



KERN BRIDGES YOUTH HOME

Performance and Quality Improvement

Quarterly Report

April 1, 2022 to June 30, 2022

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 June 2022, and the process has begun.*
- d. *Build monetary fund reserves to \$300,000.00. Current value of CDs is \$251,151.06. 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. Next open house is tentatively scheduled for Fall 2022 COVID depending.*

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 trees totaled over \$28,185.00 in 2021. This is the highest dollar amount ever.*

c) BoD members will be asked for commitments at the October BoD meeting. This was accomplished. *BoD attendance 45% in October, 36% in November, 54% 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 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. Next reaccreditation is in June 2022 and the process has begun. The annual data submissions are sent to COA every year. KBYH has been licensed as STRTP and had SMH program approved in March 2021 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 \$2521,151.06 and current total checking and savings is \$915,446.84.*

2021/2022 Budget Year Goals

1. Pay down debt.
2. Decrease expenses to pre-covid level.
3. Explore installation of solar system on Stine Rd. buildings

4. Develop a master plan to provide continuing education for Upper Management and provide incremental pay increases and education assistance for hourly RCCWs for specific certifications.
5. Build Financial Reserves to \$300,000.

STRTP DATA: Planned/Unplanned Discharges

	CASA		Almklov	
	Planned	Unplanned	Planned	Unplanned
Jul-Sep 2021	3	0	2	1
Oct-Dec 2021	1	0	1	1
Jan-March 2022	4	3	1	0
April-June 2022	1	2	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.

Goal: Have 100% planned discharges to a lesser level of care.

Purpose: Ensure planned discharges are taking place to promote continuity of care

Strategy: Assess the reasons for unplanned discharges from our STRTPs.

Progress: The number of youths being discharged from our STRTPs over the past year is 68% planned and 32% unplanned.

Changes: Implementing transitional determination plans via the CFTM.

AWOLS

	CASA	Almklov
Jul-Sep 2021	3	15
Oct-Dec 2021	2	32
Jan-March 2022	4	10
April-June 2022	8	6

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.

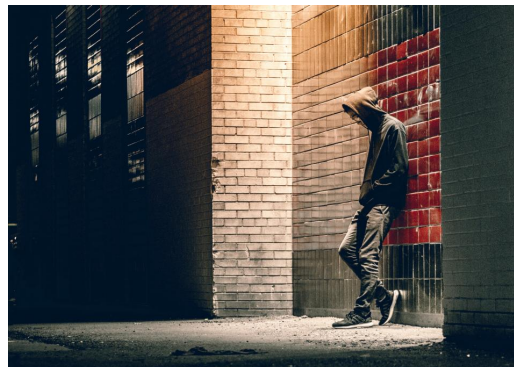
Goal: To eliminate or decrease unauthorized absences.

Purpose: To ensure safety for the client and the community.

Strategy: Evaluate the reason for AWOLs and determine if services are adequately rendered by assessing the number of youths who leave our facilities unauthorized and the motivation for leaving. (e.g., running to something or running from something).

Progress: This continues to be an ongoing concern.

Changes: The STRTPs have increased the clients’ allowances for non-Awols Awols to help modify behavior and improved the attractiveness of our adventure outing program. Clinicians to focus on adolescent privileges such as community socializing and the responsibility that comes with those privileges.



Medication Incidents (these are not Staff errors)

	CASA	Almklov
Jul-Sep 2021	50	34
Oct-Dec 2020	59	24
Jan-March 2022	47	6
April-June 2022	77	23

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.



Goal: Clients will follow physician prescribed medication regimen.
Purpose: To ensure physical and mental health treatment compliance for each client.
Strategy: To review with the client the reason why the medication is prescribed, or for the medical procedure that is prescribed, no less than every 45 days. To educate and/or remind the providers (e.g., social workers, physicians, pharmacists) of following through timely with medication procural and dispensing.
Progress: This remains an ongoing concern.
Changes: The STRTPs has added a new psych tech and a nurse to accomplish this.

STRTP Residents Requiring First Aid

	CASA	Almklov
Jul-Sep 2021	0	11
Oct-Dec 2021	0	2
Jan-March 2022	0	2
April-June 2022	0	4

Injuries

Casa had zero injury requiring first aid treatment during the June - April 2022

Almklov had one injury requiring first aid treatment during the June - April 2022

- Anthony cut his foot while playing basketball barefoot in the backyard but refused medical attention and first aid.

STRTP Residents Requiring Professional Medical or MH Care

	CASA	Almklov
Jul-Sep 2021	4	3
Oct-Dec 2021	1	6
Jan-March 2022	3	5
April-June 2022	4	5

Casa had five incidents requiring professional medical or mental health care during June - April 2022

- Conner went to the ER for ear pain, meds given, returned back
- Adam went to the ER for back/leg pain (dehydrated), returned back
- Ethan went to the ER due to fight with another resident (stitches given)
- Adam went to the ER for blood work, injected a dirty needle in arm, returned back

Almklov had five incidents requiring professional medical or mental health care during June - April 2022

- Anthony hospital visit on 4/21/22. Anthony complained that his knee was hurting. Anthony was transported to urgent care and X rays was done on his left knee. The X rays came back clear with no findings
- Andrew urgent care visit on 5/4/22 at approximately 10:07 am. Andrew's school called and stated that, Andrew was coughing, and sneezing and had a runny nose. Andrew was transported to urgent care to be seen by an Dr. Andrew took an Covid Test, and the test results came back negative. Andrew was diagnosed with seasonal allergies. The Dr. prescribed over the counter medication Benadryl for his allergies.
- Juan went to Kern Medical Center Hospital on 5/4/22 at approximately 7:00 pm, Juan had to be transported to the hospital by EMT due to a head injury. Juan left eyebrow was gashed open with blood coming down his face. Juan had to be sedated and put on a ventilator, due to the severity of his injuries. Juan stayed overnight in the hospital and recovered well enough to be discharged. Juan received stitches on his left eyebrow. Juan

stated he didn't remember what happen to him that caused his injury. Juan's lab work results showed that Juan was under the influence of alcohol at the time of his injury.

- Anthony went to Kern Medical Center Hospital on 5/4/22 at approximately 7:00 pm. Anthony complained that he was in pain because he hit his neck and chest on the park bench at challenger park while with his peers. Anthony was transported to Kern Medical Center Hospital by EMT. Anthony was seen by a Dr. and was diagnosed with no findings to report. Anthony was discharged at 2:00 am and was transported back to the group home by staff.
- Samuel on 5/5/22 at approximately 8:58 am, walked up to staff and he stated that his right hand feels like its broke. Staff asked Samuel what happened to his hand, and he stated he couldn't remember what happened to his hand. Samuel was transported to Mercy Southwest Hospital to be seen by a doctor. Samuel had x rays done to his right hand and the doctor examined the x rays and determined that Samuel had a small fracture in his right hand. Samuel was fitted with a soft cast and was prescribed Tylenol and Ibuprofen for pain and swelling for his right hand. Samuel was discharged and transported back to the group home.

Goal: To reduce and/or eliminate injuries to the clients.

Purpose: To ensure adequate preventive safety measures and responsible first aid for those who require it.

Strategy: Review the alleged cause of the injury and implement any preventive strategies that will reduce harm for future situations. Determine if adequate treatment was provided. Assess the number and type of injuries while in treatment and how the injury may have been prevented.

Progress: These numbers are not atypical of the age of this population for first aid treatments. The danger arises with substance abuse.

Changes: The STRTPs have added an RN to their treatment team for evaluation and mitigation. All STRTPs now have Narcan on site. Additionally, Narcan is taken on all outings.



School Days Missed/Total Days Scheduled

School Days Missed V Scheduled	CASA	Almklov
July 2021	N/A	0/17
August 2021	N/A	5/57
September 2021	8/252	28/109
October 2021	13/252	23/61
November 2021	13/252	38/74
December 2021	27/240	52/70
January 2022	78/252	48/114
February 2022	25/240	38/120
March 2022	31/240	31/120
April 2022	13/240	34/114
May 2022	20/240	30/120
June 2022	N/A	3/20

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.

Goal: To reduce and/or eliminate school absences and tardies.

Purpose: To enhance the residents academic experience and outcome.

Strategy: Identify client stated reasons for school absences and tardies and intervene as appropriate to alleviate the clients’ issues. Solicit educational system assistance as needed.

Progress: This remains an ongoing issue.

Changes: The STRTPs have increased financial incentives to improve school attendance.



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 every 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/AWOL or 51/50
July 2021	1	0	0	1
August 2021	0	0	0	0
September 2021	0	0	0	0
October 2021	0	0	0	0
November 2021	0	0	0	0
December 2021	0	0	0	0
January 2022	1	0	0	1
February 2022	2	0	0	2
March 2022	3	0	0	3
April 2022	1	0	0	1
May 2022	5	0	0	5
June 2022	0	0	0	0



Outside Me Inside Me

Appointments Missed	Almklov	KBYH Staff Fault	Child Guidance Cancelled	Resident Refused/ AWOL or 51/50
July 2021	7	0	4	3
August 2021	4	0	2	2
September 2021	8	0	1	7
October 2021	1	0	0	1
November 2021	6	0	1	5
December 2021	0	0	0	0
January 2022	4	0	0	4
February 2022	8	0	2	6
March 2022	11	0	4	7
April 2022	9	0	5	4
May 2022	11	0	6	5
June 2022	7	0	4	3

Goal: Clients will attend therapy as scheduled.

Purpose: To determine and then eliminate reasons missed outside CG appointments.

Strategy: To review with the client the reason for missing an appointment if it was client initiated. To work with the community clinic if it was clinic initiated.

Progress: This is a modest problem but is confounded by COVID.

Changes: Clients are rewarded with bonus allowance and extra [privileges for participating in their therapy.

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
July 2021	0	0	0	0	0
Aug 2021	3	1 (AWOL)	2	0	0
Sep 2021	6	3 (AWOLs)	1	1	1
Oct 2021	0	0	0	0	0
Nov 2021	3	1 (AWOL)	0	1	1
Dec 2021	2	0	0	0	2
Jan 2022	0	0	0	0	0
Feb 2022	1	1 (AWOL)	0	0	0
March 2022	0	0	0	0	0
Apr 2022	2	1 (AWOL)	0	1	0
May 2022	3	4 (AWOL)	0	0	0
June 2022	4	4 (AWOL)	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
July 2021	1	0	0	1	0
Aug 2021	6	4(AWOLs)	0	2	0
Sep 2021	13	10(AWOLs)	1	0	2
Oct 2021	8	7(AWOLs)	0	0	1
Nov 2021	1	1(AWOL)	0	0	0
Dec 2021	2	2(AWOLs)	0	0	0
Jan 2022	6	3 (AWOLs)	0	3	0
Feb 2022	2	1 (AWOLs)	0	0	1
March 2022	6	1(AWOLs)	0	4	1
Apr 2022	0	0	0	0	0
May 2022	2	1 (AWOL)	0	0	1
June 2022	5	5 (AWOL)	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
Jul/Aug/Sep 2021	20	14	1	3	2
Oct/Nov/Dec 2021	16	11	0	1	4
Jan/Feb/Mar 2022	15	6	0	7	2
Apr/May/June 2022	16	14	0	1	1

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 to the facility and the LEA reports were called off by our staff.

Goal: To reduce and/or eliminate Law Enforcement contact.

Purpose: To eliminate the trauma associated with adjudication issues.

Strategy: Assess frequency of LEA contacts Provide enhanced and appropriate services as needed.

Progress: The number of LEA contacts fluctuates from month to month

Changes: None currently



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
Jul-Sep 2021	\$0	\$940
Oct-Dec 2021	\$500	\$665
Jan-Mar 2022	\$1600	\$330
Apr-June 2022	\$0	\$380



Goal: To eliminate and/or reduce property damage.

Purpose: To enhance safety and eliminate unnecessary expenses.

Strategy: Assess frequency of property damage being caused by children in treatment. Assess insurance needs and intervention needs to mitigate property damage expenses.

Progress: The number of children causing property damage fluctuates but have decreased tremendously this last quarter.

Changes: None currently.

Clients Taking Psychotropic Medication

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. It is important to Note: The requirement to be placed in an STRTP includes, that the resident meet the medical necessity for Specialty Mental Health Services. This requirement states that the residents will have an active and current mental health diagnosis. People who have a mental health diagnosis would also be assessed for psychiatric medication as part of their treatment, thus increasing the likelihood that our population would be taking medication on a regular basis.

Fiscal Year 2020/2021	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
July 2021	12	7= 58%	6	3=50%	56%
August 2021	13	6=46%	8	4=50%	48%
Sep 2021	13	6=46%	9	4=44%	45%
Oct 2021	12	7=58%	7	3=43%	53%
Nov 2021	13	6=46%	6	2=33%	42%
Dec 2021	12	6=50%	7	3=43%	47%
Jan 2022	14	4= 29%	6	4=67%	50%
Feb 2022	13	7=54%	6	4=67%	61%
March 2022	12	7=58%	7	4=57%	58%
April 2022	13	6=46%	6	6=100%	63%
May 2022	13	6=46%	7	6=86%	60%
June 2022	12	6=50%	7	5=71%	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.

Goal: Assess the number of youths taking medication in our STRTPs.

Purpose: To ensure youth is receiving adequate psychiatric services to eliminate barrier behaviors.

Strategy: Provide adequate education and interventions to reduce medication use.

Progress: The number of youths taking medication fluctuates month to month.

Changes: We added a RN and psych tech to our treatment team for evaluation/education purposes.

Bed Days = Total Available/Total Filled

	CASA	Almklov
October 2021	352/372=95%	157/186= 84%
November 2021	351/360=98%	167/180= 93%
December 2021	358/372= 96%	186/186= 100%
January 2022	306/372 =82%	186/186= 100%
February 2022	313/336 = 93%	168/168= 100%
March 2022	365/372 =98%	179/186= 92%
April 2022	358/360= 99%	180/180=100%
May 2022	361/372= 97%	168/186= 90%
June 2022	360/360= 100%	180/180=100%

Occupancy Rate was 99% for Casa and 97% for Almklov for quarter.

Goal: Assess the number of beds filled for the month.

Purpose: To determine if the STRTP can maintain high occupancy rate.

Strategy: Evaluate the reason for the high occupancy rate such as quality of care and determine if services meet high standards.

Progress: Our STRTPs occupancy rate is very consistent month to month always 90% or better.

Changes: *This metric will no longer be kept. A new metric measuring length of stay with reason for discharge will be kept.*

Physical Restraints

	CASA	Almklov
Jul-Sep 2021	0	8
Oct-Dec 2021	0	3
Jan-Mar 2022	0	5
Apr-June 2022	1	6

KBYH only restrain youths who are a danger to themselves or others.

Goal: To reduce and/or eliminate restraints.

Purpose: To ensure staff are following KBYH Behavior Management Policy and minimize safety risks for client and staff.

Strategy: Provide adequate training to DCS to reduce hands on incidents. Assess the number of physical restraints for the quarter.

Progress: The number of youths being restrained fluctuates from month to month and each home numbers are very consistent.

Changes: None currently.



STRTP Residents' Complaints

A California Benchmarking Initiative satisfaction survey was given to all 18 residents in June, and 13-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. The overall satisfaction of the program improved for this quarter.

There were zero complaints made by residents at both STRTPs in this quarter. Amazing work by our Direct Care Staff at both facilities for meeting the needs of residents during the entire quarter.

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

Goal: Assess the number of complaints by youths in our care. The council's role is to identify youth priorities, including wants, wishes, desires, and complaints and then help craft policies that support these priorities, and contribute by offering solutions.

Purpose: To ensure ways to improve the program to help youths be more satisfied with the services they receive.

Strategy: Acknowledge and/or using Interpretation as interference.

Progress: The number of youth's complaints have decreased substantially every quarter as have the number of wishes.

Changes: The STRTPs have added suggestion/complaint boxes and have volunteer council meetings with the youths weekly.

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 Fiscal YTD net income of \$ **135,647.87**

This can be attributed to a positive steady relationship with Counties needing care for youth placed in foster care.

Measure staff turnover:

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

Workers Compensation Claims:

There were 0 new workers' compensation claim this quarter.

Unemployment Claims:

There were 1 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 2020-2021 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.

Annual “Interested Party” Review

Two BoD members have “interested party” status, one having received compensation for work performed for the agency during this time period. Mike Conard received compensation for performing IT work for KBYH, and Bill Slocumb’s legal services were not compensated this year.

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 December 31, 2021

Total Current Assets:	\$1,728,912.72
Total Current Liabilities:	\$528,004.38
Total Current Checking/Savings:	\$915,446.84

Health and Safety Committee Minutes PQI Safety Report for 2nd Qtr CY-2022

This report covers the 2nd Quarter Calendar Year (CY) 2022 covering the months April 2022 through June 2022.

This 2nd Quarter CY-2022 continued to prove another highly successful safety record for Kern Bridges Youth Homes (KBYH). During this Quarter, KBYH exited a period of almost two years of COVID-19. The KBYH Resource Family (RF) Homes showed a significant declination of COVID-19 cases. No homes reported COVID-19 cases this quarter. Families have returned to near normal functioning. The use of face masks has been encouraged even if not mandated.

During this reporting period the Adoptions and Foster Family Agency (FFA) Administration enjoyed a serious injury free and safe quarter. The FFA reported very few reportable injuries consisting of usual minor abrasions, bumps and bruises which required basic 1st Aid treatment. There were no serious injuries reported.

KBYH has continued to apply COVID-19 infection control procedures, whenever these procedures are required, to help protect our families, clients, and employees. The reporting procedures for COVID-19 alerts were simpler than the previous years. Whenever COVID-19 positive cases did occur, precautionary procedures and interventions immediately implemented.

No serious injuries or high value property destruction took place on KBYH facilities.

There were no reports of any employees testing positive for the virus during this quarter.

There are concerns regarding the latest COVID variant, BA.5, and monkeypox. We plan to educate families, clients, and employees through the Kern Bridges Youth Homes (KBYH) Newsletters.

It should be noted that KBYH has continued to operate safely and exceptionally well implementing procedures to avoid infection transmission. The following measures previously implemented are encouraged to be practiced whenever the COVID-19, or other infectious threats are expected:

1. Staying at home unless necessary to go out.
2. Wearing face masks when out or in the presence of others outside the home.
3. Social distancing (maintaining a 6' distance from others)
4. Handwashing
5. Disinfecting
6. Immediate reporting of infections
7. Testing with home kits is encouraged but recommend verifying through testing at health clinics/facilities

KBYH established policy for employee vaccinations. There were no reported problems as a result of the policy.

We received no Community Care Licensing (CCL) technical reviews this quarter. KBYH has maintained sufficient Personal Protective Equipment (PPE) and disinfecting supplies for issuance to RF homes, social workers, and clients. Based upon last year's CCL review, it appeared as though CCL was satisfied with COVID-19 related procedures and infection control measures practiced in KBYH facilities and its RF homes. There were no unresolved facility safety concerns reported through end of this 2nd Quarter.

There were 0 cases of employees affected by the COVID-19 virus resulting in excusal from work and/or quarantine at home.

There were no Workmen’s Compensation cases reported.

Mr. Fernando Ortega, KBYH Maintenance, continued to inspect the KBYH Administration and FFA Buildings and Group Home facilities ensuring a safe environment and proper operation of smoke and carbon monoxide detectors and inspection of fire extinguishers. Maintenance also continued to correct maintenance deficiencies occurring through normal operations and destruction by clients at both group homes. Disaster Preparedness awareness continues to be practiced. I thank all who participated in making KBYH a safe place to work.

Safety continues to publish safety articles in the KBYH Newsletter.

The last Quarterly Health and Safety Committee meeting was held on 7/12/22 at 9:00 AM.

An Emergency Procedures for KBYH (Fire Drill) was conducted on 7/16/22.

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 ↓					
July 2021	1	0	0	5	0
August 2021	0	0	0	2	0
September 2021	0	0	0	2	0
October 2021	0	0	1	1	0
November 2021	1	0	0	2	0
December 2021	0	0	0	0	0
January 2022	0	0	0	3	0

February 2022	0	0	0	2	0
March 2022	0	0	0	4	0
April 2022	0	0	0	6	0
May 2022	1	0	1	5	0
June 2022	0	0	1	2	0

Goal: Assess frequency of placement changes (interagency transfers)

Purpose: To minimize the frequency of placement changes

Strategy: Provide enhanced services as needed

Progress: Placement changes have been minimal this past quarter, and overall

Changes: None at this time

Goal: Assess frequency of school attendance concerns

Purpose: To minimize the frequency of school absences

Strategy: Solicit educational system assistance as needed

Progress: School attendance issues have been minimal this past quarter, and overall

Changes: None at this time

Goal: Assess frequency and severity of foster youth medical concerns

Purpose: To determine if the response to medical issues is adequate

Strategy: To enhance services if medical issues are not been attended to adequately

Progress: Medical issues have been minor in nature this past quarter

Changes: None at this time

Goal: Assess frequency of property damage being caused by foster youth

Purpose: To determine the extent and cost related to foster youth property damage

Strategy: Assess insurance needs and intervention needs to mitigate property damage expenses

Progress: Property damage issues have been N/A past quarter

Changes: None at this time

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 2021	31	1	0	32
May 2021	32	1	2	31
June 2021	31	0	1	30
July 2021	30	0	1	29
August 2021	29	0	0	29
September 2021	29	0	1	28
October 2021	28	0	2	26
November 2021	26	0	1	25
December 2021	25	0	0	25
January 2022	25	0	0	25
February 2022	25	0	0	25
March 2022	25	0	1	24
April 2022	24	0	1	23
May 2022	23	1	1	23
June 2021	23	1	0	24

Goal: Assess number of active resource homes approved by KBYH

Purpose: To determine if KBYH has an adequate number of resource homes

Strategy: To engage in active recruitment as the needs determines

Progress: A part-time Resource Family Specialist has been hired to recruit families and assist them through the approval process

Changes: KBYH has already seen an increase in the number of families getting through the approval process since hiring a recruiter

ISFC INTAKE/DISCHARGE

MONTH	# INTAKE	# DISCHARGE	# TOTAL IN PROGRESS
July 2021	1	2	14
August 2021	0	2	14
September 2021	3	1	16
October 2021	0 FFA/1 Contract	1 FFA/0 Contract	15 FFA/1 Contract
November 2021	2 FFA/1 Contract	4 FFA/0 Contract	13 FFA/2 Contract
December 2021	5 FFA/0 Contract	0	18 FFA/2 Contract
January 2022	0 FFA/1 Contract	2 FFA	16 FFA/3 Contract
February 2022	1 FFA/0 Contract	0	17 FFA/3 Contract
March 2022	2 FFA/0 Contract	0	19 FFA/3 Contract
April 2022	0 FFA/1 Contract	0	19 FFA/4 Contract
May 2022	1 FFA/6 Contract	1 FFA/2 Contract	19 FFA/8 Contract
June 2022	1 FFA/3 Contract	4 FFA/3 Contract	16 FFA/9 Contract

Goal: Assess the number of youth receiving ISFC services

Purpose: To ensure adequate staffing for the ISFC program

Strategy: Recruit and retain adequate staffing as needed.

Progress: The number of children in the ISFC program has been steadily increasing month over month

Changes: The ISFC program has hired a new RS and part-time social worker.

ISFC DISCHARGE/LENGTH OF STAY

QUARTER	YOUTH	DISCHARGE OUTCOME	LENGTH OF STAY (WEEKS)	DATE OF DISCHARGE
Apr-Jun 2021	JS	Reunification	12 weeks	5/7/21
	IR	Runaway	79 weeks	11/12/19
	EN	Runaway- STRTP	11 weeks	3/2/21
	NS	Runaway	11 weeks	4/16/21
July-Sep 2021	TO	14-day notice	6 weeks	7/1/21
	JO	Graduated	105 weeks	7/13/21- still in Resource Home
	JM	Transitioned to THP	56 weeks	8/26/21
	PM	Reunified with parents	14 weeks	8/23/21
	RS	Juvenile Hall	4 weeks	9/28/21
Oct-Dec 2021	JJ	Adoptive placement	50 weeks	10/29/21
	BT	Grandparents	46 weeks	11/1/21
	DO	Graduated-still in placement	59 weeks	11/10/21
	GO	Jamison	7 weeks	11/10/21
	JC	Graduated-AB12	88 weeks	11/15/21
	Jan-Mar 2022	XM	ER placement with relative	80 weeks
DO		AB12-ILP	6 years	1/27/22
Apr-Jun 2022	JH	14-day notice-STRTP	9 weeks	5/27/22
	KR	14-day notice-STRTP	12 weeks	5/19/22
	JM	14-day notice	31 weeks	5/19/22
	AA	14-day notice	5 weeks	5/16/22
	SM	AWOL	5 weeks	6/29/22
	JM	14-day notice	5 weeks	6/28/22
	TM	14-day notice	33 weeks	6/21/22
	GW	AWOL	12 weeks	6/26/22
	AS	AWOL	145 weeks	6/17/22
	ES	Removed	20 weeks	6/2/22
SS	Removed	9 weeks	6/2/22	

Goal: Assess the discharge outcomes of ISFC youth and duration of services

Purpose: To determine if the ISFC program is effective in providing services that equate to successful outcomes and to minimize the length of stay

Strategy: Evaluate the reason for the outcome and determine if services were adequate, evaluate the length of stay and determine if the stay was excessive. Additionally, the ISFC Program Supervisor will review reasons for discharge in greater detail in order to ascertain the reasons for any negative discharges and determine what changes in services, if any, could have been made to improve the outcome.

Progress: The last quarter saw an increase in the number of clients and an increase in the number of discharges, most of which were negative in nature.

Changes: The ISFC program has added new staff and promoted a new supervisor.

SUPERVISED VISITATION PROGRAM

SVP Referrals

Month	Number of Referrals	Number of Scheduled Visits	Number of Visits Cancelled/No Show	New Cases	Closed Cases	Open Cases
July 2021	56	292	23	X	X	X
August 2021	58	303	51	X	X	X
September 2021	66	304	39	X	X	X
October 2021	69	280	34	X	X	X
November 2021	72	252	47	X	X	X
December 2021	55	276	41	X	X	X
January 2022	47	252	54	X	X	X
February 2022	43	209	34	X	X	X
March 2022	53	264	31	X	X	X
April 2022	54	260	52	7	18	36
May 2022	41	243	28	6	3	38
June 2022	53	259	53	15	10	43

Goal: Assess the number visits and cancellations

Purpose: To ensure adequate staffing and minimize cancellations

Strategy: Recruit and retain an adequate number of qualified staff

Progress: The SVP is opening a new site and is in the process of doubling the number of staff

Changes: The SVP will be opening the new site on 7/20/22

Serious Incidents

Month	Incident
July 2021	None
August 2021	None
September 2021	None
October 2021	None
November 2021	None
December 2021	None
January 2022	Attempted abduction
February 2022	None
March 2022	None
April 2022	None
May 2022	None
June 2022	None

Goal: Assess the number serious incidents that occur in the SVP

Purpose: To minimize risk and ensure proper response to critical incidents

Strategy: Improve training and response policy

Progress: The number of serious incidents continues to be minimal

Changes: N/A

ADOPTIONS

	Contract FE Referrals	KBYH FE's assigned
July 2021	8	1
August 2021	14	0
September 2021	10	0
October 2021	9	1
November 2021	10	0
December 2021	7	1
January 2022	8	0
February 2022	10	0
March 2022	11	0
April 2022	11	1
May 2022	17	0
June 2021	8	0

Goal: Assess the number of referrals for the FE/Adoptions contract

Purpose: To ensure adequate staffing for the adoptions program

Strategy: Recruit and retain adequate staffing as needed

Progress: The number of referrals remains relatively static

Changes: N/A

	Contract Psychosocial Assessment/FE Referrals Completed (average time frame in weeks)	KBYH Psychosocial Assessment/FE's Completed (average time in weeks)
July 2021	3.9	1
Aug 2021	3.8	0
Sep 2021	4.0	0
Oct 2021	3.9	1
Nov 2021	4.0	0
Dec 2021	3.8	0
January 2022	3.9	N/A
February 2022	3.8	N/A
March 2022	4.0	N/A
April 2022	3.8	N/A
May 2022	3.9	3
June 2022	3.8	N/A

Goal: Assess the amount of time it takes for social workers to complete FE's

Purpose: To ensure KBYH is meeting contract obligations

Strategy: Recruit and retain adequate staffing as needed

Progress: FE's are being completed within the required timelines

Changes: N/A

Family Evaluation Satisfaction Survey

All surveys were positive.

Client Records/FFA, STRTP

Clients Records: All client files have reviewed, and all discrepancies were fixed.

Staff records

The employee file review was conducted, 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.

