%	4=67%
Apr 2018	5	2=40%	3=60%
May 2018	n/a no wilderness	n/a no wilderness	n/a no wilderness
June 2018	8	0=0%	8=100%
July 2018	8	0=0%	8=100%
August 2018	6	1=17%	5=83%
September 2018	6	2=33%	4=67%
Oct 2018	8	0=0%	8=100%
Nov 2018	6	1=17%	5=83%
Dec 2018	n/a no wilderness	n/a no wilderness	n/a no wilderness

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 intake and discharge and 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 2 to 4 in all areas.

2 = Plan has been implemented

- 3 = Plan has been implemented and data have 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 (\$75,796.55)
This can be attributed to the hiring of additional staff to meet AB 403 requirements.

Measure staff turnover.

This quarter saw 1 staff separated and 4 staff hired as AB 403 creates newly required positions.

Workers Compensation Claims

There were no new workers' compensation claim this quarter.

Unemployment Claims

There were no new unemployment claim this quarter.

Other liability insurance claims

There were no new liability insurance claims.

Vehicles Accidents

There no vehicle accidents this quarter.

CCL Last Review on 12/5/18 - ALMKLOV

An announced Pre-Licensing inspection was conducted by Licensing Program Analyst (LPA) Jean Herring at the above named facility on 12/05/18 at 9:10 a.m. LPA met and toured the facility with Trina Smith, Facility Administrator.

This facility submitted an application to change its facility type from Group Home to Short-Term Residential Therapeutic Program (STRTP). Prior to today's inspection, the facility's application, plan of operation and program statement for STRTP were received and reviewed by the Department.

This facility is a single story home located in a residential area. The facility consists of: three (3) client bedrooms; recreation room; staff office; living room; dining area; kitchen; (3) full bath rooms; laundry room; and a backyard patio. It also has a garden, basketball court and a playground. The facility uses the driveway to park their cars.

Physical Plant

Overall, the facility is clean, safe, sanitary, and in good repair. All passageways are unobstructed and all doors open freely. There are no bodies of water in the facility. Sharps and knives are kept locked in a safe located in the staff office. Disinfectants, cleaning solutions and other toxic materials are locked in a cabinet located the laundry room. Temperatures in rooms that clients occupy are maintained between 68 and 85 degrees (F). The facility is equipped with centralized heat and air-conditioned units. Hot water temperatures are maintained between 105 and 120 degrees (F). The fire extinguishers all throughout the facility are fully charged. The facility's carbon monoxide and smoke alarms were tested and observed to be operable. (cont.)

Mental Health

An STRTP shall demonstrate the ability to meet the mental health service needs of clients in care. The provider has up to 12 months from the date of licensure to obtain a mental health program approval. Documentation of program approval shall be provided to the licensing agency. The provider shall identify which specialty mental health services the facility is certified and contracted to provide. Per STRTP Director, Robert Carter, facility will hire a mental health services director as required.

Facility has a fire clearance issued when the provider was licensed as a group home. The administrator was advised to obtain an updated fire clearance since their fire clearance was issued in 1997. Facility has a working telephone. There are surveillance cameras installed in the common areas of the facility. According to the administrator, the cameras are not operating at this time.

Fixtures, Furniture, Equipment, and Supplies

Facility has three toilets, three wash basins, and three showers/bathtubs. Individual privacy is provided in all toilet, bath and shower areas. Each client has an individual bed in good repair; equipped with good springs and a clean mattress; and supplied with clean pillow/s. Each client is provided with clean linen in good repair including warm blankets and bedspreads; top and bottom bed sheets; pillow cases; mattress pads; bath towels; hand towels and wash cloths. The quantity of linen provided permits changing the linen at least once a week or more when indicated to ensure that clean linen is in use by clients at all times. Each client is provided with items used to maintain basic personal hygiene practices including but not limited to shampoo, soap, toothbrush, toothpaste, comb, shavers, and toilet paper. Each client bedroom has permanent/[portable closets and drawer space to accommodate the client's clothing and personal belongings. Facility provides and makes readily available to each child a desk or table space and necessary supplies for school-related study.

Health Related Services

Medications and First Aid kit are centrally stored and locked in a steel cabinet located in the staff office and accessible only to employees responsible for stored medications. Facility will ensure that psychotropic medications are only used in accordance with the written directions of the physician prescribing the medication and as authorized by the juvenile court order or parental authorization form.

Food Service

A written weekly menu is posted in an area accessible to the staff and children. A review of weekly menu indicates that the facility provides nutritious meals and snacks. Facility has supplies of staple non-perishable foods for at least one week and fresh perishable foods for at least two days. (cont.)

Freezer/s and refrigerator/s are large enough to accommodate required perishables. Freezer/s are maintained at a temperature of zero degrees F and refrigerator/s are maintained at a temperature of 45 degrees F. Per Administrator, facility offers a cooking class where they ensure that kitchen appliances and utensils are made accessible to a child when he or she is participating in age or developmentally appropriate activities related to food preparation, cooking and other related kitchen and dining activities. Facility also ensures that clients are given the opportunity to plan meals, grocery shop, and store and prepare food.

Staff/Child Ratios

A review of staff schedule indicates that from 7:00 a.m. to 10:00 p.m., the facility has at least one direct care staff person to each four children or fraction thereof, present. It also indicates that from 10:00 p.m. to 7:00 a.m., the facility has one awake direct care staff person to each 6 children or fraction thereof, present. Facility will ensure that there will be no less than 2 direct care staff on the premises at all times when children are present and that staff to children ratios are maintained when children are participating in planned activities away from the facility or when children are being transported.

Record Keeping

Client records are maintained locked in a cabinet located in the staff office. Staff records are maintained in the main office (Kern Bridges Youth Homes, Inc.) located at 1321 Stine Road Bakersfield 93309. LPA observed child's personal rights posted on the wall. Facility's Emergency Disaster Plan is current and available for review. A schedule of planned activities is posted in a location readily accessible to children, relatives and placement workers.

National Accreditation

This provider has obtained national accreditation from an entity identified by the Department. Council on Accreditation (COA) has approved the accreditation of Kern Bridges Youth Homes through 09/30/22.

CCL Last Review on 12/5/18 – Casa de Ninos

An announced Pre-Licensing inspection was conducted by Licensing Program Analyst (LPA) Jean Herring at the above named facility on 12/05/18 at 9:10 a.m. LPA met and toured the facility with Robert Carter, Executive Vice President and STRTP Program Director and Jill Howard, Compliance Manager.

This facility submitted an application to change its facility type from Group Home to Short-Term Residential Therapeutic Program (STRTP). Prior to today's inspection, the facility's application, plan of operation and program statement for STRTP were received and reviewed by the Department.

This facility is a single story home located in a residential area. The facility consists of: six (6) client bedrooms; recreation room; two (2) staff offices; facility manager's booth; living room; two(2) dining areas; kitchen; four (4) full bath rooms; one(1) 1/2 bathroom; laundry room; storage room; mechanical room; courtyard; backyard patio; basketball court and a swimming pool.

Physical Plant

Overall, the facility is clean, safe, sanitary, and in good repair. All passageways are unobstructed and all doors open freely. Sharps and knives are kept locked in a cabinet located in the facility manager's booth. Disinfectants, cleaning solutions and other toxic materials are locked in a cabinet located the laundry room. Temperatures in rooms that clients occupy are maintained between 68 and 85 degrees (F). The facility is equipped with centralized heat and air-conditioned units. Hot water temperatures are maintained between 105 and 120 degrees (F). The fire extinguishers all throughout the facility are fully charged.

Mental Health

An STRTP shall demonstrate the ability to meet the mental health service needs of clients in care. The provider has up to 12 months from the date of licensure to obtain a mental health program approval. Documentation of program approval shall be provided to the licensing agency. The provider shall identify which specialty mental health services the facility is certified and contracted to provide. Per STRTP Director, Robert Carter, facility will hire a mental health services director as required.

During this inspection, LPA interviewed two(2) staff members.

Correction needed:

Facility needs to repair the pool fence to ensure compliance by 12/6/18. menu indicates that the facility provides nutritious meals and snacks. Facility has supplies of staple non-perishable foods for at least one week and fresh perishable foods for at least two days. Freezer/s and refrigerator/s are large enough to accommodate required perishables. Freezer/s are maintained at a temperature of zero degrees F and refrigerator/s are maintained at a temperature of 45 degrees F. Facility will ensure that kitchen appliances and utensils are made accessible to a child when he or she is participating in age or developmentally appropriate activities related to food preparation, cooking and other related kitchen and dining activities. Facility will also ensure that clients are given the opportunity to plan meals, grocery shop, and store and prepare food.

Side Note: Pool gate was fixed the very next day. Picture was submitted to LPA Jean Herring on 12/6/18 for clearance.

Staff/Child Ratios

A review of staff schedule indicates that from 7:00 a.m. to 10:00 p.m., the facility has at least one direct care staff person to every three children or fraction thereof, present, at a minimum. It also indicates that from 10:00 p.m. to 7:00 a.m., the facility has one awake direct care staff person to each 6 children or fraction thereof, present, at a minimum.

Record Keeping

Client records are maintained locked in a cabinet located in the staff office. Staff records are maintained in the main office (Kern Bridges Youth Homes, Inc.) located at 1321 Stine Road Bakersfield 93309. LPA observed child's personal rights posted on the wall. Facility's Emergency Disaster Plan is current and available for review. A schedule of planned activities is posted in a location readily accessible to children, relatives and placement workers.

National Accreditation

This provider has obtained national accreditation from an entity identified by the Department. Council on Accreditation (COA) has approved the accreditation of Kern Bridges Youth Homes through 09/30/22.

The facility's carbon monoxide and smoke alarms were tested and observed to be operable. The facility has a sprinkler system as well. Facility has a fire clearance issued when the provider was licensed as a group home. Facility has a working telephone. There are surveillance cameras installed in the common areas of the facility.

Fixtures, Furniture, Equipment, and Supplies

Facility has five toilets, six(6) wash basins, and four(4) showers/bathtubs. Individual privacy is provided in all toilet, bath and shower areas. Each client has an individual bed in good repair; equipped with good springs and a clean mattress; and supplied with clean pillow/s. Each client is provided with clean linen in good repair including warm blankets and bedspreads; top and bottom bed sheets; pillow cases; mattress pads; bath towels; hand towels and wash cloths. The quantity of linen provided permits changing the linen at least once a week or more when indicated to ensure that clean linen is in use by clients at all times. Each client is provided with items used to maintain basic personal hygiene practices including but not limited to shampoo, soap, toothbrush, toothpaste, comb, shavers, and toilet paper. Each client bedroom has permanent/[portable closets and drawer space to accommodate the client's clothing and personal belongings. Facility provides and makes readily available to each child a desk or table space and necessary supplies for school-related study.

Heath Related Services

Medications and First Aid kit are centrally stored and locked in a cabinet located in the facility manager's booth and accessible only to employees responsible for stored

medications. Facility will ensure that psychotropic medications are only used in accordance with the written directions of the physician prescribing the medication and as authorized by the juvenile court order or parental authorization form.

Food Service

A written weekly menu is posted in an area accessible to the staff and children. A review of weekly.

CCL Reviews - FFA

There was one citation for a foster home regarding unkempt grounds. Violations were corrected.

A133 Financial Audit

The Audit for fiscal year 2016-2017 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 has submitted its new policies to become STRTP and was approved by Tulare County. KBYH has submitted the policy and program revisions to CCL for approval. They give us an earliest date of completed review to be in early 2019. KBYH has submitted an application to become Medi-Cal Certified, however Kern County has chosen not to certify any group homes. The State is looking at other alternatives.

Annual "Interested Party" Review

Two BoD members have "interested party" status having received compensation for work performed for the agency. Mike Conard performs IT work for us 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

December 30, 2018

Total Current Assets: \$843,793.93

Total Current Liabilities \$463,350.65

Total Current Checking/Savings \$467,885.42

Safety Report

From: Safety Officer, KBYH

To: Performance and Quality Improvement (PQI) Committee

Subj: PQI Safety Report for 4th Quarter CY-2018 (Period 1 October thru 31 December 2018)

This report covers the 4th Quarter of Calendar Year (CY) 2018.

This period proved to be another highly successful quarter for safety. During this reporting period the Adoptions and Foster Family Agency (FFA) Administration enjoyed, generally, injury free and safe quarter. The group home reported no safety issues or concerns

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
January 2018	0	0	1	8	0

February 2018	0	0	0	5	0
March 2018	0	0	1	6	0
April 2018	0	0	0	0	0
May 2018	0	0	0	7	0
June 2018	3	0	2	5	0
July 2018	1	0	0	3	0
August 2018	0	0	1	4	0
September 2018	0	0	0	2	0
October 2018	1	0	0	1	0
November 2018	0	0	0	2	0
December 2018	1	0	0	2	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
October 2017	36	0	0	36
November	36	0	1	35

2017				
December 2017	35	0	1	34
January 2018	34	4	1	37
February 2018	37	1	3	35
March 2018	35	1	2	34
April 2018	35	1	0	36
May 2018	36	1	1	36
June 2018	36	0	1	35
July 2018	33	0	1	32
August 2018	32	1	2	33
September 2018	34	1	1	34
October 2018	34	2	0	36
November 2018	36	5	1	40
December 2018	40	1	0	41

ADOPTIONS

The adoptions department has seen numerous changes with respect to the completion of adoption home studies, due to the new CCR regulations. As such, the tracking starting 1/1/18 has been altered, per below.

- 1) The term “Home Study” changed to “Written Report”, “Psychosocial Assessment”, and now “Family Evaluation”.
- 2) KBYH completes assessments under various regulations and with different requirements, depending on the family.
 - a) Contract Adoption Home Studies are required to be completed within 4 months
 - b) Contract RFA Psychosocial Assessments and Family Evaluations are required to be completed within 60 days

- c) In house, KBYH Psychosocial Assessments/Family Evaluations do not have a time limit and vary in length depending on the level of the prospective resource family's motivation.

	Contract Adoption Home Study Referrals	Contract Psychosocial Assessment/FE Referrals	KBYH Psychosocial Assessment/FE's assigned
January 2018	1	11	0
February 2018	3	3	1
March 2018	0	9	2
April 2018	2	8	1
May 2018	2	13	1
June 2018	1	10	2
July 2018	1	13	1
August 2018	2	7	2
September 2018	0	7	1
October 2018	2	8	0
November 2018	0	6	2
December 2018	1	6	3

	Contract Adoption Home Study Completed (average time frame in weeks)	Contract Psychosocial Assessment/FE Referrals Completed (average time frame in weeks)	KBYH Psychosocial Assessment/FE's Completed (average time in weeks)
January 2018	22.5	10.6	N/A
February 2018	20	12	N/A
March 2018	15.3	10.9	N/A
April 2018	21	5.1	10
May 2018	26.5	6.5	N/A
June 2018	20	7	N/A
July 2018	16	6.7	16
August 2018	N/A	6.0	12

Sept 2018	N/A	6.6	N/A
Oct 2018	N/A	5.6	3
Nov 2018	N/A	4.7	3
Dec 2018	16	4.5	3

Psychosocial Assessment/Family Evaluation Satisfaction Survey—all surveys were positive. Additionally, random post-assessment phone surveys are being conducted and all results have been positive.

Client records/FFA, GH

All GH files are in good order.

All FFA files in good order

Staff records

All Employee files in good order .

Survey Responses: Staff satisfaction survey data returned an aggregate score of 4.74 out of 5 with five being completely satisfied.