



# KERN BRIDGES YOUTH HOME

## Performance and Quality Improvement Quarterly Report

January 1, 2017 through March 31, 2017

**Final Report**

## 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. Ron Sasaki of Aera Energy is still planning to join the BoD. The above positions still to be filled are Medical Employee of CHW and College Professor of Cal State Bakersfield.*

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 \$126,296.27. There is an additional \$24,058.67 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. Ron Sasaki of Aera Energy plans to join the BoD. The above positions still to be filled are Medical Employee of CHW and College Professor of Cal State Bakersfield.*

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. The next open house will be held when all AB 403 requirements are met and certified.*

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 actively recruit prize donations and golfers for annual golf tournament. *Commitments will be asked for at the BoD meeting prior to the tournament. There was no golf tournament this year as the Condors changed ownership. And there are no plans for a future golf tournament. This goal will be*

*deleted after today.*

*b) 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 70% in January; 40% in February (no quorum) and 50% in March (no 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 will begin once the State of California certifies KBYH in the new areas. Reaccreditation begins in May of 2017.*

*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 \$150,354.94.*

*a) Each quarter, as cash flow allows, a CD will be bought and set aside as part of fund reserves. This amount will be discussed as part of regular BoD meetings and progressed assessed. The funds generated from the golf tournament will go towards the reserve fund. This is progressing well.*

#### 2015/2016 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	Completed
Paint Almklov group Home	Completed
Replace Administrative Office Carpet	Completed
New data base – “Extended Reach”	In implementation

[Group Homes DATA:](#)

## Planned/Unplanned Discharges

	Planned	Unplanned	Planned	Unplanned
	CASA		Almklov	
Oct-Dec 2016	3	2	1	1
Jan-Mar 2017	6	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

AWOLs fluctuate at both homes. With that in mind and in cooperation with Law Enforcement youth who leave the group home without permission, yet when 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

	<b>CASA</b>	<b>Almklov</b>
Oct-Dec 2015	0	0
Jan-Mar 2016	0	0
April-Jun 2016	0	0
July-Sept 2016	0	0
Oct-Dec 2016	0	0
Jan-Mar 2017	0	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

These numbers fluctuate based on the number of residents with awoling behavior. There are currently a group of residents 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 zero medication errors at both homes.

## 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%

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 and consequences for refusing to attend.

<b>Appointments Missed</b>	<b>CASA</b>	<b>KBYH Staff Fault</b>	<b>Child Guidance Cancelled</b>	<b>Resident Refused or AWOL</b>
Oct 2016	4	0	1	3
Nov 2106	3	0	0	3
Dec 2016	4	0	0	4
Jan 2017	1	0	0	1
Feb 2017	4	1	0	3
Mar 2017	6	0	0	6
<b>Appointments Missed</b>	<b>Almklov</b>	<b>KBYH Staff Fault</b>	<b>Child Guidance Cancelled</b>	<b>Resident Refused or AWOL</b>
Oct 2016	5	0	1	4
Nov 2106	3	0	1	2
Dec 2016	1	0	0	1
Jan 2017	3	0	1	2
Feb 2017	2	0	1	1
Mar 2017	3	0	1	2

<b>Appointments Missed</b>	<b>Almklov</b>	<b>KBYH Staff Fault</b>	<b>OMNI/VYS Cancelled</b>	<b>Resident Refused or AWOL</b>
Oct 2016	0	0	0	0
Nov 2106	0	0	0	0
Dec 2016	1	1	0	0
Jan 2017	1	0	0	1
Feb 2017	0	0	0	0
Mar 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>
October	2	0	1	0	1 (School)
November	5	5 (AWOLs)	0	0	0
December	5	0	2 (suicidal ideation & resident brandishing a weapon)	0	5 (Child Guidance, Farmers, Rush Sports)
January	5	2 (AWOLs)	1 (suicidal ideation)	1 (suicidal ideation)	1 (school called over knife0
February	2	2 (AWOLs)	0	0	0
March	6	6 (AWOLs)	0	0	0

#### **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).

**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
October	1	1 (AWOL)	0	0	0
November	0	0	0	0	0
December	1	0	1 (Suicidal Ideation)	0	0
January	0	0	0	0	0
February	6	4 (AWOLs)	0	1 (peer assault complaint)	1 (resident stole parents vehicle)
March	0	0	0	0	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.

**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

Injuries

Group Home Residents Requiring Professional Medical Care

	CASA	Almklov
Jan-Mar 2017	5	0

*Casa* had five injuries requiring professional medical care during this quarter.

- Resident cut his eye during Adventure outing while doing an activity.
- One resident was hospitalized for suicidal ideation.
- One resident was hospitalized for intoxication.
- One resident fractured his shoulder at the group while horse playing
- One resident was experiencing enormous pain in his legs. Found out he had acid in his muscles that needed flushing.

*Almklov* had zero incidents requiring professional medical care during this quarter.

Group Home Residents Requiring First Aid

All minor injuries requiring ice or bandages.

	CASA	Almklov
Oct-Dec 2015	3	0
Jan-Mar 2016	0	1
Apr-Jun 2016	2	6
<b>July-Sept 2016</b>	6	2
<b>Oct-Dec 2016</b>	9	8
<b>Jan-Mar 2017</b>	9	6

### Group Home Residents Property Destruction

	CASA	Almklov
Oct-Dec 2015	\$2,240	\$350
Jan-Mar 2016	\$2,790	\$900
Apr-Jun 2016	\$1,875	\$650
<b>July-Sept 2016</b>	\$3,686	\$750
<b>Oct-Dec 2016</b>	\$3,794	\$3,310
<b>Jan-Mar 2017</b>	\$3,091	\$635

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%

Bed Days = Total Available/Total Filled

Fiscal Year 16/17	CASA	Almklov
October	372/356 = 96%	186/155 = 83%
November	360/342 = 95%	180/180 = 100%
December	372/372 = 100%	186/186 = 100%
January	352/372=95%	186/186=100%
February	307/336=91%	168/168=100%
March	344/372=92%	186/186=100%

Occupancy Rate was 100% for Almklov and 93% for Casa for this quarter.

Physical Restraints

	CASA	Almklov
Oct-Dec 2016	10	7
Jan-Mar 2017	13	4

The reason for the high rates is that we have accepted two high profile cases of residents who are extremely behaviorally disturbed. The County for the Casa resident is paying us an additional \$18.00 an hour during the 16 hours a day he is awake for one on one supervision. The 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

Complaints made by Almklov residents this quarter ranged from stating other residents stole their items to wanting to go home. All complaints were handled and resolved to the residents satisfaction except for being allowed to go home. No complaints required outside Stakeholder involvement.

Complaints made by Casa de Ninos residents in October and November were minor complaints and all resolved to residents satisfaction. However, there were three complaints made in December that were investigated by CCL.

Complaint #1: Resident stated staff hit him in the eye. Staff indicates this happened when resident was being contained and was an accident. This complaint is currently under investigation by CCL.

Complaint #2: Resident claims staff violated his personal rights. CCL is investigating.

Complaint #3: Resident claims staff let residents fight each other. CCL is investigating.

### Group Home Adventure Program

Month	Number of outings attended	Number of outings refused Percent refused
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October	31	23 = 42%
November	24	20 = 45%
December	20	11 = 35%
January	23	23 = 50%
February	30	32 = 52%
March	35	26 = 43%

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
October	7	1	6
November	9	2	7
December	8*	2	5
January	8	0	8
February	9	0	8
March	9	2	7

\*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. Residents who refuse adventure outings will be asked why they are refusing and the responses will be evaluated for possible changes in the adventure outing planning.

## 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.

ADMIN showed a net loss of \$230,206.34 and was under budget by \$3,707.68

Almklov showed a net income of \$28,164.28 and expenses were \$24,496.62 over budget.

Casa de Ninos showed a net income of \$11,294.70 and expenses were \$565.96 over budget.

The FFA program showed a net income of \$163,500.97 and expenses were \$7,367.78 under budget budget.

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

The Agency has an overall YTD net income of \$30,878.65.

Measure staff turnover.

This quarter saw 7 staff separated and 6 staff hired.

Workers Compensation Claims

There were two **new workers' compensation claims** this quarter. One RCCW broke her finger during a restraint and is still recovering and one was a first aid.

Unemployment Claims

There were no new unemployment claims this quarter.

Other liability insurance claims

There were no new liability insurance claims.

CCL Reviews

A Type A Citation was issued to Casa de Ninos for lack of supervision when a staff was not quick enough to prevent a fight whereby one resident cracked another residents jaw bone.

A Type B Citation was issued because a Plan of Correction report did not state that the Plan of Correction had been completed even though it had.

There were no Citations issued to Almklov House this period.

There were no citations during this quarter for the FFA.

A133 Financial Audit

The Audit for fiscal year 2015-2016 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 County for review. KBYH has submitted its new policies to become STRTP to the County for review. KBYH has submitted its application to become Medi-Cal Certified.

#### **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

December 31, 2016

Total Current Assets:	\$863,945.12
Total Current Liabilities	\$266,280.84
Total Current Checking/Savings	\$408,631.78

March 31, 2017

Total Current Assets:	\$852,808.05
Total Current Liabilities	\$318,123.83
Total Current Checking/Savings	\$393,560.38



## Safety Reports

From: Safety Officer, KBYH

To: Performance and Quality Improvement (PQI) Committee

Subj: PQI Safety Report for 1<sup>st</sup> Quarter CY-2017 (Period 1 January thru 31 May 2017)

This report covers the 1<sup>st</sup> Quarter of Calendar Year (CY) 2017 which includes January through March 2017.

The period 1 January, 2017 through 31 May, 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.

Two 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.

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.

The last Quarterly Health and Safety Committee meeting was held on 4/18/17 at 9:00 AM. The next meeting is scheduled for 7/18/17 at 9:00 AM.

Please be Safe out there.

JOE G. ORTEGA  
Safety

FFA

Indicator	January	February	March	Total
Intra-Agency Youth Transfers	1	1	0	2
School age youth NOT attending school.	0	0	0	0
Injuries requiring professional medical care	2	0	0	2
Injuries requiring first aid	5	4	10	19
Property Damage by youth	0	0	0	0

ADOPTIONS

Length of time to complete home study – The length of time to complete a home study has rose from 4.2 months to 6.7 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 is being implemented as of May 2017.

Staff records

All forms filed by due date in HR.

*Survey Responses:* No surveys were done this quarter. Survey will be handed out in March to June of 2018. This is done twice annually.