



**Governing Board of Directors  
Agenda**

**Monday, July 22, 2019  
5 to 7 p.m.**

**Kerr Admin Center, Albertina's Garden Room  
424 NE 22<sup>nd</sup> Ave, Portland, OR 97232**

- 5:00 p.m.     **Convene** (David Boxberger, Board Chair)
- Introduce Dr. Alfredo Soto** (Jeff Carr)
- p. 2            **ACTION: Approval of Appointment of David Lake to the Governing Board of Directors for a term beginning July 22, 2019 through June 30, 2022, assignment to the Finance, Audit & Compliance Committee for a term beginning July 22, 2019 through June 30, 2021**
- ACTION: Approve Consent Agenda**
- pp. 3-6        **Approve Minutes of the June 24, 2019 Joint Meeting of the Governing Board of Directors and Foundation Trustees**
- pp. 7-9        **Accept CEO Written Report**
- 5:15  
pp. 10-31     **Workforce Housing Presentation** (Jeff Carr, Jill Sherman, James Smith)
- 6:00           **Financial Updates** (Jeff Carr, Tom Hurst)  
                  Introduction: Tom Hurst, Interim CFO
- 6:30  
pp. 32-35     **Fundraising Update** (Anne Adler)
- 6:40  
p. 36         **Executive Session** (David Boxberger)  
                  Benefits Broker Decision (Matthew Warner)
- 7:00           **Adjourn** (David Boxberger)

## David Lake

*Vice President  
Health Plan Operations and Strategy  
Kaiser Permanente Northwest*



David Lake joined Kaiser Permanente in 2012 at a time of significant change in both the health care industry and within Kaiser Permanente Health Plan operations. In 2014, David assumed responsibility for the Northwest Region's strategic plan. In this role, he leads several large-scale system changes being implemented in Claims, Contact Services, and Membership/Eligibility.

David has also played a key role in developing new programs and insurance exchange strategies to position Kaiser Permanente for success during health care reform. These include new member onboarding, enhancements to Medicaid and Medicare programs, and improvements to member experience through online capabilities and telephone service.

Before joining Kaiser Permanente Northwest, David was employed at Liberty Mutual Insurance Group where he led a number of significant merger and acquisition projects. He also served as the operations leader for PacifiCare in the Northwest and held positions at Medical Pathways and California Medical Center in Los Angeles.

David earned his bachelor's degree from the University of Utah and his master's degree in Hospital and Health Administration from the University of Minnesota.

In his time away from work, David works as a leader in his church. He is also a member of the West Linn-Wilsonville School District Long Range Planning Committee, a board member for the American Heart Association Heart Ball, and a member of the Nominating Committee for Boy Scouts of America. He enjoys long walks with his wife, boating, playing golf, gardening, and spending time with his children and grandchildren.

To learn more about the mission of Kaiser Permanente and the executive leadership team for the nation's most innovative health care provider of nonprofit health plans, please visit [kp.org](http://kp.org).

**ALBERTINA KERR CENTERS**  
**Joint Governing Board & Foundation Trustees Meeting Minutes**  
**June 24, 2019**  
**5 to 7 p.m.**

Offices of Ater Wynne, 1331 NW Lovejoy St, Portland, OR 97209

**Governing Board Members Present**

David Boxberger, David Connell, Susan Hobbel, Paul Litwinczuk, Melissa May, Craig Payne, Lisa Powell, Karen Rasmussen, Laura Shipley, John Thoma, Dennis Warneke, David Wilson

**Governing Board Members Excused**

Teri Barichello, Aisha Furbach, Jill Nickerson

**A quorum was present.**

**Foundation Members Present**

Catherine Bekooy, Kim Lilly-Curry, Kristina Davis, Miki Herman, Rod Malone, Sarah Robinson, Heidi Steeves

**A quorum was present.**

**Staff Present**

Anne Adler, Christine Andersen, Chris Canter, Jeff Carr, Van Field, Owen Gibson, Jerry Hoffert, Craig Rusch, Matthew Warner, Justin Zellinger

**Convene** (David Boxberger, Governing Board Chair; Miki Herman, Foundation Chair)  
David and Miki convened the meeting at 5:00 pm.

**Recognition and Thank you** (David Boxberger)

On behalf of the Board, Foundation and Albertina Kerr, David Boxberger thanked David Connell for his time as Chair of the Finance, Audit & Compliance Committee. Kristina Davis was thanked for her time as Chair of the Ambassador Board and as a Foundation Trustee. Mary Caballero, Roz Estime and Susan Graham were recognized, though not present, for their time and dedication to Kerr. Teri Barichello, though also not present, was thanked for her service as Chair of the Program & Accreditation Committee. Teri will remain on the Board of Directors.

**Consent Agenda: Foundation** (Miki Herman)

Miki reviewed the consent agenda and asked for any discussion or questions.

**ACTION: Heidi Steeves moved that the consent agenda be approved. Jeff Carr seconded. The motion passed via unanimous vote.**

**Consent Agenda: Governing Board** (David Boxberger)

David asked for any discussion or questions regarding items on the consent agenda.

**ACTION: Karen Rasmussen moved that the consent agenda be approved. David Wilson seconded. The motion passed via unanimous vote.**

**Discuss Joint Board & Foundation Retreat** (Jeff Carr)

Jeff shared that the dates for a two-day retreat had been determined via the email poll conducted earlier this in June. A location has not been determined but will someplace within 45-60 from Portland. Meetings will take place on Friday afternoon, January 31<sup>st</sup>, and conclude Saturday afternoon, February 1<sup>st</sup>. More details will follow as they are developed.

### **Strategic Plan Update** (Craig Rusch)

Craig presented a high level status check on the 2018-2022 strategic plan. A visual aid demonstrated the relationships between initiatives in the plan and how they lead to achieving the goals established at the plan outset, and toward creating a culture of change at Kerr. A second chart showed the status of each initiative in the process of completion, and confirms most initiatives (80%) are on track. Risk areas are around innovation and workforce development, which are currently areas of high focus and being addressed through improved training, continuing work on wages, and finding non-monetary ways to recognize and advocate for employees. It was noted that quality of service is as directly pointed out; however, all initiatives serve to achieve high quality of care for people Kerr serves.

**ACTION: A copy of the presentation, the single-page 2018-2022 strategic plan and instructions to access the online strategic plan tracking system will be forwarded to all Board and Foundation members following the meeting.**

### **Fundraising Report** (Anne Adler)

Gross revenues have increased by 29%. Anne expressed sincere gratitude for everyone's support and efforts. The FY2019-2020 goals are not as aggressive as FY2018-2019, however, individual giving is set to increase by 50%. Building individual giving and corporate sponsorships is this year's focus. Preparations and engaging participation in 24 Hours of Kerr is in high gear. New Foundation Trustee Heidi Steeves is involved in the arts and has ideas for cultivating support for the Portland Arts and Learning Studios.

### **Thank You, Jerry Hoffert**

Jerry was recognized and thanked for his 20 years of service at Kerr, as his tenure will be ending June 30, 2019. Jerry expressed his gratitude for his time at Kerr and continuing support of the mission.

### **Financial Report** (Jerry Hoffert)

- YTD ending May 31 shows a \$120k operating deficit. Expenses that were trending 1% higher for wages began decreasing starting in January due to placing focus on hours and overtime management. Data trending shows the fiscal year should end with wages being below budget.
- The legislative session will come to a close soon and reportedly includes \$30 million for the Department of Human Services. As part of this, the Office of Developmental Disabilities Services (ODDS) has expressed they expect significant funding increases for kids' DD programs. The State has also stated they will implement a new rate reimbursement model, again resulting in more funds for Kerr programs. The timing and exact amount of the increases are not yet confirmed, but early information suggests it could mean as much as \$4.3 million to \$5 million per year for Kerr potentially starting in September 2019.
- Kerr's FY2019-2020 budget is zero-based with no wage increases. Additional funds described will go toward wage raises. The new rate reimbursement could mean a 16% increase for direct service professionals (DSPs). The increase is unprecedented. Child welfare is under intense scrutiny since the State was sued earlier this spring. Detailed information is shared in the FY2019-2020 write-up provided by Jerry in the meeting packet.
- Expenses for the new fiscal year were reviewed. Increases are mainly in personnel costs. The new Medical Director is on board starting July 1, 2019, and it is expected a new Chief Program Officer will be added this year as well.
- A wages summary page was provided at the meeting (attached) with explanations of a proposed restructure, remedying wage inequities. The new model includes a years-of-service modifier to honor the longevity of many employees.
- A question was asked about the sustainability of the pay raises. The answer is that the State has only reduced rates one time in history, and that they are not distributing all funds at once, but rather saving some rate increases for the second year biennium roll-out. It is extremely unlikely the State will turn back funds for kids' programs any time soon, if ever, due to the recent unfavorable reports and focus around kids' care in the state of Oregon.
- Health premiums for employees remained essentially flat. Dental increases slightly.
- Reduced contracting with locum tenens (psychiatrists) is favorable to the budget.

- IT expenses will increase for the final phase of Epic implementation in group homes under our Capital Budget. Capital expenses will decrease as implementation concludes, however, operation expenses will increase slightly over time.
- There was discussion about the sufficiency of the \$500k contingency fund. The discussion will be referred to the Finance, Audit & Compliance Committee to determine if this is adequate going forward in subsequent years.
- The future of adult group home care could be a challenge. The population of those served is changing. The differential in reimbursement for kids vs. adults could present other challenges as well.
- The Foundation budget shows an increase in revenues, both in donations and investments.
- The capital budget and cash flow projections were reviewed. There is no need for the line of credit projected. Low unemployment rates do place some strain on turnover and training expenses.
- There was final conversation around getting confirmation from the State on allocations and rates. While some legislators are boycotting a final vote due to an unrelated budget item, the funds for DHS are not being disputed so it is expected to pass.

**ACTION: Miki Herman moved that the budget be accepted as submitted with wage increases in September based on the anticipated increase in rate reimbursement and additional funds allocated to Kids' DD programs. When the State announces its final budget, if there are changes that negatively affect Kerr's proposed revenue model, an amended budget will be resubmitted for approval reflecting the changes, and a new vote will be conducted. David Wilson seconded. The motion passed via unanimous vote.**

#### **Executive Session**

Board and Foundation members entered executive session at 6:40 p.m.

#### **Adjourn**

The meeting adjourned at 7:30 p.m.

Recorded by Holly Edgar, Corporate Secretary

## 2019 Wage Restructure

An unprecedented infusion of funding is expected to be made to the Oregon I/DD service delivery system in the 2019-21 Biennium Oregon State budget. We have estimated Kerr's increase in state funding for its Kids' I/DD services as approximately \$4.3 million on an annualized basis, beginning in September 2019. Additionally, we expect a 4% increase on our Adult I/DD services effective in July 2019, with likely additional increases in July 2020.

Consistent with our strategic plan imperative to support a thriving workforce, our goal is to use these funds toward our initiative regarding living wage work, benchmarked as a minimum Kerr payrate of 125% of minimum wage by the end of the strategic plan period.

For the 10 month period beginning September 1, we estimate we can adjust our minimum starting rate of pay to \$15.40/hour (123% of the then-current Urban Growth Boundary minimum wage) while also meeting other compensation goals through the use of Kids' Services funds increase:

- In September, raise the starting pay rate for DSPs – and raise the minimum internal rate of pay – to \$15.40/hour, while also maintaining our management hierarchy for pay differentials throughout the I/DD programs.
- Implement a seniority-based pay algorithm to DSPs and many other staff to combat the compression we've experienced over the last few years. This also helps to correct discrepancies in pay resulting from changing job classifications and program designs in our workforce, as well as different wages resulting from acquisitions over time. Our hope is that in addition to relieving pressures around vacancies, the increased attention on rewards for retention will help to reinforce the value of caregiving as a career choice for our best employees over time.

	Current Base	New base
DSP Adults	\$13.28	\$15.40
DSP Relief	\$15.03	\$17.43
APM	\$15.27	\$17.71
DSP Kids	\$13.28	\$15.40
PM1	\$35,900.00	\$41,654.58
PM2	\$40,393.60	\$46,861.40
PM3	\$44,886.40	\$52,068.22
AD	\$53,872.00	\$62,481.87

	Current Rate	Seniority Leveled Base	New Final Rate After 16%
New Hires 9/1/2019	\$13.28		\$15.40
1 Year	\$13.28	\$13.56	\$15.73
4 Years	\$13.28	\$14.30	\$16.59
29 Years	\$18.09	\$20.71	\$24.02

- We are implementing similar pay hierarchies between staff, managers, and mid-level managers in mental health programs, creating a meaningful and predictable differential for employees that we can maintain over time and use to ensure appropriate salary differences between existing managers and staff to encourage professional development, growth, and retention.
- Provide reasonable cost of living adjustments and certain market rate adjustments to other staff and managers.

While the current model has been built by taking advantage primarily of the Kids' service rate increase, we expect other I/DD funding growth, as well, that we may apply to this same methodology. The incremental cost from the main proposal to a scenario that allows us to meet the strategic plan's 125% of minimum wage goal would be approximately \$285,000 in the current fiscal year, which amount may be reasonably expected in the system-wide rate adjustments supplemental to the Kids' rates.



July 22, 2019  
Report to the Albertina Kerr Board  
Jeff Carr, CEO

## **Introduction**

Summer is in full swing at Albertina Kerr with lots of programs engaging in fun summer activities and many staff taking time for respite and replenishment of their spirit. Since less than a month has gone by since our last board meeting, this is a relatively short update on a few key items.

## **Staffing Updates**

Dr. Soto jumped in as our new Medical Director on July 1<sup>st</sup> and it's already been great to have his input and perspective on our work at Kerr. We look forward to his continued presence in providing us good clinical expertise, as we further develop our mental health programs and the intersection between IDD and mental health.

We have identified three candidates for the Chief Program Officer position after conducting a number of interviews with the help of our search firm, Morris and Berger. We will be bringing all three candidates to Portland the week of July 15<sup>th</sup> for face-to-face interviews and meetings with a number of key staff. We are hopeful these interviews will lead to a candidate that has the right mix of skill and temperament that will lead to being a good fit at Kerr.

Tom Hurst, from CFO Now, has settled into his role as our interim CFO and we have also hired an interim Accounting Director in Melody Tripp. Tom and Melody both have excellent experience and a level of maturity that has already provided a strong degree of steadiness during this transition. We have also hired another accounting professional to handle other GL functions and accounts payable, while we advertise for two permanent positions. Our plan is to hold off on hiring a Director of Accounting and a Director of Revenue Cycle until our new CFO is in place, to allow that new leader to hire these two key direct reports. We also have begun to receive resumes for the permanent CFO position and will begin some preliminary interviews the week of July 15<sup>th</sup> as well.

## **Organizational Highlights**

### *FY 2018-2019 Financial Results*

Due to the changes in our finance department and the earliness of the board meeting, I do not yet have the unaudited financials for the month of June and for the entire FY 2018-19. We do expect to have at least a “soft close” completed by the board meeting on July 22<sup>nd</sup>, and Tom Hurst will give a brief report at the board meeting. It is our belief, however, that we will finish the fiscal year in a positive financial position, the only question is what that final amount will be.

The State Legislature did actually complete their session on June 30<sup>th</sup> despite all the political shenanigans in the State Senate, and they did finalize a budget. We are still waiting to get more information from the Department of Human Services regarding rate increases, but we have been told their budget approved by the Legislature did include rate increases for Developmental Disability Services. I will be attending a meeting in Salem on August 1<sup>st</sup> regarding the budget and what that will mean for Kerr, but we believe the rate increases we projected in our budget for wage increases will be forthcoming.

We made the decision in June to put out to bid for the broker of record of our employee benefits. While this is not something we would normally bring before the board, since one of the bidders has a connection to the Board of Directors, Matthew Warner will be providing an overview of the process we went through and will be making a recommendation in Executive Session at the board meeting on July 22<sup>nd</sup>.

Finally, the Executive Committee is pleased to recommend David Lake, Vice President, Health Plan Operations and Strategy for Kaiser Permanente Northwest, for membership to the Board of Directors. I’ve had the privilege of meeting with David multiple times and I believe his enthusiasm for our mission and his expertise in health care management and finance will be a tremendous addition to our board.

### *Programs*

We continue to make progress on the development of our new crisis psychiatric unit for kids with intellectual and developmental disabilities. We completed a draft executive summary of the program and a preliminary budget (attached as part of your packet) and sent it out to stakeholders who have been invited to attend planning meetings the week of July 15<sup>th</sup> to further develop the program design and make recommendations for how we renovate the 165<sup>th</sup> group home that is slated to house this unit. As a response to this invitation and our proposal, we received a meeting request from senior members of the Oregon Health Authority Behavioral Health team to discuss our proposal. While we have only had preliminary discussions, the State has indicated they are extremely interested in helping us stand this program up and assist in determining how to fund it.



I had the chance to attend three different Project Search graduations over the last five weeks and the last one, which was held at Embassy Suites, Washington Square, was absolutely unbelievably inspiring. Laura Shipley was in attendance and I hope you will ask her about the experience, but our intention is to see if we can schedule our June 2020 joint board meeting in conjunction with next year's graduation at Embassy Suites, so that all of you can experience this great event.

Finally, in early June I had the joy of doing lobbying at the Capitol with the help of three young women from one of our group homes who were absolutely fabulous in helping us tell the story about why Kerr needed additional resources to pay their staff higher wages. As a result of connecting with these young women, I learned one of them had a love for cooking and they asked me if I would come to their home if they cooked me dinner. Well, since I've never turned down a free meal, I said yes, and had one of the more fun evenings in my three years at Kerr. After dinner in asking the girls what they planned to do when they turned 18, one of the girls said her dream was to work in a restaurant. Well, after some discussions and a visit, that young woman is going to start volunteering two days a week this summer in the kitchen at Albertina's Place! I can't wait to see how this all comes together.

#### *Workforce Housing Update*

We are planning on having an in-depth presentation at the board meeting on July 22<sup>nd</sup> to talk about the progress we have continued to make on our workforce and inclusive housing initiative. I've attached a copy of the final master plan concept completed by Ankrom Moisan, and we will have representatives from Gerding Edlen, Ankrom Moisan, and Pence Construction attend the meeting for a more detailed update.

We did have a "pre-construction" meeting with the City of Gresham Planning Department on July 3<sup>rd</sup>, which provided a great deal of positive response to our current design and some helpful feedback for how we can continue to move forward through the design review process. I also attended a July 9<sup>th</sup> City Council Meeting where the City staff presented their policy framework and recommendations for their Local Implementation Strategy (LIS) for their Metro Housing Bond funds. The policy recommendations line up very nicely with Kerr's project and I continue to be optimistic that we will receive bond funds for our project. The final plan will come back to Council in early August and I believe we could have a recommendation from staff sometime in September/October.

#### **Closing**

I continue to believe the best days for Kerr are ahead of us and look forward to your continued support of our efforts.

# ALBERTINA KERR GRESHAM CAMPUS MASTER PLAN

07.01.2019

CONCURRENT MASTER PLAN STUDY  
TO ONSITE HOUSING DEVELOPMENT



Ankrom Moisan

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**APPENDIX**

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\*Staff Survey distributed separately



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Portland, OR 97209  
T 503.245.7100

**SEATTLE**  
1505 5th Avenue, Suite 300  
Seattle, WA 98101  
T 206.576.1600

**SAN FRANCISCO**  
1014 Howard Street  
San Francisco, CA 94103  
T 415.252.7063



AERIAL SITE PLAN / NTS



# ZONING SUMMARY

**NORTH PROPERTY**

930 NE 162nd Ave. Portland, OR 97230  
 Property / State / RNO Identification Numbers:  
 R113334 / 1N3E31BC 5900 / R061800990

**SOUTH PROPERTY**

722-876 NE 162nd Ave. Portland, OR 97230  
 Property / State / RNO Identification Numbers:  
 R113332 / 1N3E31BC 6000 / R061800870

**DEVELOPMENT LOT AREA**

North Property: 87,120 sf (2.00 Acres)  
 South Property: 335,502 sf (7.70 Acres)  
 Combined: 422,622 sf (9.70 Acres)

**BASE ZONING**

CMF - Corridor Multi Family (Gresham)  
 South Property is within a Historical Cultural Designation

**DESIGN REVIEW TYPE-E (TYPE III APPLICATION) REQUIRED\***

**\*OPTIONAL 'PHASED DESIGN REVIEW' FOR FUTURE DEVELOPMENT NEIGHBORHOOD PARKING ANALYSIS REQUIRED**

**GRESHAM DEVELOPMENT CODE SECTIONS**

- 4.0400 - Corridor Districts
- 7.0100 - Multi-Family Design Guidelines and Standards
- 7.0201J - Height Reduction
- 9.0600 - Height Transition
- 9.0800 - Parking Requirements

**DENSITY**

24 Units/Acre = 232 Units (Net Density)  
 Transition Restrictions: 12 Dwelling Units/building within 50' of LDR Zone (15' min spacing between buildings)

**HEIGHT**

45' max (30' max within 35' of LDR Zone)

**SETBACKS**

Front/Streetside: 5' min - 20' max (30' with Open Space)  
 Interior Side: 0'  
 Rear: 15' min

**OPEN SPACE**

Outdoor Private Space: 80 sf/Unit (Direct Access)  
 Shared Open Space: 4% Gross Site Area (1000 sf min)\*  
 = 422,622 sf site x 4% (-12,000 sf (150 Units) = 4,905 sf\*\*  
 Project Goal: 99 Outdoor Private Spaces = 7,920 sf\*\*  
 \*Private Space counts towards Shared Open Space  
 \*\*Varies based on Private Spaces provided  
 50% of Shared Open Space to be children's playground

**BUFFERING AND SCREENING**

15'-20' Buffer Required along LDR Property Lines

**PARKING**

Automobile: 1 Space/Unit + .25/Unit Visitor (No max)  
 Bicycle: 1/Unit Long Term + 1/20 Units Short Term

**Parking Exceptions:**

9.0853 E. Reduce Parking up to 50% with Traffic Consultant prepared 'Parking Study' that demonstrates reduced vehicle use/parking space demand.  
 9.0855 'Joint Vehicle Parking Lot' may reduce parking if Owner can demonstrate that demand for joint parking does not materially overlap (e.g. Daytime vs. Nighttime or Weekday vs. Weekend)

TREATMENT & ADMINISTRATIVE BUILDINGS



MATURE LANDSCAPE + SHADE



SUNNY OPENSOURCE + STORMWATER



PROJECT INFORMATION

**Owner:** Albertina Kerr  
**Project Type:** Inpatient and outpatient treatment, administrative, future affordable housing, natural areas, exterior play, stormwater swales

EXISTING BUILDINGS + PROGRAMS

- » Sub-Acute residential care
- » Future location of Critical Care
- » Out-Patient treatment
- » Facilities & Human Resources
- » Offices, meeting areas, staff areas

KEY CIRCULATION + PARKING

Four entrances from 162nd onto campus  
 One entrance from 165th and a fire-access/gated entrance

HISTORIC PRESENCE



# THE CAMPUS





**HOUSING ZONE**

1. Build 150 units at the NW
  - Wynne-Watts school to be demolished
  - New emergency evacuation site needed
2. Create sense of separation from campus operations
3. Retain natural features
  - Mature trees where possible
  - Stormwater swales
4. New parking strategies
5. Minimized institutional scale for residents
  - Break up corridor lengths
  - Provide social spaces
  - Massing offset from entry
  - Gateway at 162nd

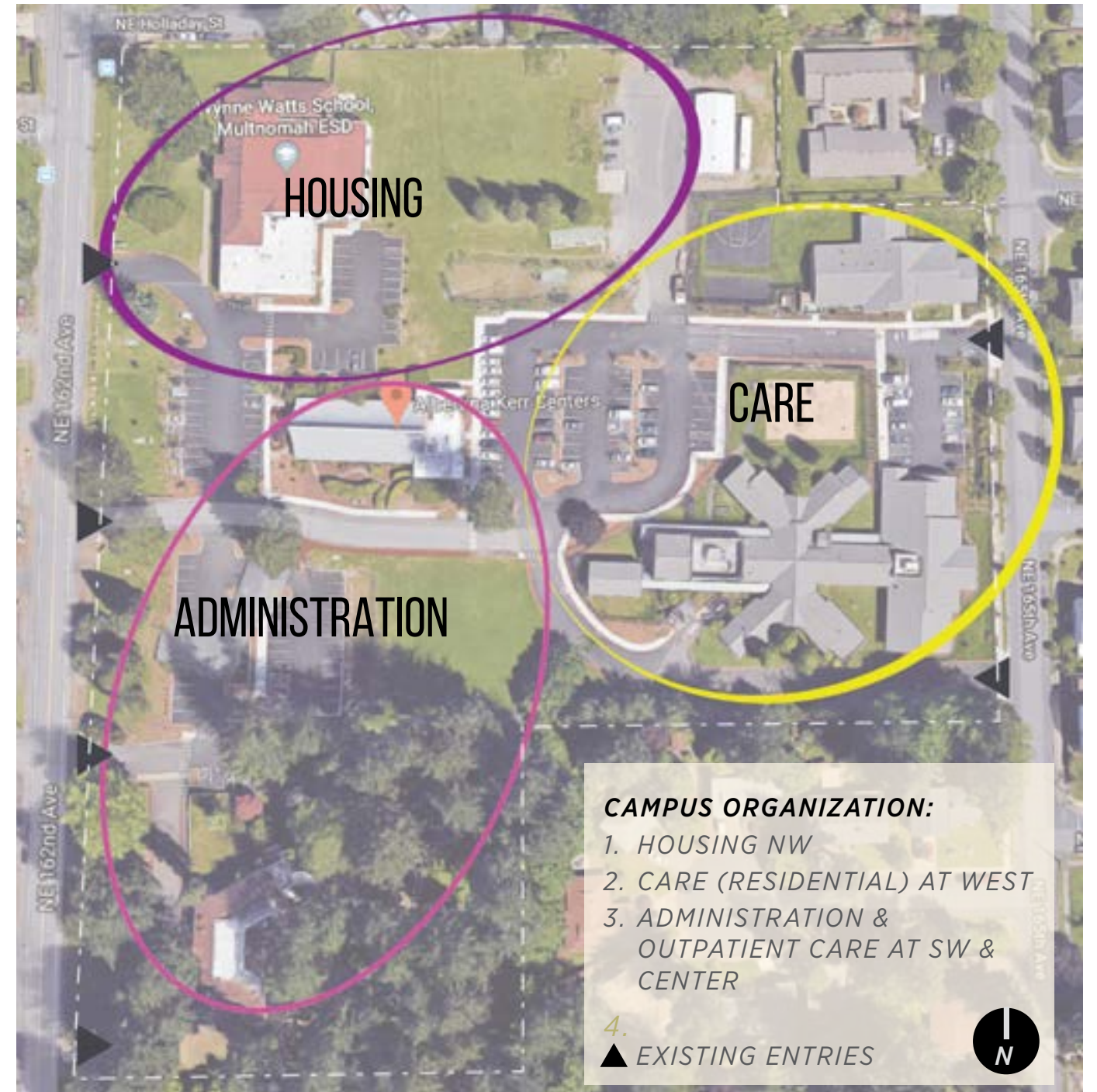


**ADMINISTRATIVE ZONE**

1. Administrative operations are separated on campus
2. Growth opportunities
  - Albertina Kerr headquarters
  - Build-ready sites
  - Community/staff amenity possibilities
3. Office space in chapel & Louise building not optimal
4. Limited use of natural areas
  - Security - limited lighting
  - Facilities - improvement of trails, benches, shelters
5. Connections to other parts of campus needed
6. Beautiful, mature trees
7. Grove behind Louise building must be preserved



# ORGANIZATIONAL ZONES



- CAMPUS ORGANIZATION:**
1. HOUSING NW
  2. CARE (RESIDENTIAL) AT WEST
  3. ADMINISTRATION & OUTPATIENT CARE AT SW & CENTER
  4. EXISTING ENTRIES



**CARE ZONE**

1. Phased demo + additions
2. Build-ready lots
3. Continuous operation
  - Additions off of existing services, continued care
  - Centralizing services
4. Program-specific design
  - Privacy & security
  - Efficiency of services and administration
  - Outdoor active play & meditative garden spaces for each program
5. Retain natural features
  - Mature & memorial trees
  - Stormwater swale
6. Gated firelane at south

**ADMINISTRATIVE VIEW SW**



**HOUSING SITE VIEW OVER SWALE**



**EXISTING CAMPUS SUMMARY**

Visitors and staff value the natural areas, mature trees, and garden spaces. The entirety of the site is beautiful and certainly the most significant asset after the dedicated staff. The healing nature of treatment within buildings could extend into the landscape in many ways.

Wayfinding is difficult due to unclear/small signage or absence of markers. In addition, the treatment facilities are sub-optimal. While plans are set for some modest improvements, creating new buildings designed for efficient treatment, visiting family, and staff would be the ideal.

There are several viable sites for additional buildings while preserving natural areas and continuing in- and out-patient services during construction.

**EXISTING PARKING**

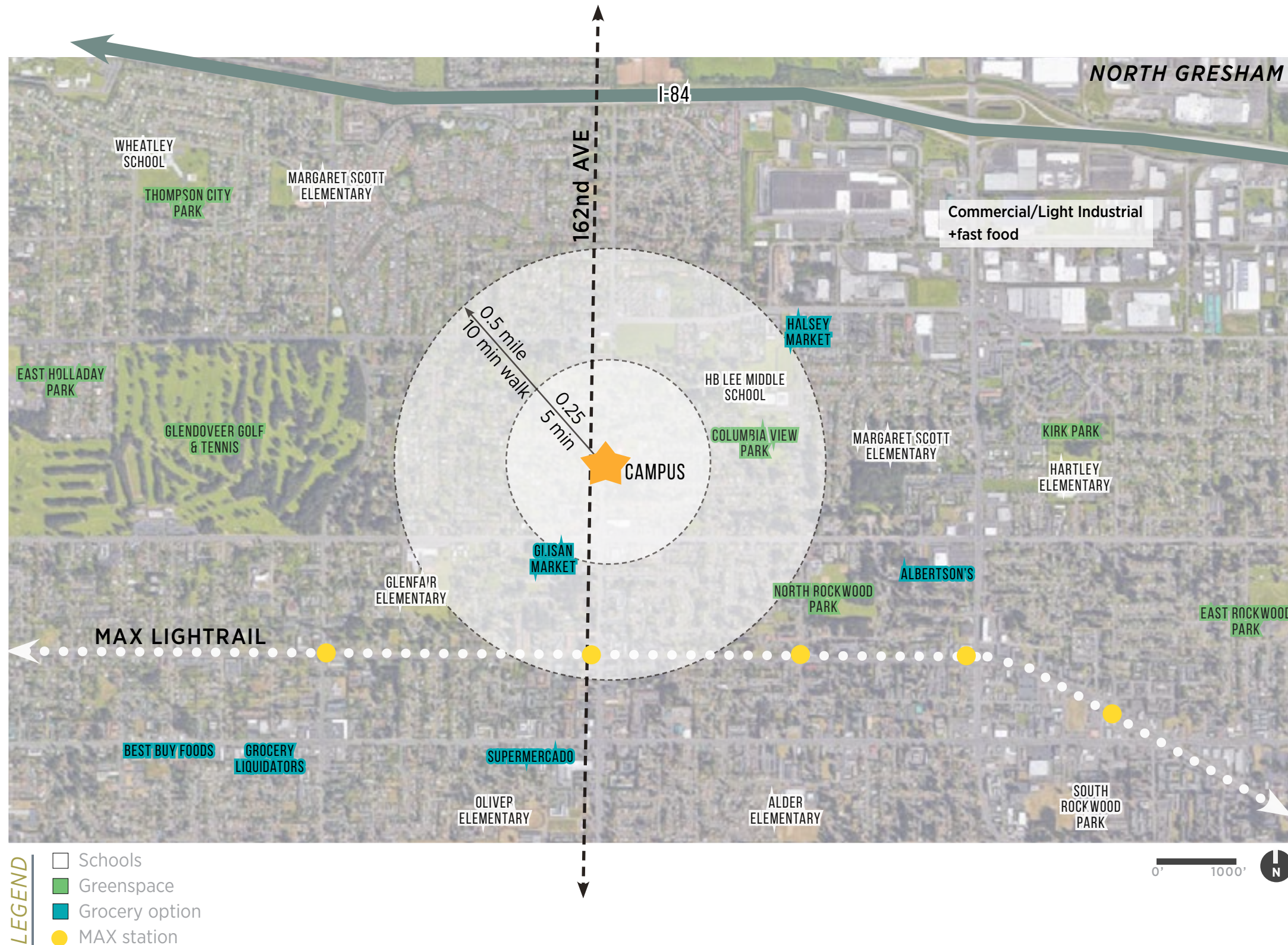


**EXISTING PARKING SUMMARY**  
 154 = EXISTING PARKING STALLS  
 63 = SUB-ACUTE + CRITICAL CARE  
 91 = ADMINISTRATION

As the campus grew beyond the historic Louise building and Wynn Watts school, each new parking lot was situated adjacent to program space. The parking and circulation were not designed as a cohesive system of vehicular, bike, and pedestrian traffic.

98% of all staff drive their cars to this Gresham location. On the occasion of regional training, all surface parking has been filled, as well as the overflow lot at the north near the facilities/training building, and it sometimes spills into the neighborhood streets. Staff noted concerns about adding the workforce housing building into the current parking situation.

# AREA CONNECTIONS



The proximity to both Interstate 84 and the E 162nd Max station offer transportation options to Albertina Kerr visitors and staff. There are some school options for housing residents within a 10-15 minute walk, but food options are farther out.

**Primary regional amenities:**

1. Regional transportation
  - Max station at Burnside
  - Easy I-84 access
2. Bike lanes planned for 162nd expansion (no set date)
3. Access to greenspace on campus and a city park is within a 10-min walk

**Area liabilities:**

1. Limited affordable housing
2. Food desert around campus
3. Limited bike/pedestrian connections to 162nd MAX station

The immediate neighborhood is largely working class with older single-family homes and some smaller apartment buildings. A walking radius of half a mile or a 10 minute walk includes a bus stop on campus and the E 162nd MAX station, but the sidewalk connections are incomplete and there are no bike lanes. While this limits some pedestrian mobility, a connecting bus ride from the light rail station to campus takes 4 minutes.



**ALBERTINA KERR IDENTITY + CAMPUS AMENITIES**

The primary concept for campus organization remains the three nodes of operation but with a new central connecting core.

To promote wayfinding and campus identity, a primary mid-campus entry from NE 162nd will act as a gateway with signage and an administrative, formal presence to the west. The care zone will remain a quieter residential scale at the east with the primary entrance from 165th moved to the current fire lane.

Currently, there are no connections for pedestrians from between building, nor are there centralized amenities for the staff, limiting contact, socialization, and utilization of the campus. Reprioritizing the pedestrian connections will enhance the feel of collaboration and support to both staff and patients.

A central core could offer several services and either remain in a remodeled chapel with or without an addition or an entirely new building. This location connects Albertina Kerr operations, buffers the residential/workforce housing building from the rest of campus, and promotes a more unified campus identity.

**OPERATION ZONES + CORE OVERLAP**

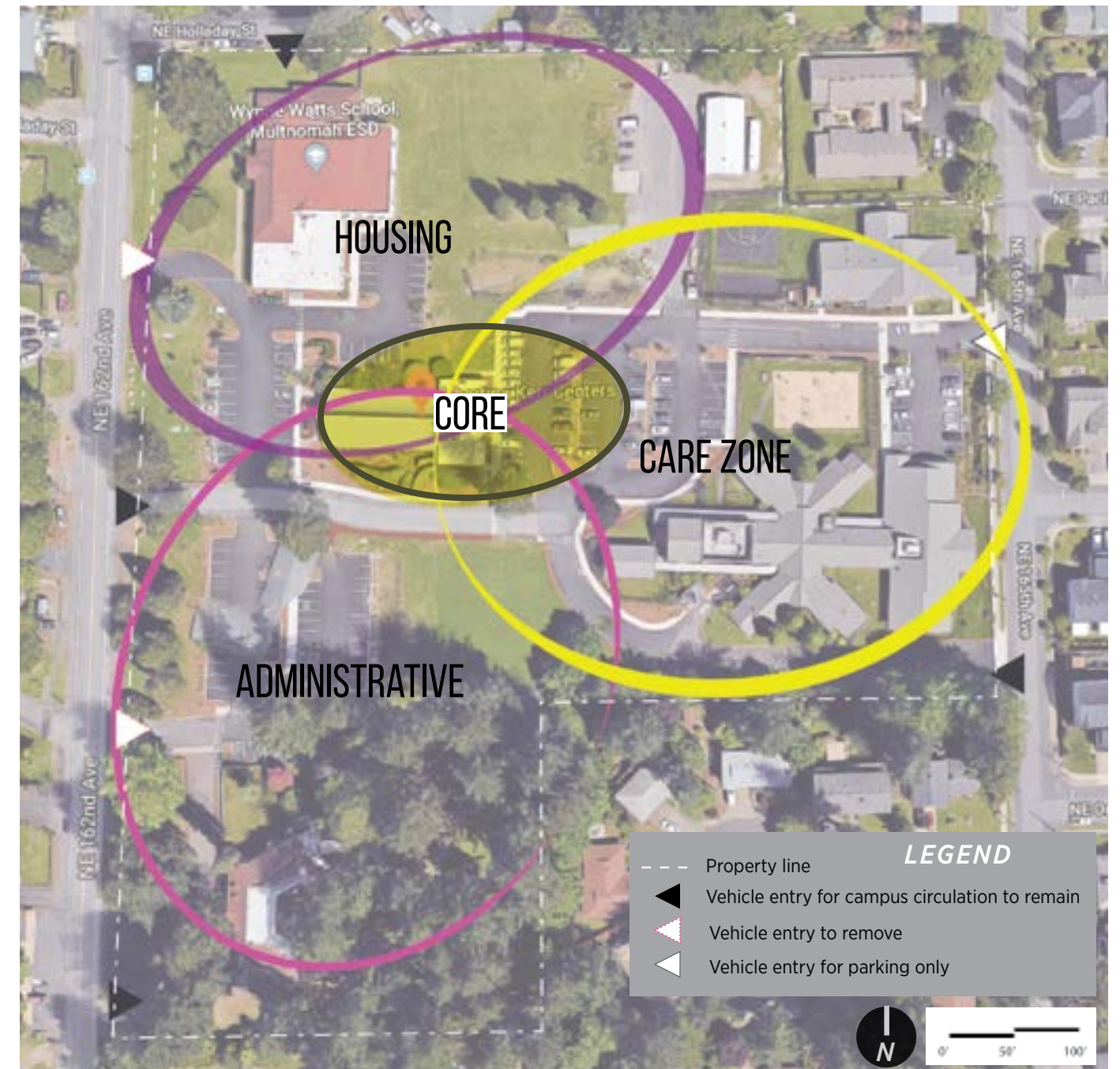
1. Reconfigure zones with internal overlap zone
2. Core serves all zones
3. Connections
  - Staff/operations
  - Families + care
  - Nature
  - Pedestrian/vehicle

**CAMPUS CENTER FUNCTIONS**

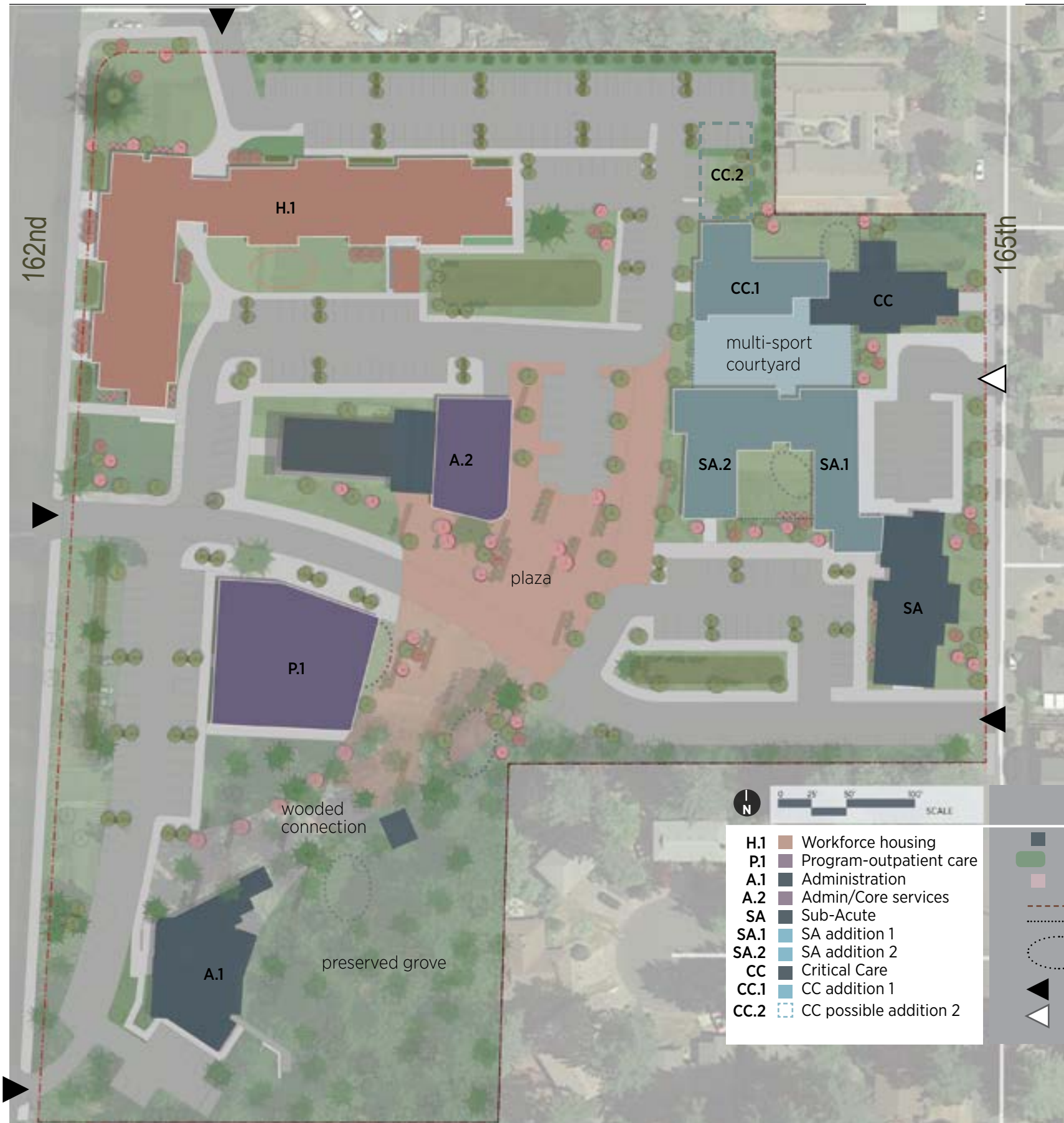
1. Create a housing buffer
  - Semi-private courtyard
  - Provides a shared space for housing residents
2. Commercial kitchen serves adjacent care zone
  - Staff cafeteria options
  - After-hours resident use
  - Serves events or staff training
  - Centralized location for facilities/maintenance
  - Possible public cafe
3. Chapel + community space
  - Training rooms
  - Community/staff use
  - Rentable event space
4. Public plaza outdoor space
  - Makes use of sunny, open areas
  - Extends to the natural, wooded area to promote greater use of that resources, improving security for all, and supporting natural play spaces.

# PLAN CONCEPT

CREATE A HEART OF CAMPUS







# MASTER PLAN

## CORE IDENTITY, PHASED GROWTH, & CONNECTIONS

The Central Core's identifying feature is a pedestrian plaza in an open, seasonally-sunny portion of campus. The Administrative program could use a renovated and expanded chapel or build a new facility on the chapel site. This A.2 building would offer central amenities to staff and children in care with a commercial kitchen to provide food options. A public cafe could be located off the plaza with additional city negotiation.

The adjacency of the Administrative buildings to the P.1 building sets up all three to have complementary program spaces. Conference rooms for regional Albertina Kerr employees training can be in A.2, P.1 or both, benefiting from the commercial kitchen in the A.2 building and possible additional amenities in the P.1 building such as staff lounge and exercise room.

These two buildings create an entry gateway from 162nd into the site, presenting an administrative presence, branded Albertina Kerr identity, and clear wayfinding for the visitor.

A secondary entrance is farther south, providing a one-way drive in front of the Louise building,

preserving the mature trees at the street and the existing stairs and ramp of the building, while offering angled parking close-in for staff.

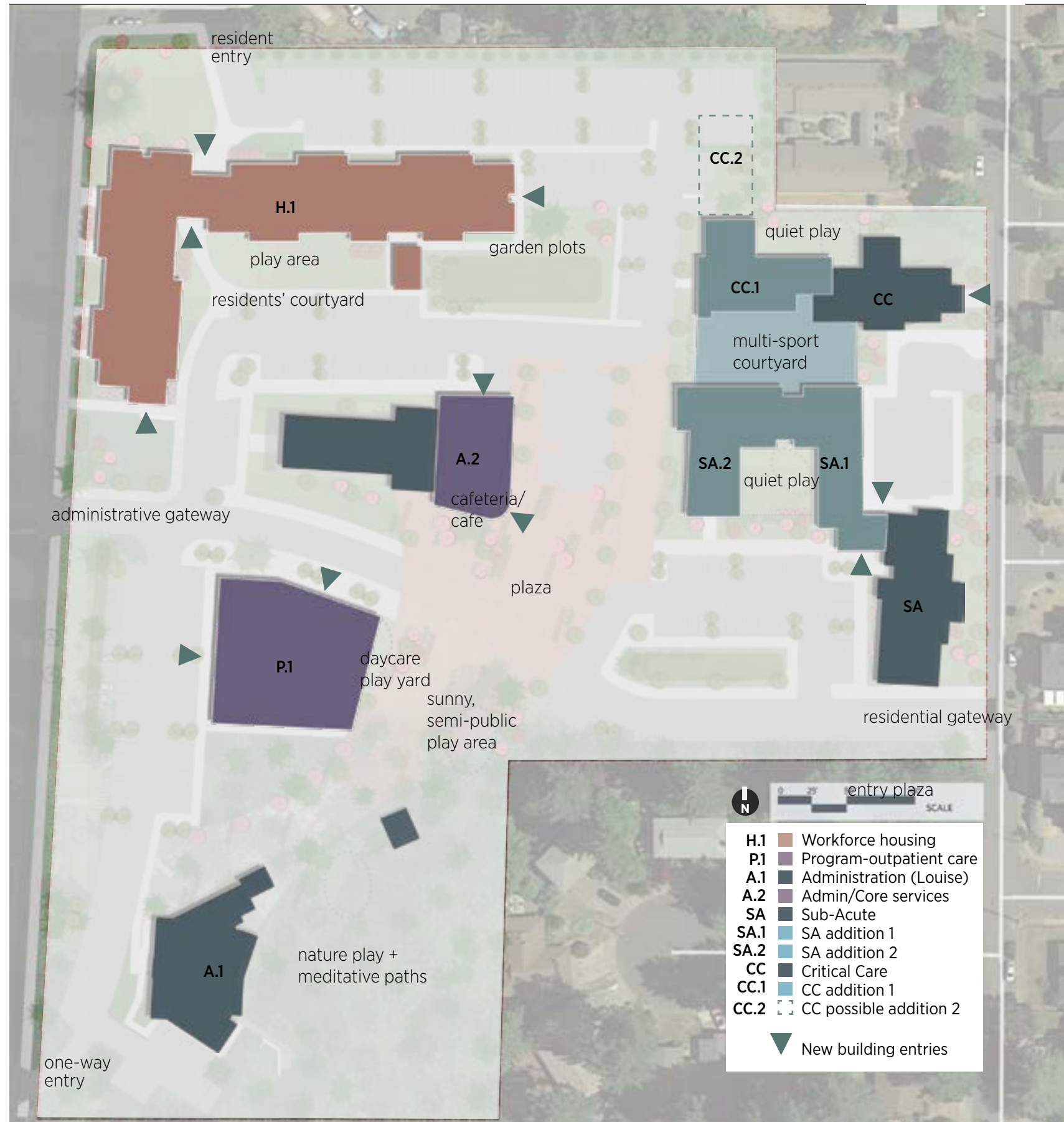
Optimized parking is planned across the site for traffic-calming connectivity, efficient use of space, and preservation of natural areas. The large swale is preserved near the new housing and as many mature trees as possible.

The two acres of preserved grove behind the Louise building can be improved with low bollard lighting and expanding trails, increasing safety in this area. Installing more resting and play features in the grove, providing wi-fi for staff and visitors in covered areas, and creating plaza connections through the trees to the A.1 and P.1 buildings will increase the use of this natural area.

The phasing of the Sub-Acute and future location of Critical Care at the east will shape care spaces around a central playcourt. While this could be a shared or bisected multi-sport courtyard scheduled between the two programs, each program has a separate garden courtyard for quieter nature play or gardening options. These outdoor spaces would be designed to complement the internal programs, providing places of healing for families, children in care, and staff. Secure fencing is necessary but buffered with vegetation to provide greater privacy from the street or workforce housing. The Lenore memorial tree will be relocated and noted.

Albertina Kerr administration and headquarters staff could be relocated into the Louise building, leaving the P.1 entirely for out-patient services and supporting staff areas. A daycare at ground level could be offered as an additional onsite resource for staff, residents in the workforce housing, and the Gresham community.

		<b>LEGEND</b>	
<ul style="list-style-type: none"> <li><b>H.1</b> Workforce housing</li> <li><b>P.1</b> Program-outpatient care</li> <li><b>A.1</b> Administration</li> <li><b>A.2</b> Admin/Core services</li> <li><b>SA</b> Sub-Acute</li> <li><b>SA.1</b> SA addition 1</li> <li><b>SA.2</b> SA addition 2</li> <li><b>CC</b> Critical Care</li> <li><b>CC.1</b> CC addition 1</li> <li><b>CC.2</b> CC possible addition 2</li> </ul>	<ul style="list-style-type: none"> <li>Existing building to remain</li> <li>Swale (new or existing)</li> <li>Pedestrian plaza</li> <li>Property line</li> <li>Security fence</li> <li>Playground/play structure</li> </ul>	<ul style="list-style-type: none"> <li>Vehicle entry into site</li> <li>Vehicle entry into parking</li> </ul>	



# PROGRAM GROWTH

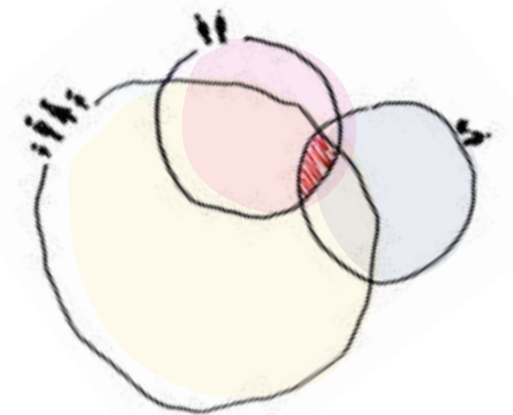
## SUBACUTE, CRITICAL CARE, ADMINISTRATIVE, + OUTPATIENT

Each zone was analyzed for both buildable sites adjacent existing programs and campus operations efficiency. Buildings and care programs will require further study to determine the extent of services that could be provided during demolition and new construction.

### PROGRAM GROWTH

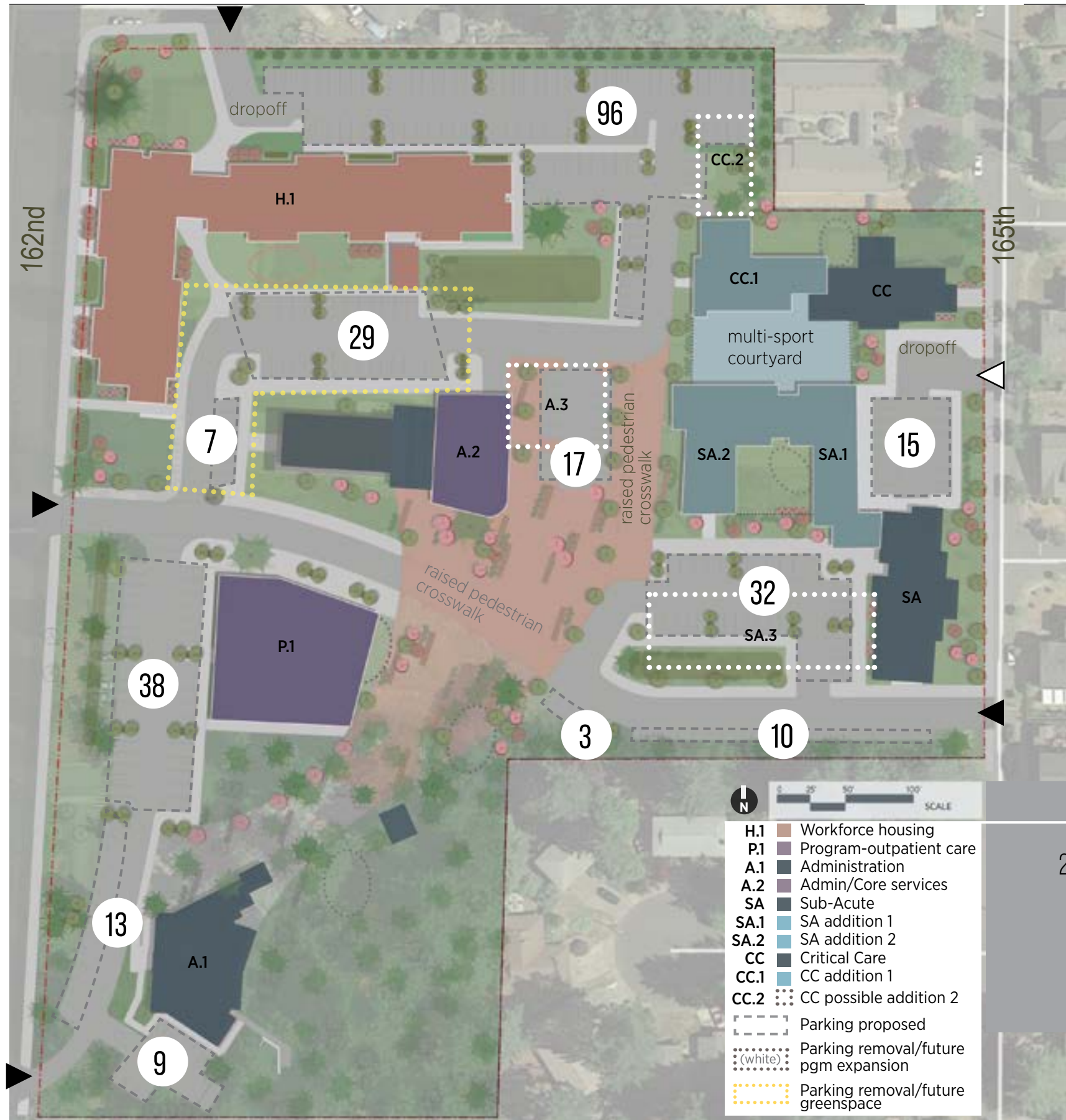
- 1. Sub-Acute (SA)**
  - 2014 newer addition remains (6,200 sf)
  - X-portion is demolished (12,000sf)
  - SA.1 and SA.2 provide approximately 17,500 sf of new program space
- 2. Critical Care (CC)**
  - Existing home remains (4,500 sf)
  - CC.1 provides approximately 4,600 sf of new program space
  - CC.2 could offer 3,500 sf - when parking demand decreases
- 3. Chapel/Core (A.2)**
  - A new addition off the existing chapel provides 5,000 sf p/flr
  - A new building over the chapel footprint

- 4. Program Building (P.1)**
  - The new Out-patient building footprint is approx. 11,000 sf, providing up to 33,000 sf with three floors.



While this is an overview of what is possible on site, it is a broad enough study to act as a guide for Albertina Kerr leadership as priorities and funding sources change.

Demands in the types of care needed will vary as phasing takes place and may require a delay of one program and a quicker pace of another; therefore no timeline beyond adjacent sequencing is suggested.



# PARKING+MOBILITY

Parking was consistently one of the top concerns of Albertina Kerr staff at every level, in every form of survey or interview. Not only was the preservation of the natural spaces a concern, but individuals also described that the inefficiency of current parking was daunting when coupled with the idea of four stories of workforce housing introduced to campus.

The master plan offers highly efficient parking design and accurately depicts the city of Gresham's requirement that half of the parking is designed for compact vehicles. Nevertheless, the parking numbers shown do not account for the higher 1.2 parking ratio usually required per unit as well as parking for all staff vehicles. A parking ratio of .75 or lower would be desirable and feasible under certain conditions.

Where nearly 100% of staff and visitors drive to this Gresham location, this is neither desirable nor possible in the years of program growth and possible headquarters relocation. Structured parking was deemed unrealistic and unaffordable at this location, but should be assessed again when P.1 and A.2 are designed. Regardless, a cultural shift regarding transportation needs to take place.

There is a bus stop on site and a MAX station within

a 10-minute walk of campus. For visitors and staff with mobility issues, a bus runs from the E 162nd station to campus.

While it may take years for the city of Gresham to improve the length of 162nd to campus and connect both pedestrian walks and bike lanes, both methods of mobility can be cultivated by leadership and staff in the interim.

Bikes need to be accommodated with secure, covered storage for staff in addition to the bike storage required for workforce housing. Additional transportation strategies include:

1. Shared parking where workforce housing residents park in administrative areas during evening and early morning hours not needed for staff and day-use visitors.
2. Employees are issued a monthly transit pass
3. Company passenger vans provide rush hour shuttle service to and from the MAX station
4. Priority parking offered to carpool employees
5. On-site fleet vehicles and charging infrastructure installed near the workforce housing. Many programs for affordable housing carshare provide several incentives for resident use.

**LEGEND**

269 = TOTAL PARKING STALLS  
 77 = SUB-ACUTE  
 60 = ADMINISTRATION  
 132 = RESIDENTIAL

Planning for different types of mobility at this stage allows Albertina Kerr leadership to adapt to future changes and intelligently design for current demands and reduced parking in the future.

For example, when transit efficiently serves campus, additional program space can be built over unused parking lots, increasing campus density. The courtyard between workforce housing and A.2 could evolve into a pedestrian-only greenspace. Just as the master plan indicates parking to meet current demands, this parking plan indicates phasing that acknowledges a use for parking lots when they are no longer needed.

# HOUSING



The impetus for change on campus began with the desire to provide workforce housing for staff.

As the housing concept developed in tandem with the master plan, the architecture and planning teams discussed various means of approaching parking, scale and site access. This will continue as plans move into construction documents prior to building.

These images are part of a package currently in preparation for city approval. The housing will be consolidated into a single four-story building providing a mix of units, with community space at

the central axis at the NW of the site near a beautiful old-growth tree. Various unit sizes will be offered at different levels of affordability.

In addition to workforce housing, the building will offer thirty units with cutting edge technology and features that allow for any mobility or disability to be accommodated. These will be dispersed throughout the building to promote the social integration of all residents.

A few units will be kept aside for families who are visiting a child receiving care on campus.

## UNITS + AFFORDABILITY

- 150 units total
- 15 units at 80% AMI
- 30 units at 30% AMI (universally accessible)
- 102 units at 60% AMI
- 3 units for temporary housing of families visiting kids in crisis care

## UNIQUE FEATURES

- THE BUILDING IS CAREFULLY PLACED AROUND MATURE TREES
- THE BUILDING IS SHAPED TO CREATE A RESIDENTIAL COURTYARD AND ENTRIES FOR RESIDENTS THAT FEEL SEPARATE FROM CAMPUS.
- THE BUILDING IS BROKEN DOWN INTO SMALLER BLOCKS WITH DIFFERENT MATERIALS AND DESIGN COMPOSITIONS, CREATING A MORE INTIMATE RESIDENTIAL FEEL
- THE BAYS REFLECT RESIDENTIAL SCALE OF THE NEIGHBORHOOD



PLAY | HOME | COMMUNITY | NATURE








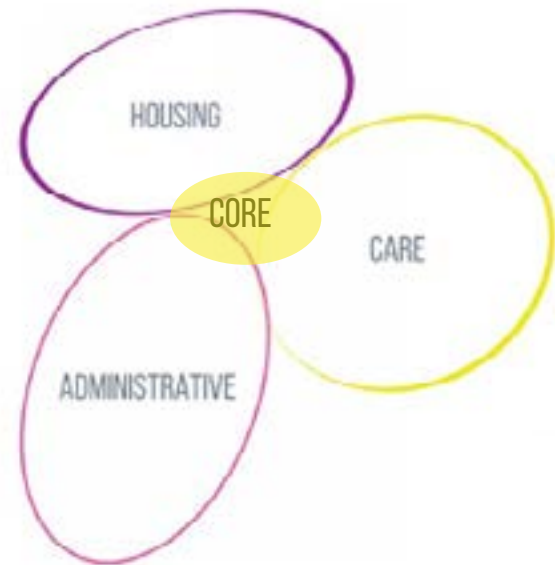
# OPENHOUSE BOARDS

## WORKING PLAN + SITE CONCEPT

1. CONTROLLED SITE ACCESS
2. CARE CLUSTER + OUTDOOR PROGRAM SPACES
3. CORE
  - HEART OF CAMPUS
  - PEDESTRIAN PRIORITY
  - CONNECTION
  - EXTENTION OF PROGRAMS
4. PHASED BUILDING + PARKING
5. AMENITIES
  - PROGRAM RESOURCES
  - FAMILY CARE SUPPORT
  - STAFF HEALTH
  - PUBLIC OFFERINGS

## LEGEND

-  Existing building
-  New addition or bldg
-  Play structure/feature
-  Pedestrian raised crossing
-  Vehicle entry point



New site entry for housing

Residential amenities: gardens, playground, covered gathering

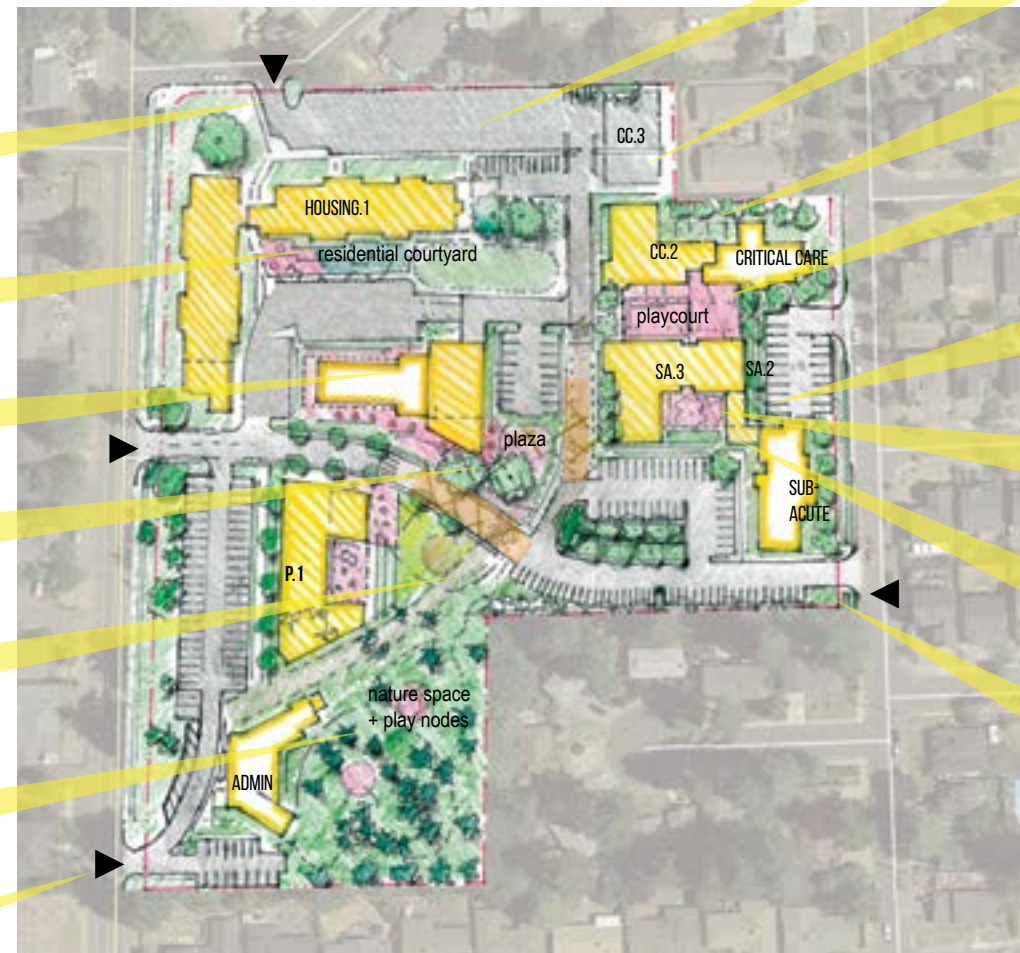
Chapel redesigned for event, training, & community space

Sunny plaza next to kitchen/cafe. Center of campus connecting area

Community amenities: neighborhood playground, daycare

Amenities along an improved, well-lit trail. Nature play areas.

Fewer entries into campus. Better visibility and security.



Housing parking

Optional Critical Care additional expansion area

Quiet garden space for staff or those in care

Active play courtyard for both programs

Staff parking or check-in/loading area

Sunny play or quiet garden space. Buffered for privacy.

Beautiful, quiet entry space for family and those checking in

Current fire lane turned to primary entrance from east



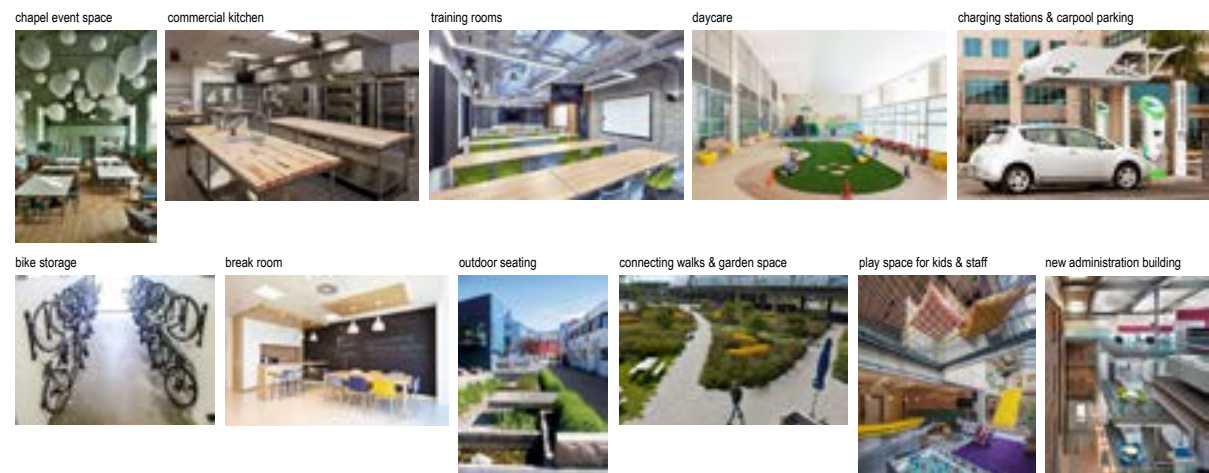
CREATING AN IDENTITY & HEART OF CAMPUS



PRECEDENTS - PUBLIC SPACE, AMENITIES, CONNECTIONS



PLEASE FILL OUT THE ONLINE SURVEY  
[HTTPS://WWW.SURVEYMONKEY.COM/R/2NY68ZD](https://www.surveymonkey.com/r/2NY68ZD)



PRECEDENTS - PUBLIC SPACE, AMENITIES, CONNECTIONS





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ALBERTINA  
**KERR**

**ALBERTINA KERR**

# **PROPOSAL FOR CHILDREN'S IDD PSYCHIATRIC CRISIS PROGRAM**

**JUNE 2019**

## **Overview**

Oregon community leaders and agencies have identified a large gap in services for children experiencing an acute mental health crisis in comorbidity with intellectual and developmental disabilities (IDD). There simply is no viable option for Oregon's youth with these unique and specialized needs to get the help they need in our current system. For those who receive care, it is often in the emergency department (ED) or the hospital, neither of whom are equipped to provide the services and support these kids need to address immediate or long-term needs. This results in increased costs to our healthcare system, as well as unimaginable negative impact and trauma to the children and families involved. Case in point: In a study of over 33,000 children enrolled in the northern California Kaiser Permanente health plan, children with Autism Spectrum Disorder (ASD) utilized 11.9 times as many psychiatric hospital days as children without an ASD and incurred 12.4 times the cost (Croen et al. 2006).

Albertina Kerr is uniquely positioned to successfully launch services to meet this need in our region. We bring extensive experience implementing a multi-disciplinary and collaborative team approach, proven outcomes with children / youth experiencing acute psychiatric crisis, and impactful long-term care for youth with IDD. Albertina Kerr has a building ready for renovation on our Gresham campus, 100 feet from our 24/7 youth subacute facility, where we plan to open this much needed service. This facility, which will have space for up to six youth ages 10-17 at a time, will be the first of its kind on the West Coast that will treat and manage youth with IDD in need of acute psychiatric stabilization. Lastly, we will be able to leverage on-campus clinical professionals from our subacute unit to improve access and support to the team members whenever it's needed and with limited incremental costs. The following proposal outlines our plan and estimated costs for start-up and a 3-year operating budget.

It's time to take a stand for these children. It's time to step up and help these kids. Our kids. This is the right thing to do. This is the right time. And Albertina Kerr has the right solution.

## **Program Objectives**

Albertina Kerr's objective is to provide developmentally appropriate and effective psychiatric stabilization for youth with IDD in a safe and secure setting.

1. Specialized programming and care to facilitate effective psychiatric crisis stabilization for the youth IDD population. Decrease recidivism into higher levels of care and boarding in

inappropriate settings that do not meet the needs for this population by providing suitable stabilization with effective after-care planning before returning to a lower level of care.

2. Safe and effective interventions to manage high-risk behaviors typically unmanageable in programs and facilities that currently exist in the community (e.g. aggression).
3. Provide psychiatric stabilization to include regular sessions with a Psychologist and Child and Adolescent Psychiatrist, individual therapy provided by a QMHP, structured developmentally appropriate and evidenced-based groups, family education and skill building, physical health management, care coordination and aftercare planning.

## Rationale

Albertina Kerr has a well-deserved reputation for providing high quality services for those with developmental disabilities, as well as acute psychiatric stabilization for youth experiencing mental health challenges. With such specialized expertise in these two, often vastly different fields, our leaders have come to the same conclusion: there is a cross-section of this population that is wildly underserved. Youth with developmental disabilities who are also dealing with acute mental health challenges find themselves without an appropriate level of care to support them. These children often present with externalizing behaviors such as severe self-harming behaviors or aggression so intense it yields them too acute for a traditional mental health facility, while their mental health needs yield them inadequately supported in a traditional DD placement or service. Currently these youth are being inappropriately placed in settings that do not adequately meet their needs. Many of these youth are boarded in emergency departments (ED) causing strain on hospital systems, remaining in community settings where they are not safely maintained putting themselves and other's safety at risk, while also not receiving the treatment they so desperately need, or they are placed in behavioral health facilities that do not adequately support their specialized needs.

Albertina Kerr's mission is to empower people with intellectual and developmental disabilities, mental health challenges and other social barriers to lead self-determined lives and reach their full potential. Kerr is currently the largest IDD kids' group home provider in Oregon with over 50% of the kids in Oregon needing this service already in a Kerr Group Home. This proposed program's unique specialization in serving youth experiencing both IDD and mental health challenges to provide stabilization and safe return to their communities will help these youth meet their full potential and lead self-determined lives quickly. The development and inclusion of this new program would clearly align with our mission and purpose.

A review of specialized psychiatric facilities serving children with IDD included just 9 facilities in the nation, all of which are located in the northeastern United States. In spring 2019, Albertina Kerr CEO and Director of Children's Mental Health Services visited two such facilities, Spring Harbor Hospital in Portland, ME and Bradley Hospital in Providence, RI, to better understand the requirements and challenges of starting-up and running a successful program. Key learnings included:

- Critical success factors are a multidisciplinary team of well-trained professionals, the use of both psychopharmacologic and behavior modification treatments, and adequate funding.
- The greatest challenges will be obtaining appropriate follow-up services upon discharge from this specialized unit, funding, maintaining adequate staffing levels, staff injuries, and obtaining clinicians with expertise in this sub-specialty area.
- Average length of stay is 42.3 days with a range of 4-21 weeks.
- The average staffing ratio ranged from 1:3-1.75:1. We intend to staff this program at a minimum of 1:1.
- All facilities utilized a multidisciplinary team to provide services which included a child psychiatrist, social worker, and a psychologist or board certified behavior analyst (BCBA).
- Despite a large degree of variation in the population served, there was a large degree of commonality in the chief complaint at admission where the two most common chief complaints included aggression and self-injurious behavior.

## Program Summary

**Care model.** A strong body of evidence demonstrates the use of psychopharmacologic and behavior modification strategies in a bio-behavioral model as the most effective in supporting this specialized population and will be the main model utilized in the program. An emphasis on training, fostering, and building adaptive and effective skills and self-regulation management, while ignoring maladaptive and unsafe behaviors in an effort to extinguish them will be used to provide psychiatric stabilization for this population, as opposed to more traditional talk-based and introspective care models used in most residential and Subacute programs offered now. In addition, other trauma-informed and strength-based models such as Collaborative Problem Solving will be used to supplement and facilitate skills building.

**Specialized Personnel.** This program requires a diverse group of professionals. Staffing ratio of 0.8:1 to 1.75:1 will be necessary to maintain safety and clinical efficacy. These staff will provide significant structure and group support throughout the majority of the day. Due to the unique specialized needs of these clients, at least 90% of these staff qualify as a QMHA.

- Program Manager: 1.0 FTE
- Child & Adolescent Psychologist: 1.0 FTE
- Child & Adolescent Psychiatrist: 0.25 FTE
- Pediatrician (Nurse Practitioner): 0.25 FTE
- Licensed Practical Nurse: 2.7 FTE
- Social Worker: 1.50 FTE
- Access Coordinator/Referral Specialist: 1.0 FTE
- Psych Tech III: 25.20 FTE
- \*Speech Therapist/Language Path: 0.3 FTE (*Consultative Service*)

- \*\*In addition, we hope to have an OHSU CAP (Child & Adolescent Psychiatrist) Fellow rotation as a laboratory to build the capacity of this psychiatric expertise throughout the state.

**Age Range.** With current space limitations it would be inappropriate to serve an extensive age-range of youth. The range of youth will likely remain between 10 and 17. Evaluation of current community-need, as well as guidance from the advisory committee will help to solidify age-range for this program.

**Length of Stay.** This program would aim to have a 5-6 week stay to appropriately stabilize kids. The program would provide developmentally appropriate intensive medication management, behavioral management, skills building, individual therapy, family support, education support, case management, and an array of other indicated services in a short-term setting. The goal is for youth to safely discharge to a lower level care with emphasis on return to their communities with adequate community-based supports.

**Specialized Housing.** Specific room design and workflow development will occur in July during a Lean 3P event, but general planning and estimates show required renovations in the following areas:

- Flexible sound and lighting to meet the varied needs of the youth
- Updated kitchen to allow for in-home food preparation to ensure healthy meals
- Sensory room with cutting edge equipment to address the specific needs of those served
- A learning and education center for academic programming
- Expansive outdoor area for play and exercise including state of the art sensory swings

## Funding Requirements

**Estimated Start-Up Costs:** Start-up costs include moderate renovations of the current building (mostly for safety and special requirements), furnishing and equipment needed for these children, and support staff/staff training. These will be incurred in the 6-months prior to opening the facility, July 2019-January 2020. Total estimated one-time start-up costs are \$235,500.

**Estimated Ongoing Operating Costs.** Annual operating budget will be \$2.5-\$3M over the next 3 years with the largest expense going to direct care professionals. We request dedicated funding over a 3-year period to fully develop, test, track and maintain important data, and refine the program. If the program proves successful prior to that, all efforts will be made to expand and scale the services to meet the need across Oregon and the PNW. Initial year would require approximated \$2.6M with subsequent years building in a 5% inflation rate.

## Total Estimated Annualized Expenses

Program Areas	Year 1	Year 2 <sup>+</sup>	Year 3 <sup>+</sup>
<b>PERSONNEL</b>	<b>\$ 2,103,876.43</b>	<b>\$ 2,209,070.25</b>	<b>\$ 2,319,523.77</b>
<b>OPERATIONS</b>	<b>\$ 358,411.70</b>	<b>\$ 376,332.28</b>	<b>\$ 395,148.89</b>
<b>Total Estimated Annual Operating Budget</b>	<b>\$ 2,462,288.13</b>	<b>\$ 2,585,402.53</b>	<b>\$ 2,714,672.66</b>
<b>START-UP/ONE-TIME RENOVATIONS</b>			
Start-up New Special Equipment	\$ 33,669.30		
Start-up Building (Renovations/Permits/Licensing)	\$ 125,000.00		
Start-up IT/IT Equipment	\$ 15,750.00		
Start-up Bedding/Linens	\$ 1,661.22		
Start-up Program Support	\$ 21,600.00		
Start-up Transportation vehicle	\$ 40,791.00		
<b>Total Estimated Start-Up Expenses</b>	<b>\$ 238,471.52</b>		
<b>Total Estimated Funding Needed</b>	<b>\$2,700,759.65</b>	<b>\$ 2,585,402.53</b>	<b>\$ 2,714,672.66</b>
<i>*5% annual inflation rate applied</i>			

**Funding Options.** We believe to ensure success of this innovative program a capacity contract is needed for the first three years of its inception. This will allow Albertina Kerr to complete a proof of concept and share data with key stakeholders. Once we have enough data about the population who need this type of care and for whom the program has the most success, we will work with funders and agencies to develop a spread plan and evolve the payment model.

## Timeline for Execution

Planning for the new facility and program has already begun. Our 3P design event will occur in mid-July. We need to receive funding approval in August with release of initial start-up funds in September to be able to open our doors in early 2020. The facility will open 4-5 months after initial renovations and permitting begins so time is of the essence related to releasing funding.

## Success Metrics

We propose to collect and share the following key performance indicators:

- Average Length of Stay
- Daily Census
- Location and services in place at time of discharge
- Clinical quality outcomes (still developing)
- Expenses (Personnel, Operating, Capital)
- Demographics of the youth referred and served including, but not limited to: age, gender, race, common IDD and MH diagnoses, referral volume, and demand-supply analysis
- If available or via partners, data related to decreased ED utilization, decreased hospital boarding, decrease in number of these youth currently boarding in the State Hospital beds

## **Conclusion**

Albertina Kerr is confident that we can meet the challenges ahead and develop a strong and effective program for this unique population. We hold the needed expertise in working with and providing the highest quality care for this population and have a proven reputation across the community of being a collaborative, caring, and valued partner to all involved. With support from other community leaders and funders, we can help fill this large gap in Oregon's current spectrum of care. Let's work together to give Oregon's most vulnerable children a new chance on life.

### **FY19 Foundation Results – Preliminary<sup>1</sup>**

As reported at our June meeting and shown on page 34, Kerr's year-over-year fundraising results grew by more than 25% on a gross basis and by more than 70% on a net basis between FY18 and FY19.

FY19 also saw significant progress in Kerr's rebranding efforts and the much needed and awaited launch of our new website.

Thank you, once again to our board leadership for making these accomplishments possible!

### **FY20 Fundraising Goals and Progress to date**

FY20 Fundraising goals and progress to date are outlined on page 35. Year to date progress figures for Grants do not include \$300,000 for Workforce Housing (WFH) pledged by MJ Murdock Charitable Trust due to the following contingencies: 1) \$175,000 contingent upon Kerr raising the first \$1 Million for WFH housing by January 1, 2020 2) \$125,000 contingent upon Kerr raising \$3.8 Million+ by January 1, 2021. To date, we have raised \$592,800 in WFH funds, including the \$300,000 in pledges from Murdock.

### **Individual & Planned Giving**

As previously reported, our biggest lift for FY20 will be to increase our giving from Individuals by 50% from \$400,000 to \$600,000. Individual donors, including current and lapsed, as well as new prospects, have been and must continue to be identified and cultivated. Board leadership and involvement are needed to make this possible. Key avenues to introduce new donors to Kerr are site visits to our Gresham Campus and Portland Arts and Learning Studios (PALS), Project Search graduations (June) and our signature events: 24 Hours of Kerr and Discover Kerr. Please leverage all of these opportunities to the greatest extent possible. Members of Kerr's frontline development staff are in the process of reaching out individually to all board members and trustees to help each develop plans for engaging their networks and for their own personal giving.

Concurrently, new fundraising strategies and tools, including newly branded outreach materials (e.g. case for support and donor investment opportunities), are in development and will be shared soon.

### **24 Hours of Kerr**

With the sun-setting of Christmas Ships, 24 HOK is now our only large-scale fundraising event and we are actively working to grow it. We therefore ask that all board members support the event to the greatest extent possible, by attending the event and bringing your personal and professional networks with you. If you have not already done so and can support the event with a corporate and/or individual sponsorship, please let Anne, Justin Zellinger or Chris Canter know. ALSO, we are still in need of exciting live auction donations. If you have access to a high value vacation home or unique experience, please let Kerr Events Manager, Toni Tringolo know. Thank you!

### **Corporate & Employee Giving**

If you have not already done so, please make an effort to engage your (or your spouse's or partner's) company or employer as a Kerr supporter. Corporate support can take many forms – adopting a group home, supporting one of our fundraising events, sponsoring an employee giving campaign, employee volunteerism and all of the above. The best first step is a conversation to identify company goals and see where a fit can be found. Please contact Justin or your primary contact on the development team to arrange an exploratory conversation and determine best next steps.

### **TOKNA**

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<sup>1</sup> Results are preliminary because June 2019 financials are not yet finalized.



TOKNA businesses at Albertina's Place provide funding to support Kerr's core mission. Following are ways you can help support TOKNA businesses: 1) Attend our August 10<sup>th</sup>, Wine Dinner featuring Utopia Winery 2) Consider the Old Kerr Nursery building for a team planning session/workshop, luncheon or appreciation event by reserving space in the Private Dining room (PDR) on the first floor of KAC. 3) Hold your next business luncheon or meeting at Albertina's Place restaurant 4) Start your holiday shopping early on Small Business Saturday, November 23, 2019, 10am to 3pm at Albertina's Place. Please contact Christine Andersen or any member of Kerr's development staff with any TOKNA related questions.

### **Board Development Updates**

As previously reported, strategically and significantly expanding our board of Foundation Trustees will be essential to achieving our fundraising goals in FY20 and beyond. Accordingly, the Executive Committee has reviewed and approved a list of prospects which are currently being cultivated and vetted. If you have nominees that you believe can help Kerr to achieve its fundraising and brand awareness goals, please share them with Jeff (Governing Board) or Anne (Trustees). Thank you for making Kerr's continued success possible!

**Kerr Foundation Preliminary Fundraising P&L FY19 (cash only - no in-kind)**

**Revenues**

	<b>FY18 Actual</b>	<b>FY19 Actual</b>	<b>%+/-</b>	<b>FY20 Budget</b>	<b>%+/-</b>
Foundations & Public Sources	\$ 811,000	\$ 1,764,095	118%	\$ 1,708,500	-3% (1)
Events	\$ 581,824	\$ 646,391	11%	\$ 650,000	1%
Individual Giving	\$ 442,039	\$ 400,643	-9%	\$ 600,000	50%
Planned Giving	\$ 92,603	\$ 122,790	33%	\$ 150,000	22%
Corporate Giving (non event)	\$ 251,000	\$ 114,765	-54%	\$ 150,000	31% (2)
TOKNA Gross	\$ 679,063	\$ 635,406	-6%	\$ 625,003	-2%
<b>Total Cash</b>	<b>\$ 2,857,529</b>	<b>\$ 3,684,090</b>	<b>29%</b>	<b>\$ 3,883,503</b>	<b>5%</b>
<b>Expenses (cash only)</b>	<b>\$ 1,763,889</b>	<b>\$ 1,753,316</b>	<b>-1%</b>	<b>\$ 1,840,588</b>	<b>5%</b>
<b>Net Revenue/Contribution</b>	<b>\$ 1,093,640</b>	<b>\$ 1,930,774</b>	<b>77%</b>	<b>\$ 2,042,915</b>	<b>6%</b>
In-Kind Revenues	\$ 109,681	\$ 309,226	182%	\$ 350,000	13%

**Notes**

- (1) FY20 includes approximately \$650,000 in WFH Gifts  
(2) FY18 includes one-time \$149,000 gift from Riverbend Properties

**FY20 Campaign Performance through 07/15**

Description	Total Given 07/15/19	Goal FY20	%Goal	Last Year Total Given 07/15/18	Variance (2018 vs. 2019)	Ousting to raise or below budget
24 Hours of Kerr Event and Sponsor Gifts	\$76,500	\$460,500	17%	\$7,500	\$69,000	\$384,000
Race for the Roses	\$15,310	\$189,500	8%	\$0	\$15,310	\$174,190
Corporate and Workplace Giving	\$101	\$150,000	0%	\$3,578	(\$3,477)	\$149,447
Third party fundraising	\$453	\$0		\$0	\$453	
Endowment Funds	\$0	\$150,000	0%	\$0	\$0	\$150,000
Individual Giving	\$1,887	\$600,000	0%	\$7,600	(\$5,713)	\$598,113
Grants*	\$15,600	\$1,708,500	1%	\$0	\$15,600	\$1,692,900
The Old Kerr Nursery Association Donations/Dues	\$0	\$8,074	0%	\$0	\$0	\$8,074
<b>Total Cash &amp; Pledges</b>	<b>\$ 109,850</b>	<b>\$ 3,266,574</b>	<b>3%</b>	<b>\$ 18,678</b>	<b>\$ 91,173</b>	<b>\$ 3,148,650</b>
Grant a Wish Holiday Giving	\$0	\$50,750	0%	\$0	\$0	\$50,750
In-kind contributions	\$0	\$300,000	0%	\$0	\$0	\$300,000
<b>Total In-Kind</b>	<b>\$ -</b>	<b>\$ 350,750</b>	<b>0%</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$350,750</b>
<b>Grand Totals</b>	<b>\$ 109,850</b>	<b>\$ 3,617,324</b>	<b>3%</b>	<b>\$ 18,678</b>	<b>\$ 91,173</b>	<b>\$3,499,400</b>

<b>FY19 YTD - Cash</b>	<b>\$ 18,678</b>
<b>FY19 YTD - In-Kind</b>	<b>\$ -</b>
<b>FY19 YTD Total</b>	<b>\$ 18,678</b>
<b>FY19 Goal</b>	<b>\$ 2,962,200</b>
<b>FY19 YTD %</b>	<b>1%</b>

\* Does not include \$300,000 pledged by MJ Murdock Charitable Trust due to c

## Update Regarding Benefit Brokerage and Consulting Services

### Background

Kerr has engaged with Mercer Health and Benefits for approximately 17 years as its principal consultant and broker for health and welfare benefits. Over the last several years, Kerr has experienced worsening service from Mercer. After several attempts to deal with the service issues – and following a particularly poor renewal cycle this spring – we put these services out to RFP for replacement.

### Proposals and Selection

Kerr solicited proposals from six vendors, including a mix of national, regional, and local firms. Five vendors responded, and three were interviewed. In reviewing the proposals, all respondents were able to provide core consulting and brokerage services funded through insurer commissions (as is the current arrangement), though respondents demonstrated varying levels of service and expertise. In our final analysis, a smaller local firm was tentatively selected. Benefits Design Group, of which Kerr Board Member Dennis Warneke is a principal, demonstrated appropriate acumen to serve an account of our size and scale, a competent staffing approach, and significant value-added services beyond the core services we would expect from any competent vendor and beyond what was on offer from other respondents. Following our interviews with the firms making proposals, we feel strongly that Benefits Design Group is well positioned to serve Kerr's benefit advisory and brokerage needs competently and well.

### Next Steps

Following the Board's consideration of any potential conflict of interest, we intend to reassign our broker of record to Benefits Design Group for our core health and welfare benefits immediately and work on implementing the replacement consulting services this summer.