

ALBERTINA KERR

ALBERTINA KERR CENTERS Program & Accreditation Committee

Meeting Agenda Wednesday, March 4, 2020 8 to 9:30 a.m. Kerr Administration Center

- 8:00 a.m. **Convene** (Teri Barichello for David Wilson, Chair)
- 8:00 **Approve Meeting Minutes of December 4, 2019**
pp. 2-4
- 8:10 **Program Updates** (Owen Gibson & Derrick Perry)
pp. 5-23
- 8:40 **HR Dashboard** (Matthew Warner)
p. 24
- 8:55 **Facilities Update, Real Estate Review** (Trish Jameson Collins)
p. 25-26
- 9:15 **Other Updates** (Jeff Carr)
- 9:30 **Adjourn** (David Wilson)

Attached: Committee Objectives for Reference, p. 27

Next Program & Accreditation Meeting: June 3, 2020

ALBERTINA KERR CENTERS
Program & Accreditation Committee Minutes
December 4, 2019
8 to 9:30 a.m.
Kerr Admin Center, 2nd Floor Board Room

Members Present

Teri Barichello, Catherine Bekooy, Susan Hobbel, Dennis Warneke

Members Excused

Melissa May, Lisa Powell, David Wilson

Staff Present

Jeff Carr, Owen Gibson, Derrick Perry, Craig Rusch, Matthew Warner

Convene (Teri Barichello for David Wilson, Chair)

Teri convened the meeting at 8:00 a.m.

Approve Minutes of September 11, 2019 Meeting

ACTION: Dennis Warneke moved that the minutes be approved. Susan Hobbel seconded. The motion passed via unanimous vote.

CPO Derrick Perry First Impressions (Derrick Perry)

Derrick has been in his position for two and a half months, and he is most appreciative of the warm welcome from everyone at Kerr. Derrick has been conducting “listening tours” where he is visiting all group homes and programs. He has observed that all staff are eager and happy to take on changes that will better serve Kerr clients. Some feedback he is receiving includes the importance and need for education, educational experiences and inclusion for the people we serve. Staff have expressed a need for identifying, upon intake, what the longer term goals and end-of-care transition or continuing care should be. Staff are excited about the integration of mental health and DD services. The application of multi-disciplinary care is good for clients and helps staff learn more about other staff roles. Trauma informed care will be implemented next year across the agency. This method offers guidelines and techniques for interacting with people who have experienced negative relationships, including abuse and betrayed trust, that may have significant affect on their ability to relate to others and to form relationships. Trauma informed care also affords self-reflection on how we may affect others by our actions and words, etc.

1st Quarter Program Updates (Owen Gibson)

Owen reviewed highlights of the 1st quarter program report.

- Starting with this fiscal year, adult group homes will include the youth transition programs (ages 18-24) that had previously been broken out. Youth group homes have seen improvement in census stability. The Autzen group home is in the process of conversion from an adult home to a youth home and will open for kids in January 2020.
- Employment Services shows an increase year over year in the number of people served. Separate census data for Portland Art and Learning Studios is presented and shows a trend with fewer people being served while an increase in the number of hours each person participates, which is good. PALS maintains a different strategy from Employment Services for people.
- Subacute is below census goals for this time of year. Census historically goes up after lower numbers during the summer months, but that was not seen this year. Goals will be adjusted accordingly. A correlation exists between census and referrals. 35% of all referrals are viable, 75% of those are admitted. In order to increase census, outreach to referrals is needed with recent data that shows Kerr intake time is 1.5 days (and targeted to get down to 12 hours). Demographic data for subacute clients has changed very little over several years.

- Engagement time at ICTS was provided. The goal is to have appointments set for 90% of families within three days. Appointment setting duties have been shifted to receptionists rather than having therapists making calls in order to further increase therapist productivity. The transition has been challenging due to therapists' preference for managing their own schedules. Therapists have moved toward concentrating on either group homes or outpatient therapy. A question was asked about monetary incentives for productivity levels. Monetary incentives have not been included but rather clarification of expectations. Clinic hours have been extended into evenings to increase census and productivity.
- Outpatient services have improved in reaching the goal of completing four appointments within 44 days of engagement.
- Reports of abuse and neglect findings were reviewed. Owen updated members on a neglect case investigated in Marion County. The group home resident passed away due to natural causes; however, the County investigates deaths and found issue with staff's response to a medical condition. Kerr investigated and engaged legal counsel. All staff have been re-trained, including CPR, and how/when to implement a new nursing plan has been refined.
- Complaints of bullying were reported in subacute, which is a side effect of congregate care. A parent filed a grievance in Clackamas County regarding med management and handling of gender identity of their child. Kerr provided a response to the claim and no further follow-up has been requested to date.
- Medication errors were reviewed. A question was asked about the numbers of errors being an average. While all errors are serious, measured against over a million distributions each year, the percentage is low. The use of Epic has interrupted mistakes and will continue to mitigate errors as Epic implementation continues. Medication refusals are not included in this data.
- Owen pointed out a success story on page 16 of the packet (page 13 of the report) about a Project SEARCH participant with challenging behaviors. When a job became available at Nike, and there was concern about the individual being able to express their abilities in an interview setting, a Kerr job developer created a video demonstrating the person's ability to perform the job duties. The person was hired and is doing well.
- In the mental health programs, discharge levels of care and re-admissions are tracked as one measure of efficacy of treatment. 89.1% discharged to lower levels of care from subacute in the 1st quarter, which is the highest amount in recent reporting. An increase in post-subacute admissions to emergency rooms is being reviewed.
- Youth and parent surveys are providing generally positive feedback. Some youth group home feedback suggests attention is needed. A common complaint at subacute is about the food. Albertina's Kitchen chef toured the kitchen at 165th and confirmed it could be converted to a commercial kitchen with minor modifications. It may be possible to produce the food in-house, ensuring healthier, better quality meals in the future.
- ACORN is a tool that measures changes in client mental health/wellness to evaluate impact of treatment. Additional tools are being developed by a committee within Kerr, to be launched in the 3rd quarter of FY2019-2020.

HR Dashboard Review & Employee Safety Report (Matthew Warner)

- Payroll and human resources platform Paycom was implemented in the 1st quarter. Payroll experienced a few challenges, to be expected, and is now operating well.
- Restructured pay rates were implemented. Portland metro employees are now at 123% of minimum wage, and Salem area staff are at 137% of minimum wage. It is hoped the gap to 125% in the metro area will close with increases from the State next year. Improved pay and recruitment practices have reduced vacancy rates. Time to fill vacancies has also improved.
- An overall investment in workplace safety has improved data. Workers compensation claims have declined. OSHA inspections have resulted in no citations. Injuries that have occurred are less significant and resulted in less time lost. An increase in head injuries has been addressed by focusing on positions when utilizing holds.
- A question was asked about morale since the pay increase. Response has been overall positive; however, a few employees challenged some increases. An employee survey to be distributed soon will likely produce additional feedback.

- The new three-week training implemented for all new frontline employees is receiving extremely positive responses from both employees and managers. Employees report to their positions prepared and informed, creating a better experience for everyone including clients.

IT Updates (Craig Rusch)

Craig reviewed four major IT initiatives underway.

- Epic implementation continues and recently went live at Employment Services, Portland Art and Learning Studios, and in four pilot group homes. Roll-out will continue across group homes over the next six months. Epic offers many benefits to medication administration and mobile and comprehensive tracking and documentation of all activities. Epic implementation in conjunction with Lean Management methods is leading toward a goal of standardizing processes in group homes. Some variations due to space and clients are expected; however, many basic functions will be standardized for best practices in every group home. Examples provided include Daily Management System tracking boards, paperwork organization and shift change procedures. An issue has been identified when a client in Kerr's care is transferred to Legacy services. If a person is active in Epic under Kerr, they cannot be transferred to Legacy in Epic without closing out all services and reopening a new case. Epic is working on a fix and should have a solution within the next week or so. Changes in Epic for Kerr also affect Legacy, so some changes are not supported. Epic is looking for a solution.
- Incidents are not appropriate for inclusion in medical records, so a system of tracking has been developed within Kerr's intranet utilizing Sharepoint. Users enter information into a simple form, which then generates much better data for tracking and reporting.
- Paycom was selected to streamline several different platforms being used for payroll, HR functions, benefits, recruiting, etc. With Paycom, users access a single, integrated platform for all HR related tasks. Scheduling has been the biggest challenge but will be achieved with continued work.
- Raisers Edge and Financial Edge, a donor and fundraising database and financial database, respectively are outdated platforms. Craig and new CFO Janice Jacobs are reviewing financial systems in use to see if it may be a good time to migrate to a new, cloud based architecture.

Adjourn (Teri Barichello)

Teri adjourned the meeting at 9:30 a.m.

Recorded by Holly Edgar, Corporate Secretary

A REPORT TO THE PROGRAM AND ACCREDITATION COMMITTEE

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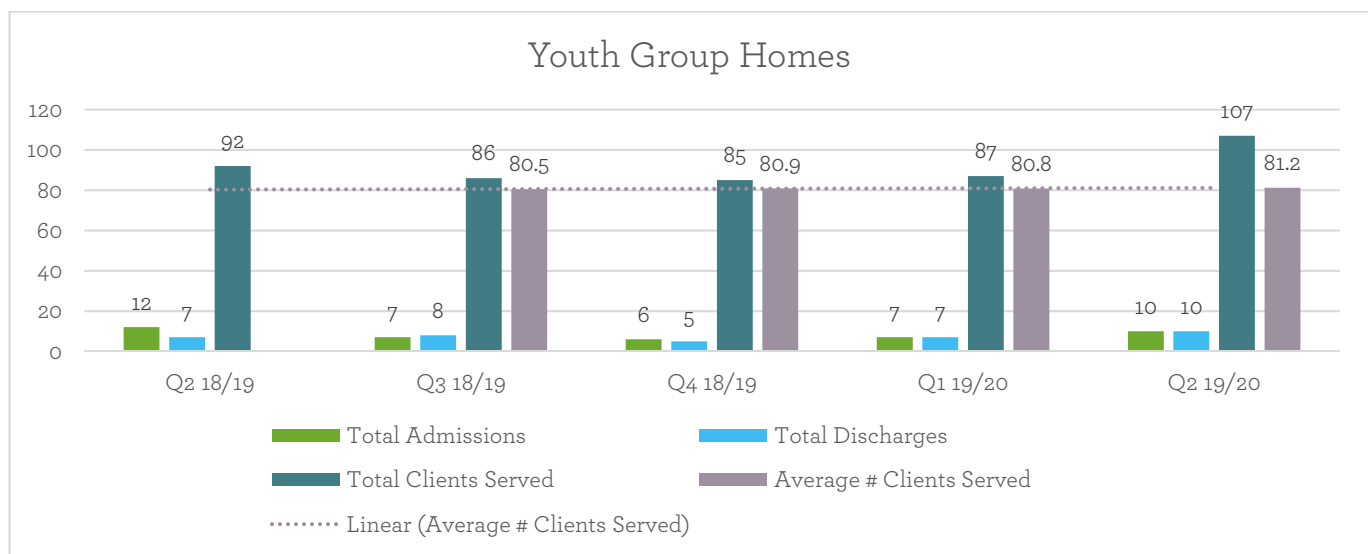
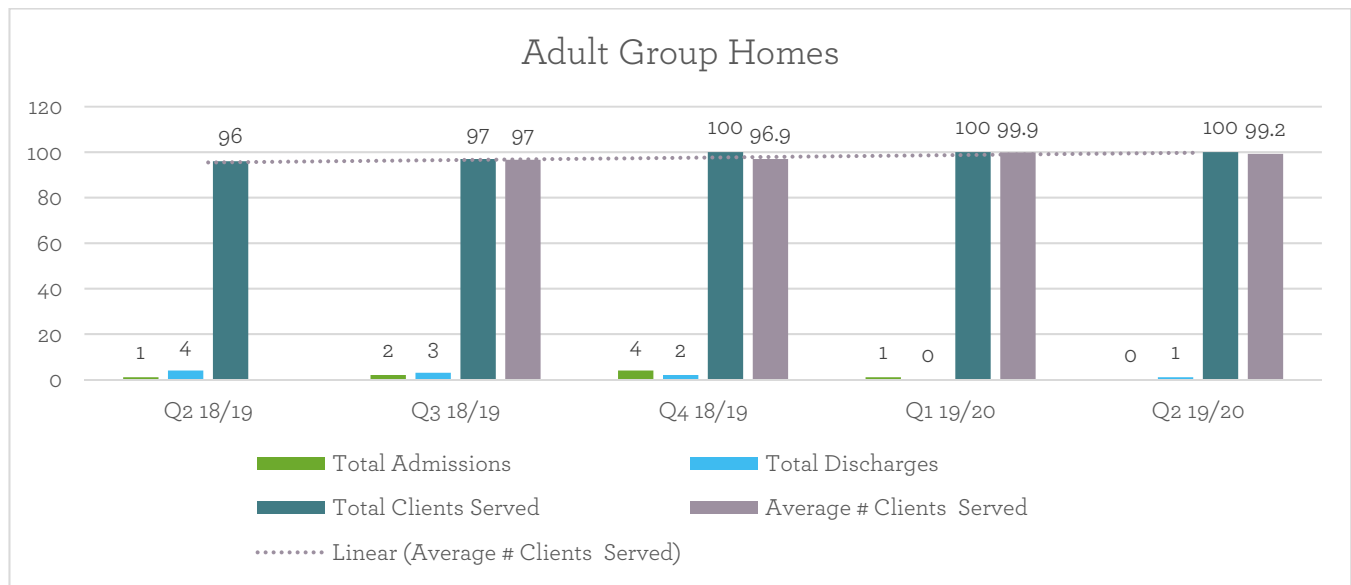
This report summarizes the activities of Albertina Kerr's Programs for FY Q2 2019/2020

OCTOBER 1ST, 2019 THROUGH DECEMBER 31ST, 2019

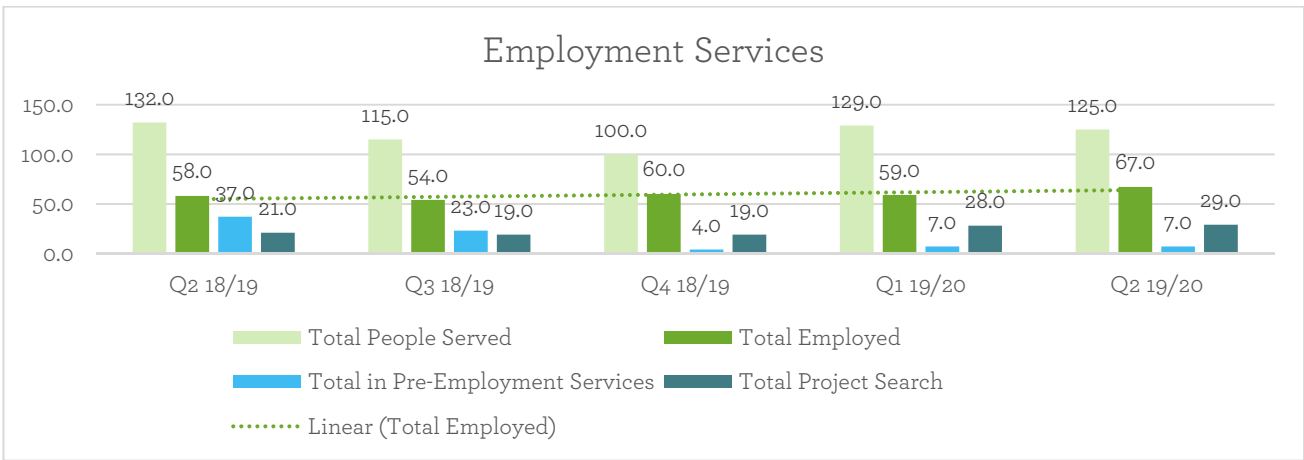
Access to Services

A goal within Kerr is to increase capacity so the program meets or exceeds its census and productivity goals. Albertina Kerr also has a goal to expand the ability to serve the needs of the community. This section will review the referrals and admissions to Albertina Kerr service lines, as well as the demographics of those served.

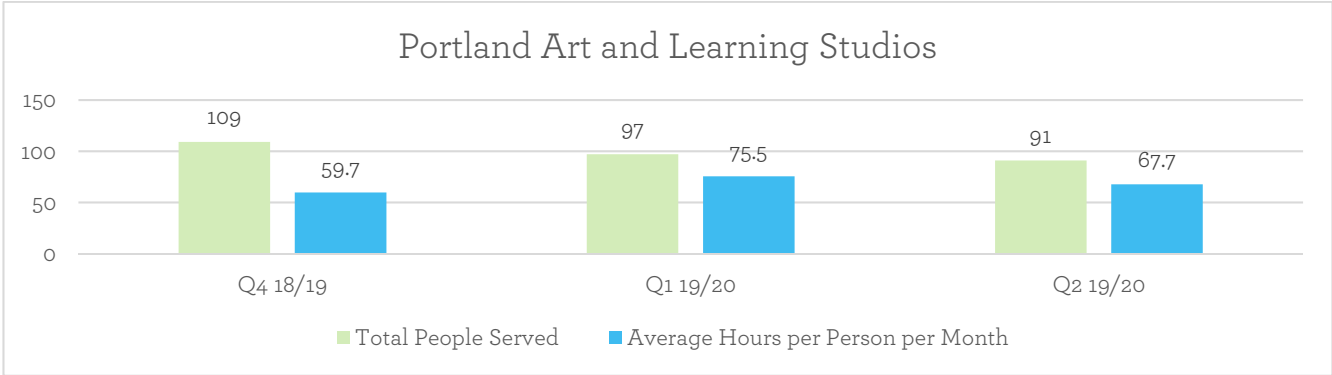
GROUP HOMES AND EMPLOYMENT SERVICES



Kerr’s group homes continue to improve on their overall census stability. Also, the program is continuing to focus on refilling beds as soon as they are vacant. In general, the demand for beds continues to be quite high.

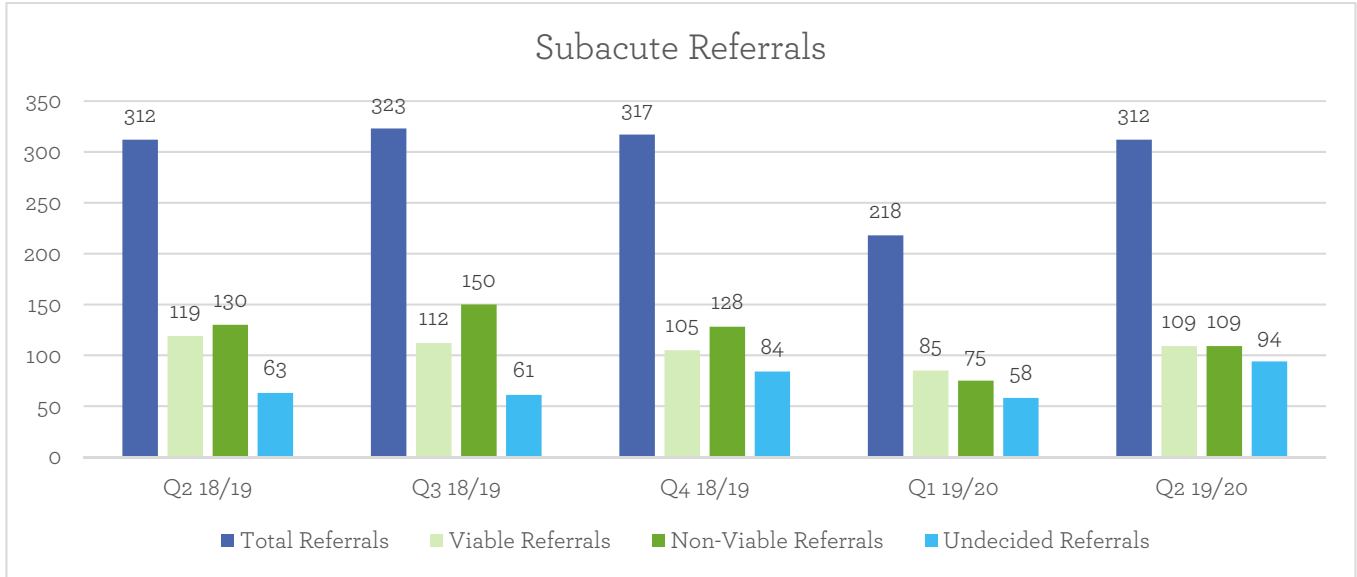


Overall, the employment program census continues to improve. The reduction in pre-employment from year to year is due to employment services becoming more independent of the Portland Art and Learning Studios as a part of their programmatic restructuring. The program is also evaluating other expansion opportunities, especially in the Salem area.

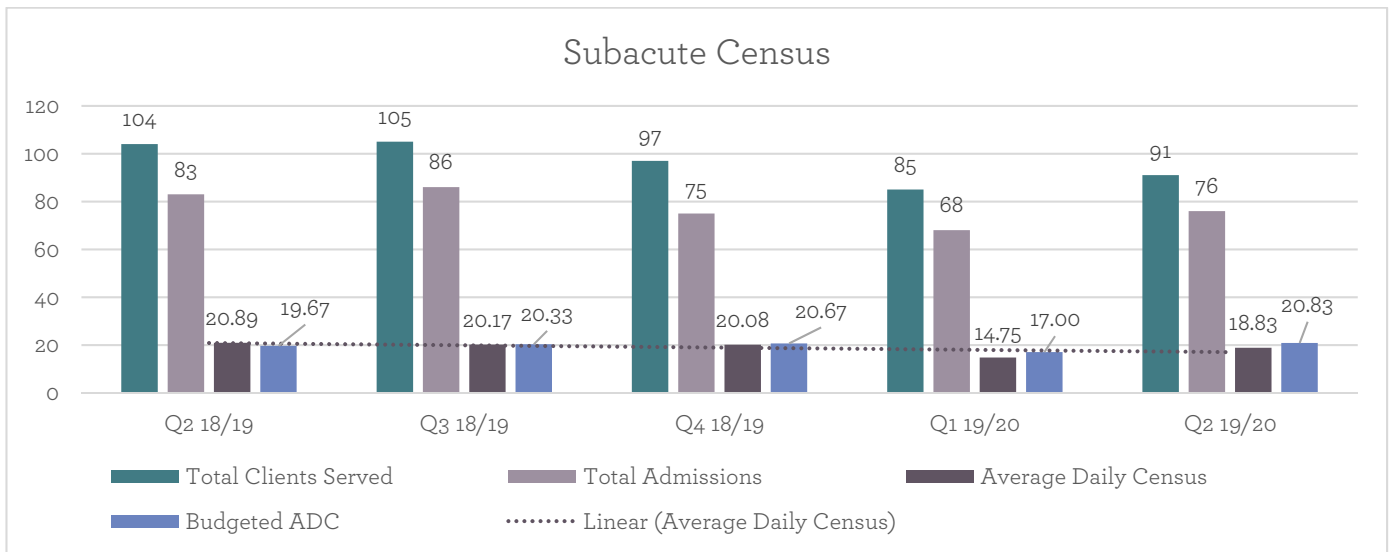


The above data includes the total number of people served along with the total number of service hours per client. There was a slight decrease in the census and total hours for Q2 19/20. Part of the decrease was attributed to client illness and the holiday. The program has added three additional clients. Additionally, three staff are now strategically located in key areas throughout the community. This allows for clients to enhance their community integration experience by starting and ending their day participating in various community activities, based on their personal preferences.

SUBACUTE

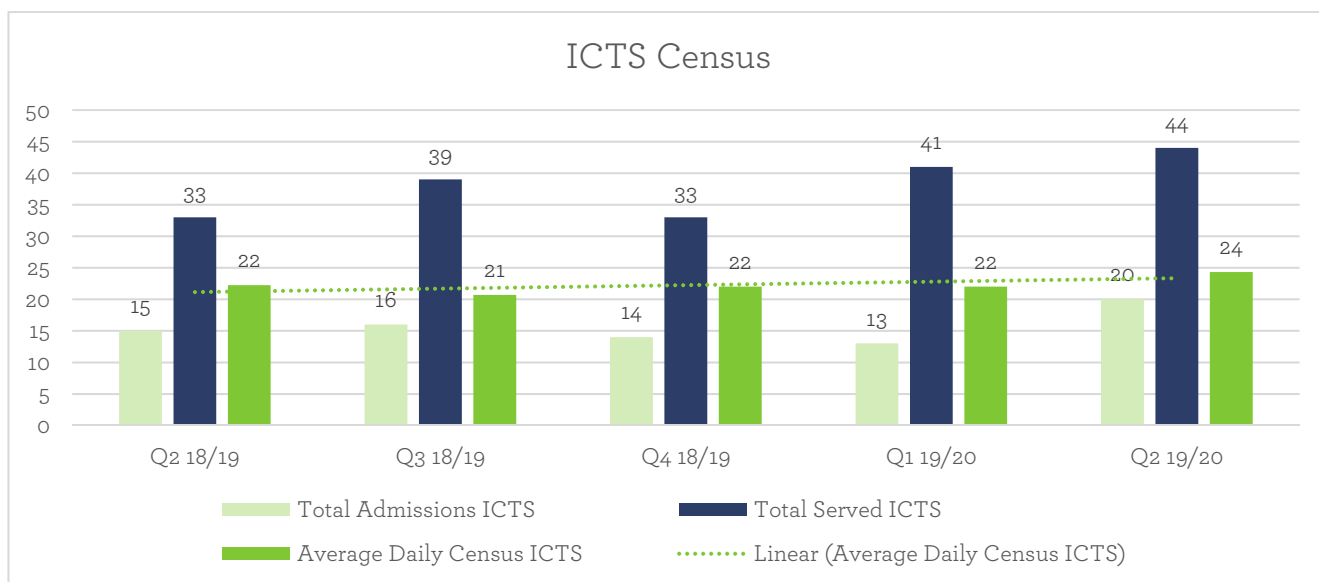
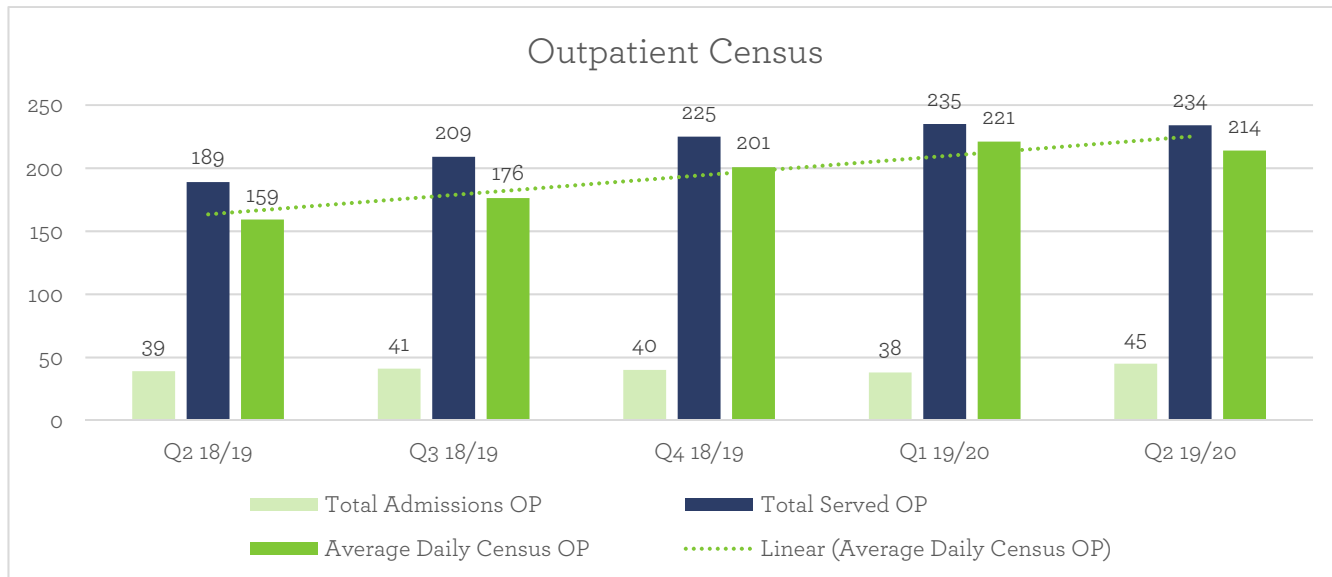


Viable referrals include the following: admitted Clients, approved but referral was withdrawn and approved but guardian declined services. **Non-Viable** referrals includes exceeds Level of Care (LOC), does not meet LOC, unable to take insurance. **Undecided** referrals are those referrals where referral source withdrew referral before screened or due to lack of follow-up by referral source.



The Subacute census average was 18.83 for the quarter. The Subacute program did not meet the census goal of 20.83 for the quarter. As you can see, there continues to be a strong correlation between the number of referrals to the overall census. The program is going to continue efforts to increase referrals to the program as well as improve processes to ensure viable referrals are admitted and not lost to other agencies.

OUTPATIENT MENTAL HEALTH



The general trending for Outpatient continues to improve. There has been some turnover in the program that has hampered a greater expansion of census. However, staff are being hired and a new supervisor is also being recruited to supervise 1/2 of the clinical team.

Demographics

GROUP HOME DEMOGRAPHICS

Youth Group Home Demographics	Q1 19/20	Q2 19/20
Males	73%	78%
Females	27%	22%
Minority	42%	44%
Non-Minority	58%	51%

Adult Group Home Demographics	Q1 19/20	Q2 19/20
Males	63%	63%
Females	38%	37%
Minority	13%	15%
Non-Minority	87%	85%

MENTAL HEALTH DEMOGRAPHICS

Mental Health Program Demographics	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Males	56%	52%	53%	52%	45%
Females	44%	48%	47%	48%	55%
Minority	18%	19%	24%	22%	21%
Non-Minority	68%	70%	69%	64%	63%
Other/Unknown	12%	10%	13%	1%	12%
Not Reported	2%	1%	1%	12%	2%

Engagement

Early Engagement is vital at the start of services to help mitigate the crisis, as well as develop a good working relationship. Below is the engagement data for Outpatient Mental Health Services.

For the ICTS program, the goal is to engage children and families within three days of the referral. Below are the percentages of families where that goal was met. For this quarter, 20 children were admitted to ICTS level of services.

ICTS Engagement	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Percentage of ICTS referrals Offered an appointment within 3 days	40%	63%	66%	50%	40%
<i>ICTS Engagement Goal</i>	90%	90%	90%	90%	90%

The program is continuing to pilot scheduling for the therapists to increase this percentage.

For Outpatient, the goal is to have a follow-up appointment within 14 days of the initial assessment. For this quarter, 45 children were admitted to Outpatient.

Outpatient Engagement	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
2nd Outpatient Appointment made within 14 days of the Assessment	88%	70%	88%	70%	62%
<i>Outpatient Engagement Goal</i>	60%	60%	60%	60%	60%

The goal of 60% was met by the outpatient program.

For ICTS services, the goal is to have at least four visits within the first 44 days of services.

There were four visits in 44 days	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
ICTS	85%	95%	100%	100%	100%
<i>4 in 44 Goal</i>	50%	50%	50%	50%	50%

The program met this goal this quarter.

Risk Management

ABUSE ALLEGATIONS IN PROGRAMS

Abuse allegations are incidents where a person being served reported abuse by another person in the program or by a staff member. Note that often investigations span more than one quarter. Total Opened includes any abuse allegations that were opened for a formal investigation by a county or state entity during this quarter. The Total Founded includes any investigations that were concluded in this quarter that may include investigations opened in this or previous quarters.

Abuse Allegations Group Homes	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/21
Total Allegations Against Staff	34	53	37	26	32
Total Opened for Investigation this quarter	13	18	13	5	15
Total Founded during this quarter	0	5	1	6	5

Founded allegations this quarter included:

Three substantiated allegations were for physical abuse. Two involved physical interventions that were not allowed by our intervention system. One was physical abuse that occurred as a result of a staff and client getting into an altercation that was apparently initiated by the staff.

Two substantiated allegations were for neglect. One involved two youth whose plan indicate line-of-sight supervision. The staff allowed the youth to enter a community center to utilize the facilities while staff waited outside in a van. The other involved two youth with line-of-sight supervision who were outside playing while the staff watched from inside the home. The youth ran away and broke into another home.

GRIEVANCES IN PROGRAMS

Grievances are documented instances where a person or others have a complaint regarding their care. Below is a summary of complaints and grievances submitted:

Group Homes and Day Services

Adult Group Home Complaint and Grievances	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Total Complaints	0	0	0	0	0
Total Grievances	0	0	0	0	0
Total Appeals	0	0	0	0	0

Mental Health Services

Complaint and Grievance	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Total Complaints	2	0	0	5	7
Total Grievances	0	2	0	0	1
Total Appeals	0	0	0	0	0

Most were client complaints. Complaints included inconsistent expectations and dissatisfaction with rules, feeling that staff were violating personal space, and staff taking personal documents without informing the client. One parent complaint about the co-ed nature of the unit and wanting more supervision. None needed an appeal process to resolve the concern.

INJURIES IN PROGRAMS

Below are injuries sustained by clients in the programs due to either accident or while involved in an Emergency Safety Intervention/PPI.

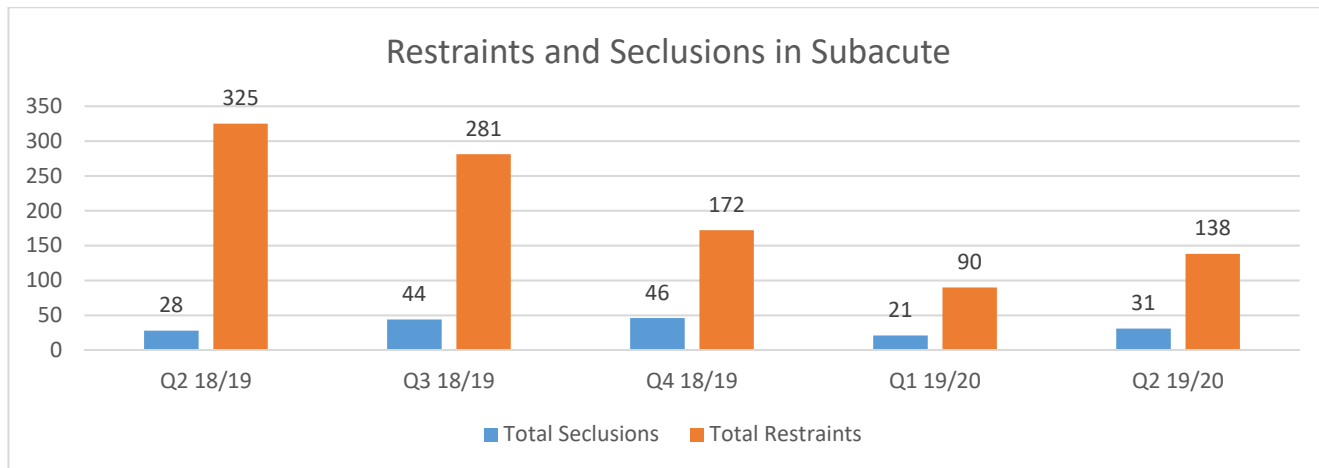
Youth Group Home Client Injuries	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Youth DD Client Injuries (during PPI)	1	1	2	2	3
Youth DD Client Injuries (not during PPI)	14	13	9	14	5
Youth DD Total Self Inflicted Client Injuries	10	7	25	8	13
Youth DD Total Client Injuries	25	21	36	24	21

Adult Group Home Client Injuries	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Adult DD Client Injuries (during PPI)	0	5	1	0	0
Adult DD Client Injuries (not during PPI)	14	23	38	29	19
Adult DD Total Self Inflicted Client Injuries	3	9	17	5	2
Adult DD Total Client Injuries	17	37	56	34	21

Subacute Client Injuries	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Subacute Client Injuries (during ESI)	3	4	3	2	2
Subacute Client Injuries (not during ESI)	40	76	82	77	158
Sub count of Injuries from Self Injurious Behaviors	34	54	53	39	66

USE OF RESTRAINT OR SECLUSIONS IN SUBACUTE

Below are the use of Restraints or Seclusions (ESI's) in Subacute in behavioral or safety crisis.



We continue to see a general trend towards fewer restraints and seclusions overall.

ESI	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Percentage of youth in ESI's 6-8 year olds	23%	17%	6%	8%	26%
Percentage of youth in ESI's 9-12 year olds	50%	40%	53%	33%	42%
Percentage of youth in ESI's 13-18 year olds	27%	43%	35%	59%	32%
Average Length of Seclusions	25	20	21	22	13
Average Length of Restraints	11	9	8	5	9
Percentage of Children that required an ESI	21%	29%	18%	58%	21%

USE OF RESTRAINTS IN YOUTH GROUP HOMES

Youth Group Home Restraints	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Total PPIs	200	128	104	126	87
Percentage of PPI's involving Females	64.5%	25.8%	41.3%	31.0%	25.3%
Percentage of PPI's involving Males	35.5%	74.2%	58.7%	69.0%	74.7%
Percentage of Clients that Required Use of a PPI	46%	47%	38%	51%	28%

Adult Group Home Restraints	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Total PPIs	1	4	30	13	15
Percentage of PPI's involving Females	100%	0%	77%	38%	0%
Percentage of PPI's involving Males	0%	100%	23%	62%	100%
Percentage of Clients that Required Use of a PPI	1%	2%	6%	8%	15%

RUNAWAY, POLICE, OR EMT INTERVENTIONS IN PROGRAMS

Below are instances where an individual ran away from a staff member while in care or in other instances where police or EMT were called due to behavior or medical emergencies. Runaway total is further broken down between less than 4 hours away or more than 4 hours. Please note that a single incident may fall under 2 or more categories.

Youth Group Home Critical Incidents	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Total Runaways	21	13	13	50	40
Total Runaways less than 4 hours	19	2	13	47	26
Total Runaways more than 4 hours	2	11	1	3	14
Police Interventions	31	21	27	26	27
ER Visits or Hospitalization	24	30	29	15	28
Total Critical Incidents Youth DD	76	52	47	91	95

For the runaways more than 4 hours, 1/2 were for one youth that continued to run from the program. All youth that ran eventually returned to the program. The police interventions were primarily reports of the clients eloping from the program or for significant behavioral issues.

Adult Group Home Critical Incidents	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Runaways	0	2	0	6	7
Total Runaways less than 4 hours	0	0	0	6	3
Total Runaways more than 4 hours	0	2	0	0	4
Police Interventions	0	1	0	1	7
ER Visit or Hospitalization	26	19	14	17	44
Total Critical Incidents Adult DD	26	24	14	24	58

All four runs were one client in the program that eloped from the program. He returned each time on his own. The police interventions were due to behavioral escalations by clients in the program.

Subacute Critical Incidents	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Runaways	0	1	0	0	1
Police Interventions	0	0	0	0	0
Child Injuries Resulting in Hospitalization	0	0	0	0	1
Total Critical Incidents SA	0	1	0	0	0

During a family session, a client became escalated when informed he was being transferred to a drug/alcohol facility. He exited the visiting room and ran down the hallway and kicked a secured door with significant force and the door opened. The client then exited the facility and began running through the adjacent neighborhood. Staff followed and police officers were able to locate the client and return him to Subacute.

Another client was transferred to the hospital for a concussion evaluation due to severe headbanging while in the program (self-harm).

MEDICAL

Below are issues related to medication management or the distribution of medications to people in care.

Youth Group Home Medication Errors	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Missed Med	318	289	516	242	127
Wrong Med	1	2	3	6	2
Wrong Time	25	3	1	3	11
Wrong Dose	10	27	105	12	3
Adverse Reactions	0	0	0	0	0
Wrong Client	0	1	0	2	1
Adult Group Home Medication Errors	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Missed Med	146	97	55	213	215
Wrong Med	2	4	4	13	0
Wrong Time	3	3	10	8	11
Wrong Dose	35	12	31	15	4
Adverse Reactions	0	0	0	0	0
Wrong Client	0	1	1	0	0

Subacute Medication Errors	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Missed Med	1	2	0	0	0
Wrong Med	1	0	0	1	0
Wrong Time	0	0	0	0	0
Wrong Dose	2	0	0	2	1
Adverse Reactions	0	0	0	1	0
Wrong Client	2	0	2	0	0

Outcomes

EMPLOYMENT AND DAY SERVICES

Below are the outcome metrics for Employment services.

Employment Services Total Served	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Total New Jobs Created	13.0	10.0	12.0	13.0	12.0
Job Retention Rate	85%	100%	95%	77%	100%
Project SEARCH Placement Rate	55%	52%	89%	88%	91%
Project SEARCH Retention Rate	90%	100%	81%	87%	89%

The program continues with very high placement and retention rates.

PROGRAM HIGHLIGHTS

Adult Services:

Portland Art and Learning Studios

The program had the best holiday show to date. Kerr staff put in a lot of hard work on top of their regular duties to make a fantastic show and to showcase the hard work of the people we serve. The artwork coming out of our studio is some of the best we have ever seen, and the clients are very excited to see monies coming to them from the successful show.

The program is continuing to get clients out into the community more and more through established partnerships. We have started a movement class with People's Yoga and continue to foster our relationship with Kingpin Bowling, who is fantastic and incredibly supportive of us. Through a partnership with Lewis and Clark's Master's in Art Therapy program, we now have an art therapist intern on-site and a volunteer expressive movement therapist who works with us 2x a week.

Across the street from the Studios is a coffee shop that staff and clients frequent. Staff and clients alike have built a wonderful rapport with this coffee shop. One of the clients enjoys them so much that he visits every morning before coming into work and this has changed their world. The staff appreciates the client so much that they have started learning ASL on their own so they can communicate with him. They have told me multiple times what a great teacher the client is at teaching them ASL and whenever he is in, they turn up the music high so he can feel the music vibration on the wall.

Adult Group Homes – Clackamas Co

Clackamas County has transitioned one home to youth, and all adult slots are full. Staffing in the last three months has dramatically improved.

Youth Group Home Services

While improved, the program continues to struggle with staff burn out and call outs. Also finding challenges in hiring "good fit" staff. Discussions will begin in early spring about effective professional development methods, which will address staff burn out, and other coaching and training techniques.

Successes include Barlow, which met 100% of program goal/standards for core DSP training. And all clients from Ward Street have successfully started to attend school within the month of November. All of the residents of the 76th program were able to successfully celebrate the Christmas holiday away from the group home with family members from December 24th – 26th.

A client from the Deloris program is the new Albertina Kerr mail courier three days per week (Monday, Wednesday, and Friday). The client has been making excellent strides in navigating, picking up and delivering mail to the Washington, and Multnomah county administrative offices.

A 196th resident has overcome many of his struggles and continues to work hard on his goal to return home with his family. The client currently attends Reynold's High School, while maintaining passing grades and is looking forward to promoting to a senior next year. The client has plans to attend a secondary Art school to build his drawing skills and become an anime expert. He is also more engaged in his therapy and is demonstrating responsible use of his 2 hours of independent time in the community. The client also participates in an afterschool magic program once per week. He has now transitioned into

a job search, which will allow him to expand his independent skills in the community by learning how to navigate using public transportation.

Mental Health Programs

Outpatient:

Programmatic process improvements focused on providing services according to service delivery expectations, continue to support the increase in productivity for the outpatient team. The team continued to maintain productivity growth for October, but struggled in November and December and ended the quarter averaging 40% productivity for staff.

The new clinicians that were brought on at the beginning of the fiscal year have continued to prove to be great additions to the clinical teams. Along with the positive growth, significant leadership and staffing changes have occurred in the outpatient programs. The Director of Children's Mental Health transitioned to a position out of the agency at the end of November, the Assistant Director of Children's Mental Health was out on medical leave due to a workplace accident from the end of October to the beginning of January, a Clinical Supervisor in Outpatient resigned in November, and a CFT resigned. The Director and clinical supervisor positions have been posted, and an active search is on-going. Care Oregon has become the primary CCO for the region and the transition at the beginning of 2020 has caused some complications due to their struggles with transition planning.

As before, the census has not notably changed. The balancing of caseloads continues to be a significant focus to maintain service delivery fidelity and effective clinical care.

A client served in the program is a 15-year-old transgender male. The client had been admitted to subacute due to issues with depression, verbal aggression, suicidal ideation, social anxiety, and escalating incidences of self-harm. After one month at Kerr subacute, the client "stepped down" to Intensive Community Treatment Services (ICTS) with Kerr's Community Based Services (CBS) program, in hopes of further stabilization of his concerning behaviors. The client and his family received individual therapy, family therapy, family support services, and skills training. After three months of ICTS services, the client was able to step down to office-based weekly treatment, as he showed significant progress in utilizing skills in self-regulation, coping, and communication – enabling the client to remain regulated throughout the day. While the client lives in Clackamas County, a long commute from the Kerr Gresham campus, the client and his family all endorsed wanting to continue services with their identified Kerr CBS provider. At the time of this writing, the client and his provider have engaged in office-based therapy for five months and plan to conclude therapy within the next month, as all goals and objectives have been met. The client now has a more positive relationship with his family as well as himself.

A client in the program is a 12-year female who enrolled in Kerr CBS services due to increased anxiety around school resulting in truancy, defiance, and angry outbursts with her family. The client's assigned clinician utilized Collaborative Problem Solving as well as Art Therapy to build rapport, explore roots of anxieties, and facilitate communication with the client and her family. In clinic-based outpatient therapy sessions over 8 months, the client was able to build skills to cope with anxiety, resulting in a more positive home environment and daily attendance at school.

Subacute:

The program management continues to focus on root cause analysis of impediment to meeting census goals and are implementing improvements in increasing referral streams.

A client admitted to the program is a 16-year-old male with autism and mood dysregulation disorder, who came to us for the 2nd stay in subacute, was very aggressive towards family, hit staff in the face during intake, and was very irritable during the first week. The psychiatrist was able to make medication changes, the family participated every week in family therapy, the therapist worked hard to build trust and rapport with client and was able to help him build a lot of new coping skills, and staff worked to support and take the youth on activity breaks to help him learn how to channel his energy in a positive way. He stabilized and made much progress and his parents were very happy with the services received. The Kerr therapist and MESD teacher were also able to help advocate for a school placement change upon discharge, which was a significant improvement of supports for the child at discharge.

Another client admitted was a 13-year-old female, referred for suicidal ideation and psychiatric stabilization. She initially presented as very depressed, hopeless, and lack of family support. The initial recommendation was for a transfer to residential treatment due to the ongoing presentation of depression and suicidal ideation. However, the therapist was eventually able to reach out and connect with extended family members and incorporate them into family therapy sessions. This was very helpful for the youth and provided her increased hope for her future and motivation to engage in treatment. The psychiatrist was able to make appropriate medication changes and support the youth in decreased symptoms of depression. Staff were able to build positive relationships with youth, consistently role model for her how to practice coping skills, and provide encouragement and support that she needed. The youth made significant progress and no longer needed a referral to residential treatment, and was able to safely plan and discharge home to her grandmother’s care.

MENTAL HEALTH PROGRAMS

Subacute

Below are the locations of discharge from Subacute

Subacute Discharge Location	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Discharge to Residential	14.1%	14.5%	15.8%	9.4%	7.7%
Discharge to Community Setting	83.5%	84.3%	84.2%	89.1%	79.5%
Discharge Location Not Reported	0%	0%	0%	0%	4%
Discharge to Psych Hospital	2.4%	1.2%	0.0%	1.6%	1.3%
Discharge to Hospital (Medical)	0.0%	0.0%	0.0%	0.0%	2.6%

Subacute Discharge Length of Stay	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Average Length of Stay (days)	22	22	23	20	22

Subacute saw an increase in the length of stay as well as a decrease in discharges to a community setting. However, the 4% of “discharge location not reported” may also be community discharges that were not well noted in the discharge documentation.

Outpatient Mental Health

ICTS Discharge Level of Care (LOC)	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
ICTS Discharge to Psych Hospital/Residential/Subacute	0%	19%	8%	0%	9%
ICTS Discharge to Same level of care	10%	0%	0%	0%	0%
ICTS Discharge to Unknown level of care	0%	5%	15%	18%	9%
ICTS Discharge to Lower LOC ICTS	90%	76%	77%	82%	82%
<i>Goal for Discharge to Lower LOC</i>	85%	85%	85%	85%	85%

Outpatient Discharge Level of Care (LOC)	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Outpatient Discharge to Psych Hospital/Residential/Subacute	25%	11%	0%	7%	3%
Outpatient Discharge to Same level of care	44%	25%	44%	17%	19%
Outpatient Discharge to Unknown level of care	6%	7%	6%	23%	0%
Outpatient Discharge to Lower LOC	25%	57%	50%	53%	44%
<i>Goal for Discharge to Lower LOC</i>	75%	75%	75%	75%	75%

TARGET SYMPTOM RATING

The Target Symptom Rating (TSR) is a brief, multi-informant measure of commonly observed symptoms in child and adolescent clinical work. The 13 TSR items fall into 2 subscales: Emotional Problems and Behavior Problems. The measure is sensitive to change in brief and extended treatment, as rated by parents, patients, primary clinicians, and family therapists, and shows promise as a tool for outcome research in applied settings. From the Journal of Child and Adolescent Psychology 31 (2):181-92.

Below is a data set for children who were administered the Rating Scale in Subacute. The goal is to reduce the admission score for each problem identified at admission while in care. *The lower the score= the lower the presentation of the issue or symptom.* The tool is administered at admission, at 21 days and at discharge. The below indicates those clients admitted with a score of 3, 4, or 5 that saw at least a 1-point reduction in the score from admit to discharge.

Presenting Issue	<i>Percentage of clients that demonstrated improvement from admit to discharge for this issue. (admit score-discharge score >=1)</i>	<i>Number of clients (n=) that presented with this issue at admission (a score of 3,4 or 5)</i>
<i>Family Conflict</i>	60%	60
<i>Peer Relationships</i>	67%	52
<i>School Difficulty</i>	53%	57
<i>Depression</i>	69%	65
<i>Anxiety</i>	52%	66
<i>Psychosomatic symptoms</i>	71%	14
<i>Suicidality</i>	88%	57
<i>Destructive Behaviors</i>	74%	35
<i>Aggression</i>	91%	34
<i>Substance Abuse</i>	67%	21
<i>Psychotic symptoms</i>	50%	4
<i>Runaway</i>	65%	48
<i>Impulsivity</i>	67%	57

The program continues to see high improvement rates in clients presenting with psychosomatic symptoms, suicidality, and Aggression.

SUBACUTE

The Subacute program looks at the percentage of children that are re-admitted to the program or another facility for similar referral behaviors or diagnosis. The goal is for less than 5% of children being admitted within 90 days of discharge.

Percentage of children that are re-admitted within 90 days	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
% of children that are re-admitted within 90 days post D/c	0%	2%	0%	11%	
Number of Children that are re-admitted within 90 days	0	2	0	7	

Of youth discharged in Q1 19/20, 7 youth were re-admitted to Subacute within 90 days of discharge.

	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
% of children that are re-admitted within 90 days post D/C (Epic)	5%	10%	14%	9%	
% of children that are admitted within 90 days	4	8	11	6	

Of youth discharged in Q1 19/20, 6 youth visited a hospital due to a psychiatric emergency. This data only includes hospital admissions to facilities that use Epic as their Electronic Medical Record.

OUTPATIENT MENTAL HEALTH

The Outpatient Mental Health program also looks at the percentage of children that are admitted to an emergency room or psychiatric floor for similar referral behaviors or diagnosis. The goal is for less than 5% of children being admitted within 90 days of discharge.

Youth that required crisis psychiatric ER care within 90 days of discharge	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
% of children that are re-admitted within 90 days (Epic)	8%	2%	13%	17%	
% of children that are admitted within 90 days	2	1	4	7	

Of youth discharge in Q4 18/19, 7 youth visited a hospital due to a psychiatric crisis.

SURVEYS

Surveys are completed when a client discharges from services in Mental Health Services or every 6 months in the youth and young adult group homes. Each item is ranked from Strongly Disagree (1 point) to Strongly Agree (5 points). The below scores are the weighted average of the surveys completed during Q2 19/20.

Subacute Parent Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.39
I felt my child was safe on the unit	4.48
I felt security was a priority at Albertina Kerr	4.61
I was treated with respect by my child's treatment team and care providers at Kerr	4.52
I felt Albertina Kerr staff provided professional and prompt customer service	4.42
I understand what aftercare will be needed for my child	4.58
My child met the goals set by my family, child, and the Albertina Kerr Team	4.13
I would recommend Albertina Kerr to others experiencing similar challenges	4.21
The support my child received from Albertina Kerr helped them and me/us to feel better	4.23
Number of surveys completed this quarter	31
Subacute Youth Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.02
I felt safe on the unit	3.80
I was treated with respect by my Kerr treatment team and care providers	4.25
I had confidence and trust in all my Albertina Kerr care providers	3.94
I understand what I need to do after I leave Albertina Kerr (for example I know what services I need after I leave).	4.34
I better understand what I need to do to be successful or continue recovery after discharge (for example I know my coping skills, understand my medications, etc.)	4.12
I met the goals set by myself, my family, and the Albertina Kerr team	4.16
I would recommend Albertina Kerr to others experiencing similar challenges.	3.53
The support I received from Albertina Kerr helped me feel better.	4.00
Number of surveys completed this quarter	51
Youth Group Homes- Youth survey	Weighted Score (1-5)
I feel safe at my group home	
I am treated with respect by my staff and manager	

I trust my staff and manager to help me with by goals and needs	
I have a say about my goals and my planning for the future	
I am doing well with my goals	
The support I get from my staff helps me feel better	
Number of surveys completed this quarter	None

Management will be working with the group responsible for administering the youth group home surveys to restart that process in Q3 19/20.

Sample of comments from the survey:

Subacute:

- Parent:
 - “I was very unhappy with the nursing staff and the lack of notice before changing medication”
 - “My experience w/ the family counselor wasn’t great. But the front line staff and the psych all were awesome”
 - “I know it isn’t you, however, giving a child the decision of taking meds or not needs to be addressed at a higher level”
- Youth:
 - “Staff will often push my needs under the radar or sometimes flat out forget them. Because I’m not very attention-seeking like some others. Only some staff would do that though. Just don’t forget about the quiet kids needs.”
 - “Fellow peer was racist, sexist, and annoying.”
 - “Thank you so much for everything! It was super helpful and I am so grateful”

Youth Group Home:

OUTPATIENT ACORN

The ACORN (A Collaborative Outcomes Research Network tool) is used to measure the level of “global distress” that a client a reporting over time. Information from this tool is entered into a database that compares the scores reported by a client to scores of similar clients being served with the same diagnosis. The tool provides feedback to the clinician and their supervisor of improvement (by client report) as well as a comparison of how quickly the person is recovering in contrast to other patients with the same condition and level of treatment.

ACORN	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Improvement Score Outpatient		0.67	0.45	0.74	0.79
Improvement Score ICTS		0.97	0.75	0.46	0.61
<i>Improvement Score Goal</i>		<i>0.80</i>	<i>0.80</i>	<i>0.80</i>	<i>0.80</i>
% Significantly or Somewhat Improved - OP		59%	59%	63%	63%
% Significantly or Somewhat Improved - ICTS		70%	74%	57%	64%
% of clients with required number of assessments		70%	74%	79%	78%

This indicates that 63% of the clients in Outpatient and 64% in ICTS reported some improvement while in care. Therapists are completing the ACORN “properly” for 78% of the clients. The program will continue to work to improve the use of data in supervision and during case consultations to improve scores.

Albertina Kerr Human Resources Monthly Performance Dashboard

December-19

THRIVING WORKFORCE	Oct-19	Nov-19	Dec-19	Prior FY Avg*	6 Month Avg	Goal
Employee Turnover (Direct Care Staff)	55%	56%	56%	67%	59%	45%
Employees =>125% Minimum Wage	84%	84%	86%	50%	64%	100%

RECRUITING AND RETENTION	Oct-19	Nov-19	Dec-19	Prior FY Avg*	6 Month Avg	Goal
Current Headcount	754	754	762	719	744	
Current Openings	72	58	62	77	69	
Vacancy Rate	9%	7%	8%	10%	9%	10%
Average Time to Fill	22	35	31	24	26	
Total Applicants	397	333	327	322	375	
Employee Turnover Rate	54%	53%	54%	59%	55%	45%
One Year Retention Rate	67%	68%	68%	64%	65%	45%

DSP RECRUITING AND RETENTION	Oct-19	Nov-19	Dec-19	Prior FY Avg*	6 Month Avg	Goal
DSP Vacancy Rate	11%	7%	9%	12%	10%	10%
Average Time to Fill	26	32	27	30	28	
Total Applicants	187	152	147	153	166	
Total Interviews	52	49	38	54	54	
Total Hires	27	16	24	21	25	
Employee Turnover Rate	60%	62%	62%	70%	64%	45%
DSP One Year Retention Rate	64%	65%	64%	62%	64%	
Total Terminations	21	18	19	21	18	
Number of Quick Quits	11	6	4	9	7	
Avg Length of Service (LOS) for Quick Quits	33	33	48	29	34	
Quick Quit Voluntary Termination Rate	36%	67%	25%	47%	39%	

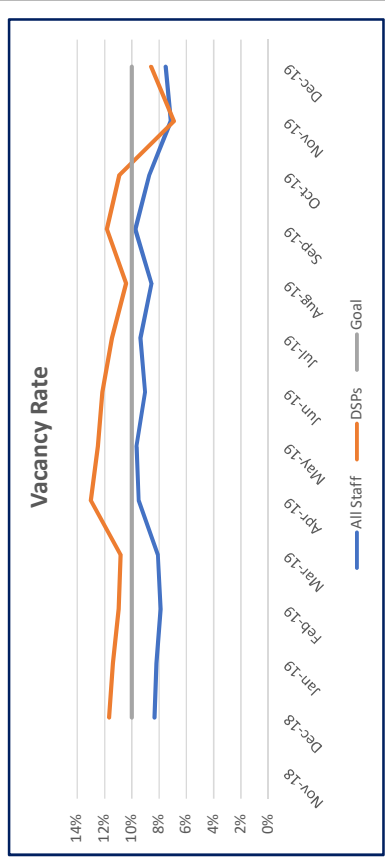
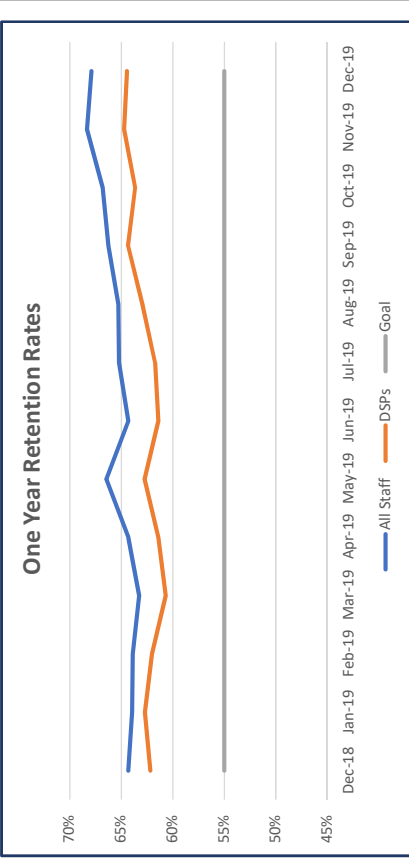
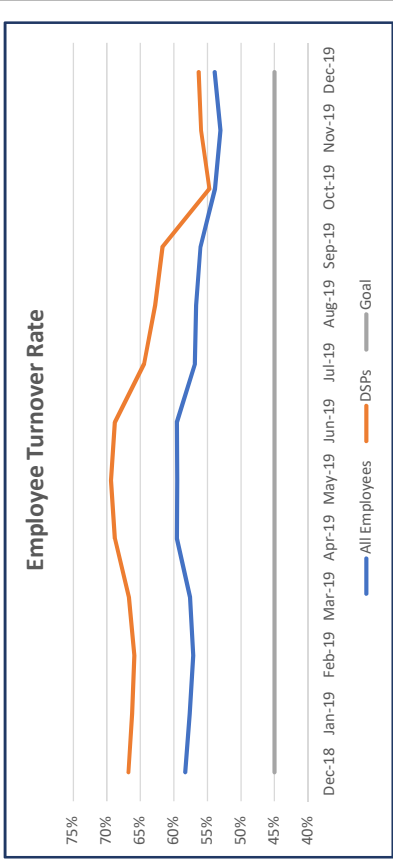
HR SUPPORT SERVICES	Oct-19	Nov-19	Dec-19	Prior FY Avg*	6 Month Avg	Goal
Same Day (24-hour) Resolution Rate	83%	88%	93%	90%	86%	80%

EMPLOYEE RELATIONS	Oct-19	Nov-19	Dec-19	Prior FY Avg	6 Month Avg	Goal
Formal Coaching/Counseling	10	13	15	8	9	
Written Warning	11	4	8	3	5	
Final Warning	7	3	1	3	2	
Termination	10	8	10	5	6	

COMMENTS:

EMPLOYEE SAFETY	Oct-19	Nov-19	Dec-19	Prior FY Avg*	6 Month Avg	Goal
OSHA Recordable Incidents	8	4	10	5.58	6.00	-
NAICS Incident Rate	9.98	9.55	9.30	9.83	9.48	6.90

KEY METRIC GRAPHS



Red cells indicate goal missed by 10% or greater. Green indicates goal exceeded by 10% or greater. White means within 10% of goal, or no goal set. If goal is 0, red is more than one and green is 0.

Portfolio Overview

February 7, 2020

66 Facilities with 219,083 square feet (41 owned and 25 leased)

- Kerr Administration Center – owned
 - Old Kerr Nursery Building
 - Thrift Shop
- 54 Group Homes:
 - 34 owned and 20 leased homes
 - 21 kids (19 owned, 2 leased)
 - 33 adults (15 owned, 18 leased)
 - Geographic Distribution:
 - Multnomah: 13
 - Washington: 21
 - Clackamas: 10
 - Marion: 10
- Gresham Campus – owned
 - Sub-Acute Building (Mental Health Services)
 - Louise Building (MHS/DD/Rev. Cycle/Compliance)
 - Meyer Empowerment Center (Facilities/IT/HR)
 - Wynne Watts School - Future location of Workforce & Inclusive Housing
 - Building H (Shop/DD/Training)
- 5 Satellite offices - leased
 - Geographic Distribution:
 - Multnomah: 3 (Day Services & Kerr Bikes)
 - Washington: 1
 - Marion: 1
 - Changes:
 - Autzen Group Home: Remodeled from Adult to Kid clientele.
 - Hillsboro HQ: Actively looking for new office space (Own or Lease).
 - Actively researching Salem land/lots for purchase to build a group home.

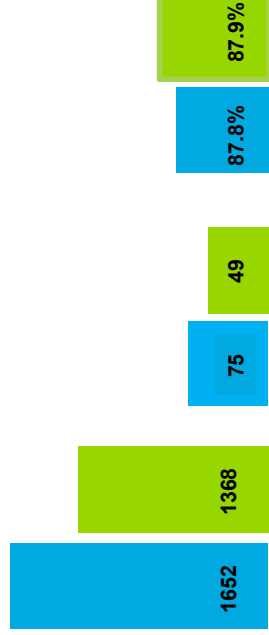
Portfolio Summary

64 Buildings = 214,847 sq ft
40 Owned / 24 Leased

FACILITIES 2nd Qtr FY 2020

Survey Results Comparison Q2 2020 to Q2 2019

of Work Orders # of Surveys % Meets Or Exceeds



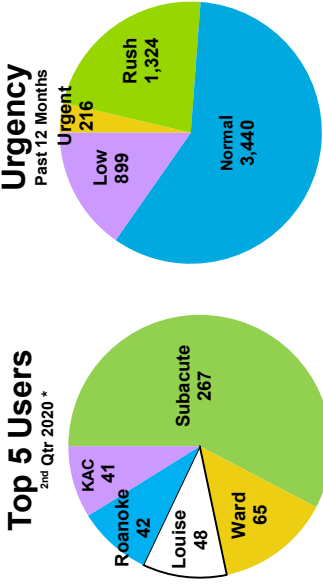
Satisfaction Survey Responses =

- This was a perfect scenario for correcting an issue found by OSHA. I have submitted the information to the inspector as proof correction.
- Water resistant labels would be nice, but lots of tape will do. It was done so quickly! Thanks! I know you're short staffed and we appreciate your efforts!
- Just better communication when the job was done. Could have been a Monday when I'm not here.
- The room is so much brighter! Thank you!
- They took care of the issue in a timely manner and did a great job. Many thanks!

Facilities Strategic Plan Progress:

- Autzen: Remodel started
- Ward: Remodel complete
- Subacute Remodel: Working on Plans
- Subacute Expansion: Working on Plans
- Hillsboro HQ: Search Started for new office

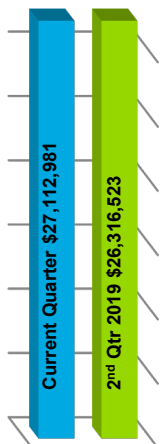
WORK ORDERS <small>Total = 21,832</small>	2nd Qtr 2019	2nd Qtr 2020
Avg per Day / Month	15.2/456	18.4/551
Avg Response (in days)	2	2
Avg Completion (in days)	8	8
Over due	9	6



VEHICLES	2nd Qtr 2019	2nd Qtr 2020
# of Vehicles	64	66
Avg Miles driven (per vehicle)	2,319	2,042
\$ Gas / Gallons	\$33,810/12,293	\$31,899/11,844
# Drivers Training 332 Total Kerr Drivers	53	25
Safety	2nd Qtr 2019	2nd Qtr 2020
# Accidents / \$	5/\$12,841	5/\$9,250
# Speeding Violations	4	0
# Reported Violations	7	5

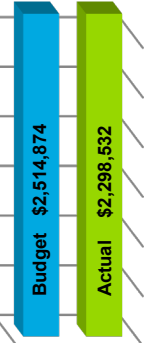
ESTIMATED OWNED VALUES

Based on Zillow



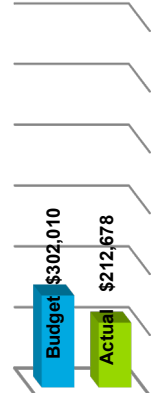
DEPARTMENT

Savings = \$216,342

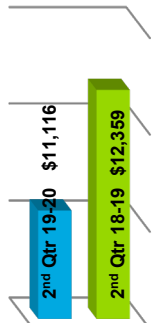


VEHICLES

Savings = \$89,332



Client Damage



ALBERTINA KERR CENTERS

2019-2020 Program & Accreditation Committee Objectives

	Goal	Completed	In Process	To Be Completed
1	Review/modify Committee Objectives for 2019-2020	September 11, 2019		September 11, 2019
2	Ensure continuous compliance with Joint Commission accreditation requirements	Ongoing		Agenda item for each meeting
3	Program Updates	Ongoing		Agenda item for each meeting
4	Compliance Dashboard/Program Outcomes	Ongoing		Agenda item for each meeting
5	Review HR metrics/dashboard	Ongoing		Agenda item for each meeting
6	Review governmental relations and legislative plan	September 11, 2019		September 11, 2019
7	Review electronic records implementation, other IT initiatives	December 4, 2019		December 4, 2019
8	Review employee safety management	December 4, 2019		December 4, 2019
9	Review owned and leased real estate			March 4, 2020
10	Evaluate Committee performance			June 3, 2020
11	Recommend Charter modifications			June 3, 2020

Meeting Dates for FY2019-2020

September 11, 2019

December 4, 2019

March 4, 2020

June 3, 2020