



KERN BRIDGES YOUTH HOME

Performance and Quality Improvement Quarterly Report

July 1, 2017 through September 30, 2017

Final Version

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 \$126,832.39. 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 website and Facebook pages. *Done.*

2) BoD members to more actively fundraise 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 50% in July, 70% in August, 90% in September. 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 \$160,866.06 which is an increase of \$16.66.*

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

2017/2018 Budget Year Goals

KBYH budget year goal: 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 approximately 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 has changed and we will remain in flux for at least this fiscal year until we have a better idea of referrals and the new CCR (Continuing Care Reform)
- c) The new Foster Parent, now known as Resource Parent, pay rate has once again been delayed

Group Homes DATA:

Planned/Unplanned Discharges

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

The unplanned discharge at CASA during this period was for a youth who went AWOL and never returned. The unplanned discharge at Almklov was for a youth who took his mother's car for a joy ride during a home visit and was subsequently arrested.

AWOLS

	CASA	Almklov
Oct-Dec	34	18

2015		
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
July-Sept 2017	23	5

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, are not considered AWOL. They are considered UA (unauthorized absence) and no police report is filed unless they are gone past midnight. A police report is made after three hours when a youth leaves, and their whereabouts are unknown.

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
July-Sept 2017	0	1

Medication Incidents (these are not staff errors)

	CASA	Almklov
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
July-Sept 2017	3	7

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 their 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 CASA. There was one medication error at Almklov when direct care staff forgot to pass out a medication.

School Days Missed/Total Days Scheduled

School Days Missed V Scheduled	CASA	Almklov
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%
July 2017	5/15=33%	0/14=0%
August 2017	19/228=8%	3/71=4%
September 2017	41/228=18%	8/110=7%

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. 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. 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 \$2.00 per day for school attendance. This coupled with other allowance incentives provides for a total of \$65.00 or more per week. This will take place once we are certified as an 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 makes effort to encourage and 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 or AWOL
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
July 2017	1	0	0	1
August 2017	1	0	0	1
Sept 2017	2	0	0	2
Appointments Missed	CASA	KBYH Staff Fault	Child Guidance Cancelled	Resident Refused or AWOL
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
July 2017	1	0	0	1
August 2017	4	0	2	2
Sept 2017	5	1	2	2

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	Initiated by KBYH as	Initiated by KBYH at Staff Discretion	Initiated by Resident	Initiated by Stake Holder
-------	---------------------	----------------------	---------------------------------------	-----------------------	---------------------------

Appointments Missed	Almklov	KBYH Staff Fault	OMNI/VYS Cancelled	Resident Refused or AWOL
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
July 2017	0	0	0	0
August 2017	0	0	0	0
Sept 2017	0	0	0	0

	Enforcement Contacts	Required by Title 22			
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
July	4	0	1 (Theft of a cell phone)	2 (suicidal ideation) 1 (Resident allegedly had a gun)	0
August	7	3(AWOLs)	0	3 (suicidal ideation)	1 (cited by LEA for beer after Awol)
Sept	2	1(AWOLs)	0	1 (suicidal ideation)	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).

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 stopped 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.

July 2017:

- 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.
- One call initiated by a resident who alleged his peer had a gun. Police searched the facility but no gun was found.
- One call initiated by staff over an expensive phone theft. Resident living at the facility stole peer's iPhone.

August 2017:

- During AWOL resident was spotted with beer by police cited and released.
- Three calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- Three calls initiated by a resident for suicide thoughts needed a 51/50 evaluation. Resident transported to Mary K Shell Mental Health Center by police.

Sept 2017:

- One call 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.

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
July	3	1(AWOLs)	0	0	1 (Refused to leave CG) 1(Amber Alert police stop by GH looking for young girl that our boys knew)
August	1	0	0	0	1(Resident bumped by car)
Sept	2	1(AWOLs)	0	0	1(Resident Stole mom's car during visit)

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.

July 2017:

- Resident refused to leave his Child Guidance after his appt. The counselor called LEA to assist with incident. KBYH PD showed up and LEA left without further incident to report.
- Two calls initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).

August 2017:

- Resident was hit by a car while riding his bike in the neighborhood; no injury to report.

Sept 2017:

- One call initiated by staff due to mandated Title 22 requirement for AWOLs (3-hour rule).
- One call initiated by parent after resident stole her car during a home pass.

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

July/Aug/Sept	19	5	1	8	5
---------------	----	---	---	---	---

Injuries

Group Home Residents Requiring Professional Medical Care

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

Casa had five injuries requiring professional medical care during July-Sept 2017 quarter.

- One resident was taken to Delano Regional Hospital after jamming his thumb while horse-playing with a peer.
- One resident fell off his bike with multiple abrasions had to be transported to DRH.
- Another resident jammed his finger while horse-playing with peer had to go to DRH.
- One resident was injured at school after a wood chip flew in his eye. He was taken to DRH for left corneal abrasion.
- Resident was transported to DRH for RT knee contusion after football practice.

Almklov had one incidents requiring professional medical care during July-Sept 2017 quarter.

- Resident went to the ER for sunburn on lips was prescribed Cephalexin for 10 days

Group Home Residents Requiring First Aid

	CASA	Almklov

Jan-Mar 2017	9	6
Apr-Jun 2017	4	3
July-Sept 2017	2	0

All minor injuries requiring ice or bandages.

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
July-Sept 2017	\$9,413	\$350

Property Destruction generally includes holes in walls, broken TVs, and vehicle damage. Casa had a spike in August because a resident pulled the steering wheel of our company van while staff was transporting and causing it to crash in the orchard on Hwy 99. The van was totaled. Our insurance will reimburse for the loss, estimated amount around \$7,000.

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%	45%

November 2016	14	6 = 43%	6	5=83%	55%
December 2016	12	6 = 50%	7	6=86%	63%
January 2017	14	6=43%	6	6=100%	60%

February 2017	13	5=38%	7	7=100%	60%
March 2017	16	8=50%	6	5=100%	59%
April 2017	16	8=50%	6	5=100%	59%
May 2017	15	10=67%	7	6=100%	73%
June 2017	12	9=75%	6	5=100%	78%
July 2017	12	9=75%	6	5=100%	78%
August 2017	11	8=73%	6	5=100%	65%
September 2017	14	9= 64%	7	6=100%	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 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%
July 2017	324/372=87%	186/186=100%
August 2017	331/372=89%	186/186=100%

Sept 2017	311/360=86%	170/180=94%
-----------	-------------	-------------

Occupancy Rate was 98% for Almklov and 87% for Casa for July- Sept 2017 quarter.

Physical Restraints

	CASA	Almklov
Oct-Dec 2016	10	7
Jan-Mar 2017	13	4
Apr-Jun 2017	18	2
July- Sept 2017	27	5

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 included a resident missing all the PM outings due to football practice. Resident wanted his own outings on Sundays because that was his only free day. His request was granted by admin and his request was added to the activity schedule. Another resident complained about having a loose tooth. Dental appt was scheduled on August 30th with no further work needed. No complaints required outside Stakeholder involvement.

Complaints made by Casa de Ninos residents in July – September 2017 were minor complaints and all resolved to **resident’s** satisfaction. There were minimal complaints

made by residents this quarter. Majority of the residents wanted stolen items replaced such as clothing items, games, game systems etc. Most of the alleged stolen items were replaced to **residents'** satisfaction.

However, there were several complaints made in the quarter that were investigated by CCL. Almklov had 1 complaints and Casa had 10 complaints.

Complaint #1: Complaint by resident (unsubstantiated)

Complaint #2: Complaint by resident (unsubstantiated)

Complaint #3: Personal Rights (unsubstantiated)

Complaint #4: Personal Rights (unsubstantiated)

Complaint #5: Personal Rights (unsubstantiated)

Complaint #6: Staff failed to properly store medication/ Lack of Supervision (unsubstantiated)

Complaint #7: Personal Rights (unsubstantiated)

Complaint #8: Personal Rights (unfounded)

Complaint #9: No adequate transportation/ failed to protect minor items/minor allowed to smoke weed and have access to drugs (unsubstantiated)

Complaint #10: **Staff failed to maintain minor's medical records (substantiated)**- Citation appealed by KBYH currently under review.

Complaint #11: Almklov staff failed to safeguard belongings/ Lack of Supervision (unsubstantiated)

Group Home Adventure Program

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

Month	Total number of	Number & % of	Number & % of
-------	-----------------	---------------	---------------

	different residents with substance abuse problems participating in the outings	different residents with substance abuse problems who attended all outings	different residents with substance abuse problems who refused at least one outing
January	8	0 = 0%	8 = 100%
February	9	0 = 0%	8 = 100%
March	9	2 = 22%	7 = 78%
April	7	1 = 14%	6 = 86%
May	7	5 = 71%	2 = 29%
June	7	4 = 57%	3 = 43%
July	8	1 = 13%	7 = 87%
August	4	2 = 50%	2 = 50%
Sept	6	2 = 33%	4 = 67%

*A few residents have visits every other weekend therefore are not involved in the outings although they have a substance abuse problem. **Also, one resident's probation officer gave him permission to find alternative drug programs therefore excused him from our Adventure Program until further notice.**

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 Sept 30, 2017 the end of this fiscal year, ADMIN showed a net loss of \$480,993.07 and was over budget by \$53,434.66 precipitated by a \$12,500 increase in

fees due to COA reaccreditation, AB 403 CCR act, and a \$9,995.77 increase in insurance premiums.

Almklov showed a net loss of \$1,358.99 with net income being \$31,492.60 over budget and net expenses were \$ 118,748.59 over budget. The reason for this was the hiring of additional staff as required by CCR, which pushed our payroll budget with taxes and benefits \$157,000.00 higher than budgeted. We will not see an increase in rates until we are certified as an STRTP.

Casa de Ninos showed a net income of \$16,905.73 and expenses were \$79,168.28 over budget. The reason for this was the hiring of additional staff as required by CCR which pushed our payroll budget with taxes and benefits, \$28,600.00 higher than budgeted. We will not see an increase in rates until we are certified as an STRTP.

The FFA program showed a net income of \$355,131.21 and expenses were \$13,998.05 over 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 \$13,774.56.

Measure staff turnover.

This quarter saw 2 staff separated and 5 staff hired as AB 403 creates newly required positions.

Workers Compensation Claims

There were no **new workers' compensation claims** this quarter. There 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 1 Citation issued to **Casa de Ninos this period for failing to maintain minor's** medical and health records. We appealed the findings and are still waiting on outcome. Several complaints were investigated but all were unsubstantiated.

There were no Citations issued to Almklov House this period. One complaint to CCL for Lack of Supervision but investigation was unsubstantiated. In addition, CCL came out twice during the quarter to follow-up on the camping trip investigation but still pending.

There were two complaints citations, first was a Personal Rights and second was a Neglect/Lack of Supervision both which are still under investigation.

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 State and Federal 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, has made requested changes and is now awaiting the approval letter. Kern County refuses to issue an approval letter due to an open complaint to CCL. Therefore KBYH has turned to Riverside County for approval and is awaiting their response. KBYH has submitted an application to become Medi-Cal Certified and has received preliminary approval pending site visits. However, Kern County has suspended the site review due to the Placement side refusing to issue a letter of support. KBYH is now applying via Riverside County.

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

September 2017

Total Current Assets: \$856,570.83

Total Current Liabilities \$347,112.94

Total Current Checking/Savings \$228,483.28

Safety Report

There were no staff safety issues involving any administrative, foster care, or adoptions staff. All minor safety issues such as burned out light bulbs, leaking sprinklers, and sidewalk erosion were repaired the same day as reported. There was one major issue on the residential unit. A resident grabbed a steering wheel and caused a van to crash into the orchard. Fortunately no one was injured. Child was evaluated by psychiatric crisis unit and released back to KBYH.

FFA

Indicator	Intra-Agency Youth Transfers	School age youth NOT attending school	Injuries requiring professional medical care	Injuries requiring first aid	Property Damage by youth
April	1	0	0	14	0
August	0	0	1	9	0
September	0	0	1	4	0
Total	1	0	2	27	0

	Certified Homes at Beginning of month	Newly Certified Homes this month	Decertified Homes this month	Total Certified homes at end of month
July	38	1	3	36
August	36	1	1	36
September	36	1	1	36

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.

	Homes Under Study at Beginning of Month	New Studies Picked up During the Month	Studies Closed for not approved	Studies Approved
July	135	12	0	6
August	160	13	0	7
September	173	13	2	10
QUARTER TOTAL		38	2	23

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 and 95% of reports were on time except for one. The reason for the only late report and late reports is due to a glitch in the new system.

Survey Responses: Staff satisfaction survey data returned an aggregate score of 4.91 out of 5 with five being completely satisfied.