



KERN BRIDGES YOUTH HOMES
Performance and Quality Improvement
Quarterly Report
October 1 2025, to December 31, 2025

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INTRODUCTION

The Performance and Quality Improvement (PQI) committee is dedicated to enhancing the overall performance and quality of services within KBYH. The primary purpose of this committee includes:

1. **Monitoring and Evaluation:** Regularly reviewing and analyzing performance data to identify areas for improvement.
2. **Goal Setting:** Establishing clear, measurable goals for improving quality and performance.
3. **Developing Strategies:** Creating and implementing strategies and action plans to address identified issues and achieve set goals.
4. **Ensuring Compliance:** Ensuring that KBYH adheres to relevant standards, regulations, and best practices.
5. **Facilitating Communication:** Promoting transparent communication about performance and quality issues among staff, management, and stakeholders.
6. **Evaluating Outcomes:** Assessing the effectiveness of improvement initiatives and making necessary adjustments to strategies and practices.
7. **Promoting a Culture of Quality:** Fostering a culture that prioritizes continuous improvement, accountability, and excellence in all aspects of the organization.
8. **Ensuring adherence to KBYH's Mission Statement:** Our mission is to provide responsive solutions and trauma-informed care to vulnerable children by providing safe homes, accessible services, and engaging in ongoing quality improvement.

This PQI report will review the following:

- KBYH's 5-Year Plan
- Short-Term Residential Therapeutic Program
- Health and Safety
- Foster Family Agency
- Intensive Services Foster Care
- Supervised Visitation
- Adoptions
- Human Resources
- Administration
- Board of Directors

5-YEAR PLAN

The KBYH BoD formally adopted an updated 5-year plan (dated April 2025) on 5/13/25. The BoD’s 5-Year Planning Committee will continue meeting bi-monthly to discuss, review, and plan regarding items on the 5-year plan.

SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM (STRTP)

The STRTP is a specialized, intensive treatment program designed to provide short-term care and therapeutic support to foster youth with significant emotional, behavioral, or mental health challenges. The overall goal is to stabilize individuals in crisis, provide intensive therapeutic support, and equip them with the skills and resources needed for long-term success and well-being. KBYH has two S.T.R.T.P. facilities, Casa de Ninos and the Almklov House.

PLANNED/UNPLANNED DISCHARGES

	Casa de Ninos		Almklov	
	Planned	Unplanned	Planned	Unplanned
Jan - Mar 2025	2	0	0	2
Apr - Jun 2025	1	0	1	1
Jul - Sept 2025	0	2	1	0
Oct – Dec 2025	3	1	1	0

The planned discharges during this period were for a resident who transitioned to lower levels of care or moved to a STRTP closer to family. Neither STRTP had an unplanned discharge for the quarter.

Goal: Have 100% planned discharges to a lesser level of care.

Purpose: Ensure planned discharges are taking place to promote continuity of care

Strategy: Assess the reasons for unplanned discharges from our STRTPs.

Progress: The number of youths being discharged from our STRTPs over the past year is 68% planned and 32% unplanned.

Changes: Implementing transitional determination plans via the CFTM.

ABSENCE WITHOUT LEAVE (AWOL)

	Casa de Ninos	Almklov	Total
Jan - Mar 2025	6	43	49
Apr - Jun 2025	13	27	40
Jul - Sept 2025	11	23	34
Oct – Dec 2025	8	56	64

AWOLs fluctuate at both homes based on the barrier behaviors of the current residents.

In cooperation with Law Enforcement, Youth who leave the STRTP without permission, and yet

we know where they are, are not considered AWOL. Instead, they are considered UA (unauthorized absence), and no police report is filed unless they have gone past midnight. When youth leave, and we do not know where they are after three hours, a police report is made.

Goal: To eliminate or decrease unauthorized absences.

Purpose: To ensure safety for the client and the community.

Strategy: Evaluate the reason for AWOLs and determine if services are adequately rendered by assessing the number of youths who leave our facilities unauthorized and the motivation for leaving. (e.g., running to something or running from something).

Progress: This continues to be an ongoing concern. At Casa de Ninos, we are building a full-court basketball court with lights so they can play volleyball, basketball, badminton, pickleball, or skateboard. The hope is to increase the options at our locations and lessen the need to go somewhere else.

Changes: The STRTPs have increased clients' allowances for non-AWOLs to help modify behavior and improve the attractiveness of our adventure outing program. Clinicians should focus on adolescent privileges, such as community socializing, and the responsibility that comes with those privileges.

Note: There was a drastic decrease in AWOLs from the last quarter because most of the boys who AWOL were discharged. Plus, many of the boys are following the program due to incentive contracts implemented by the treatment team. They never stay gone longer than 24 hours, but our protocols mandate that we call LEA if they are gone longer than 3 hours, and we do not know where they're after that window. Those youth are now emancipated, and the number of AWOLs has already decreased tremendously.

MEDICATION INCIDENTS (not staff errors)

	Casa de Ninos	Almklov
Jan - Mar 2025	0	186
Apr - Jun 2025	0	77
Jul - Sept 2025	0	19
Oct – Dec 2025	0	59

These numbers fluctuate based on the number of residents with AWOL behavior and those who do not desire to be on psychotropic medication and refuse to take the prescribed medications. An “incident vs error” is logged when, through no direct fault of KBYH staff, medications are not taken. These incidents are primarily caused by three reasons: 1. The court medication order or prescriptions were not provided by county and/or mental health staff. 2. Clients AWOL without medications, or 3. They simply refuse to take medication.

Goal: Clients will follow a physician-prescribed medication regimen.

Purpose: To ensure physical and mental health treatment compliance for each client.

Strategy: Review the reason for the prescribed medication or medical procedure with the client at least every 45 days. Educate and/or remind providers (e.g., social workers, physicians, pharmacists) to follow through promptly with medication procurement and dispensing.

Progress: This remains an ongoing concern.

Changes: The STRTPs have hired a nurse to accomplish this.

Note: Medication Incidents decreased substantially at both facilities due to the few clients who were not med complaint discharged. Nonetheless, under new state guidelines, clients in STRTPs cannot be forced to take medication or have consequences for not taking medication; it’s simply their right to refuse. As the provider, we take all the steps, such as educating them, taking a positive approach, keeping the client informed, and working with the pharmacist and psychiatrist to make them feel more comfortable taking their medications.

STRTP RESIDENTS REQUIRING FIRST AID

	Casa de Ninos	Almklov	Total
Jan - Mar 2025	1	1	2
Apr - Jun 2025	0	1	1
Jul - Sept 2025	1	2	3
Oct – Dec 2025	0	0	0

INJURIES

- There were zero first aid injuries from this quarter

STRTP RESIDENTS REQUIRING PROFESSIONAL MEDICAL OR MH CARE

	Casa de Ninos	Almklov	Total
Jan - Mar 2025	5	3	8
Apr - Jun 2025	1	0	1
Jul - Sept 2025	3	1	4
Oct – Dec 2025	0	4	4

INJURIES

- (Almklov) On 10/31/25 at 11:01 pm, JP complained to staff that his right leg was hurting due to him allegedly being hit by a car while riding his electric scooter on White Ln by Grissom Park on his way back to the facility. Staff transported JP to Mercy Southwest Hospital to be seen by a doctor. JP was seen by Dr. Wong. Dr Wong examined JP, and he diagnosed JP with an ankle sprain contusion. JP was prescribed Tylenol and Ibuprofen for pain and swelling. JP was also provided crutches to support his legs. JP was discharged and transported back to the facility.

- (Almklov) On 11/26/25 at 8:40 pm, KB woke up crying stating that his teeth were hurting him. Staff transported KB to Accelerated Urgent Care on 4871 White Ln. Bakersfield Ca, 93309. KB was seen by a doctor, and he was prescribed ibuprofen and antibiotics for his pain. KB was transported back to the facility with no further issues to report.
- (Almklov) On 12/21/25 at 1:30 pm, LF was transported to Accelerated Urgent Care due to having a fever and sore throat. LF was seen by a doctor and the doctor diagnosed LF with an infection in the back of his throat. The doctor prescribed LF with antibiotic and ibuprofen for his symptoms. LF was transported back to the facility after his visit.
- (Almklov) On 12/29/25 at 8:26 am, KB was transported to Accelerated Urgent Care, due to him stating that he wasn't feeling well. KB was seen by the doctor, and the doctor diagnosed KB with the flu. The doctor prescribed KB cough medicine and nausea medicine to help with KB's symptoms. KB was transported back to the facility.

Goal: To reduce and/or eliminate injuries to the clients.

Purpose: To ensure adequate preventive safety measures and responsible first aid for those who require it.

Strategy: Review the alleged cause of the injury and implement preventive strategies to reduce harm in future situations. Determine if adequate treatment was provided. Assess the number and type of injuries while in treatment and how the injury may have been prevented.

Progress: These numbers are not atypical of the age of this population for first aid treatments. The danger arises with substance abuse.

Changes: The STRTPs have added an RN to their treatment team for evaluation and mitigation. All STRTPs now have Narcan on site. Narcan is taken on all outings.

CASA DE NINOS LAW ENFORCEMENT CONTACTS

	Law Enforcement Contacts	Initiated by KBYH as Required by Title 22. "AWOLs"	Initiated by KBYH at Staff Discretion	Initiated by Resident	Initiated by Stake Holder
Jan 2025	5	4	1	0	0
Feb 2025	2	2	0	0	0
Mar 2025	0	0	0	0	0
Apr 2025	7	4	0	0	3
May 2025	4	4	0	0	0
June 2025	8	8	0	0	0
July 2025	3	3	0	0	0
Aug 2025	1	1	0	0	0
Sept 2025	0	0	0	0	0

Oct 2025	4	0	0	0	4
Nov 2025	3	2	0	0	1
Dec 2025	3	2	0	0	1

ALMKLOV LAW ENFORCEMENT CONTACTS

	Total Number of Law Enforcement Contacts	Initiated by KBYH as Required by Title 22. "AWOLs"	Initiated by KBYH at Staff Discretion	Initiated by Resident	Initiated by Stake Holder
Jan 2025	5	5	0	0	0
Feb 2025	10	7	0	0	3
Mar 2025	6	4	1	0	1
April 2025	5	4	0	0	1
May 2025	8	6	0	0	2
June 2025	27	25	0	0	2
July 2025	0	0	0	0	0
Aug 2025	4	4	0	0	0
Sept 2025	15	15	0	0	0
Oct 2025	10	9	0	0	1
Nov 2025	11	10	0	0	1
Dec 2025	10	10	0	0	0

CONGREGATE LAW ENFORCEMENT CONTACTS

	Total Number of Law Enforcement Contacts	Initiated by KBYH as Required by Title 22. "AWOLs"	Initiated by KBYH at Staff Discretion	Initiated by Resident	Initiated by Stake Holder
Jan - Mar 2025	28	22	2	0	4
Apr - Jun 2025	59	51	0	0	8
Jul - Sept 2025	23	23	0	0	0
Oct – Dec 2025	41	33	0	0	8

CCL conducts a comprehensive review of the state programs with the top 50% of law enforcement contacts initiated by the STRTP. We have been reviewed annually, and no deficiencies have been found.

Goal: To reduce and/or eliminate Law Enforcement contact.

Purpose: To eliminate the trauma associated with adjudication issues.

Strategy: Assess the frequency of LEA contacts. Provide enhanced services as needed.

Progress: The number of LEA contacts fluctuates from month to month

Changes: None currently

CLIENTS TAKING PSYCHOTROPIC MEDICATION

	Casa de Ninos		Almklov		Congregate % of clients on Psychotropic Medications
	Total Clients Served	Total Clients and % of total clients on Psychotropic Medications	Total Clients Served	Total Clients and % of total clients on Psychotropic Medications	
Jan 2025	12	5	6	4	50%
Feb 2025	12	5	5	4	53%
Mar 2025	12	5	6	5	56%
Apr 2025	12	5	6	3	44%
May 2025	12	5	5	3	47%
June 2025	12	5	5	4	53%
July 2025	11	3	5	5	50%
Aug 2025	11	3	6	5	47%
Sept 2025	12	4	6	5	50%
Oct 2025	11	5	6	4	53%
Nov 2025	12	5	6	4	50%
Dec 2025	12	5	5	4	53%

Goal: Assess the number of youth taking medication in our STRTPs.

Purpose: To ensure youth are receiving adequate psychiatric services to eliminate barrier behaviors.

Strategy: Provide adequate education and interventions to reduce medication use.

Progress: The number of youths taking medication fluctuates from month to month.

Changes: We added RN and psych tech to our treatment team for evaluation/education purposes.

CONGREGATE DISCHARGES DURING THE QUARTER

Youth	STRTP	Length of care	Date of discharge	Discharge location
Marvin	Casa	32 Weeks	10/08/25	Juvenile Hall
Travis	Casa	123 Weeks	10/28/25	Foster Care
Ayden	Almklov	4 Weeks 10 days	12/13/25	Foster Care
Kenny	Almklov	40 Weeks	12/21/25	Aunt

Jose	Almklov	97 Weeks	12/29/25	Emancipated
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Goal: Assess the discharge outcomes of STRTP youth and duration of services

Purpose: To determine if the STRTP program is effective in providing services that equate to successful outcomes and to minimize the length of stay

Strategy: Evaluate the reason for the outcome and determine if services were adequate, evaluate the length of stay, and determine if the stay was excessive.

Progress: We had 4 of the 5 discharges during the quarter and stepped down to a lower level of care. The target length of stay for youths in the STRTP is 6-12 months, during which we provide optimal services to facilitate their step-down process. However, clients exhibiting more challenging behaviors or experiencing extensive trauma may require a longer placement period, making the 6-12 months’ timeframe less realistic for these individuals.

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

PHYSICAL RESTRAINTS

	Casa de Ninos	Almklov	Total
Jan - Mar 2025	15	13	28
Apr - Jun 2025	1	4	5
Jul - Sept 2025	0	2	2
Oct – Dec 2025	0	0	0

KBYH only restrains youth who are a danger to themselves or others.

- There were Zero restraints in this quarter

Goal: To reduce and/or eliminate restraints.

Purpose: To ensure staff are following KBYH’s Behavior Management Policy and minimize safety risks for clients and staff.

Strategy: Provide adequate training to DCS to reduce hands-on incidents. Assess the number of physical restraints for the quarter.

Progress: The number of youths being restrained fluctuates from month to month, but the numbers for each home are very consistent.

Changes: None currently.

STRTP RESIDENTS’ COMPLAINTS

A California Benchmarking Initiative satisfaction survey was given to all 18 residents in December 2025, and 13 residents chose to complete the survey. The maximum score was 5, and the minimum score was 1. The overall average was 4.8, with “3” meaning neutral and “4” meaning agree. Line Staff will be shown the survey, and the results will be discussed, as well as ways to improve the program to help residents be more satisfied with the services they receive. The overall satisfaction did improve this quarter. For the entire year “2025” the overall service

satisfaction never dropped below a “4.5”.

During this quarter, Casa de Ninos reported zero complaints, while Almklov received only one. The single concern at Almklov involved a resident who expressed dissatisfaction with cafeteria meals at school and requested fast food or meals from home. Staff encouraged the youth to bring a sack lunch to school and offered support by providing a lunch pail or packed lunch; however, the resident declined these options. After several weeks, the resident discontinued voicing concerns regarding meals.

Overall, the minimal number of complaints reflects that residents’ needs are being consistently met and that the quality of care continues to improve. Youth remain actively engaged in their programs, and staff effectively implement individualized treatment plans. In addition, weekly youth-led Council Meetings continue to provide residents with an open and supportive forum to share feedback on program components such as meals, staff interactions, and recreational activities. These meetings ensure that residents’ voices are heard, valued, and incorporated into shaping their overall care experience.

Goal: Assess the number of complaints by youths in our care. The council’s role is to identify youth priorities, including wants, wishes, desires, and complaints, help craft policies that support these priorities, and contribute by offering solutions.

Purpose: To ensure ways to improve the program are to help youths be more satisfied with the services they receive.

Strategy: Acknowledge and/or use Interpretation as interference.

Progress: The number of youth complaints has decreased substantially every quarter, as has the number of wishes.

Changes: The STRTPs have added suggestions/complaint boxes and have volunteer council meetings with the youths weekly.

HEALTH & SAFETY COMMITTEE

The KBYH Health and Safety Committee is dedicated to ensuring the health, safety, and well-being of both employees and clients. The committee plays a critical role in protecting employees and clients from workplace hazards, promoting a safe working environment, and ensuring the organization's compliance with health and safety regulations.

This quarter, the KBYH Health and Safety Committee lead was out on an extended medical leave.

TRAINING

KBYH runs a comprehensive training program designed to support the well-being of children and the professional development of our staff. Our training program focuses on critical areas such as trauma-informed care, self-care for employees, child development, and the identification and response to abuse and neglect. By emphasizing these key areas, we ensure that our staff is

well-prepared to create safe and supportive environments that promote healing and resilience in the children we serve.

This quarter the KBYH Training Coordinator was out on an extended medical leave.

SUMMARY STATISTICS

Courses Assigned	Courses Completed on Time	Courses Not yet due	Courses Completed Late	Compliance Rate Over all

PROGRAM STATISTICS

	Total Completions	Courses Assigned	Total Completion %
Admin			
Adoption			
ISFC/FFA			
STRTP			
STRTP - Mental Health			
SVP			

Goal: Continuing education of our staff to ensure each employee is up to date on current trends and information in the ever-changing landscape of foster agencies and residential programs.

Purpose: Ensure our training is robust and inclusive.

Strategy: Using a learning management system, Relias, we reach more employees. This makes training more accessible and easier for compliance.

Progress: N/A

Changes: N/A

FOSTER FAMILY AGENCY (FFA)

The KBYH Foster Family Agency (FFA) is dedicated to the recruitment, training, and support of foster families to provide safe, nurturing, and temporary homes for children who cannot live with their biological families. The FFA plays a vital role in protecting vulnerable children, providing them with a safe and supportive environment, and working towards permanent, positive outcomes for their future.

FFA DISCHARGE OUTCOMES

Reporting Period	Foster Youth (initials)	Discharge Outcome	Length of Stay
Jan 2025		NONE	

Feb 2025	HN	Perm Placement w/ relative	1 day
	HE	Adoption	114 weeks
	AO	Reunification	1 day
March 2025		NONE	
April 2025	XP	Reunification	66 weeks
	JC	AB12	23 weeks
	JH	Foster Parent's Request	10 weeks
May 2025			
	NS	Adoption	199 weeks
June 2025	ZD	Perm placement w/relative	3 weeks
July 2025			
	ZW	RF moved to another FFA	7 weeks
	ZW	RF moved to another FFA	7 weeks
	CS	RF moved to another FFA	32 weeks
	RL	RF moved to another FFA	64 weeks
	AG	RF moved to another FFA	29 weeks
	CC	RF moved to another FFA	25 weeks
Aug 2025	LN	Emancipation	2 weeks
	JB	Adopted	225 weeks
	CB	Adopted	178 weeks
Sept 2025	ES	Perm Placement w/relative	3 weeks
	AS	Perm Placement w/relative	3 weeks
Oct 2025	AO	Perm placement w/relative	1 week
	NN	Perm placement w/relative	1 week
Dec 2025	MM	Placed back w/relative	5 weeks

Goal: Ensure successful outcomes of FFA youth

Purpose: To determine if youth are making successful transitions and track the duration of care

Strategy: Track discharge outcomes, measure rate of success, adjust program services as needed

Progress: We are slowly increasing our numbers and have anticipated placement of 2 of our STRTP youth in a new FFA home.

Changes: N/A

FFA SAFETY

Reporting Period	Injuries requiring professional medical	Injuries requiring first aid	Property Damage by youth
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	care		
Jan 2025	0	1	0
Feb 2025	0	0	0
Mar 2025	0	1	0
April 2025	0	0	0
May 2025	0	0	0
June 2025	0	0	0
July 2025	0	0	0
Aug 2025	0	0	0
Sept 2025	0	0	0
Oct 2025	0	0	0
Nov 2025	0	0	0
Dec 2025	0	0	0

Goal: Assess frequency and severity of foster youth medical concerns

Purpose: To determine if the response to medical issues is adequate

Strategy: To enhance services if medical issues are not been attended to adequately

Progress: Medical issues during the past quarter have been minor in nature

Changes: N/A

Goal: Assess frequency of property damage being caused by foster youth

Purpose: To determine the extent and cost related to foster youth property damage

Strategy: Assess insurance needs and intervention needs to mitigate property damage expenses

Progress: Property damage issues have been N/A past quarter

Changes: N/A

FFA RESOURCE FAMILY HOMES

Reporting Period	Approved Homes at Beginning of month	Newly Approved Homes this month	Closed Homes this month	Total Approved homes at end of month
Jan 2025	18	0	1	17
Feb 2025	17	1	0	18
Mar 2025	18	0	1	17
April 2025	15	0	1	14
May 2025	14	1	1	14
June 2025	14	2	0	12

July 2025	14	0	2	12
Aug 2025	12	1	1	12
Sept 2025	12	1	0	13
Oct 2025	13	1	0	14
Nov 2025	14	0	0	14
Dec 2025	14	0	0	14

Goal: Assess number of active resource homes approved by KBYH

Purpose: To determine if KBYH has an adequate number of resource homes

Strategy: Enhance social media presence as a means of improving RP and employee recruitment

Progress: Recruiting and approving new homes continues to prove very challenging

Changes: PD took over recruitment and moving families through approval process more quickly. There are 4 families moving through the funnel and should be approved by March 2026.

FFA RESOURCE FAMILY SATISFACTION SURVEYS

Goal: Resource Families feel supported and are provided with high quality service

Purpose: Ensure that Resource Families provide for the needs of the youth in their care

Strategy: Distribute COA surveys twice annually

Progress: N/A

Changes: Surveys will be completed next quarter.

FFA FILE REVIEWS

Goal: To have all files in compliance with all state regulations and contract expectations.

Purpose: To ensure staff are meeting program expectations

Strategy: Amber Jepsen completed quarterly file review on 1/13/26.

Progress: All files reviewed this quarter were mostly in compliance. There were a few updated documents needed. Social Workers were given printouts with missing items and will be updated.

Changes: No changes needed at this time.

INTENSIVE SERVICES FOSTER CARE (ISFC)

ISFC aims to provide a higher level of care and support to foster children with complex needs, ensuring their safety, well-being, and long-term positive outcomes.

ISFC DISCHARGE/LENGTH OF STAY

Reporting Period	Foster Youth (initials only)	Discharge Outcome	Length of Stay
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Jan 2025	BH	Family Reunification	8 weeks
	ERC	14-day Behavioral	12 days
	TJ	Reunification	10 weeks
	CB	14-day Behavioral	29 weeks
Feb 2025	TW	14-day Behavioral	28 weeks
	MP	Successful Program Completion	39 weeks
	JM	14-day Behavioral	52 weeks
	EF	Successful Program Completion	33 weeks
Mar 2025	AM	AWOL	20 weeks
	KV	14-day Behavioral	17 weeks
	DBG	Placed in another FFA	14 weeks
	JH	AWOL	5 weeks
	NL	Higher level of care-group home	12 weeks
Apr 2025	PS	County worker's decision	70 weeks
	LJ	Successful Program Completion	56 weeks
	DB	Successful Program Completion	56 weeks
	EF	Perm Placement with relative	43 weeks
	EM	County worker's decision	2 weeks
	CM	County worker's decision	80 weeks
May 2025	FL	Moved to FFA home	0 weeks
	SJ	County worker's decision	14 weeks
	SJ	County worker's decision	3 weeks
	DD	Successful Program Completion	52 weeks
	XA	Successful Program Completion	52 weeks
	LG	Successful Program Completion	23 weeks
June 2025	LV	AWOL	59 weeks
	ZH	Successful Program Completion	26 weeks
	JH	14 day-Behavioral	9 weeks
July 2025			
	DW	Successful Program Completion	29 weeks
	AL	14 day-Behavioral	23 weeks
	IV	County worker's decision	43 weeks
	ZT	14 day-Behavioral	18 weeks
	GR	14 day-Behavioral	18 weeks
	AR	Reunification	7 weeks
	CH	Reunification	7 weeks
	ED	Successful Program Completion	78 weeks
	NG	Reunification	6 weeks
Aug 2025			

	SE	14 day Behavioral	35 weeks
	JF	County worker's decision	13 weeks
	JB	14 day behavioral	91 weeks
	HRA	Reunification	10 weeks
	AE	Wraparound services implemented	4 weeks
Sept 2025	KM	14 day Behavioral	6 weeks
	TG	14 day Behavioral	71 weeks
	JM	County worker's decision	32 weeks
	SG	Reunification	13 weeks
	JK	Foster Parent's request	18 weeks
	TAF	Successful Program Completion	26 weeks
Oct 2025	CGL	14 day Behavioral	30 weeks
	EM	14 day Behavioral	22 weeks
	AW	AWOL	4 weeks
Nov 2025	MM	14 day Behavioral	9 weeks
	AV	Successful Program Completion	55 weeks
	JP	Successful Program Completion	65 weeks
	PDM	14 day Behavioral	23 weeks
	JR	Jamison	3 weeks
Dec 2025	JF	Long-term hospitalization	14 weeks
	MP	14 day Behavioral	21 weeks
	JM	14 day Behavioral	9 weeks
	ZMH	Successful Program Completion	16 weeks
	MH	Legal Guardianship	29 weeks

Goal: Assess the discharge outcomes of ISFC youth and duration of services.

Purpose: To determine if the ISFC program is effective in providing services that equate to successful outcomes and to minimize the length of stay

Strategy: Evaluate the reason for the outcome and determine if services were adequate, evaluate the length of stay and determine if the stay was excessive. Additionally, the ISFC Program Director will review reasons for discharge in greater detail to ascertain the reasons for any negative discharges and determine what changes in services, if any, could have been made to improve the outcome.

Progress: The ISFC program numbers started out low this quarter largely due to an increase in discharges mainly due to program completions, permanent placement with relatives and

reunification. Referrals spiked in this quarter and our numbers continue to rise with ongoing referrals and CFTM meetings.

Changes: ISFC Program Director continues to attend the Alliance statewide ISFC work group to increase knowledge of statewide practices and changes impacting current and future ISFC services. ISFC Program Director has been invited to share information about ISFC to new County Social Workers on a quarterly basis. ISFC SW has responded to Jamison staff that ISFC can be offered at placement. 30-day authorizations have increased this quarter.

ISFC RESOURCE FAMILY EVALUATIONS

Goal: Provide excellent ISFC services to ISFC resource parents

Purpose: To determine areas for improvement

Strategy: Address deficits and increase improvements in areas of concern.

Summary: Surveys were completed in April 2025. Overall, evaluations were positive. Families appear to be satisfied with the amount of support and services they receive from their ISFC teams. They also feel connected to teams and participation is good. Surveys reflect timely and quality service delivery.

Changes: Continue with on-going practices to increase quality of service delivery. Surveys will be distributed again in January 2026.

SUPERVISED VISITATION PROVIDER (SVP)

SVP provides a safe and structured environment for parents to visit with their children under the supervision of a neutral third party. The SVP aims to protect the well-being of children while allowing them to maintain a relationship with their non-custodial parent, supporting family connections in a secure and structured environment.

SVP REFERRALS/CLIENTS SERVICED

Month	Referrals	Scheduled Visits	Cancelled/No Show	New Cases	Closed Cases	Open Cases
Jan 2025	127	538	136	27	22	105
Feb 2025	150	539	132	50	34	116
Mar 2025	138	666	90	34	20	118
Apr 2025	170	581	134	46	30	141
May 2025	157	555	174	18	32	128
June 2025	117	589	126	28	27	115
July 2025	98	643	123	16	19	79
Aug 2025	108	567	138	23	28	80
Sept 2025	113	581	146	33	24	89
Oct 2025	120	612	127	31	35	85
Nov 2025	110	613	149	25	26	84

Dec 2025	89	686	175	16	18	71
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Goal: Expand the reach of the Supervised Visitation Program by increasing referral volume and the number of families served during the fourth quarter.

Purpose: Ensure families involved in the family court process have timely access to safe, consistent, and supportive supervised visitation services.

Strategy: Strengthen collaboration with family court professionals, community partners, and local agencies to increase awareness of services, streamline referrals, and improve access for families.

Progress: Referrals and the number of families served have increased throughout the quarter, indicating growing awareness and utilization of the program.

Changes: Staffing capacity has been expanded, and enhancements to the referral tracking system have been implemented to improve responsiveness, reduce delays, and support continued growth in service demand.

SVP SAFETY

Jan - Mar 2025	No safety concerns in this quarter
Apr - Jun 2025	No safety concerns in this quarter
Jul - Sept 2025	No safety concerns in this quarter
Oct – Dec 2025	No safety concerns in this quarter

Goal: Ensure the safety of all participants in the Supervised Visitation Program

Purpose: Ensure the safety and well-being of all participants in the program

Strategy: Continue strict adherence to established safety protocols, staff training, and supervision standards

Progress: No serious safety incidents were reported during the quarter

Changes: No changes needed at this time

SVP FILE REVIEWS

Goal: Ensure 100% accurate and complete documentation for all intakes

Purpose: Identify and address documentation gaps to maintain compliance with program standards and court requirements

Strategy: Assign intake responsibilities solely to site coordinators, conduct quarterly file reviews, and provide staff reminders on verifying document currency

Progress: In December 2025, all files were reviewed by site coordinators, resulting in a 97% accuracy rate. Four files were missing updated policy signatures, which were promptly corrected. Staff were reminded to verify all documents are current at intake.

Changes: Continue with coordinator-only intakes, reinforce the importance of current court documents, and implement a checklist for new intakes to prevent future gaps

SVP FAMILY SATISFACTION SURVEYS

Goal: Achieve high satisfaction and gather valuable feedback from families

Purpose: Gauge and improve the quality of the Supervised Visitation Program through participant feedback

Strategy: Collect surveys quarterly, with an emphasis on increasing participation and addressing any concerns raised.

Progress: 75% of families participated in the Q4 2025 survey; 100% of responses were positive. 1% of families noted concerns regarding location.

Changes: Continue efforts to increase survey participation and address any location-related concerns to ensure optimal access for all families.

Changes: Explore options for flexible scheduling and reinforce communication expectations with staff

ADOPTIONS

KBYH Adoption’s program primarily serves to conduct Family Evaluations per contract with the Kern County Department of Human Services.

REFERRAL RATE

	Contract FE Referrals
Jan 2025	12
Feb 2025	11
Mar 2025	7
Apr 2025	9
May 2025	9
June 2025	10
July 2025	10
Aug 2025	11
Sept 2025	13
Oct 2025	16
Nov 2025	11
Dec 2025	8

Goal: Assess the number of referrals for the FE/Adoptions contract.

Purpose: To ensure adequate staffing for the adoption program.

Strategy: Recruit and retain adequate staffing as needed.

Progress: The number of referrals has remained relatively static in the last quarter.

Changes: A part-time adoption social worker position will be opened up to assist when case loads increase, or due to the number of complex cases, to help offset the workload as well as to help with internal Family Evaluation needs.

AVERAGE TIME OF COMPLETION

	Psychosocial Assessment/RFE Completed
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Jan 2025	29 days
Feb 2025	28 days
Mar 2025	28 days
Apr 2025	24 days
May 2025	27 days
June 2025	35 days
July 2025	28 days
Aug 2025	28 days
Sept 2025	28 days
Oct 2025	30 Days
Nov 2025	30 Days
Dec 2025	30 Days

Goal: Assess the amount of time it takes for social workers to complete FE's

Purpose: To ensure KBYH is meeting contract obligations

Strategy: Recruit and retain adequate staffing as needed

Progress: FE's are being completed within the required timelines

Changes: The Adoption Social Workers assigned to this contract are consistently timely and provide clear communication when they feel they might exceed the targeted time frame of 30 days.

ENHANCED CARE MANAGEMENT

The KBYH Enhanced Care Management (ECM) provides high-needs Medi-Cal recipients with whole-person care under the CalAIM initiative. ECM provides comprehensive care coordination to address both clinical and non-clinical needs, improve health outcomes, and reduce overall Medi-Cal costs by connecting members with necessary services such as housing, transportation, and addressing food insecurities.

ECM ENROLLMENT – RIDGECREST

Reporting Period	Prior Month Enrolled	Newly Enrolled	Discharges	Total
Oct 2025	27	15	2	40
Nov 2025	40	6	3	43
Dec 2025	43	3	1	45

ECM ENROLLMENT – BAKERSFIELD

Reporting Period	Prior Month Enrolled	Newly Enrolled	Discharges	Total
Oct 2025	1	8	0	9

Nov 2025	9	0	0	9
Dec 2025	9	0	0	9

Goal: To engage Medi-Cal members quickly with enrollment and appropriate services.

Purpose: To track staffing levels with corresponding member enrollment.

Strategy: Engaging with members early and presenting the benefits of ECM enrollment to encourage program participation.

Progress: Enrollment has steadily increased.

Changes: Some members have become increasingly challenging to get in contact with to provide the ECM services consistently.

ECM OUTCOMES - RIDGECREST

Reporting Period	Discharged Members	Successful Discharges	Unsuccessful Discharges
Oct 2025	2	0	2
Nov 2025	3	0	3
Dec 2025	1	0	1

ECM OUTCOMES - BAKERSFIELD

Reporting Period	Discharged Members	Successful Discharges	Unsuccessful Discharges
Oct 2025	0	0	0
Nov 2025	0	0	0
Dec 2025	0	0	0

Goal: To track disenrolled members with successful program completions and other unsuccessful discharge reasons.

Purpose: To determine if improvements could be made to member outcomes and increasing successful member discharge.

Strategy: Providing comprehensive services and enhanced whole-person care in an effort to increase successful program completion.

Progress: Member discharge has fluctuated but remained minimal.

Changes: Members not communicating have been the main source of discharge, while one member became hostile to LCM, requiring discharge and provider change.

ECM POPULATIONS OF FOCUS – ENROLLED MEMBERS - RIDGECREST

Reporting Period	Homelessness	High Utilizer	SMI / SUD	Child Welfare	Birth Equity	Transition from Incarceration	At Risk of Institutionalization	Nursing home Transition to Community
Oct 2025	13	8	1	3	1	0	1	0

Nov 2025	17	10	8	6	1	0	1	0
Dec 2025	19	10	8	6	1	0	1	0

ECM POPULATIONS OF FOCUS – ENROLLED MEMBERS – BAKERSFIELD

Reporting Period	Homelessness	High Utilizer	SMI / SUD	Child Welfare	Birth Equity	Transition from Incarceration	At Risk of Institutionalization	Nursing home Transition to Community
Oct 2025	3	0	2	4	0	0	0	0
Nov 2025	3	0	2	4	0	0	0	0
Dec 2025	3	0	2	4	0	0	0	0

Goal: To track common populations of focus for enrolled members.

Purpose: To ensure that member needs are being met appropriately based off their determined population of focus.

Strategy: Tracking enrolled member population of focus via screening tools and lead care manager assessments of emerging and changing member needs.

Progress: Member’s populations of focus have remained steady, with Ridgecrest seeing the highest homeless population being served and Bakersfield serving most children in welfare and SMI.

Changes: N/A

ECM MCP AUDIT REPORTS – BAKERSFIELD & RIDGECREST

Reporting Period	Audit Percentage	Audit Note:
Jul - Sept 2025	79%	
Oct – Dec 2025	80%	All areas at, above 79% except Transitional Care Engagement.

Goal: To track ongoing quarterly MCP audit scores and reports.

Purpose: Gauge ongoing program management and adherence to policy and procedures.

Strategy: Conducting ongoing internal audits to reduce corrective action plans and increase successful audit completion scores.

Progress: ECM received a passing score of 80% from the most recent audit.

Changes: ECM Clinical Supervisor and Program Supervisor are conducting more internal audits to catch discrepancies sooner. Catching members within 72 hours after emergency or urgent care utilization continues to be the biggest challenge.

HUMAN RESOURCES

EMPLOYEE FILE REVIEW

- Goal:** To have all paperwork and training up to date in employee files
- Purpose:** To be in state and accreditation compliance
- Strategy:** To complete monthly audits of employees' files
- Summary:** As of the end of December 2025, 90% of the employee paperwork and training are current
- Changes:** We have continued to send out emails to staff and supervisors on what is missing or overdue, and we added being taken of the schedule if your paperwork is late. We are at 90% of employee paperwork and training complete.

EMPLOYEE SURVEYS

- Goal:** Low employee turnover rate
- Purpose:** All employees to be satisfied and happy working for Kern Bridges
- Strategy:** Listen to the feedback and make appropriate changes when needed
- Summary:** For the most part our employees are satisfied and happy working for Kern Bridges
- Changes:** Surveys will be sent out the week of January 5, 2026

STAFF TRAINING COMPLIANCE

- Goal:** Have all employees current on all trainings
- Purpose:** To give the employees the knowledge of safety and enable them to perform the duties of their positions
- Strategy:** Utilize Relias to make it easier for the staff to access the necessary training
- Summary:** As of the end of December 2025, 95% of our employees are current with training. We are having an issue with 1 training for the STRTP (RCYCP 40-hour training and hard to get staff available for the training).
- Changes:** Robert has hired more staff so it will free up time for staff to take the training.

STAFF TURNOVER

- Goal:** To keep staff turnover as low as possible
- Purpose:** When people stay with Kern Bridges, it builds a stable team with uninterrupted workflow and improves services
- Strategy:** Show appreciation and guidance to Kern Bridges staff
- Progress:** As of the end of December 2025 our turnover rate is 4%
- Changes:** Turnover went down 2%, We have incorporated a staff appreciation program for holidays and birthdays as well as lunches. We are also adding new benefit policies.

WORKER'S COMP CLAIMS

Goal: 2 workers' comp claims
Purpose: Keep staff uninjured for a solid workflow
Strategy: Keep all work sites as safe as possible and teach safety first to all employees
Summary: We had 2 workers' comp claims this quarter
Changes: N/A

UNEMPLOYMENT OR LIABILITY CLAIMS

Goal: Keep unemployment costs down
Purpose: Save money
Strategy: Keeping employees happy and working at Kern Bridges
Progress: There is 0 unemployment or liability claim this quarter
Changes: N/A

VEHICLE ACCIDENTS

Goal: Keep our vehicles out of accidents
Purpose: Give our clients safe transportation
Strategy: Teach vehicle safety to all employees
Progress: We had 0 accidents this quarter
Changes: N/A

ANNUAL POLICY REVIEW

Goal: Keep employees up with current company policies
Purpose: Employees are content when they are aware of policies and understand what is expected of them
Strategy: Yearly have our company handbook revised and issued to all employees
Progress: Handbook will be updated and reviewed January 2026
Changes: **No changes**

ADMINISTRATION

FINANCIAL UPDATE

The overall fiscal YTD net income (cell F40 in the Financial Dashboard) as of the November 2025 financials is \$196,426.

As of the November 2025, financials (from the Balance Sheet):

Total Current Assets (cell G36): \$2,402,319

Total Current Liabilities (cell G88): \$588,757

Total Current Checking/Savings (cell G19): \$1,412,328

Financial Audit: The Audit for fiscal year 2024-2025 will commenced in November 2025

CCL CITATIONS

KBYH was cited for the death/suicide of an STRTP client. That citation and resulting lawsuit are currently under appeal.

RISK MANAGEMENT

The internal quarterly risk management review was completed by Jim VanderZwan and was presented to the BoD on 10/4/25.

ANNUAL INTERESTED PARTY (conflict of interest) REVIEW

The annual interested party review was completed for all employees during June evaluations and was completed for BoD members on 10/4/25.

ANNUAL INSURANCE COVERAGE REVIEW AND AUTHORIZATION

Policies were updated and renewed on 7/1/25 and were reviewed by the BoD on 10/4/25.

BOARD OF DIRECTORS

BOARD RECRUITMENT AND SELECTION

ATTENDANCE

	Jan 2025	Feb 2025 (sub-committees)	Mar 2025	Apr 2025 (sub-committees)	May 2025	Jun 2025 (sub-committees)	Jul 2025	Aug 2025 (sub-committees)	Sep 2025	Oct 2025	Nov 2025	Dec 2025	
Stephanie Baker	X	X	X	X	X	X	X	X	N o m e e t i n g	X	N o m e e t i n g	X	
Loni Hill- Pirtle	X	X	X										
Bill Slocumb	-		X		-	X	X					X	
Kim Clerou	X		X		X		X					X	
Heath Niemeyer	X	X	-	X	-	X	X					X	
Jeff Petrini	X	X	X	X	X		X	X				X	
Mike Nisser	-		X		X	X		X					
Geri Rivera	X		X			X							
Day Smith	-		-		-								
Kevin Danley	-		-		-								
Dan Diaz	X	X	X										
Victor Swall	-		X	X	-		X					X	
Vali Nemetz						X	X						
Lee Felix							X						

MEMBERS

New Members	Discontinued Members
January – March 2025	
None	None
April – June 2025	
Vali Nemetz	Loni Hill- Pirtle
	Dan Diaz
	Day Smith
	Kevin Danley
July – September 2025	
	Vali Nemetz
	Michael Nisser
	Geri Rivera
Oct – Dec 2025	
Lee Felix	