



# KERN BRIDGES YOUTH HOME

## Performance and Quality Improvement Quarterly Report

Oct 1, 2020 to December 31, 2020

**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.*
- d. *Build monetary fund reserves to \$300,000.00. Current value of CDs is \$31,214.01. 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 2019.*

c) BoD members will be asked for commitments at the October BoD meeting. This was accomplished. *BoD attendance 55% in July, 78% in August, 55% in September. 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 but not certified yet by any County to provide SMH services. This remains a work in progress throughout the State by many STRTPs.*

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 reserve is \$32,214.01.*

## 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 has been awarded a ISFC contract which will begin in March or April 2021.

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.

COVID continues to be a pandemic and likely will become an endemic according to experts.

### **STRTP DATA: Planned/Unplanned Discharges**

	CASA		Almklov	
	Planned	Unplanned	Planned	Unplanned
Oct-Dec 2019	1	2	0	3
Jan-March 2020	3	2	1	0
April-June 2020	2	0	1	2
Jul-Sep 2020	0	4	0	0
Oct-Dec 2020	4	2	0	0

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

## **AWOLS**

	CASA	Almklov
Oct-Dec 2019	13	47
Jan-March 2020	8	15
April-June 2020	25	15
Jul-Sep 2020	8	7
Oct-Dec 2020	2	2

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
Oct-Dec 2019	0	0
Jan-March 2020	0	0
April-June 2020	0	0
Jul-Sep 2020	0	0
Oct-Dec 2020	0	0

**There were zero staff medication errors this quarter.**

### **Medication Incidents (these are not Staff errors)**

	<b>CASA</b>	<b>Almklov</b>
Oct-Dec 2019	0	6
Jan-March 2020	4	73
April-June 2020	15	4
Jul-Sep 2020	40	1
Oct-Dec 2020	0	0

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**

	<b>CASA</b>	<b>Almklov</b>
Oct-Dec 2019	4	0
Jan-March 2020	1	0
April-June 2020	5	1
Jul-Sep 2020	0	1
Oct-Dec 2020	0	3

**Casa** had zero injuries requiring first aid treatment during the Oct-Dec 2020 quarter

**Almklov** had three injuries requiring first aid treatment during the Oct-Dec 2020 quarter

- Joshua fell on a rock while on fishing trip and scraped his right leg. Neosporin, antiseptic and band aid applied.
- Michael R fell while on out to Murray’s Farm and scarped his knee. Antiseptic, Neosporin and band aid applied.
- Michael R received a laceration to his forehead while UA He stated he ran through a yard with solar panels and hit his head. Laceration was cleaned with antiseptic and band aid was applied.

## Injuries

### **STRTP Residents Requiring Professional Medical Care**

	CASA	Almklov
Oct-Dec 2019	2	7
Jan-March 2020	3	2
April-June 2020	5	3
Jul-Sep 2020	4	1
Oct-Dec 2020	6	3

**Casa** had five incidents requiring professional medical care during Oct-Dec 2020 quarter

- Anthony complained of lower back pain and was transported to Delano Regional. Was given a shot of Toradol and a RX for Lidoderm patch.
- Marcos fell and twisted his right ankle causing it to swell and was transported to Delano Regional. Instructed to elevate, ice and take Tylenol for pain.
- Joseph complained of a rash and was transported to Clinica Sierra Vista in McFarland. Was prescribed a cream.
- Marcos complained of feeling ill, and not being able to smell, was taken to Urgent Care for COVID Test.

- Joseph complained of a rash and was transported to Clinica Sierra Vista in McFarland. Was prescribed a cream.

*Almklov* had three incidents requiring professional medical care during Oct-Dec 2020 quarter

- Malakai while on UA was shot with a pellet gun under his right arm. Transported to the ER and was diagnosed with pellet gun injury and prescribed Ibuprofen
- Alex complained of loss of smell, low grade fever and shortness of breath. Transported to ER and received a COVID-19 test with negative results. He was diagnosed with a viral syndrome and no medication was prescribed.
- Malakai complained of rib pain after he was punched by his cousin while on a visit. He was transported to the ER where he was diagnosed with a rib fracture and was prescribed Ibuprofen.

### **School Days Missed/Total Days Scheduled**

<b>School Days Missed V Scheduled</b>	<b>CASA</b>	<b>Almklov</b>
October 2019	44/276	34/120
November 2019	40/195	27/64
December 2019	29/135	42/90
January 2020	50/216	57/108
February 2020	64/216	51/106
March 2020	23/120	37/69
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

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.

<b>Appointments Missed</b>	<b>CASA</b>	<b>KBYH Staff Fault</b>	<b>Child Guidance Cancelled</b>	<b>Resident Refused or AWOL</b>
October 2019	7	0	0	7
November 2019	4	0	0	4
December 2019	1	0	0	1
January 2020	5	0	1	4
February 2020	4	0	3- (Covid )	1
March 2020	6	0	3- (Covid )	3
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



Outside Me Inside Me

<b>Appointments Missed</b>	<b>Almklov</b>	<b>KBYH Staff Fault</b>	<b>Child Guidance Cancelled</b>	<b>Resident Refused or AWOL</b>
October 2019	4	0	2	2
November 2019	4	1	0	3
December 2019	0	0	0	0
January 2020	2	1	0	1
February 2020	8	0	4	4
March 2020	13	1	2	10
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

### 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 2019	7	6(AWOLs)	0	0	1
Nov 2019	6	4(AWOLs)	0	1	1
Dec 2019	4	4(AWOLs)	0	0	0
Jan 2020	4	3(AWOLs)	1	0	0
Feb 2020	7	3(AWOLs)	4	0	0
March 2020	2	2(AWOLs)	0	0	0
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

### 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 2019	23	21(AWOLs)	0	0	2-citizen
Nov 2019	23	17(AWOLs)	0	5	1-citizen
Dec 2019	6	5(AWOLs)	0	0	1-PO
Jan 2020	7	5(AWOLs)	0	0	2- school
Feb 2020	9	5(AWOLs)	1	1	2- school
March 2020	7	7(AWOLs)	0	0	0
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

## **Congregate Law Enforcement Contacts**

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.

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 2019	69	57	0	6	6
Jan/Feb/Mar 2020	36	25	6	1	4
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

## **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
Oct-Dec 2019	\$1282	\$435
Jan-Mar 2020	\$1983	\$390
Apr-June 2020	\$1902	\$70
Jul-Sep 2020	\$255	\$620
Oct-Dec 2020	\$237	\$420



## **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
January 2020	13	7=54%	6	3=50%	53%
February 2020	14	7=50%	7	3=43%	48%
March 2020	13	7=54%	6	2=33%	47%
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%

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
October 2019	367/372=99%	186/186= 100%
November 2019	360/360=100%	164/180=91%
December 2019	367/372=99%	180/186=97%
January 2020	365/372=98%	186/186=100%
February 2020	346/348=99%	174/174=100%
March 2020	357/372=96%	186/186=100%
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	372/372=100%	180/180=100%
December 2020	372/372=100%	186/186=100%

Occupancy Rate was 99% for Casa and 100% for Almklov for quarter.

## **Physical Restraints**

	CASA	Almklov
Oct-Dec 2019	2	0
Jan-Mar 2020	0	3
Apr-June 2020	2	3
Jul-Sep 2020	1	1
Oct-Dec 2020	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 <b><u>Attended All outings</u></b>	Number & % of different residents with substance abuse problems who <b><u>Refused at least one outing</u></b>
Oct 2019	8	0=0%	8=100%
Nov 2019	8	0=0%	8=100%
Dec 2019	9	1=11%	8=89%
January 2020	9	3=33%	6=67%
February 2020	10	0=0%	7=70%
March 2020	NA	Covid-19	Covid-19
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%

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 \$ 126,509.94  
This can be attributed to an increase in rates and number of adoptions completed.

Measure staff turnover:

This quarter saw 1 staff separated, and 5 staff hired.

Workers Compensation Claims:

There were 1 new workers' compensation claim this quarter (ankle 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. The State is now reviewing all documents for final approval.

### **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 December 31, 2020

Total Current Assets:	\$1,332,403.36
Total Current Liabilities:	\$507,344.73
Total Current Checking/Savings:	\$622,779.58

## **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**

<b>Indicator </b>	<b>Intra-Agency Youth Transfers</b>	<b>School age youth NOT attending school</b>	<b>Injuries requiring professional medical care</b>	<b>Injuries requiring first aid</b>	<b>Property Damage by youth</b>
<b>Month ↓</b>					
<b>January 2020</b>	1	0	0	0	0
<b>February 2020</b>	0	0	0	2	0
<b>March 2020</b>	1	0	2	4	0
<b>April 2020</b>	1	0	0	2	0
<b>May 2020</b>	2	0	1	2	0
<b>June 2020</b>	0	0	0	2	0
<b>July 2020</b>	0	0	0	4	0
<b>August 2020</b>	2	0	0	4	0
<b>September 2020</b>	1	0	0	5	0
<b>October 2020</b>	0	0	0	4	0
<b>November 2020</b>	1	0	1	5	0
<b>December 2020</b>	1	0	0	5	1

## **Status of Resource Family Homes**

	<b>Approved Homes at Beginning of month</b>	<b>Newly Approved Homes this month</b>	<b>Closed Homes this month</b>	<b>Total Approved homes at end of month</b>
January 2020	37	0	1	36
February 2020	36	0	1	35
March 2020	35	1	1	35
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

## **ISFC INTAKE/DISCHARGE**

<b>MONTH</b>	<b># INTAKE</b>	<b># DISCHARGE</b>	<b># TOTAL IN PROGRESS</b>
January 2020	0	0	9
February 2020	1	0	8
March 2020	1	1	8
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

**ISFC DISCHARGE/LENGTH OF STAY**

<b>QUARTER</b>	<b>YOUTH</b>	<b>DISCHARGE OUTCOME</b>	<b>LENGTH OF STAY (WEEKS)</b>	<b>DATE OF DISCHARGE</b>
<b>1</b>	JS	14 day notice	3	3/11/20
<b>2</b>	WO	14 day notice	61	4/27/20
	RRB	14 day notice	33	5/21/20
<b>3</b>	VG	Left the home after turning 18	4	7/1/20
	FB	Left the home after turning 18	6	9/4/20
<b>4</b>	TC	Placed with grandparents	9	11/04/20
	AR	Placed in STRTP	82	11/16/20

During the fourth quarter of 2020, the KBYH ISFC program had two discharges. The discharges were due to one youth transitioning to live with their grandparents and one youth needing a higher level of care.

**SUPERVISED VISITATION PROGRAM**

On 8/31/20, KBYH launched a Supervised Visitation Program that started with 2 spaces and is now 3 spaces plus an outdoor play area. Initially no show and cancellations were high (app. 50%) and have since steadily decreased.

**Referrals**

<b>Month</b>	<b>Number of Referrals</b>	<b>Number of Scheduled Visits</b>	<b>Number of Visits Cancelled/No Show</b>
<b>October</b>	<b>35</b>	<b>202</b>	<b>37</b>
<b>November</b>	<b>37</b>	<b>181</b>	<b>36</b>
<b>December</b>	<b>39</b>	<b>186</b>	<b>32</b>

**Serious Incidents**

<b>Month</b>	<b>Incident</b>
<b>October</b>	Father smacked his child on the leg
<b>November</b>	Child felt flush and mother called 911
<b>December</b>	Father spanked child on the leg

## **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.

	<b>Contract Psychosocial Assessment/FE Referrals</b>	<b>KBYH Psychosocial Assessment/FE’s assigned</b>
January 2020	11	1
February 2020	8	0
March 2020	11	1
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

	<b>Contract Psychosocial Assessment/FE Referrals Completed (average time frame in weeks)</b>	<b>KBYH Psychosocial Assessment/FE's Completed (average time in weeks)</b>
January 2020	3.9	6
February 2020	4.6	N/A
March 2020	4.2	4
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

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, 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 a couple of new employees were missing a few forms. During this next PQI quarter there will be a review of all employee files.

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

