



# KERN BRIDGES YOUTH HOME

## Performance and Quality Improvement Quarterly Report

January 1, 2018 through March 31, 2018

Final Version 2018

## **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. 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 and will be completed by July 2018.*
- d. *Build monetary fund reserves to \$300,000.00. Current value of CDs is \$126,884.63. There is an additional \$38,023.67z 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. 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 2015, 2016 and 2017. Christmas donations via the Wishmas tress totaled \$23,000.00 in 2017.*

c) BoD members will be asked for commitments at the October BoD meeting. This was accomplished. BoD attendance 70% in January, 70% in February, 70% in March. 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 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 June, 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 and is progressing well.

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 \$164,908.30 which is an increase of \$4,036.63

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. There is current discussion of paying down the mortgage on the Casa property as the rate of return on CDs remains far below that loan rate being paid.

### **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 building landscape tree & Lawn safety issues	Completed
New data base – “Extended Reach”	Completed

### **2017/2018 Budget Year Goals**

KBYH has one budget year goal and that is to make no new expenditures unless necessitated by a Title 22 issue or safety & health issue because of the following reasons:

- a) The reimbursement rate by the State of California is scheduled to increase by about 25% (\$3,000 per resident per month) once we are certified as an STRTP and the State is determined to move youth very quickly out of STRTP care so our typical occupancy rate of 97% or higher may change and we do not know where we are in the queue as it pertains to our STRTP certification
- b) The Adoption payment methodology for finalized adoptions, through PAARP, has remained unchanged. The current contract with the Kern County Department of Human Services pays \$2,000 per completed assessment (\$3,000 for Spanish speaking families) and is reimbursed to KCDHS when or if the family finalizes an adoption.
- c) The new Foster Parent, now known as Resource Parent, pay rate has once again been delayed. Current rates are frozen at the basic rate, with the new Level of Care rates set to begin March 1, 2018.

**Group Homes DATA:**

**Planned/Unplanned Discharges**

	Planned	Unplanned	Planned	Unplanned
Apr-Jun 2017	4	3	1	0
	CASA		Almklov	
July-Sept 2017	4	1	0	1
Oct-Dec 2017	3	1	1	0
Jan-Mar 2018	1	1	1	0

The unplanned discharge at CASA during this period was for a resident who stole a bike from the group home and was arrested. Almklov had no unplanned discharges during this quarter.

**AWOLS**

	CASA	Almklov
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Apr-Jun 2017	6	4
July-Sept 2017	4	2
Oct-Dec 2017	14	1
Jan-Mar 2018	3	1

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. When youth leave, and we do not know where they are after three hours, a police report is made.

### **Medication Errors (Staff errors)**

	<b>CASA</b>	<b>Almklov</b>
Apr-Jun 2017	2	0
July-Sept 2017	0	1
Oct-Dec 2017	0	0
Jan-Mar 2018	0	0

There were no staff medication errors this quarter.

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

	<b>CASA</b>	<b>Almklov</b>
Apr-Jun 2017	10	11
July-Sept 2017	3	7
Oct-Dec 2017	5	5
Jan-Mar 2018	8	16

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.

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

<b>School Days Missed V Scheduled</b>	<b>CASA</b>	<b>Almklov</b>
September 2017	41/228=18%	8/110=7%
October 2017	49/254=19%	4/127=3%
November 2017	43/192=22%	3/96=3%
December 2017	40/192=21%	8/96=8%
January 2018	54/204= 26%	0/102=0%
February 2018	35/216=16%	6/108=6%
March 2018	28/204=14%	13/102=13%

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. Although the data shows a downward trend for KBYH residents, albeit modest, truancy remains a major issue in group homes throughout the United States. In addition, the “subjects” being measured change so the data is not a “pure” grasp of our program influence. In reviewing the data and, once again, reviewing the literature, . . . *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 have most control over is meaningful incentive. 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 in 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. This will take place once we are certified as STRTP.

## **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>
Oct 2017	1	1	0	0

Sept 2017	1	0	0	1
Dec 2017	2	0	0	2
Jan 2018	2	1	1	0
Feb 2018	2	0	1	1
Mar 2018	2	0	2	0
Fiscal Year Totals	10	2	4	4

<b>Appointments Missed</b>	<b>Almklov</b>	<b>KBYH Staff Fault</b>	<b>Child Guidance Cancelled</b>	<b>Resident Refused or AWOL</b>
Oct 2017	3	0	0	3
Nov 2017	2	0	0	2
Dec 2017	0	0	0	0
Jan 2018	5	1	2	2
Feb 2018	4	0	1	3
Mar 2018	5	0	0	5
Fiscal Year Total	19	1	3	15



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**

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 2017	3	0	3	0	0
Nov 2017	1	0	0	0	1
Dec 2017	8	6(AWOLs)	0	0	2
Jan 2018	1	0	2	0	0
Feb 2018	1	1	0	0	0
Mar 2018	0	0	0	0	0
Fiscal Year Totals	15	7	5	0	3

### **January 2018:**

- Staff called police after 2 residents stole a bike from the facility that belonged to a peer. The two residents awoled on the bike together but was later discovered by police and the bike was recovered.

### **February 2018:**

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

### **March 2018:**

- There were no LEA contacts in the month of March 2018

## **ALMKLOV LAW ENFORCEMENT CONTACTS**

Month	Total Number of Law Enforcement Contacts	Initiated by KBYH as Required by Title 22	Initiated by KBYH at Staff Discretion	Initiated by Resident	Initiated by Stake Holder
Oct 2017	3	0	0	2	1
Nov 2017	1	0	1	0	0
Dec 2017	2	0	0	1	1
Jan 2018	1	1	0	0	0
Feb 2018	2	1	1	0	0
Mar 2018	1	0	0	0	1
Fiscal Year Totals	10	2	2	3	3

#### January 2018:

- Call initiated by KBYH staff due to vandalism. Resident caused over thousand dollars in damages to staff car. Resident was detained by LEA and later released.

#### February 2018:

- One call initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- One call initiated by resident due to being upset over outing that he could not attend. Police came to the group home briefly to do an evaluation then left.

#### March 2018:

- Call Initiated by school for terrorist threats and harm to peers. Resident was arrested and taken to Juvenile Hall and later released.

#### 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 2017	18	6	4	3	5
Jan/Feb/Mar 2018	5	2	1	1	1
Fiscal Year Total					

## Injuries

### Group Home Residents Requiring Professional Medical Care

	CASA	Almklov
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Oct-Dec 2017	2	1
Jan-Mar 2018	2	2
Fiscal Year Total	4	3

**Casa** had two injuries requiring professional medical care during Jan-March 2017 quarter.

- Resident injured his leg at school while participating in PE. Staff took resident to the doctor and he was prescribed pain medicine until the pain alleviated.
- Resident had red blotchy spots on his face what appeared to be a rash. Resident was taken to the doctor where he was prescribed medicine to alleviate the rash.

**Almklov** had two incidents requiring professional medical care during Jan-March 2017 quarter.

- Resident fell and chipped his tooth while on an outing at the museum. Resident was taken to Midtown dentistry to repair the injury.
- Resident was taken to ER for an ingrown toenail. He refused to stay at the hospital so staff applied Neosporin and bandage.

### **Group Home Residents Requiring First Aid**

	CASA	Almklov
Oct-Dec	2	3

2017		
Jan-Mar 2018	3	3
Fiscal Year Total	5	6

All minor injuries requiring ice or bandages.

**Casa** had 3 injuries requiring first aid treatment during the Jan-March 2018 quarter

- Resident was horse-playing with his peers and received a bruised on his left arm to his shoulder down to his wrist. Resident was given an ice pack.
- Resident was bit by his peer during a confrontation. The skin did not break however staff still applied a rubbing alcohol and Neosporin.
- Resident was playing outside with his peer and got dirt in his eyes. Staff applied some water wash to his eyes.

**Almklov** had 3 injuries requiring first aid treatment during the Jan-March 2018 quarter

- Resident punched GH's vehicle window and used glass for self-harm; first aid was administered.
- Resident punch bedroom mirror and hurt his hand; first aid antiseptic and bandage.
- Resident punched GH's vehicle window again and used glass for self-harm; first aid was administered.

### **Group Home Residents Property Destruction**

	CASA	Almklov
Oct-Dec 2017	\$1,328	\$525

Jan-Mar 2018	\$1,479	\$450
Fiscal Year Total	\$2,807	\$975

Property Destruction generally includes holes in walls, broken TVs, and vehicle damage. This quarter property damage was very low at both group homes. We believe our new restructure of our allowance has contributed to lower property damage. Property damage is taken into consideration when determining the amount of money, a resident will receive for their weekly allowance. If residents do property damage, they are held accountable by paying for the damages from their allowance. Under our new allowance scale, the boys can earn up to \$70 dollars per week.

### **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	Casa Total	Casa Total Clients and	Almklov Total	Almklov Total Clients and % of	Congregate % of clients on
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2016/2017	Clients Served	% of total clients on Psychotropic Medications	Clients Served	total clients on Psychotropic Medications	Psychotropic Medications
October 2017	13	9=69%	6	5=83%	74%
November 2017	14	10=71%	7	6=86%	76%
December 2017	13	10=77%	6	6=86%	84%
January 2018	13	6=46%	7	6=86%	60%
February 2018	12	6=50%	6	6=100%	67%
March 2018	12	6=50%	6	6=100%	67%
Fiscal Year Total	77	47= 61%	38	35=92%	71%

The data indicates that the percentage of residents on psychotropic medications has increased over the last six 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 17/18	CASA	Almklov
Oct 2017	372/372= 100%	186/186=100%
Nov 2017	356/360=99%	180/180=100%
Dec 2017	372/372=100%	183/186=98%

January 2018	365/372= 98%	186/186=100%
February 2018	334/336= 99%	168/168=100%
March 2018	372/372= 100%	186/186=100%
Fiscal Year Total	1071/1080=99%	540/540=100%

Occupancy Rate was 99% for Casa and 100% for Almklov for Jan--March 2018 quarter.

### **Physical Restraints**

	CASA	Almklov
Oct-Dec 2017	8	5
Jan-Mar 2018	2	4
Fiscal Year Total	10	9

Physical restraints are down at both group homes this quarter even though we are working with high-profile residents who are extremely behaviorally disturbed. These high-profile residents are 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 December and 12 residents chose to complete the survey. The maximum score was 5 and the minimum score was 1. The overall average was 4.2 with "3" meaning neutral and "4" meaning agree. Line Staff will be shown the survey and the results will be discussed as well as ways to improve the program to help residents be more satisfied with the services they receive. This quarter showed a slight improvement than last quarter.

Almklov only had one complaint the entire quarter. Resident complained that the shoes he received for Christmas were too small and he wanted to exchanged them. The very next day, staff took resident to the store and replaced the shoes.

Complaints made by Casa de Ninos residents in this quarter were minor complaints and all resolved to resident's satisfaction. Majority of the complaints during this quarter was about clothing or resident requesting to see their primary doctor due to illness. Many of the residents requested more clothing and a few wanted new shoes because they gained weight or they feet grew. Quarterly shopping was approved and each resident received \$200 each to shop for clothing and shoes. Likewise, we had two residents complain about chest pains om two separate days. These residents were taken to the ER immediately and evaluated by the doctor. Both Residents were later released without any further incident.

### **Group Home Adventure Program**

**Residents with substance abuse issues fluctuate in their commitment to sobriety.**

Month	Total number of different residents with substance abuse problems participating in the outings	Number & % of different residents with substance abuse problems who <b>attended all outings</b>	Number & % of different residents with substance abuse problems who <b>refused at least one outing</b>
Oct 2017	6	1=17%	5=83%
Nov 2017	8	0=0%	8=100%
Dec 2017	6	0=0%	5=100%
Jan 2018	5	0=0%	5=100%
Feb 2018	6	1=17%	5=83%
Mar 2018	6	2=33%	4=67%

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 shows 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 December 31, which is the end of the first fiscal quarter for the fiscal year 2017/2018 ADMIN showed a net loss of **\$249,438.99** which is to be expected.

Casa de Ninos showed a net loss of **\$20,809.01** with net income being **\$2,318.81** better than budget and net expenses were **\$42,645.69** over budget primarily due to increased staffing required of AB 403. We will not see an increase in rates until we are certified as an STRTP.

Almkolv showed a net income of **\$15,396.13** with expenses **\$276.41 over budget**.

The FFA program showed a net income of **\$205,328.52** and expenses were **\$7,874.63** under 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 **\$169,368.90**.

Measure staff turnover.

This quarter saw 1 staff separated and 2 staff hired as AB 403 creates newly required positions.

Workers Compensation Claims

There were no new workers' compensation claim this quarter.

Unemployment Claims

There were one new unemployment claim this quarter.

Other liability insurance claims

There were no new liability insurance claims.

CCL Reviews - **ALMKLOV**

Licensing Program Analyst (LPA) T. Davis went to John & Dorothy Almklov House in order to conduct an unannounced Random Annual inspection. The facility is licensed to serve six ambulatory male clients ages 11-17 years old. The facility also provides services to nonminor dependents. LPA met with Trina Smith, Administrator, and together they toured the facility inside and outside. The group home is located in a residential neighborhood and has three bedrooms, three bathrooms, staff office,

kitchen, living room, dining area, recreation room, and a backyard. Currently, there are six clients in placement at the facility.

Sharp knives, cleaning supplies, and medications are kept locked in areas inaccessible to clients. LPA observed the facility's kitchen to be clean and well stocked with several food items (perishable and nonperishable). LPA also observed a fully stocked refrigerator in the kitchen as well as in the laundry room. All three bedrooms contained twin beds, dressers, and closet space. LPA observed three bathrooms to be in good repair and working order. Smoke alarms were operable in all three bedrooms. The First Aid Kit was fully stocked with bandages, scissors, band-aids, tweezers, and a thermometer. There is adequate seating in the dining area and in the living room.

The Administrator stated that there were no guns or weapons on the premises. The last fire drill was held on January 13, 2018 at 3:30 p.m. The outdoor areas were observed to be free of debris and hazards. LPA reviewed files and found the reviewed files to be in order. LPA obtained a copy of the most recent Board of Director's meeting minutes dated February 13, 2018.

**A review of Licensing Information System dated February 14, 2018 indicates that all facility staff associated to the facility had DOJ, FBI, and child abuse index check clearances.**

Licensing Program Analysts (LPAs) Jean Herring and Claudia Portillo conducted a case management inspection at the above named facility to review medication policies and procedures. LPAs met with Trina Smith, Administrator.

Medications, client and staff records were reviewed. Staff and clients were also interviewed.

A signed copy of this report was provided to the facility representative along with LIC 811s (Confidential Names list).

#### **CCL Reviews - CASA**

Licensing Program Analyst (LPA) Jean Hering conducted an unannounced Case Management inspection at the facility. LPA met with Facility Administrator, Clark Weathers. The purpose of the inspection was to follow up on the facility status and adherence to Title 22 regulatory requirements.

Licensee will ensure that appropriate staff to client ratio is maintained at all times. (During today's inspection, there were 2 clients and 3 staff members present at the facility.)

Licensee will ensure facility reports all unusual incidents to the licensing agency in a timely manner as specified in the regulation. (LPA reviewed the Regional Office's incident reports log and observed several incident reports that were not submitted in a timely manner as specified in 80061 (b). Deficiency cited.)

Licensee will continue to provide drug and alcohol education program to clients with drugs/alcohol issues. (The facility has a drug and alcohol program called "Wilderness program" where clients identified with drug and alcohol issues participate in outdoor wilderness recreation activities. Participation in the said program is documented in the child's treatment plan. The facility also has in-house social workers (Steve Kresha and Diana Cisneros) who provides weekly counseling to clients. In addition, the facility conducts regular and random drug test on clients based on their treatment plan. )

Licensee will submit a plan to ensure that the Group Home Administrator is on the premises for the number of hours necessary to manage and administer the facility. RO is recommending that the Administrator performs his/her duties and responsibilities on the premises at least 20 hours a week. (The facility recently hired a new Administrator. Licensee submitted required documents for the new Administrator. The licensee was advised to submit a board resolution designating the new administrator. Per facility staff schedule, facility administrator, Clark Weathers works Sunday, Monday, Tuesday, Wednesday and Saturday, 41 hrs. per week.)

RO will refer facility to Technical Support Program as agreed upon. (The TSP unit is handling this.)

RO will conduct unannounced quarterly case management inspections to the facility for one year. (Since the NCC conducted on 6/16/17, the Department has conducted 6 case management, POC and annual inspections (including this inspection) at the facility. Licensee will submit board minutes for one year (from July 2017 to July 2018). (The licensee has been submitting copies of quarterly board minutes to LPA Herring since the NCC.)

#### **CCL Reviews - FFA**

Licensing Program Analyst (LPA) Joshua Rarela conducted a follow-up complaint inspection to deliver the findings from a complaint investigation concerning the allegation above. The complaint was investigated by Community Care Licensing, Investigations Branch, Investigator Elisia Rippe. LPA Rarela met with the facility representative named above and discussed the findings.

During the course of the investigation, Investigator Rippe interviewed the children, resource parents, other relevant parties (see Confidential Names Form, LIC 811, dated March 19, 2018) and reviewed pertinent documents. The resource parent admitted to inappropriately touching a legal guardian child in the home as indicated in the police report from the Shafter Police Department. The resource parent was arrested by the Shafter Police Department. According to Health and Safety (H&S) code Section 1548(E ), this deficiency may warrant an enhanced civil penalty. A civil penalty determination is currently pending due to the substantiated allegation of sexual abuse. Based on the information gathered, the preponderance of evidence to prove the allegations was met, therefore the allegation is substantiated.

An exit interview was conducted. A copy of this report, LIC 811 and LIC 9099-D for deficiency and appeal rights were provided to the agency representative.

***KBYH has appealed the above finding. The adolescent that was molested was not a KBYH Client and we had absolutely no jurisdiction over her, in fact the adolescent had been in legal guardianship for years with the family. We did not meet with this adolescent, interview this adolescent, or provide any services for this adolescent. We believe the citation of “guilty by association,” is incorrect.***

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 continues to be implemented. KBYH’s FFA Policies have been approved by the State and are in compliance with AB 403. KBYH has submitted its new policies to become STRTP and was approved by Tulare County. KBYH has submitted the policy and program manual to CCL for approval. They give us an earliest date of completed review to be no earlier than November. KBYH has submitted an 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 were made.

### **Financials**

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

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

Total Current Checking/Savings	\$393,560.38
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#### **March 31, 2018**

Total Current Assets:	\$1,025,655.68
Total Current Liabilities	\$393,369.61

Total Current Checking/Savings \$423,771.98

**Safety Report**

From: Safety Officer, KBYH

To: Performance and Quality Improvement (PQI) Committee

Subj: PQI Safety Report for 1<sup>st</sup> Quarter CY-2018 (Period 1 January thru 31 March 2018)

This report covers the 1<sup>st</sup> Quarter of Calendar Year (CY) 2018 which includes months January through March 2018.

The period 1 January 2018 through 31 March, 2018 proved to be a highly successful quarter for safety. During this reporting period the Foster Family Agency, Adoptions and FFA Administration enjoyed injury free and safe quarter.

There were no safety concerns reported during the quarter. There were no reports of facility safety issues noted or reported.

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. Disaster Preparedness continues to be practiced.

During March Group Home, Administrative, Adoptions and FFA Staff received training and practical application on the use of fire extinguishers on a pre-staged fire.

With the Foster Family Agency, as in previous quarter, there were no major injuries and few minor injuries 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 or families during visits. The outside community has posed safety risks for our clients, clients and caretakers. With continued training, education, safety practices and safety articles in the Newsletters proved useful to help minimize injuries. Additionally, caretakers and staff have exercised greater safety awareness, contributing to the low incidences of safety injuries in this agency. Thanks to all of you for making 2017 a safe year.

**FFA**

<b>Indicator</b>	<b>Intra-Agency</b>	<b>School age youth NOT</b>	<b>Injuries requiring</b>	<b>Injuries requiring</b>	<b>Property Damage</b>
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	<b>Youth Transfers</b>	<b>attending school</b>	<b>professional medical care</b>	<b>first aid</b>	<b>by youth</b>
<b>October 2017</b>	0	0	0	10	0
<b>November 2017</b>	2	0	0	11	0
<b>December 2017</b>	0	0	0	10	0
<b>January 2018</b>	0	0	1	8	0
<b>February 2018</b>	0	0	0	5	0
<b>March 2018</b>	0	0	1	6	0
<b>Total</b>	2	0	2	50	0

	<b>Approved Homes at Beginning of month</b>	<b>Newly Approved Homes this month</b>	<b>Closed Homes this month</b>	<b>Total Approved homes at end of month</b>
<b>October 2017</b>	36	0	0	36
<b>November 2017</b>	36	0	1	35
<b>December 2017</b>	35	0	1	34
<b>January 2018</b>	34	4	1	37
<b>February 2018</b>	37	1	3	35
<b>March 2018</b>	35	1	2	34

### **ADOPTIONS**

The adoptions department has seen numerous changes with respect to the completion of adoption home studies, due to the new CCR regulations. As such, the tracking starting 1/1/18 has been altered, per below.

- 1) The term “Home Study” changed to “Written Report”, “Psychosocial Assessment”, and now “Family Evaluation”.
- 2) KBYH completes assessments under various regulations and with different requirements, depending on the family.
  - a) Contract Adoption Home Studies are required to be completed within 4 months
  - b) Contract RFA Psychosocial Assessments and Family Evaluations are required to be completed within 60 days
  - c) In house, KBYH Psychosocial Assessments/Family Evaluations do not have a time limit and vary in length depending on the level of the prospective resource family’s motivation.

	<b>Contract Adoption Home Study Referrals</b>	<b>Contract Psychosocial Assessment/FE Referrals</b>	<b>KBYH Psychosocial Assessment/FE’s assigned</b>
<b>January 2018</b>	1	11	0
<b>February 2018</b>	3	3	1
<b>March 2018</b>	0	9	2

	<b>Contract Adoption Home Study Completed (average time frame in weeks)</b>	<b>Contract Psychosocial Assessment/FE Referrals Completed (average time frame in weeks)</b>	<b>KBYH Psychosocial Assessment/FE’s Completed (average time in weeks)</b>
<b>January 2018</b>	22.5	10.6	N/A
<b>February 2018</b>	20	12	N/A
<b>March 2018</b>	15.3	10.9	N/A

Psychosocial Assessment/Family Evaluation Satisfaction Survey—all surveys were positive. Additionally, random post-assessment phone surveys are being conducted and all results have been positive thus far.

**Client records/FFA, GH**

All forms filed within 30 days of due date. A comprehensive file review was done in 2017 and the files were in excellent shape. A new electronic file system was implemented as of May 2017. An annual Adoption Program Review by CCL was completed as this report is being written found no deficiencies.

**Staff records**

All forms filed by due date in HR. *Survey Responses:* Staff satisfaction survey data returned an aggregate score of 4.74 out of 5 with five being completely satisfied.

