



KERN BRIDGES YOUTH HOME

Performance and Quality Improvement

Quarterly Report

October 1, 2022 to December 31, 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 is 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 and June 2022. Next review June 2026.*
- d. *Build monetary fund reserves to \$300,000.00. Current value of CDs is 253,249.57. There is an additional \$14,013.67 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 is 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 trees totaled over \$21,480.00 in 2022. 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 54% in October, 54% 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, and June of 2022. Next reaccreditation is in June 2026. 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 \$253,249.57 and current total checking and savings is \$868,425.69.*

2022/2023 Budget Year Goals

1. Pay down debt.
2. Review salary levels of key staff.
3. Build Financial Reserves to \$300,000.

CCR is making efforts to close group homes and move as many youth as possible into community-based settings. There has been a concentration of youth with the most significant unmet needs being relocated into a shrinking number of STRTPs. Youth in need of intensive services lack access to crisis stabilization services, cross-system care coordination, and specialized care to effectively meet their needs, including those related to histories of complex trauma and related behavioral presentations, substance use challenges, needs resulting from experiences of commercial sexual exploitation, and LGBT+-affirming care. This increased concentration of acuity was demonstrated in a November 2019 survey of CA Alliance members, which reported the following increases in significant incidents by category from pre- to post-STRTP licensure:

- 56% increase in incidents of elopement/runaway
 - KBYH increased from 14 to 31 in one year.
- 47% increase in incidents of physical aggression toward peers
 - KBYH went from 5 to 0 in one year.
- 38% increase in incidents of property damage
 - KBYH went from Q1 - \$1,930 Q2 - \$380 Q3 - \$570 Q4 - \$737
- 14% increase in incidents of self-injurious behavior in one year.
 - KBYH had 0 intentional self-injuries and 1 injury due to punching a wall in one year.
- 11% increase in incidents of physical aggression toward staff in one year.
 - While KBYH saw an increase none of the aggressive incidents caused injury to staff
- 50% increase in psychiatric holds in response to significant incidents
 - KBYH saw an increase in psychiatric holds in one year.
- 23% increase in restraint/physical hold in response to significant incidents
 - KBYH saw a decrease on physical holds in one year.
- 10% increase in law enforcement involvement in response to significant incidents
 - KBYH saw a steady increase each Quarter. Q1 - 15 Q2 - 16 Q3 - 30 Q4 - 32

When comparing this aggregated data to our data it shows we are experiencing similar increases in some areas such as elopement, property damage, and law enforcement. But have seen a lessening in the other areas.

STRTP DATA: Planned/Unplanned Discharges

	CASA		Almklov	
	Planned	Unplanned	Planned	Unplanned
Jan-March 2022	4	3	1	0
April-June 2022	1	2	2	0
Jul-Sep 2022	1	2	0	0
Oct-Dec 2022	0	1	0	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	Total
Jan-March 2022	4	10	14
April-June 2022	8	6	14
Jul-Sep 2022	4	21	25
Oct-Dec 2022	1	30	31

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.

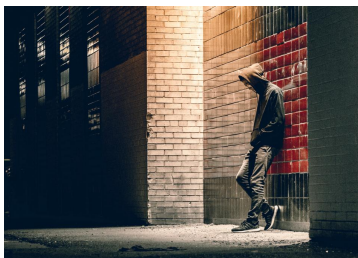
Goal: To eliminate or decrease unauthorized absences.

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. At Casa we are building a full court basketball court with lights so they can play volleyball, basketball, badminton, pickle ball, or skateboard on. The hope is to increase the options at our locations and lessen the need to go somewhere else.

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
Jan-March 2022	47	6
April-June 2022	77	23
Jul-Sep 2022	93	32
Oct-Dec 2022	31	72

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 three 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 (3) 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
Jan-March 2022	0	2
April-June 2022	0	4
Jul-Sep 2022	0	1
Oct-Dec 2022	1	2

Injuries

Casa had one injury requiring first aid treatment during the Oct-Dec 2022

- Randall needed First Aid needed due to injury to chin and arm on community outing (cut was cleaned with hydrogen peroxide and a large band aid)

Almklov had two injuries requiring first aid treatment during the Oct-Dec 2022

- Jeremiah grew frustrated while playing basketball and started punching the punching bag causing his skin to come off on his knuckles. Hand was cleaned with peroxide and antiseptic. Applied Neosporin and band aids.
- Juan was horseplaying with peer and was hit in the mouth causing it to bleed. Washed his mouth out with warm water but declined any further medical attention.

STRTP Residents Requiring Professional Medical or MH Care

	CASA	Almklov	Total
Jan-March 2022	3	5	8
April-June 2022	4	5	9
Jul-Sep 2022	0	0	0
Oct-Dec 2022	0	7	7

Casa zero incidents requiring professional medical or mental health care during Oct-Dec 2022

Almklov seven incidents requiring professional medical or mental health care during Oct-Dec 2022

- David complained of cough and fatigue and was transported to Accelerated Urgent Care where he was diagnosed with the Flu and prescribed medication.
- Andrew complained of cough and fatigue and was transported to Accelerated Urgent Care where he was diagnosed with the Flu and prescribed medication.
- Skyler complained of cough and congestion and was transported to Urgent Care and was diagnosed with the flu and prescribed medication.
- David complained of ear pain and right-hand pain and was transported to urgent care. He was diagnosed with Otitis Media and contusion to his right hand. He was prescribed Amoxicillin and Ibuprofen.
- Juan complained of right wrist pain and was transported to Urgent Care. Diagnosed with right wrist contusion and was prescribed Ibuprofen.
- Skyler cough had not improved so he was transported back to Urgent Care. He was diagnosed with Otitis media and was prescribed amoxicillin and Claritin.
- Skyler complained of cough and congestion and was transported to Urgent Care and was diagnosed with the flu and prescribed OTC meds due to his age.

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. Narcan is taken on all outings.



School Days Missed/Total Days Scheduled

School Days Missed V Scheduled	CASA	Almklov
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	0/0	3/20
July 2022	0/0	0/15
August 2022	11/57	6/66
September 2022	17/109	21/105
October 2022	11/61	22/108
November 2022	16/74	22/96
December 2022	5/70	32/102

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 the 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 tardiness.

Purpose: To enhance the residents academic experience and outcome.

Strategy: Identify client stated reasons for school absences and tardiness and intervene as appropriate to alleviate the clients’ issues.

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
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
July 2022	0	0	0	0
August 2022	4	0	0	4
September 2022	3	0	0	3
October 2022	0	0	0	0
November 2022	0	0	0	0
December 2022	0	0	0	0

Appointments Missed	Almklov	KBYH Staff Fault	Child Guidance Cancelled	Resident Refused/ AWOL or 51/50
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
July 2022	7	0	2	5
August 2022	4	0	0	4
September 2022	3	0	0	3
October 2022	8	0	2	6
November 2022	5	0	1	4
December 2022	7	1	2	4

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.



Outside Me Inside Me

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
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
July 2022	3	3 (AWOL)	0	0	0
Aug 2022	3	1 (AWOL)	0	0	2
Sep 2022	2	1 (AWOL)	0	0	1
Oct 2022	2	0	1	0	1
Nov 2022	4	1 (AWOL)	1	1	1
Dec 2022	1	0	0	0	1

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
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
July 2022	10	10 (AWOL)	0	0	0
Aug 2022	6	6 (AWOL)	0	0	0
Sep 2022	6	6 (AWOL)	0	0	0
Oct 2022	9	9 (AWOL)	0	0	0
Nov 2022	6	6 (AWOL)	0	0	0
Dec 2022	10	10 (AWOL)	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 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

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
Jan/Feb/Mar 2022	15	6	0	7	2
Apr/May/June 2022	16	14	0	1	1
Jul/Aug/Sep 2022	30	27	0	0	3
Oct/Nov/Dec 2022	32	26	1	2	3



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 taking into consideration when determining the amount of money, a resident will receive for their weekly allowance.

	CASA	Almklov	Total
Jan-Mar 2022	\$1600	\$330	\$1,930
Apr-June 2022	\$0	\$380	\$380
Jul-Sep 2022	\$200	\$370	\$570
Oct-Dec 2022	\$440	\$297	\$737



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.

Dates	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
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%
July 2022	13	6=46%	6	5=83%	58%
August 2022	13	6=46%	6	5=83%	58%
Sep 2022	13	6=46%	5	5=100%	61%
Oct 2022	12	6=50%	6	5=83%	61%
Nov 2022	12	5=42%	6	5=83%	56%
Dec 2022	12	5=42%	6	5=83%	56%

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.

Congregate Days of Care

Quarter	YOUTH	DISCHARGE OUTCOME	DAYS OF CARE	DATE OF DISCHARGE	PLANNED/ UNPLANNED DISCHARGE LOCATION
Oct-Dec 31, 2022					
	1. Juan	Akmklov	1 Years, 4 Months, 4 Days		
	2. Andrew	Akmklov	1 Years, 2 Months, 9 Days		
	3. Jermaine	Akmklov	1 Years, 1 Months, 18 Days		
	4. David	Akmklov	0 Years, 7 Months, 11 Days		
	5. Skyler	Akmklov	0 Years, 5 Months, 19 Days		
	6. Jeramiah	Almklov	0 Years, 2 Months, 18 Days		
	7. Joseph	Casa	3 Years, 1 Months, 15 Days		
	8. Alejandro	Casa	2 Years, 7 Months, 10 Days		
	9. Adam	Casa	1 Year, 5 Months, 12 Days		
	10. Vincent	Casa	0 Years, 10 Months, 27 Days		
	11. John	Casa	0 Years, 10 Months, 27 Days		
	12. Ethan	Casa	0 Years, 10 Months, 6 Days		
	13. Elijah	Casa	0 Years, 8 Months, 15 Days		
	14. Daniel	Casa	0 Years, 7 Months, 14 Days		
	15. Samuel	Casa	0 Years, 6 Months, 4 Days		
	16. Jackson	Casa	0 Years, 3 Months, 18 Days		
	17. Gonzalo	Casa	0 Years, 3 Months, 11 Days		
	18. Randall	Casa	0 Years, 5 Months, 2 Days		

(STRTP SW's will have this information. Be sure to change date top left corner once new data added.)

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

Purpose: To determine if the STRTP 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.

Progress: First time that the STRTPs are measuring this stat. Prior we measured bed days filled for each STRTP. Therefore, no benchmark has been established to compare.

Changes: The STRTP program has added mental health component to their program.

Physical Restraints

	CASA	Almklov	Total
Jan-Mar 2022	0	5	5
Apr-June 2022	1	6	7
Jul-Sep 2022	1	5	6
Oct-Dec 2022	0	0	0

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 December 2022, and 12-residents chose to complete the survey. The maximum score was 5, and the minimum score was 1. The overall average was 4.8 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. The overall satisfaction of the program improved for this quarter.

During this quarter there was only one complaint made by a resident at Almklov while Casa had zero complaints. The resident at Almklov complained that his roommate stole some of his clothing items and wanted them replaced. Staff found the clothing items the very next day, so the problem was resolved.

Youth directed Council Meetings are held weekly to obtain input from the Residents 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 \$11,169.00.

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

Measure staff turnover: This quarter saw 0 staff separated, and 4 staff hired.

Workers Comp Claims: There were 0 new workers' compensation claim this quarter.

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 2021-2022 is completed with no deficiencies found.

Quarterly Risk Management

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

Our Workers Compensation Carrier conducted an onsite inspection and made a few recommendations which were implemented.

Our Liability Insurance Carrier conducted a review of our policies and conducted interviews with key administrative staff and was pleased with our program. A written report will be forth coming.

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 quarter.

Annual Insurance Coverage Review and Authorization

Policies were updated during the year to keep in compliance with State and federal changes. All policies are following the applicable laws.

Financials

As of December 31, 2022

Total Current Assets:	\$1,793,562.92
Total Current Liabilities:	\$524,996.90
Total Current Checking/Savings:	\$868,425.69

From: Safety Officer, KBYH
To: Performance and Quality Improvement (PQI) Committee

Subj: PQI Safety Report for 4th Qtr CY-2022

This report covers the Quarter Calendar Year (CY) 2022 covering the months October 2022 through December 2022.

This 4th Quarter CY-2022 continued to prove another highly successful safety record for Kern Bridges Youth Homes (KBYH). During this Quarter, KBYH was not significantly impacted by the restrictions of COVID-19. Masks and COVID-19 precautions were not necessary during this reporting quarter. The KBYH Resource Family Homes showed absence of COVID-19 cases. Families have returned to normal functioning. The use of face masks are no longer mandated except as otherwise directed in the local community or services providers, such as hospitals, clinics, and mental health.

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 was prepared to apply COVID-19 infection control procedures, if these procedures were required, to help protect our families, clients, and employees. The reporting procedures for COVID-19 alerts were simpler than the previously.

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

There were no reports of any employees filing Workmen's Comp claims.

KBYH has continued to operate safely and with no loss of time or resources. The following measures previously implemented are encouraged whenever the COVID-19 threat is expected

1. Staying at home unless necessary to go out.
2. COVID-19 Testing.
3. Wearing face masks when out or in the presence of others outside the home.
4. Social distancing (maintaining a 6' distance from others)
5. Handwashing
6. Disinfecting
7. Immediate reporting of infections

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

We have held 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 4th Quarter.

The COVID-19 threat seems to be resolved for the most part. Cases of COVID-19 appeared in the community but not within Kern Bridges Youth Homes. Masks were not mandated this reporting period. In the community, some places such as health clinics and mental health clinics continue to require masks.

We were visited by Community Care Licensing who inspected our Emergency Procedures for Buildings A and B. Emergency Disaster Plans and Evacuation Plans were updated. Emergency Disaster Plan Policy is under review. It requires updating.

On November 15, 2022, we were visited by Sedgwick to complete a worker's comp risk assessment, and we have several items we need to fix. Human Resources is taking action on this.

There were no cases of employees affected by the COVID-19 virus resulting in excusal from work and/or quarantine at home.

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 have participated in making KBYH a safe place to work.

Safety continues to submit safety articles in the KBYH Newsletter.

The last Quarterly Health and Safety Committee meeting was held on 10/4/22 at 9:00 AM. Next meeting is scheduled for 1/10/23 at 9:00 AM.

JOE G. ORTEGA
Safety Officer

FFA Data

Indicator ¹⁸ Month ↓	Intra-Agency Youth Transfers	School age youth NOT attending school	Injuries requiring professional medical care	Injuries requiring first aid	Property Damage by youth
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
July 2022	0	0	1	2	0
August 2022	1	0	1	1	0
September 2022	0	1	1	3	0
October 2022	0	0	0	0	0
November 2022	1	0	0	1	0
December 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 remain minimal

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 remain minimal
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
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 2022	23	1	0	24
July 2022	24	0	0	24
August 2022	24	0	0	24
September 2022	24	1	0	25
October 2022	24	0	0	24
November 2022	24	0	0	24
December 2022	24	1	0	25

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 had a steady number of new Resource Parent applicants and there are currently over 17 applicants in process.

ISFC INTAKE/DISCHARGE

MONTH	# INTAKE	# DISCHARGE	# TOTAL IN PROGRESS
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
July 2022	1 FFA/4 contract	2 FFA/ 0 contract	15FFA/13 contract
August 2022	3 FFA/ 2 contract	1 FFA/1 contract	17FFA/14 contract
September 2022	1 FFA /0 contract	2 FFA/2 contract	17FFA/12 contract
October 2022	1 FFA/4 contract	2 FFA/ 3 contract	16 FFA/12 contract
November 2022	0 FFA/2 contract	3 FFA /0 contract	13 FFA/15 contract
December 2022	1 FFA/2 contract	2 FFA/2 contract	12 FFA/15 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 remained static this quarter

Changes: The ISFC program has begun to serve east Kern County and staff who live in that area have been added to the ISFC team

ISFC DISCHARGE/LENGTH OF STAY

QUARTER	YOUTH	DISCHARGE OUTCOME	LENGTH OF STAY (WEEKS)	DATE OF DISCHARGE
Jan-Mar 2022	XM	ER placement with relative	80 weeks	1/25/22
	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
July-Sep 2022	RB	AB 12	165 weeks	7/12/22

	DA	14 day-Behavioral	16 weeks	7/10/22
	ES	14 day-behavioral	5 days	8/10/22
	AB	14 day-behavioral	37 weeks	9/27/22
	MM	AB 12	182 weeks	9/8/22
	ON	Moved to FFA home	8 weeks	8/12/22
	KT	ISFC no longer needed	3 weeks	9/12/22
	JC	14 day notice	15 weeks	9/30/22
Oct-Dec 2022	RP	14 day-Behavioral	76 weeks	10/13/22
	MP	14-day notice	145 weeks	10/12/22
	SM	14-day notice	16 weeks	10/19/22
	KH	14-day notice-behavioral	4 days	10/24/22
	CS	County removed	54 weeks	10/31/22
	IR	County decision-AWOL	26 weeks	11/1/22
	JM	14-day notice-behavioral	44 weeks	11/16/22
	RB	County decision -AWOL	16 weeks	11/28/22
	DW	14-day notice-AWOL	41 weeks	12/8/22
	ER	AB 12	58 weeks	12/27/22
	AG	14-day notice-behavioral	108 weeks	12/4/22
	LV	Family reunification	91	12/5/22

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 ISFC program had a number of clients discharge, most of which were negative in nature.

Changes: The ISFC program staff will participate in additional training. Also, the ISFC program has amended how staff meetings are held such that more focus can be given to individual case reviews on a regular basis to ensure that proper services are being provided.

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
January 2022	47	252	54	X	X	X
Feb 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
July 2022	71	325	52	29	8	64
August 2022	87	436	40	23	19	68
Sept 2022	90	433	84	14	23	67
October 2022	91	477	104	16	26	65
Nov 2022	87	458	163	22	13	74
Dec 2022	94	430	94	19	25	69

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 has opened a second site, the Westra Visitation Station

Changes: Both SVP sites are now fully functioning, but not yet at full capacity. Visitor satisfaction surveys were completed for the 2022 4th quarter and were overwhelmingly very positive.

Serious Incidents

Month	Incident
January 2022	Attempted abduction by parent
February 2022	None
March 2022	None
April 2022	None
May 2022	None
June 2022	None
July 2022	None
August 2022	Visitor kicked a window and broke it
September 2022	None
October 2022	None
November 2022	None
December 2022	Son attacked his mother and had to be restrained by staff. Incident last 10+ minutes, was captured on video, and was reported to DHS

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: There was one incident that occurred in December that resulted in sending the referral back to DHS and recommending a more secure location for those visits to occur.

ADOPTIONS

	Contract FE Referrals	KBYH FE's assigned
January 2022	8	0
February 2022	10	0
March 2022	11	0
April 2022	11	1
May 2022	17	0
June 2022	8	0
July 2022	9	0
August 2022	7	1
September 2022	7	0
October 2022	7	1
November 2022	7	1
December 2022	9	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: The RFA FE Contract referrals have remained relatively consistent and communication with DHS is positive and collaborative.

	Contract Psychosocial Assessment/FE Referrals Completed (average time frame in weeks)	KBYH Psychosocial Assessment/FE's Completed (average time in weeks)
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
July 2022	3.9	N/A
Aug 2022	3.7	N/A
Sep 2022	3.8	3
Oct 2022	3.9	N/A
Nov 2022	3.8	6
Dec 2022	3.9	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: The Adoption Social Workers assigned to this contract are consistently timely and provide clear communication when they feel they might exceed the targeted time frame of 30 days

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.

