



# KERN BRIDGES YOUTH HOME

## Performance and Quality Improvement Quarterly Report

April 1, 2017 through June 30, 2017

Final Version 8/18/17

## 5 Year Plan Goals Progress 2014/2019

- a. BoD members and senior staff to recruit members in the following professions: Medical employee of CHW, Law Enforcement, College Professor of Cal State Bakersfield, Insurance industry executive, and Oil Industry Executive, Bakersfield City Government employee and Kern High School District employee. *No new members joined the BoD this quarter. BoD member Clarence Westra passed away. The above positions still to be filled are Medical Employee of CHW and 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. *Accredited 9/30/2014. Reaccreditation has begun.*
- d. Build monetary fund reserves to \$300,000.00. *Current value of CDs is \$126,815.73. There is an additional \$34,033.67 in the Casa de Niño's building fund.*

## Short Term Plans Progress in Implementing 5 Year Plan Goals

- 1) BoD members and senior staff to recruit members in the following professions: Medical employee of CHW, Law Enforcement, College Professor of Cal State Bakersfield, Insurance industry executive, and Oil Industry Executive, Bakersfield City Government employee and Kern High School District employee. *No new members joined the BoD this quarter. Member Judge Clarence Westra passed away.. The above positions still to be filled are Medical Employee of CHW and College Professor of Cal State Bakersfield, and an oil industry executive.*
- a) BoD will engage community members of the differing careers listed above as opportunity allows. At each BoD meeting utilization of this task will be discussed. During annual open house members from the above professions will be encouraged to consider joining our Board. After the open house each senior staff and BoD member will be asked if they made any progress towards encouraging a member of the above professions to consider joining our BoD. *Open house completed. BoD recruitment continues. Next open house will be held once we are in full compliance with AB 403.*
- b) A BoD recruiting post will be put on our web site and Facebook pages. *Done.*
- 2) BoD members to more actively fund raise and market the agency. *Progress made.*
- a) BoD members will solicit Wishmas Tree donations during the Christmas Holiday season. *This was accomplished in both 2015 and 2016.*

c) BoD members will be asked for commitments at the October BoD meeting. *This was accomplished. BoD attendance 60% in April; 80% in May and 50% in June. The By-Laws were changed to make four members the number for a quorum.*

d) BoD members will spearhead at least one fundraiser in addition to those listed above. *This has not been accomplished.*

3) Fully implement COA standards and gain COA Accreditation. *This was complete on September 30, 2014 and the next one will be due on September 30, 2018. The annual data submissions are sent to COA every year. With the new law AB 403 COA will require KBYH to be accredited as a Residential Treatment Center and as a Mental Health Provider. This process has begun.*

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

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

4) Build monetary fund reserves to \$300,000.00. *Current reserve is \$160,849.40.*

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

#### 2016/2017 Budget Year Goals

In addition to the above 5-year strategic plan long term goals with short-term plans the following goals are adopted for the budget year 2015/2016. *Under new audit guidelines presented by CDSS all new capital expenditures over \$5,000.00 will now need CDSS preapproval effective July 9, 2015.*

Paint Administrative Office Restrooms & Kitchen	Completed
Repair Sidewalks that have become a safety hazard	Completed
Repair south side of bulding landscape tree & Lawn safety issues	Completed
New data base – “ <b>Extended Reach</b> ”	Completed

#### Group Homes DATA:

Planned/Unplanned Discharges

	Planned	Unplanned	Planned	Unplanned
Oct-Dec 2016	3	CASA 2	1	Almklov 1
Jan-Mar 2017	6	3	1	0
Apr-Jun 2017	4	3	1	0

AWOLS

	CASA	Almklov
Oct-Dec 2015	34	18
Jan-Mar 2016	31	27
Apr-Jun 2016	41	39
July-Sept 2016	4	10
Oct-Dec 2016	33	10
Jan-Mar 2017	15	21
Apr-Jun 2017	50	16

AWOLs fluctuate at both homes based on the barrier behaviors of the current residents. With that in mind, and in cooperation with Law Enforcement, youth who leave the group home without permission, and yet we know where they are, they are not considered AWOL. They are considered UA (unauthorized absence) and no police report is filed unless they are gone past midnight. Youth who leave and we do not know where they are after three hours a police report is made.

Medication Errors (Staff errors)

	CASA	Almklov

April-Jun 2016	0	0
July-Sept 2016	0	0
Oct-Dec 2016	0	0
Jan-Mar 2017	0	0
Apr-Jun 2017	2	0

Medication Incidents (these are not staff errors)

	<b>CASA</b>	<b>Almklov</b>
Apr-Jun 2016	42	1
July-Sept 2016	4	0
Oct-Dec 2016	21	0
Jan-Mar 2017	73	6
Apr-Jun 2017	10	11

These numbers fluctuate based on the number of residents with awoling behavior and who do not desire to be on psychotropic medication and refuse to take the prescribed medications. An incident is when it is through no direct fault of KBYH staff. These incidents are primarily for two reasons. The court medication order or scripts were not provided by county and/or mental health staff or (as for most of the incidents) the clients are AWOL or refuse medication. There were two medication errors at CASA because staff neglected to pass out medication on an outing

School Days Missed/Total Days Scheduled

<b>School Days Missed V Scheduled</b>	<b>CASA</b>	<b>Almklov</b>
September 2016	115/242 = 47%	5/108 = 5%
October 2016	66/220 = 30%	11/92 = 12%
November 2016	58/176 = 33%	9/86 = 10%
December 2016	20/120 = 17%	18/102 = 18%
January 2017	15/156=10%	27/96=28%
February 2017	62/228=27%	26/102=25%
March 2017	89/276=32%	11/132=8%
April 2017	59/156=38%	5/77=6%
May 2017	43/264=16%	16/113=14%
June 2017	2/24=8%	8/27=30%

The clients at CASA/Almklov generally come to us with major school issues. As one can see missed school days continues to be a major problem with youth in group homes. With the seriousness of this issue KBYH has instituted a comprehensive policy that includes sending a letter to the placing worker indicating that the resident may need to be moved to another facility if they believe there is a facility that can motivate the youth to attend school. This comprehensive policy has been shared with all pertinent stakeholders and the clients. Although letters have been sent, County Social Workers are as frustrated with the residents who constantly refuse school as anyone else is.

### Individual Counseling via Community Resources

Another issue that residents in group homes often have is the refusal to attend therapy

that is provided by professionals outside of the group home. KBYH make effort to motivate residents to attend therapy with rewards for attending. No consequences are given for refusing to attend as they have a right to refuse treatment under the Foster Youth Bill of Rights..

<b>Appointments Missed</b>	<b>CASA</b>	<b>KBYH Staff Fault</b>	<b>Child Guidance Cancelled</b>	<b>Resident Refused or AWOL</b>
Jan 2017	1	0	0	1
Feb 2017	4	1	0	3
Mar 2017	6	0	0	6
April 2017	1	0	0	1
May 2017	2	0	2	0
June 2017	2	0	0	2
<b>Appointments Missed</b>	<b>Almklov</b>	<b>KBYH Staff Fault</b>	<b>Child Guidance Cancelled</b>	<b>Resident Refused or AWOL</b>
Jan 2017	3	0	1	2
Feb 2017	2	0	1	1
Mar 2017	3	0	1	2
April 2017	0	0	0	0
May 2017	0	0	0	0
June 2017	3	0	0	3

<b>Appointments Missed</b>	<b>Almklov</b>	<b>KBYH Staff Fault</b>	<b>OMNI/VYS Cancelled</b>	<b>Resident Refused or AWOL</b>
Jan 2017	1	0	0	1
Feb 2017	0	0	0	0
Mar 2017	0	0	0	0
April 2017	0	0	0	0
May 2017	0	0	0	0
June 2017	0	0	0	0

Under the new law CCL conducts a comprehensive review of the programs in the State that have the top 50% of law enforcement contacts initiated by the group home.

#### **CASA LAW ENFORCEMENT CONTACTS**

<b>Month</b>	<b>Total Number of Law Enforcement Contacts</b>	<b>Initiated by KBYH as Required by Title 22</b>	<b>Initiated by KBYH at Staff Discretion</b>	<b>Initiated by Resident</b>	<b>Initiated by Stake Holder</b>
January	5	2 (AWOLs)	1(suicidal ideation)	1(suicidal ideation)	1(School called brandishing knife)
February	2	2(AWOLs)	0	0	0
March	6	6(AWOLs)	0	0	0
April	8	6(AWOLs)	0	1 (suicidal ideation)	1(Farmer called for tractor theft)
May	4	0	1(suspected drug toxicity)	1(suicidal ideation)	2(Jay walking tickets)
June	8	5(AWOLs)	0	2 (suicidal ideation)	1

#### **January 2017:**

- Two calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- One call initiated by staff due to resident having suicide thoughts needed a 51/50 evaluation. Resident transported to Mary K Shell Mental Health Center by police.



- One call initiated by a resident for suicide thoughts needed a 51/50 evaluation. Resident transported to Mary K Shell Mental Health Center by police.
- One call initiated by the school due to resident having a knife.

**February 2017:**

- Two calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).

**March 2017:**

- Six calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).

**April 2017:**

- Six calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- One call initiated by a resident for suicide thoughts needed a 51/50 evaluation. Resident transported to Mary K Shell Mental Health Center by police.
- One call initiated by farmers at Grimmway for alleged tractor theft.

**May 2017:**

- Two residents were stop and cited by police for Jaywalking.
- One call initiated by staff due to residents under the influence of drugs.
- One call initiated by a resident for suicide thoughts needed a 51/50 evaluation. Resident transported to Mary K Shell Mental Health Center by police.

**June 2017:**

- Five calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- One call initiated by one of the resident’s mother after her son Awoled during home pass.
- Two calls initiated by a resident for suicide thoughts needed a 51/50 evaluation. Resident transported to Mary K Shell Mental Health Center by police.

**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
January	0	0	0	0	0
February	6	4(AWOLs)	0	1(complained of being hit by peer)	1(resident stole parents

					vehicle while on home visit)
March	0	0	0	0	0
April	3	2(AWOLs)	0	1(suicidal ideation)	0
May	3	2(AWOLs)	0	1(suicidal ideation)	0
June	3	2(AWOLs)	0	1(suicidal ideation)	0

**January 2017:**

- Almklov had no LEA contact in the month of January 2017.

**February 2017:**

- Four calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- One call initiated by resident after being assaulted by peer.
- One call Initiated by the parents of a resident after he stole their vehicle while on a home pass.

**March 2017:**

- Almklov had no LEA contact in the month of March 2017.

**April 2017:**

- Two calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- One call initiated by a resident for suicide thoughts needed a 51/50 evaluation. Resident transported to Mary K Shell Mental Health Center by police.

**May 2017:**

- Two calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- One call initiated by a resident for suicide thoughts needed a 51/50 evaluation. Resident transported to Mary K Shell Mental Health Center by police.

**June 2017:**

- Two calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- One call initiated by resident due to physical assault by peer

### Congregate LAW ENFORCEMENT CONTACTS

Month	Total Number of Law Enforcement Contacts	Initiated by KBYH as Required by Title 22	Initiated by KBYH at Staff Discretion	Initiated by Resident	Initiated by Stake Holder
Oct/Nov/Dec	14	6	4	0	6
Jan/Feb/Mar	19	14	1	3	1
Apr/May/June	29	9	9	7	4

### Injuries

#### Group Home Residents Requiring Professional Medical Care

	CASA	Almklov
Jan-Mar 2017	5	0
Apr-June 2017	6	1

*Casa* had six injuries requiring professional medical care during Apr-Jun quarter.

- Resident cut his arm with a stapler.
- Resident fell at skate park and hurt his buttocks.
- Resident was punched in eye by another resident.
- Resident claimed to OD on pills but ER tox screen was negative.
- Resident punched wall and hurt hand.
- Resident was bit on face by another resident during an altercation.

*Almklov* had one incidents requiring professional medical care during Apr- Jun quarter.

- Resident was hit in the head with a metal bucket during altercation by pool

### Group Home Residents Requiring First Aid

All minor injuries requiring ice or bandages.

	CASA	Almklov
Jan-Mar 2017	9	6
Apr-Jun 2017	4	3

### Group Home Residents Property Destruction

	CASA	Almklov
July-Sept 2016	\$3,686	\$750
Oct-Dec 2016	\$3,794	\$3,310
Jan-Mar 2017	\$3,091	\$635
Apr-June 2017	\$2,787	\$721

Property Destruction generally includes holes in walls, broken TVs, and vehicle damage. **The Almklov spike in October is because a resident broke a dentist's chair on purpose.**

## Clients Taking Psychotropic Medication

With the passage of AB 403 the State department of Social Services is now monitoring how many residents are on psychotropic medication. A mandatory review of all programs that are in the top 50% of agencies with percentage of clients on psychotropic medications is now done annually by CCL.

Fiscal Year 2016/2017	Casa Total Clients Served	Casa Total Clients and % of total clients on Psychotropic Medications	Almklov Total Clients Served	Almklov Total Clients and % of total clients on Psychotropic Medications	Congregate % of clients on Psychotropic Medications
October 2016	13	4 = 31%	7	5=71%	51%
November 2016	14	6 = 43%	6	5=83%	63%
December 2016	12	6 = 50%	7	6=86%	68%
January 2017	14	6=43%	6	6=100%	60%
February 2017	13	5=38%	7	7=100%	60%
March 2017	16	8=50%	6	6=100%	64%

April 2017	16	8=50%	6	6=100%	64%
May 2017	15	10=67%	7	7=100%	77%
June 2017	12	9=75%	6	6=100%	83%

The data indicates that the percentage of residents on psychotropic medications has increased over the last two months. We attribute this to AB 403 in the sense that there is a stronger push to have youth in foster care or kin care instead of group care. Subsequently, only the youth with the most severe barrier behaviors are in group care and they are the youth most likely to be under psychiatric care.

Bed Days = Total Available/Total Filled

Fiscal Year 16/17	CASA	Almklov
December 2016	372/372 = 100%	186/186 = 100%
January 2017	352/372=95%	186/186=100%
February 2017	307/336=91%	168/168=100%
March 2017	344/372=92%	186/186=100%
April 2017	355/360=99%	180/180=100%
May 2017	346/372=93%	186/186=100%
June 2017	357/360=99%	180/180=100%

Occupancy Rate was 100% for Almklov and 97% for Casa for Apr-June quarter.

## Physical Restraints

	CASA	Almklov
Oct-Dec 2016	10	7
Jan-Mar 2017	13	4
Apr-Jun 2017	18	2

The reason for the high rates at Casa are twofold. We are working with a high profile resident who is extremely behaviorally disturbed. The County for this resident is paying us an additional \$18.00 an hour during the 16 hours a day he is awake for one on one supervision. In addition to that we have some new residents who are aged 12 and 13 and the younger residents tend to get seriously physical with staff and other residents vs awoling. The high profile resident at Almklov is making very good progress and we expect an extinction of the serious aggressive behavior during the next quarter.

## Group Home Residents Complaints

A satisfaction survey was given to all residents in June and 14 residents chose to complete the survey. The maximum score was 5 and the minimum score was 1. The **overall average was 3.7 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.

Complaints made by Almklov residents this quarter ranged from requested room changes, one resident needed basketball shoes, two had minor physical altercation with peers, and one resident made a complaint about his ribs hurting for reasons unknown. That resident was taken to the doctor for CAT scan and it came back negative. All complaints were handled and resolved to the **resident’s** satisfaction. No complaints required outside Stakeholder involvement.

Complaints made by Casa de Ninos residents in April – June were minor complaints and all resolved to **resident’s** satisfaction. In June one complaint was made by a **resident’s mother who wanted the group home to stop her son from Awoling. The group home staff shared our AWOL policy with the mom and notified the placing worker. The mom seemed to be satisfied with the info given.**

However, there were several complaints made in the quarter that were investigated by CCL. Almklov had two complaints and Casa had five complaints.

Complaint #1: Residents are not supervised appropriately plus facility not ensuring residents are attending school. (unsubstantiated)

Complaint #2: Resident claims staff violated his personal rights. (unsubstantiated)

Complaint #3: Resident claims staff violated his personal rights. (unsubstantiated)

Complaint #4: Personal rights lack of supervision and neglect. (unsubstantiated)

Complaint #5: Medication/Lack of Supervision. (unsubstantiated)

Complaint #6: Compliant by resident JE reasons unknown. (Open)

Complaint #7: Personal rights lack of supervision during camping trip. (Open)

### Group Home Adventure Program

Month	Number of outings attended	Number of outings refused Percent refused
October	31	23 = 42%
November	24	20 = 45%
December	20	11 = 35%
January	23	23 = 50%
February	30	32 = 52%
March	35	26 = 43%
Apr	27	25 = 48%
May	34	12 = 26%
June	38	56 = 62%

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 attended all outings	Number of different residents with substance abuse problems who refused at least one outing

January	8	0	8
February	9	0	8
March	9	2	7
April	7	1	6
May	7	5	2
June	7	4	3

\*One resident has visits every weekend therefore is not involved in the outings although he has a substance abuse problem.

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

## Trauma Informed Care Self-Assessment

Our annual trauma informed care self-assessment show us rating from 2 to 4 in all areas.

- 2 = Plan has been implemented
- 3 = Plan has been implemented and data have been gathered regarding implementation
- 4 = Plan has been implemented and revised based on feedback/data regarding implementation.

### Administrative Functions

Financial Stability measured by all departments.

As of June 30 this fiscal year ADMIN showed a net loss of \$351,283.35 and was over budget by \$26,359.58

Almklov showed a net income of \$11,402.47 and expenses were \$76,462.38 over budget.

Casa de Ninos showed a net income of \$54,407.29 and expenses were \$1,313.20 over budget.



The FFA program showed a net income of \$265,087.66 and expenses were \$12,448.32 under budget budget.

The Adoption program is a break even budget as required by Federal and State law.

The Agency overall has an overall YTD net income of \$29,734.72.

Measure staff turnover.

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

Workers Compensation Claims

There was one **new workers' compensation claim** this quarter. It was a first aid incident. NOTE: First Aid incidents are now required to be reported to the State.

Unemployment Claims

There were no new unemployment claims this quarter.

Other liability insurance claims

There were no new liability insurance claims.

CCL Reviews

There were no Citations issued to Casa de Ninos this period. Two complaints were investigated but were unsubstantiated.

There were no Citations issued to Almklov House this period. Two complaints by residents were investigated but were found unsubstantiated.

There were no citations during this quarter for the FFA. One complaint by a resident was investigated and it was unsubstantiated.

A133 Financial Audit

The Audit for fiscal year 2016-2017 is completed with no deficiencies found.

Annual Risk Management

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

Annual Review of Policy Manual

Policies were updated during the year to keep in compliance with State and federal changes. All policies are in compliance with the law. With that said AB 403 is now being implemented. KBYH has submitted its new FFA Policies to the State for final review. KBYH has submitted its new policies to become STRTP to the County for review and has made requested changes and is now awaiting the approval letter. KBYH has submitted it application to become Medi-Cal Certified and has received

preliminary approval pending site visits.

### **Annual “Interested Party” Review**

Two **BoD members** have “interested party” status having received compensation for work performed for the agency. Mike Conard performs IT work for us and Bill Slocumb provided legal work for us.

### Annual Insurance Coverage Review and Authorization

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

### Financials

#### **March 31, 2017**

Total Current Assets:	\$852,808.05
Total Current Liabilities	\$318,123.83

Total Current Checking/Savings \$393,560.38

#### **June 30, 2017**

Total Current Assets:	\$829,750.85
Total Current Liabilities	\$290,193.26

Total Current Checking/Savings \$336,233.94

### Safety Report

The period 1 January, 2017 through 30 June, 2017 commenced with a successful **safety record for the beginning of 2017, except in the area of Workman’s Comp** claims. The Foster Family Agency, Adoptions and FFA Administration enjoyed an injury free and safe quarter.

Safety concerns were reported during the quarter. At the front of the KBYH Administration Building the sidewalk lifted as a result of ground foundation shift causing one section of sidewalk to elevate about one inch. An employee tripped and nearly fell. Fortunately, the employee was able to hold on to a coworker instead of falling. The hazard was reported and immediately fixed. At the southwest corner of the KBYH Administration building a safety concern was reported last year. A separator, made of wood, deteriorated over the years and formed a void between two concrete sections. The issues posed a safety concern. The problem was corrected by maintenance. Concerns were issued regarding sidewalk lift and these areas of danger were repaired. Concerns were raised regarding irrigation runoff and tree roots causing danger and these issues were repaired.

Maintenance continued to inspect the KBYH Administration and FFA Buildings ensuring a safe environment and proper operation of smoke and carbon monoxide detectors. Maintenance also continued to correct maintenance deficiencies at both group homes.

With the Foster Family Agency, there were no major injuries and few minor reported. The FFA continued to experience minor injuries with the younger clients. These younger children sustained very minor bruises, bumps and scratches during normal play and activities. These injuries were reported via Unusual Incident Reports primarily to explain such injuries to biological parents during visits. Continued training, education, safety practices and safety articles in the Newsletters proved useful to help minimize injuries.

**Human Resources reported a significant rise in employee Workmen's Comp claims in Group Homes.** HR addressed this issue with the Group Home Administrator. Safety continues to submit safety articles in the KBYH Newsletter.

FFA

Indicator	April	May	June	Total
<b>Intra-Agency Youth Transfers</b>	1	4	1	6
<b>School age youth NOT attending school.</b>	0	0	0	0
<b>Injuries requiring professional medical care</b>	1	0	1	2
<b>Injuries requiring first aid</b>	9	10	12	31
<b>Property Damage by youth</b>	0	0	0	0

ADOPTIONS

Length of time to complete home study – [The length of time to complete a home study for this quarter was 4.6 months. There were 13 home studies that were completed in the quarter and a significant outlier that factored into the increased average length of time was a home study that took 61 weeks. This delay was due to the fact that the family was unresponsive and their case was closed, however, they appealed, their case was reopened, and they eventually completed all the requirements. Other lengthier cases also involved delays on the part of the family, not due to lack of KBYH resources.](#)

[Satisfaction surveys were handed out to the adoption applicants at the completion of the](#)

home studies and 3 were returned. No complaints were received by any KBYH personnel regarding the adoption home study process therefore the families appear to be satisfied with the services they received.

Adoptive Family Satisfaction with the Adoption Process – all surveys were positive.

Client records/FFA, GH

All forms filed within 30 days of due date. **A comprehensive file review was done in January of 2017 and the files were in excellent shape. A new electronic file system was implemented as of May 2017.**

Staff records

All forms filed by due date in HR. *Survey Responses:* Staff satisfaction survey data returned an aggregate score of 4.91 out of 5 with five being completely satisfied.