

# ALBERTINA KERR

## **ALBERTINA KERR CENTERS Program & Accreditation Committee**

### **Meeting Agenda Wednesday, June 3, 2020 8 to 9:20 a.m. Kerr Administration Center**

- 8:00 a.m.      **Convene** (David Wilson, Chair)
- 8:00            **Approve Meeting Minutes of March 4, 2019**  
pp. 2-4
- 8:01            **Program Updates** (Owen Gibson & Derrick Perry)  
pp. 5-25
- 8:30            **HR Dashboard** (Matthew Warner)  
p. 26
- 8:45            **ACTION: Review/Approval of Renewal of Credentials for  
Dr. Fishman & Dr. Mak; Review/Approval of Initial  
Credentials for Dr. Carlson & Dr. Fisher**  
pp. 27-56
- 9:00            **Evaluation of Program & Accreditation Committee  
Performance & Establish Goals for FY2020-2021**  
pp. 57-59
- 9:20            **Adjourn** (David Wilson)

**ALBERTINA KERR CENTERS**  
**Program & Accreditation Committee Minutes**  
**March 4, 2020**  
**8 to 9:30 a.m.**  
Kerr Admin Center, 2<sup>nd</sup> Floor Board Room

**Members Present**

Teri Barichello, Catherine Bekooy, Susan Hobbel, Melissa May, Dennis Warneke

**Members Excused**

Lisa Powell, David Wilson

**Staff Present**

Jeff Carr, Owen Gibson, Trish Jameson-Collins, Derrick Perry, Craig Rusch, Dr. Alfredo Soto, Matthew Warner

**Convene** (Teri Barichello for David Wilson, Chair)

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

**Approve Minutes of December 4, 2019 Meeting**

**ACTION: With no corrections, the minutes were approved via consensus.**

**Program Updates** (Owen Gibson, Derrick Perry)

- A slight decline occurred in adult group home census in the 2<sup>nd</sup> quarter. Analysis and discussion about bed usage, declining numbers of referrals, and overall capacity that is occurring at the state level.
- The Employment Services program is looking at potential expansion opportunities in the Salem area. PeaceHealth has expressed some interest.
- The decrease in hours at Portland Art and Learning Studios is due to the planned increase in moving people into community activities and spending more hours out of the studio.
- Subacute census is down slightly and the focus is on initial access and referrals.
- Outpatient Mental Health experienced staff turnover and recruitment is under way for a new clinical supervisor. Outpatient engagement is good.
- Three abuse allegations and two neglect allegations were substantiated. Two of the abuse incidents were improper interventions, and one was an altercation between staff and a client. Both neglect incidents were loss of direct line of visual supervision.
- A new grievance reporting policy is rolling out to bring DD and MH more in alignment. They currently have different qualifiers. On the report, the complaint category tracks lower impact issues such as dissatisfaction with the food. The important grievances we want to be tracking are more health and care related.
- Elopements (kids running away) were slightly higher than average in the first and second quarters. Half of those incidents were a single client.
- Staff is looking into ways to reduce police interventions and training staff to better deescalate and defuse behaviors with a positive, proactive approach.

- Medication distribution is still a combination of two systems; however, the process is being revamped utilizing Epic and should see improvement.
- Job retention rate for clients in Employment Services was 100%.
- Program highlights included a story about very positive community engagement at a coffee shop across the street from PALS.
- The Mental Health programs were challenged with some transition in leadership but are doing well. Dr. Soto and Derrick Perry have provided stability and are helping staff learn and grow through the changes.
- A dip in discharge to community settings from subacute was noted. Kids aged 12 and under are more difficult cases. Many are DHS kids.
- A question was asked about tracking readmissions to subacute. Staff are currently tracking kids through Epic after discharge. If a subsequent visit to the ED shows up, staff will look further into cases.
- Parent and youth surveys post discharge are overall very positive. Staff follows up on negative feedback.
- Kerr's ACORN score, an outpatient efficacy tool, continues to indicate overall improving results.

#### **HR Dashboard** (Matthew Warner)

- 2nd quarter results show a fairly even continuation of trends.
- The employee onboarding process, a three-week intense introduction and training started this fiscal year, continues to receive very good responses from employees and managers. The recruiting and onboarding process is receiving attention externally as well.
- The employee satisfaction survey was administered in December. 565 employees, or 74% of staff, responded. Most questions are positively posed and options to respond range from strongly agree to strongly disagree. The survey was administered through Paycom. Some questions were changed or deleted as appropriately relevant. Top and bottom five categories are reviewed. Promotions, pay increases, fairness, and growth at work received high marks. Annual performance feedback is currently undergoing an improvement revamp.
- Open-ended questions show employees appreciate more engagement with the senior leadership team, and more communications and information about where the agency is headed in the future. Positive feedback was received from the DSP work groups. There is a need for standardized professional management training. HR is looking into a couple of categories with more negative responses such as favoritism; however, the overall response from employees was positive.

#### **Facilities Update, Real Estate Review** (Trish Jameson-Collins for Van Field)

Trish provided an update on Kerr's leased and owned real estate portfolio. The search for space for the Hillsboro office is still under way. Facilities is also looking at land in the Salem area to build a group home from the ground up. Purchasing land and building to Kerr's specifications would be a less expensive prospect than purchasing an existing home and remodeling to Kerr needs. Trish reviewed the quarterly dashboard. Work orders are being addressed in a timely manner, and the department is performing well overall.

#### **Other Updates** (Jeff Carr)

Jeff shared plans for the senior leadership team to go on a 2.5 day retreat in two weeks to work on program strategy and to address some of the items that came up during the Board & Foundation retreat. The four questions posed to the directors and trustees, and also to Kerr management, will be presented to

the senior leadership team as well as a place to dig deep while looking toward Kerr's future. HR is doing some analysis of the feedback to the questions as well to inform SLT's discussion.

The State's previous interest in the subacute expansion at our 165<sup>th</sup> group home has cooled somewhat. The extension was planned to focus on kids in mental health crisis who also experience IDD. OHSU has approached Kerr with interest in possibly partnering on the project. Jeff is reaching out to the CCOs and hospital systems to discuss possibilities.

**Adjourn** (Teri Barichello)

Teri adjourned the meeting at 9:06 a.m.

Recorded by Holly Edgar, Corporate Secretary

# A REPORT TO THE PROGRAM AND ACCREDITATION COMMITTEE

## Contents

Access to Services _____	2
Demographics _____	5
Engagement _____	6
Risk Management _____	7
Outcomes _____	12

*It should be noted that most data, metrics, and some commentary presented in this report are prior to the significant impact of COVID-19 on Albertina Kerr operations. The report may not necessarily accurately reflect future trending, especially regarding census or other financial metrics.*

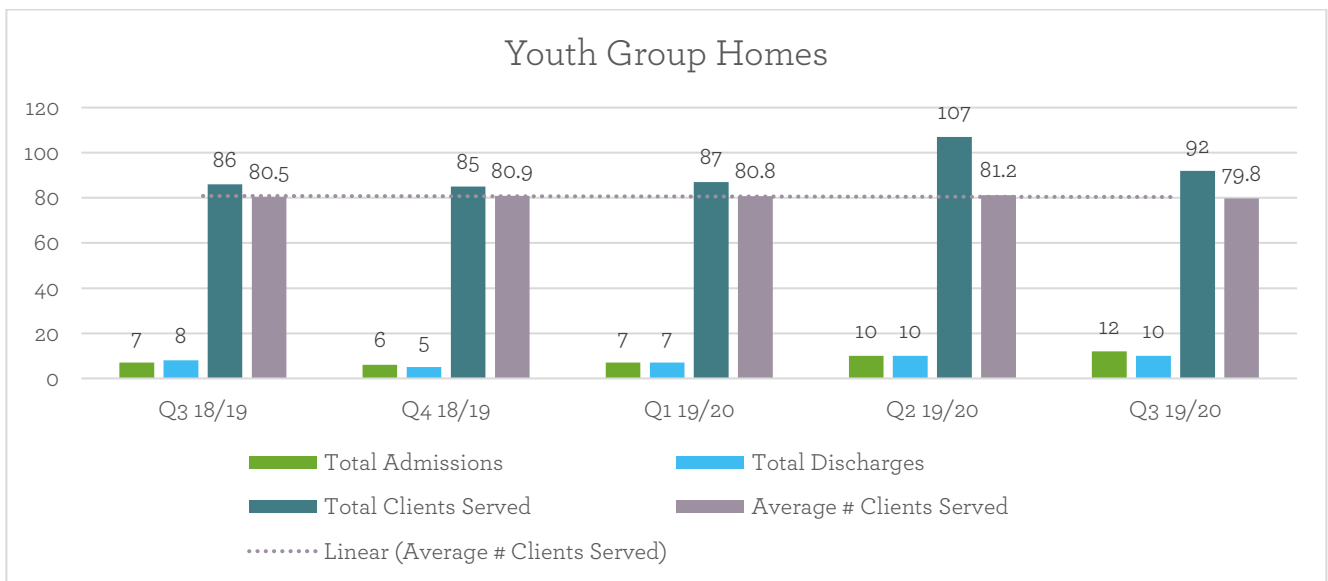
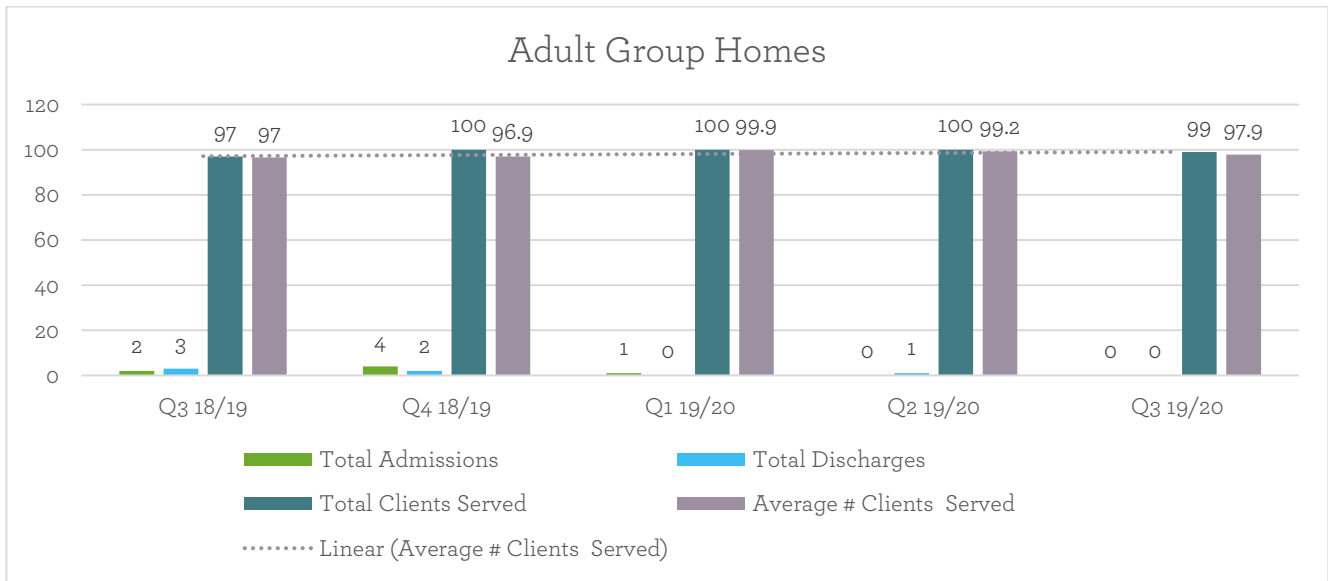
This report summarizes the activities of Albertina Kerr's Programs for FY Q3 2019/2020

JANUARY 1ST, 2020 THROUGH MARCH 31ST, 2020

# Access to Services

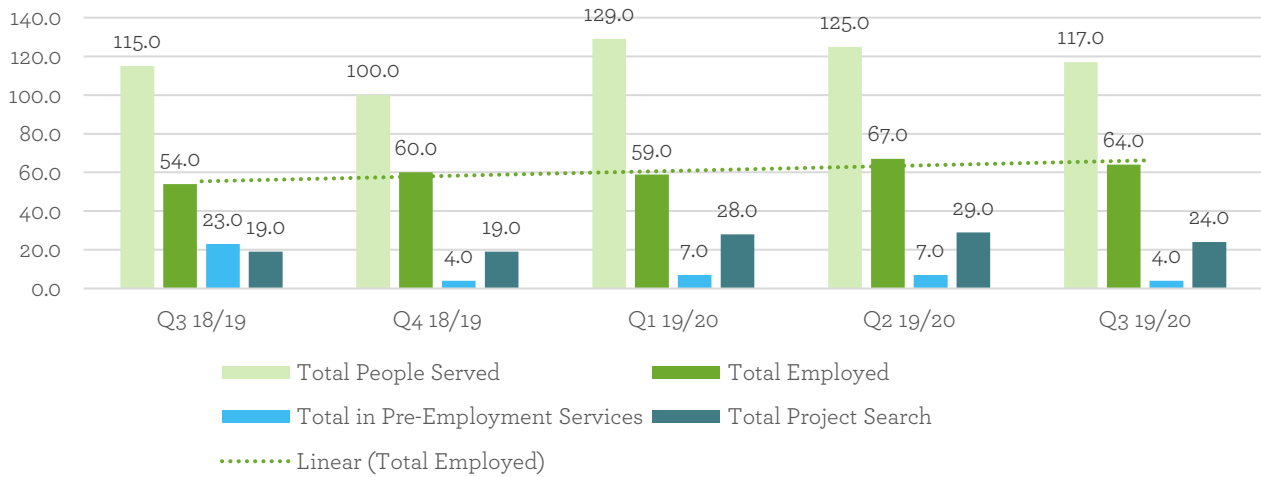
A goal within Kerr is to increase capacity so the program meets or exceeds its census and productivity goals. Albertina Kerr also has a goal to expand the ability to serve the needs of the community. This section will review the referrals and admissions to Albertina Kerr service lines, as well as the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

## GROUP HOMES AND EMPLOYMENT SERVICES



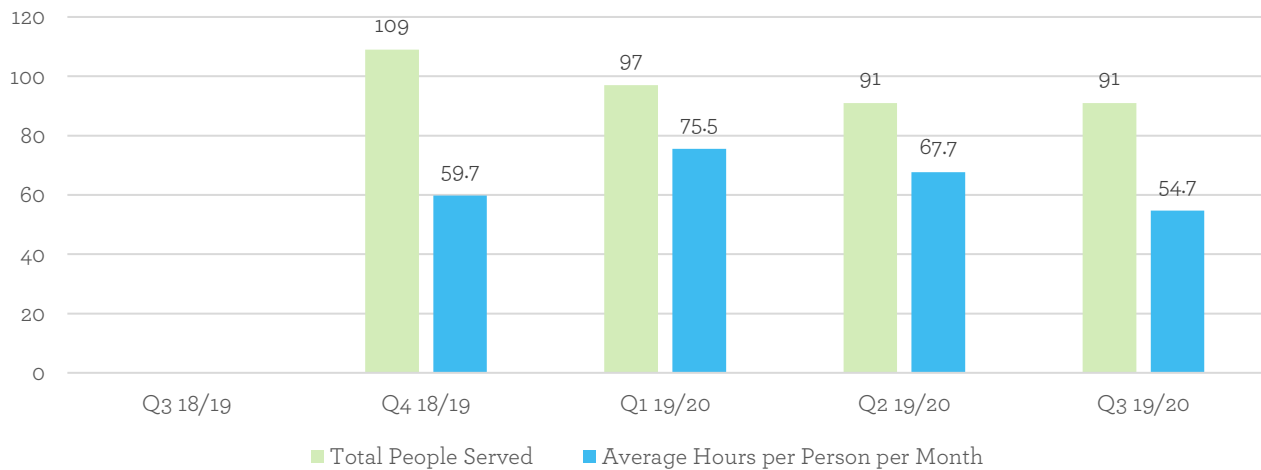
Kerr Adult Group Homes continues to be stable as there is typically little client turnover in that program. Youth Group Homes continues to run below capacity. The program management is continuing to work to improve the admission process into the program to reduce the number of days a bed is vacant. Also, Kerr will be reducing several homes from 5 to 4 bedroom homes which will improve the overall vacancy rate.

### Employment Services



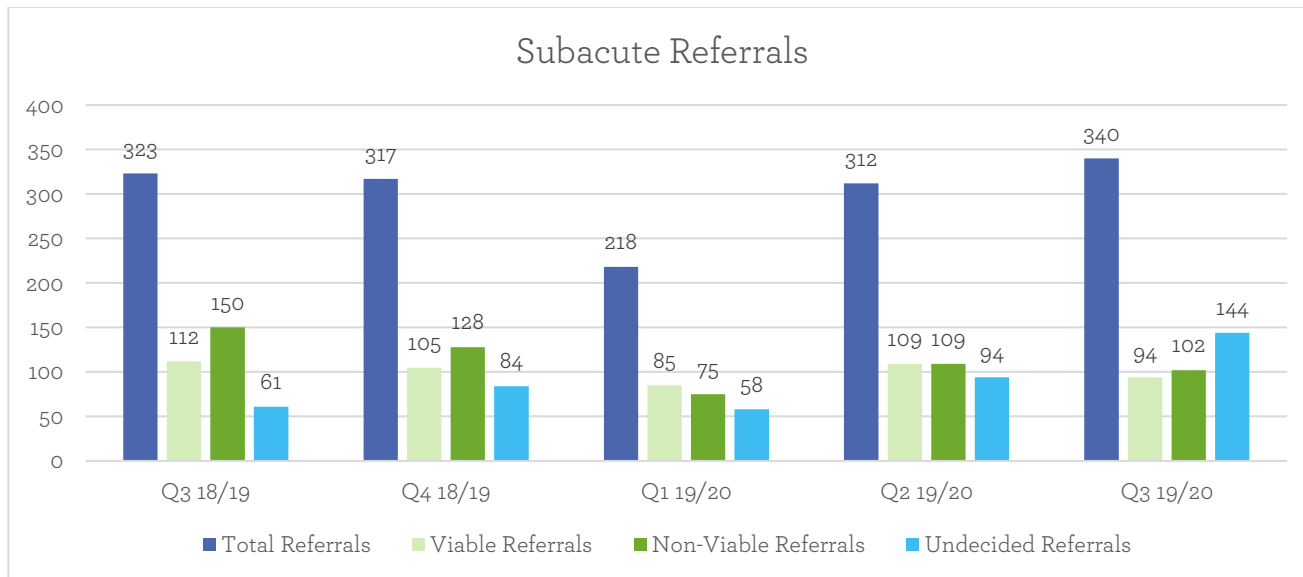
The overall trending for Employment services is moving toward stable versus growth. However, that is not uncommon given the yearly cycle for that program. There will be an anticipated decrease in overall employed clients in Q4 as several clients in the employment program were laid off by their employer along with their co-workers.

### Portland Art and Learning Studios

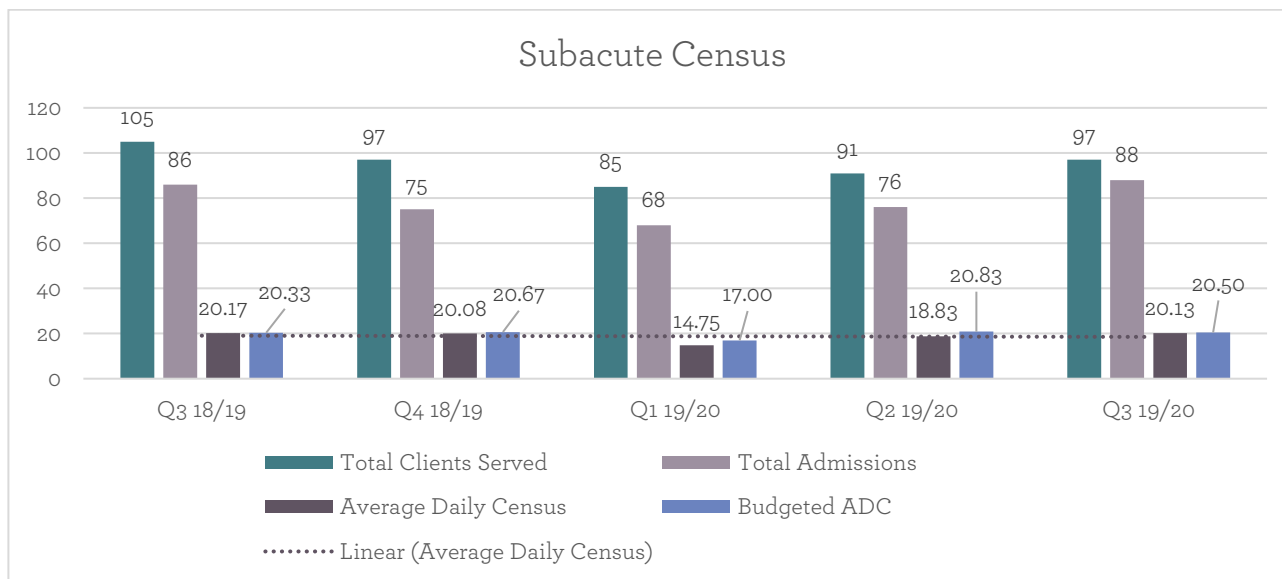


Overall, the trending of service hours is declining for the program (even prior to the impact of COVID-19.) Q4 will show a dramatic drop as services were halted per the order of the Department of Human Services for this type of program statewide.

## SUBACUTE



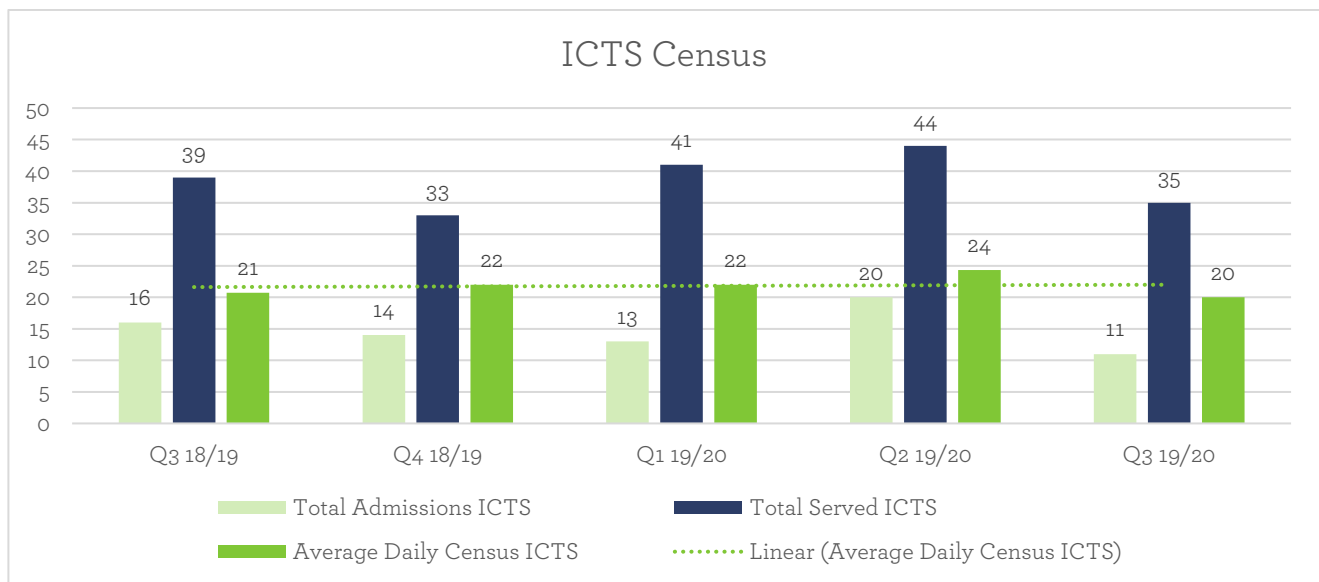
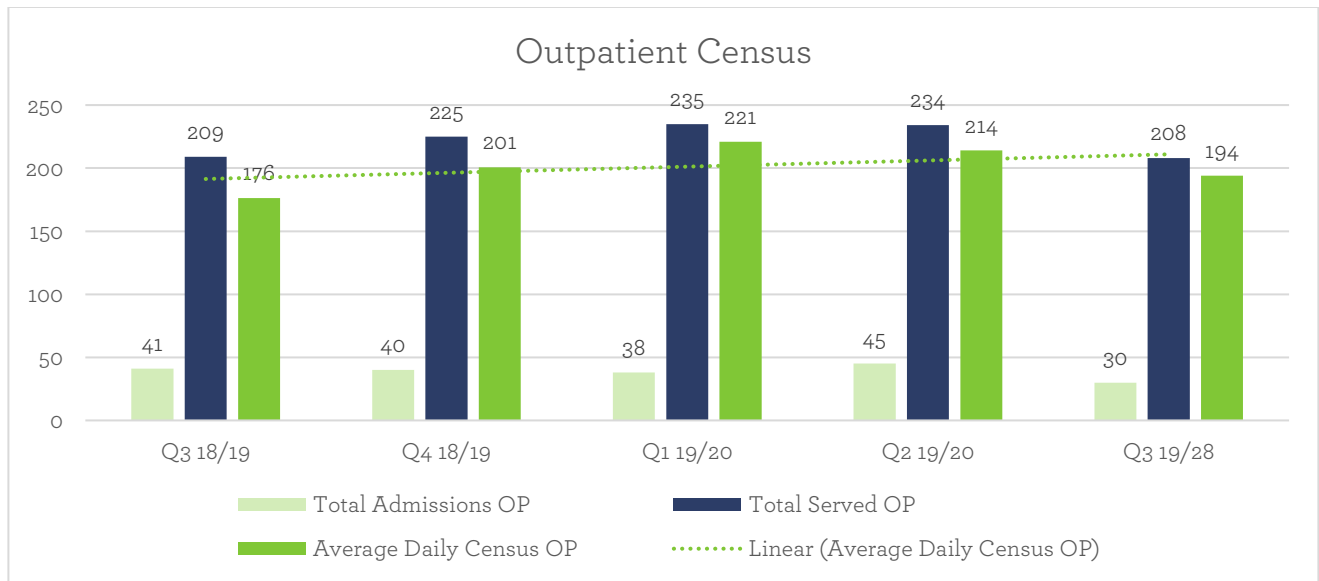
**Viable** referrals include the following: admitted Clients, approved but referral was withdrawn and approved but guardian declined services. **Non-Viable** referrals includes exceeds Level of Care (LOC), does not meet LOC, unable to take insurance. **Undecided** referrals are those referrals where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



The Subacute census average was 20.13 for the quarter. The Subacute program did not meet the census goal of 20.50 for the quarter. There continues to be a strong correlation between total referrals and the average daily census. The overall demand remains high through Q3. In Q4, there will be a significant drop in referral and admissions due to COVID-19.



## OUTPATIENT MENTAL HEALTH



The general trending for Outpatient is moving toward stable versus growth through Q3. The program continues to have challenges with both staff and manager turnover.

## Demographics

### GROUP HOME DEMOGRAPHICS

Due to the current bifurcation of data between two electronic records, accurate demographics for group homes is currently not available. We will resume reporting of demographics once all homes have implemented Epic.

## MENTAL HEALTH DEMOGRAPHICS

<b>Mental Health Program Demographics</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Males	52%	53%	52%	45%	40%
Females	48%	47%	48%	55%	60%
Minority	19%	24%	22%	21%	12%
Non-Minority	70%	69%	64%	63%	69%
Other/Unknown	10%	13%	1%	12%	19%
Not Reported	1%	1%	12%	2%	0%

## 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, 11 children were admitted to ICTS level of services.

<b>ICTS Engagement</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Percentage of ICTS referrals Offered an appointment within 3 days	63%	66%	50%	40%	89%
<i>ICTS Engagement Goal</i>	90%	90%	90%	90%	90%

While the program did not meet this goal, there was a significant improvement from the last quarter.

For Outpatient, the goal is to have a follow-up appointment within 14 days of the initial assessment. For this quarter, 30 children were admitted to Outpatient.

<b>Outpatient Engagement</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
2nd Outpatient Appointment made within 14 days of the Assessment	70%	88%	70%	62%	82%
<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.

<b>There were four visits in 44 days</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
ICTS	95%	100%	100%	100%	88%
<i>4 in 44 Goal</i>	50%	50%	50%	50%	50%

The program met this goal for the 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 investigations often 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.

<b>Abuse Allegations Group Homes</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Total Allegations Against Staff	53	37	26	32	24
Total Opened for Investigation this quarter	18	13	5	15	11
Total Founded during this quarter	5	1	6	5	1

Founded Allegation(s) this quarter:

A Group Home staff removed a blister pack of Ritalin from the program for personal use/distribution that was intended for a client. That staff member is no longer with Kerr.

## 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

<b>Youth Group Home Complaint and Grievances</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Total Complaints	0	0	0	0	1
Total Grievances	0	0	0	0	0
Total Appeals	0	0	0	0	0

See details in the Program Highlights

<b>Adult Group Home Complaint and Grievances</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 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

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

Complaints included the menu not reflecting what is being served, peers being rude, a client wanting to stay up later, an educational provider being rude and unprofessional to the client, personal items being damaged during a move to a different unit, and a client receiving threatening notes from peer. All issues were resolved.

## 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.

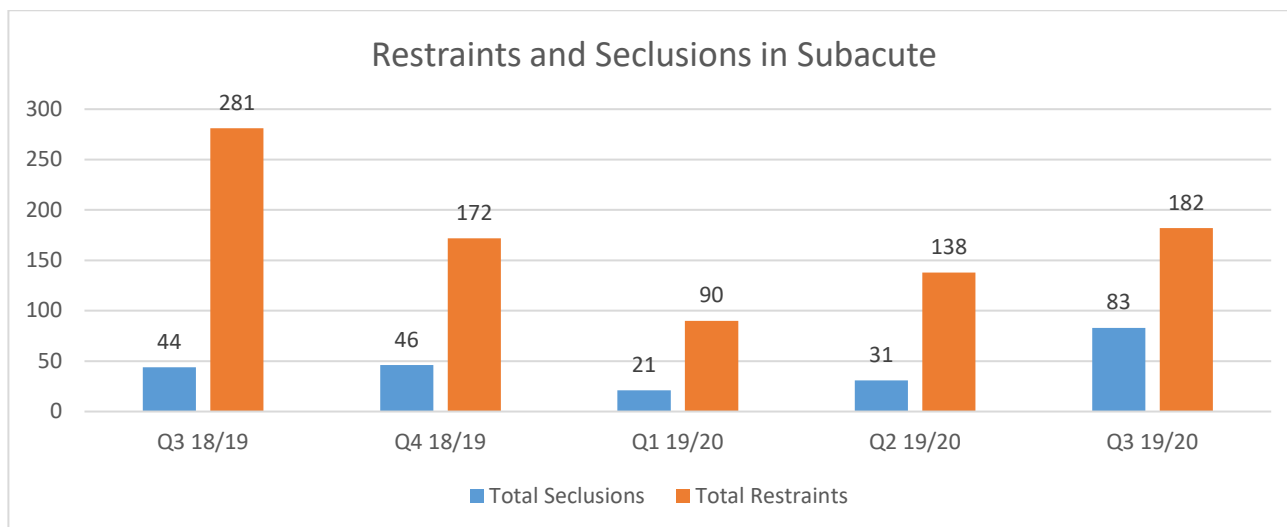
<b>Youth Group Home Client Injuries</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Youth DD Client Injuries (during PPI)	1	2	2	3	2
Youth DD Client Injuries (not during PPI)	13	9	14	5	10
Youth DD Total Self-Inflicted Client Injuries	7	25	8	13	12
Youth DD Total Client Injuries	21	36	24	21	24

<b>Adult Group Home Client Injuries</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Adult DD Client Injuries (during PPI)	5	1	0	0	0
Adult DD Client Injuries (not during PPI)	23	38	29	19	19
Adult DD Total Self Inflicted Client Injuries	9	17	5	2	10
Adult DD Total Client Injuries	37	56	34	21	29

<b>Subacute Client Injuries</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Subacute Client Injuries (during ESI)	4	3	2	2	0
Subacute Client Injuries (not during ESI)	76	82	77	158	117
Sub count of Injuries from Self Injurious Behaviors	54	53	39	66	75
Subacute Total Client Injuries	80	85	79	160	117

## USE OF RESTRAINT OR SECLUSIONS IN SUBACUTE

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



ESI	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Percentage of youth in ESI's 6-8 year olds	17%	6%	8%	26%	33%
Percentage of youth in ESI's 9-12 year olds	40%	53%	33%	42%	47%
Percentage of youth in ESI's 13-18 year olds	43%	35%	59%	32%	20%
Average Length of Seclusions	20	21	22	13	8
Average Length of Restraints	9	8	5	9	11
Percentage of Children that required an ESI	29%	18%	58%	21%	15%

In this period, there was an overall increase in the use of restraints and seclusions. The majority of restraints were 12 and under youth.

## USE OF RESTRAINTS IN YOUTH GROUP HOMES

Youth Group Home Restraints	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Total PPIs	128	104	126	87	130
Percentage of PPI's involving Females	25.8%	41.3%	31.0%	25.3%	30.8%
Number of PPIs with Females	33	43	39	22	40
Percentage of PPI's involving Males	74.2%	58.7%	69.0%	74.7%	69.2%
Number of PPIs with Males	95	61	87	65	90
Total Clients Involved in PPIs	40	32	44	30	52
Percentage of Clients that Required Use of a PPI	47%	38%	51%	28%	57%

<b>Adult Group Home Restraints</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Total PPIs	4	30	13	15	41
Percentage of PPI's involving Females	0%	77%	38%	0%	20%
Number of PPIs with Females	0	23	5	0	8
Percentage of PPI's involving Males	100%	23%	62%	100%	80%
Number of PPIs with Males	4	7	8	15	33
Total Clients Involved in PPIs	2	6	8	15	8
Percentage of Clients that Required Use of a PPI	2%	6%	8%	15%	8%

## 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.

<b>Youth Group Home Critical Incidents</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Total Runaways	13	13	50	40	41
Total Runaways less than 4 hours	2	13	47	26	20
Total Runaways more than 4 hours	11	1	3	14	11
Police Interventions	21	27	26	27	44
ER Visits or Hospitalization	30	29	15	28	44
Total Critical Incidents Youth DD	52	47	91	95	119

Four total youth ran more than 4 hours. All returned to the home or were found within 48 hours except for one youth that ran from the school and was gone from the program for four days.

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

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

## MEDICAL

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

<b>Youth Group Home Medication Errors</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Missed Med	289	516	242	127	373
Wrong Med	2	3	6	2	6
Wrong Time	3	1	3	11	16
Wrong Dose	27	105	12	3	46
Adverse Reactions	0	0	0	0	0
Wrong Client	1	0	2	1	1
<b>Total Med Errors</b>	<b>322</b>	<b>625</b>	<b>265</b>	<b>144</b>	<b>442</b>

<b>Adult Group Home Medication Errors</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
<b>Total Med Errors</b>	<b>117</b>	<b>101</b>	<b>249</b>	<b>226</b>	<b>99</b>
Missed Med	97	55	213	215	94
Wrong Med	4	4	13	0	1
Wrong Time	3	10	8	11	2
Wrong Dose	12	31	15	4	2
Adverse Reactions	0	0	0	0	0
Wrong Client	1	1	0	0	0

<b>Subacute Medication Errors</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
<b>Total Med Errors</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>4</b>
Missed Med	2	0	0	0	1
Wrong Med	0	0	1	0	0
Wrong Time	0	0	0	0	2
Wrong Dose	0	0	2	1	1
Adverse Reactions	0	0	1	0	0
Wrong Client	0	2	0	0	0

# Outcomes

## EMPLOYMENT AND DAY SERVICES

Below are the outcome metrics for Employment services.

<b>Employment Services Total Served</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Total New Jobs Created	10.0	12.0	13.0	12.0	8.0
Job Retention Rate	100%	95%	77%	100%	96%
Project SEARCH Placement Rate	52%	89%	88%	91%	88%
Project SEARCH Retention Rate	100%	81%	87%	89%	78%

The program did see a drop in retention and placement rates during Q3.

## PROGRAM HIGHLIGHTS

### Adult Services:

#### Portland Art and Learning Studios

The program and Reed College’s Alternative Art Spaces class have been collaborating over the spring semester and were able to quickly think outside of the box when faced with the sudden closures due to Covid-19.

Our Spring Equinox opening of “I Can Celebrate the Future All Night” - a carefully curated show by our artists and students who understand the cultural importance of art that happens on the margins, had the added challenge of opening virtually. Reed College students instructed our Gallerist, Malcolm Hecht, on the technology to 3D scan all of the art for the show, while they developed the app that would put our art into the living rooms and back yards of hundreds of people at home. On Friday, March 20, the show launched virtually, and our viewers were escorted through a virtual space by one of our poets, as they were presented with artwork that explored balance, presence, and absence of dark and light. The experience yielded interesting conversations about accessibility and a re-examination of what inclusion looks like. *Are people being left out because they are immune-compromised when there aren’t pandemics happening? How does it feel to be stuck at home when others are out in the world carrying on? How can technology create bridges to the socially isolated? What are we doing for the people who don’t have access to technology, to remind them that they are loved and that they matter? How can digital interfaces expand our audiences to have more of a national and international impact?*

The project emphasized our mission to empower our community. We continue to see the positive change that has transformed so many lives through art.

#### Adult Group Homes - Clackamas County

We continue to celebrate the fact that we have no confirmed cases of Covid-19. Our staff continue to practice healthy and safe practices daily. 8 out of 9 of our Clackamas homes are fully live on Epic. Last quarter we had a client who experienced some significant challenges. As we move towards the summer, his behavior and social interactions have improved dramatically, and we are actually ready to establish a transition plan for him.



## Adult Group Homes – Multnomah and Washington Counties

All programs had a smooth transition into Epic and remained consistently supportive of each other. There are more challenges with the stay-at-home and no visitation orders, as some clients report missing spending quality time in the community and their families.

### Employment Services

There is a client who has been working at Kaiser Westside Medical Center since 2016, after graduating from Project Search. She works as a Hospitality Aid in their food and nutrition department. With the stay at home order and new restrictions almost daily, she has had to change the tasks she does multiple times a day. She suffers from severe anxiety and obsessive-compulsive disorder, so change is difficult for her. While some of her peers and colleagues have taken leave during this time, she shows up every day. We are so proud of her dedication to her job and understanding of how she plays an important role during this pandemic.

Previous to Covid-19, we had clients who started six new jobs. As the pandemic worsened, things changed drastically for our team. However, the team persevered and developed an online curriculum for our Project Search clients that allowed us to continue to engage with them during the Covid-19 closures. The team delivered Chrome Books and trained their interns on how to use Teams all in one week. We are very proud of this accomplishment as our interns learned a very valuable employment skill. Although a good portion of our supported employees were laid off by their employers due to Covid-19, we still had 15 people who remained on their jobs and have continued working safely throughout the pandemic. I would say our most significant success as a team would be our versatility in switching gears to assist our clients very differently. Our developers and coaches are reaching out and connecting with our clients in ways we never imagined possible. This flexibility has made us a much stronger team and has created programs and communication channels that we will continue to access long after Covid-19.

### Project Search

We are proud of one of our graduates who was offered a job with Fred Meyer as a customer service representative. Other employees, as well as customers, have taken well to her. She has a full-time coach and has been able to effectively transition into her job while remaining compliant with PPE and social distancing standards.

### **Youth Group Home Services:**

We remain excited about the opening of our Autzen group home. The residents continue to acclimate to each other, staff, and the structure of the program. They are also identifying community resources to ensure that individual needs are being met.

We have used the COVID-19 pandemic as an opportunity. Staff continue to provide support for clients in alternative, yet effective and fun ways. We have seen a positive behavioral response from clients and a decrease in incident reports as a result of individualized engagement and increased managerial presence and support.

The programs are taking note of some of the alternative approaches we're taking towards treatment and care. And determining what new systems or processes that we've had to develop as a result of Covid-19, which can be incorporated into some of the larger, long-range discussions about best practices. Two examples include how we're using huddles and Teams to ensure effective communication.

As Covid-19 was classified as a pandemic, we did experience a drop in our referrals. There was some uncertainty with families about having their child placed out of the home during uncertain times. We were also limited in our ability to screen referrals in person. With in-person visitation restrictions, some families and clients experienced a sense of loss, although we saw those emotions shift as we created virtual opportunities for families to remain connected.

An internal resident transitioned to Barlow, and continues to make progress towards her individualized treatment goals. She is more active and safely utilizing her cane. She continues to build skills in completing her own laundry and grocery shopping. Her success has also resulted in her completing a toileting program. Her mom has expressed how pleased she is with her daughter's success while under Kerr's care.

The Nectarine program successfully turned a negative situation into something positive. A client's parents had a negative perception of the program based on an interaction. The program leadership scheduled a time to meet with the family and listen to their concerns, with an ultimate goal of working together as a team, to meet the individual needs of their child. The outcome was a collaborative partnership with transparent communication and an openness to ideas and positive change. Both sides learned valuable lessons and continue to cultivate a trusting relationship.

During this quarter, we also had three clients who successfully transitioned back home. And three others who successfully completed high school.

#### [Mental Health Programs:](#)

##### Outpatient:

Covid-19 brought rapid changes to the Outpatient Program. In response to the extenuating circumstances of Covid-19 precautions, starting 3/23/2020 the program transitioned to a Telemedicine platform in order to continue to provide all Outpatient Mental Health Services. This includes Individual and Family Therapy, Psychiatry, Skills Training, and Peer Support services for all of our outpatient services lines. The rapid deployment of the new model encountered notably few hiccups and has been utilized exclusively by the entire team. Incredible work by the outpatient team resulted in the team quickly adjusting their clinical work to the new platform, as well as learning new interventions and tools to use over telemedicine. The quarter started strong with productivity hovering in the 50% but ended the quarter at 39%. Outpatient also saw shrinkage in referrals for ICTS level of care starting in March. One attributing factor is how the concept of social distancing and exposure provoked anxiety and uncertainty with some families.

Staffing changes during the quarter included the internal promotion of a long time group home clinician into the role of Clinical Supervisor, to support the integration of I/DD and MH across the

agency, as well as the loss of a Clinical Supervisor. This loss was a significant blow for the team and adjustments are ongoing.

A client served in the program is a 12-year-old female who identifies as a cisgender (identifying with the gender you were assigned at birth), who enrolled in Kerr's Community Based Services (CBS) program due to increased anxiety around school resulting in truancy, defiance, and angry outbursts with her family. Her assigned clinician utilized Collaborative Problem Solving as well as Art Therapy to build rapport, explore roots of anxieties, and facilitated communication with her and her family. In clinic-based outpatient therapy sessions over an 8 month period, she was able to build skills to cope with anxiety, resulting in a more positive home environment and daily attendance at school.

A client served in the program is a 13-year-old cisgender male living in one of Kerr's group homes for youth with Intellectual/Developmental Disabilities (IDD). He has a diagnosis of borderline intellectual functioning, as well as ADHD and PTSD. He presents as sweet and seeking connection with those around him, but he has often been the object of bullying; when goaded, he will react explosively and become aggressive. He also will sometimes react in an unanticipated way in the absence of an identified trigger, as was the case when he pulled off several of his toenails, as well as when he independently pulled out a tooth from his mouth. Through collaboration with the family of origin as well as Kerr staff (group home direct support staff, group home program manager, psychiatrist, clinician, behavior support specialist) on how best to proactively address issues in order to support the client, he has improved his distress tolerance, the group home census is now more reflective of a cohesive group, and he has gone without any self-harm incidents for over 6 months.

A client in the program is a 15-year-old transgender male. He had been admitted to subacute due to issues with depression, verbal aggression, suicidal ideation, social anxiety, and escalating incidences of self-harm. After 1 month at Kerr's subacute, he "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. He and his family received individual therapy, family therapy, family support services, and skills training. After 3 months of ICTS services, he was able to step down to office-based weekly therapy, as he showed significant progress in utilizing skills in self-regulation, coping, and communication - enabling him to remain regulated throughout day. While he lives in Clackamas County, a long commute from the Kerr Gresham campus, he and his family all endorsed wanting to continue services with their identified Kerr CBS provider. At time of this writing, he and his provider have engaged in office-based therapy for 5 months and plan to conclude therapy within the next month, as all goals and objectives have been met. He now has a more positive relationship with his family as well as himself.

#### Subacute:

The Core Leadership Team continues to engage in discussion about effective ways to streamline the screening and admittance of referrals. Our ACCES team has also initiated dialogue with outpatient providers who could benefit from our Subacute services. As with Outpatient, the onset of Covid-19 required notable service delivery changes in Subacute, prompting the leadership team to collaborate on ways to implement the rapid changes required, to meet the health and safety guidelines ordered by the State. To date, there have been no reported or suspected cases of Covid-19 in the Subacute facility for either patients or staff.

A client admitted to the program is a 13-year-old female who came into Subacute services after a suicide attempt from an overdose. Initially she appeared depressed and indifferent about surviving her overdose. While working closely with her Subacute therapist, she was able to open up and share about multiple traumas she had been through in the past two years, including tragically losing a close friend in a car accident. This youth was able to work with the staff on her unit, her therapist, and her psychiatrist to gain skills for stress management, improving her self-esteem, feelings of self-worth, and how to better communicate with her parents so that they could support her more successfully. Our team was able to refer her to Kerr's outpatient mental health program, and she was able to discharge home happily, safely and with all the necessary supports in place.

A client admitted to the program is a 14-year-old female who has been with Kerr for Subacute services on two occasions, both occasions have been in response to challenging family dynamics and high-risk behaviors towards herself in the community, including running away, suicide ideation, and engaging in sex trafficking situations. This youth expressed feeling very supported in the Subacute setting and identified the space as a safe place for her to be herself, work through some of her previous trauma, including the death of her mother, and learn strategies and skills for increasing her self-worth. When this youth needed to return to Subacute for the second time, her clinical team realized that she needed more supports than could be provided in the community to help keep her safe. A referral was made to a local program that prevents teenage girls from falling into sex trafficking rings. We were able to safely get this youth accepted to that program, and were able to help her understand why the program would benefit her. While this youth was understandably scared to move to a new program, as a result of the trusting relationships she has built with the Subacute staff, she was ultimately able to listen and understand, and move to a place of acceptance with the plan. She was able to successfully transition from Subacute to her new program, and her grandmother was extremely pleased with the treatment and support she received from the Subacute team.

Another client admitted to the program is a 14-year-old transgender youth who came into Subacute services due to extremely challenging family dynamics with his mom and siblings, including physical aggression towards his family members. While this youth was in Subacute, he formed a trusting and supportive relationship with his Therapist and was able to open up about the extensive amount of domestic violence and abuse that he had experienced from his dad for many years. He was able to work closely with his Therapist to identify and understand how this past trauma and abuse was impacting his relationship with his mom and siblings. This youth's mom was also able to gain a tremendous amount of insight and psychoeducation on how the trauma was impacting not only her son, but the family as a whole. Family therapy sessions were challenging but very helpful in supporting this family to work through improving their ability to communicate with each other and work towards a safety plan that met everyone's physical and emotional needs. This youth was also able to build trusting relationships with the staff on his unit who helped him re-learn some more effective coping skills for his feelings of "fight or flight" that he often experienced. This youth was able to have some significant medication adjustments while in Subacute, and his Psychiatrist worked closely with the team to ensure that all his medication changes were effective and beneficial. This youth and his family were extremely pleased with the services they received through the Subacute program, and in the end, the entire family unit felt supported.

## MENTAL HEALTH PROGRAMS

### Subacute

Below are the locations of discharge from Subacute

<b>Subacute Discharge Location</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Discharge to Residential	14.5%	15.8%	9.4%	7.7%	10.1%
Discharge to Community Setting	84.3%	84.2%	89.1%	79.5%	81.0%
Discharge Location Not Reported	0%	0%	0%	4%	6%
Discharge to Psych Hospital	1.2%	0.0%	1.6%	1.3%	1.3%
Discharge to Hospital (Medical)	0.0%	0.0%	0.0%	2.6%	0.0%

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

Overall, the program saw an average length of stay drop to 19 days (it's lowest in 5 years).

### Outpatient Mental Health

<b>ICTS Discharge Level of Care (LOC)</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
ICTS Discharge to Psych Hospital/Residential/Subacute	19%	8%	0%	9%	14%
ICTS Discharge to Same level of care	0%	0%	0%	0%	0%
ICTS Discharge to Unknown level of care	5%	15%	18%	9%	0%
ICTS Discharge to Lower LOC ICTS	76%	77%	82%	82%	86%
<i>Goal for Discharge to Lower LOC</i>	85%	85%	85%	85%	85%

<b>Outpatient Discharge Level of Care (LOC)</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Outpatient Discharge to Psych Hospital/Residential/Subacute	11%	0%	7%	3%	6%
Outpatient Discharge to Same level of care	25%	44%	17%	19%	23%
Outpatient Discharge to Unknown level of care	7%	6%	23%	0%	0%
Outpatient Discharge to Lower LOC	57%	50%	53%	44%	69%
<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.

<b>Presenting Issue</b>	<i>Percentage of clients that demonstrated improvement from admit to discharge for this issue. (admit score-discharge score &gt;=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>	56%	64
<i>Peer Relationships</i>	73%	49
<i>School Difficulty</i>	42%	45
<i>Depression</i>	69%	54
<i>Anxiety</i>	52%	58
<i>Psychosomatic symptoms</i>	62%	13
<i>Suicidality</i>	78%	54
<i>Destructive Behaviors</i>	67%	39
<i>Aggression</i>	82%	22
<i>Substance Abuse</i>	62%	13
<i>Psychotic symptoms</i>	60%	5
<i>Runaway</i>	62%	34
<i>Impulsivity</i>	52%	46

The program continues to see high improvement rates in clients presenting with suicidality, depression, 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.

<b>Percentage of children that are re-admitted within 90 days</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
% of children that are re-admitted within 90 days post D/c	2%	0%	11%	9%	
Number of Children that are re-admitted within 90 days	2	0	7	7	

Of youth discharged in Q2 19/20, 7 youth were re-admitted to Subacute within 90 days of discharge.

<b>Percentage of children that are admitted to a hospital within 90 days</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
% of children that are re-admitted within 90 days post D/c (Epic)	10%	14%	9%	9%	
# of children that are admitted within 90 days	8	11	6	7	

Of youth discharged in Q2 19/20, 7 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.

<b>Youth that required crisis psychiatric ER care within 90 days of discharge</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
% of children that are re-admitted within 90 days (Epic)	2%	13%	17%	5%	
# of children that are admitted within 90 days	1	4	7	2	

Of youth discharge in Q4 18/19, 2 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.

<b>Subacute Parent Survey</b>	Weighted Score (1-5)
Staff were responsive to my needs	4.46
I felt my child was safe on the unit	4.13
I felt security was a priority at Albertina Kerr	4.71
I was treated with respect by my child's treatment team and care providers at Kerr	4.58
I felt Albertina Kerr staff provided professional and prompt customer service	4.50
I understand what aftercare will be needed for my child	4.54
My child met the goals set by my family, child, and the Albertina Kerr Team	4.04
I would recommend Albertina Kerr to others experiencing similar challenges	4.42
The support my child received from Albertina Kerr helped them and me/us to feel better	4.5
Number of surveys completed this quarter	24
<b>Subacute Youth Survey</b>	Weighted Score (1-5)
Staff were responsive to my needs	4.45
I felt safe on the unit	3.93
I was treated with respect by my Kerr treatment team and care providers	4.45
I had confidence and trust in all my Albertina Kerr care providers	4.18
I understand what I need to do after I leave Albertina Kerr (for example I know what services I need after I leave).	4.35
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.)	4.27
I met the goals set by myself, my family, and the Albertina Kerr team	4.15
I would recommend Albertina Kerr to others experiencing similar challenges.	3.87
The support I received from Albertina Kerr helped me feel better.	4.22
Number of surveys completed this quarter	56
<b>Youth Group Homes- Youth survey</b>	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 my 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	0

Management will be working with the group responsible for administering the youth group home surveys to restart that process.

Sample of comments from the survey:

### Subacute:

- Parent:
  - “Thank you for all you do.”
  - “Some employees were slightly more relaxed on security rules however were never negligent.”
  - “I was glad to switch therapists.”
  - “I had occasions in which I was unable to contact staff in times of importance after hours.”
- Youth:
  - “ Please make sure people with yelling/throwing problems are not on the same unit as kids with PTSD.”
  - “The staff here were always kind to me, and always when I was in need of conversational support they would talk to me.”
  - “I felt uneasy in the small rooms. I felt trapped if I’m honest. It was strange to me and if I’m honest, I hated it. At some point maybe consider expanding the rooms.”
  - “The staff make it an amazing environment.”
  - “Most staff were great. However, some staff misgendered me. They would usually correct themselves but they would still use wrong pronouns sometimes.”
  - “Please, fix the food! It’s terribly sad and disgusting.”

### 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 is 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 Score	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Improvement Score Outpatient	0.67	0.45	0.74	0.79	0.80
Improvement Score ICTS	0.97	0.75	0.46	0.61	0.63
<i>Improvement Score Goal</i>	<i>0.80</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%	71%



% Significantly or Somewhat Improved - ICTS	70%	74%	57%	64%	64%
% of clients with required number of assessments	70%	74%	79%	78%	85%

This indicates that 71% of the clients in Outpatient and 64% in ICTS reported some improvement while in care. Therapists are completing the ACORN “properly” for 85% 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

April-20

THRIVING WORKFORCE	Feb-20	Mar-20	Apr-20	Prior FY Avg*	6 Month Avg	Goal
Employee Turnover (Direct Care Staff)	57%	58%	59%	67%	57%	45%
Employees =>125% Minimum Wage	82%	80%	80%	50%	82%	100%

EMPLOYEE SAFETY	Feb-20	Mar-20	Apr-20	Prior FY Avg*	6 Month Avg	Goal
OSHA Recordable Incidents	5	2	3	5.58	6.00	-
NAICS Incident Rate	10.26	10.22	9.76	9.83	10.07	6.90

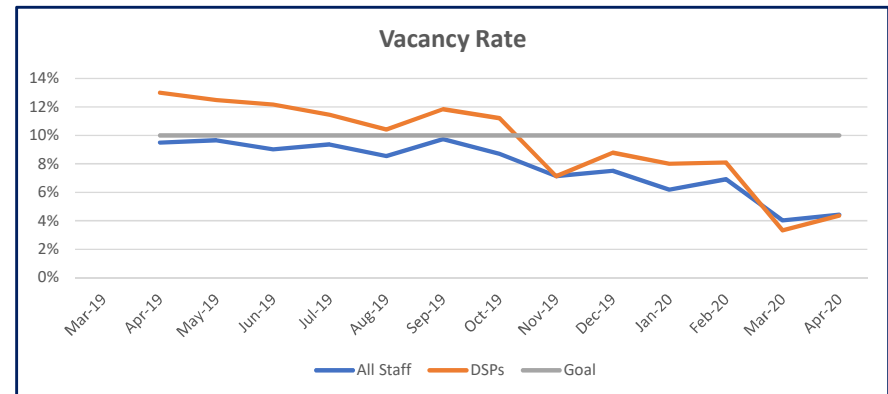
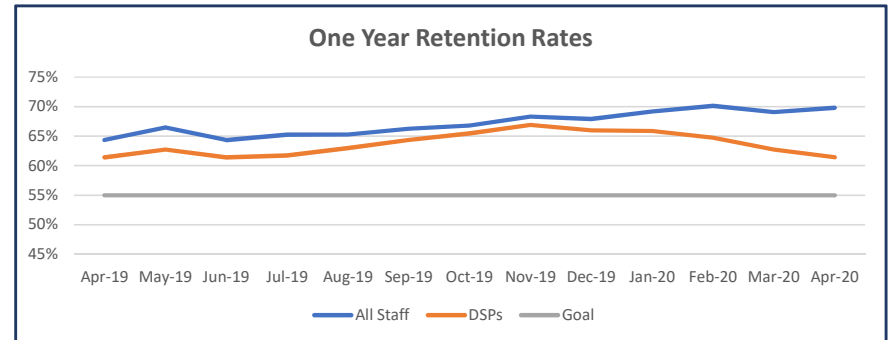
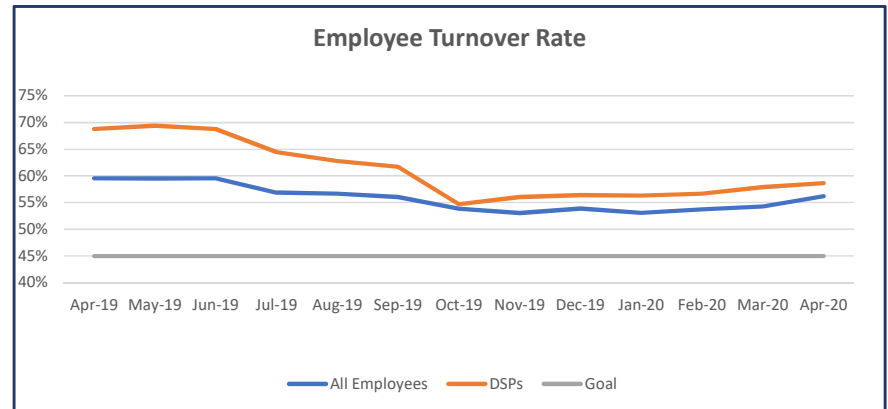
RECRUITING AND RETENTION	Feb-20	Mar-20	Apr-20	Prior FY Avg*	6 Month Avg	Goal
Current Headcount	766	761	755	719	759	
Current Openings	57	32	35	77	49	
Vacancy Rate	7%	4%	4%	10%	6%	10%
Average Time to Fill	23	43	19	24	33	
Total Applicants	343	406	282	322	348	
Employee Turnover Rate	54%	54%	56%	59%	54%	45%
One Year Retention Rate	70%	69%	70%	64%	66%	

DSP RECRUITING AND RETENTION	Feb-20	Mar-20	Apr-20	Prior FY Avg*	6 Month Avg	Goal
DSP Vacancy Rate	8%	3%	4%	12%	7%	10%
Average Time to Fill	19	42	18	30	30	
Total Applicants	217	238	154	153	210	
Total Interviews	66	54	54	54	57	
Total Hires	26	32	31	21	25	
Employee Turnover Rate	62%	63%	62%	70%	62%	45%
DSP One Year Retention Rate	65%	63%	61%	62%	65%	
Total Terminations	19	28	31	21	22	
Number of Quick Quits	7	8	16	9	8	
Avg Length of Service (LOS) for Quick Quits	11	9	22	29	25	
Quick Quit Voluntary Termination Rate	57%	50%	56%	47%	50%	

EMPLOYEE RELATIONS	Feb-20	Mar-20	Apr-20	Prior FY Avg	6 Month Avg	Goal
Formal Coaching/Counseling	14	12	0	8	12	
Written Warning	9	7	5	3	7	
Final Warning	5	4	1	3	4	
Termination	7	5	2	5	7	

**COMMENTS:**

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.

**ALBERTINA KERR CENTERS  
BIO ON DOCTOR'S  
RENEWAL OF CLINICAL PRIVILEGES  
June 1, 2020**

**Naomi Fishman, MD, Psychiatrist, Board Certified in General & Child & Adolescent Psychiatry – Renewal of Privileges**

Dr. Fishman has been one of our Subacute and CBS psychiatrists since 2016. She attended the following: Oberlin College for her Undergraduate program, Oregon Health & Science University for her Medical degree, Internship, Residency and Fellowship. She also works at Albertina Kerr Centers and Trillium Family Services. She was born in San Francisco, California.

### Clinical Competency Peer Review Form

**Type of Review:** Privilege Validation as required by the Joint Commission

**Method of Review:** Retrospective Chart Review & Observation

**Chart #'s Reviewed: (Up to 5):** \_\_\_\_\_ 3 \_\_\_\_\_

**Practitioner Reviewed:** \_\_ Naomi Fishman, M.D. \_\_\_\_\_

*Check Appropriate Box*

I. Assessment	No Concerns	**Some Concerns	Unable to Assess
Presenting Problem	X		
History of present illness	X		
Family History	X		
Developmental History	X		
Educational History	X		
Social History	X		
Psychiatric History	X		
Medical History (including Allergies)	X		
Substance abuse history	X		
Legal History and status	X		
Recent Lab Results	X		
Current Medications	X		
Mental Status Exam	X		
Suicide Risk Assessment	X		
5-Axis Diagnosis	X		
Formulation	X		
Plan	X		

<b>II. Professionalism</b>			
Considers patient preferences	X		
Responsible attitude to patients, the profession & community	X		
Modifies plan as situation warrants	X		
Seeks consultation as appropriate	X		
Uses evidence-based modalities	X		
Demonstrates ethical practices	X		
Demonstrates sensitivity to diversity	X		

<b>III. Brief Description of Concerns Noted Above **: </b>
<p>No concerns noted</p>

<b>III. Signature:</b> <i>Dr. Alfredo J. Deato, MD</i>	<b>Date:</b> 3/30/2020
--	------------------------

<b>IV. Senior Management Review</b>	
Review Date:	
Recommended Action:	
A. Credentialed/No Action Warranted	
B. Educational/Recommendation Letter to Provider Will Be Sufficient	
C. Review with Provider Outcomes & Develop and Action Plan	
D. Formal Monitoring	
Communicated to Accreditation Committee (items B-D)	Date:

ALBERTINA KERR

Renewal Privileges Worksheet

Name of Applicant: Dr. Naomi Fishman

Accreditation Committee Date: June 1<sup>st</sup>, 2020

<u>Completed by applicant</u>	Application for renewal of privileges (copy in file)
<u>Completed by applicant</u>	Authorization to release information (copy in file)
<u>License pulled April 2020</u>	License expires: 12/31/2021_ Oregon Medical Board (copy in file)
	Liability insurance expires: <u>11/01/2020</u> (copy in file)
<u>N/A Provided by Kerr</u>	Professional liability insurance verification and claims history
<u>Trillium – Allied Ins. Verified May 2020</u>	Professional liability insurance verification and claims history
<u>Report pulled April 2020</u>	DEA certification expires: <u>09/30/2021</u> (copy in file)

---

<u>Report pulled May 2020</u>	(AMA) American Medical Association Physician Profile
<u>Report pulled May 2020</u>	(APB) American Board of Pediatrics –General Pediatrics and Developmental Behavioral Pediatrics
<u>Report pulled April 2020</u>	(OMB) Oregon Medical Board
<u>Report pulled May 2020</u>	(OIG's) Office of Inspector General Exclusion List
<u>Report pulled May 2020</u>	(NPDB-HIPDB) National Practitioner Data Bank & the Healthcare Integrity and Protection Data Bank
<u>Report pulled May 2020</u>	(OFAC) –Office of Foreign Assets Control
<u>Report pulled May 2020</u>	(SAM) The System for Award Management was EPLS– Excluded Parties List System - website removed as of 11/2012 <a href="http://www.sam.gov">www.sam.gov</a>

---

<u>Received copies February 2020</u>	Continuing education (copy in file)
<u>Received reference May 2020</u>	Peer reference Dr. Alfredo Soto– <u>rating outstanding</u>
<u>Received reference May 2020</u>	Peer reference Dr. Jenny Tsai– <u>rating outstanding</u>
<u>Received reference May 2020</u>	Peer reference Dr. Larry Mak– <u>rating outstanding</u>

---

<u>Received – March 2020</u>	Peer reviews – Completed with No Concerns
------------------------------	---

ALBERTINA KERR  
722 NE 162<sup>ND</sup> Avenue  
Portland, Oregon 97230  
(503) 239-8101 FAX (503) 408-5021

**Naomi Fishman, MD**

Your application for renewal of clinical privileges has been reviewed by the Governing Body of Albertina Kerr Centers.

The following clinical privileges have been approved:

- Medication Management
- Pediatric Developmental/Behavioral Assessments
- Child Psychiatry
- Psychiatric Assessment
- Physical Health Assessment
- Psychological Evaluation and Assessment
- Behavioral Therapy

Exceptions:

---

---

---

---

\_\_\_\_\_  
Chief Executive Officer                      Date

\_\_\_\_\_  
Chief Program Officer                      Date

\_\_\_\_\_  
Chair, Accreditation Committee                      Date



**ALBERTINA KERR CENTERS  
YOUTH & FAMILY SERVICES  
BIO ON DOCTOR'S  
RENEWAL OF CLINICAL PRIVILEGES  
June 1, 2020**

**Larry Mak, MD, Psychiatrist, Board Certified in General & Child & Adolescent Psychiatry – Renewal of Privileges**

Dr. Mak has been one of our Subacute and Outpatient psychiatrists since 2014 (Dr. Mak was an on call provider and is now a full time staff member of Albertina Kerr effective 2-21-2018). He attended the following: Emory University in Atlanta, Georgia Undergraduate program, University of Tennessee Health Science Center for Medicine, and Oregon Health Science University (OHSU) for his Internship, Residency and Fellowship. He also works at Lifeworks NW, Youth Villages, and Providence Willamette Falls. He was born in Milwaukee, Wisconsin.

### Clinical Competency Peer Review Form

**Type of Review:** Privilege Validation as required by the Joint Commission

**Method of Review:** Retrospective Chart Review & Observation

**Chart #'s Reviewed: (Up to 5):** \_\_\_\_\_ 4 \_\_\_\_\_

**Practitioner Reviewed:** \_\_Larry Mak, M.D. \_\_\_\_\_

*Check Appropriate Box*

I. Assessment	No Concerns	**Some Concerns	Unable to Assess
Presenting Problem	X		
History of present illness	X		
Family History	X		
Developmental History	X		
Educational History	X		
Social History	X		
Psychiatric History	X		
Medical History (including Allergies)	X		
Substance abuse history	X		
Legal History and status	X		
Recent Lab Results	X		
Current Medications	X		
Mental Status Exam	X		
Suicide Risk Assessment	X		
5-Axis Diagnosis	X		
Formulation	X		
Plan	X		

II. Professionalism			
Considers patient preferences	X		
Responsible attitude to patients, the profession & community	X		
Modifies plan as situation warrants	X		
Seeks consultation as appropriate	X		
Uses evidence-based modalities	X		
Demonstrates ethical practices	X		
Demonstrates sensitivity to diversity	X		

III. Brief Description of Concerns Noted Above **:
<p data-bbox="212 1035 462 1066">No concerns noted</p>

<b>III. Signature:</b> <i>Alfredo J. Doto, MD</i>	<b>Date:</b> 3/30/2020
---	------------------------

<b>IV. Senior Management Review</b>	
Review Date:	
Recommended Action:	
A. Credentialed/No Action Warranted	
B. Educational/Recommendation Letter to Provider Will Be Sufficient	
C. Review with Provider Outcomes & Develop and Action Plan	
D. Formal Monitoring	
Communicated to Accreditation Committee (items B-D)	Date:

ALBERTINA KERR

Renewal Privileges Worksheet

Name of Applicant: Dr. Larry Mak

Accreditation Committee Date: June 1<sup>st</sup>, 2020

Completed by applicant Application for renewal of privileges (copy in file)  
Completed by applicant Authorization to release information (copy in file)  
License pulled January 2020 License expires: 12/31/2021\_ Oregon Medical Board (copy in file)  
Liability insurance expires: 11/01/2020 (copy in file)  
N/A Provided by Kerr Professional liability insurance verification and claims history  
Report pulled May 2020 DEA certification expires: 01/31/2021 (copy in file)

---

Report pulled May 2020 (AMA) American Medical Association Physician Profile  
Report pulled May 2020 (APB) American Board of Pediatrics –General Pediatrics and  
Developmental Behavioral Pediatrics  
Report pulled January 2020 (OMB) Oregon Medical Board  
Report pulled May 2020 (OIG's) Office of Inspector General Exclusion List  
Report pulled May 2020 (NPDB-HIPDB) National Practitioner Data Bank & the Healthcare  
Integrity and Protection Data Bank  
Report pulled May 2020 (OFAC) –Office of Foreign Assets Control  
Report pulled May 2020 (SAM) The System for Award Management was EPLS– Excluded  
Parties List System - website removed as of 11/2012 [www.sam.gov](http://www.sam.gov)

---

Received copies May 2020 Continuing education (copy in file)  
Received reference May 2020 Peer reference Dr. Alfredo Soto– rating outstanding  
Received reference May 2020 Peer reference Dr. Naomi Fishman– rating good  
Received reference May 2020 Peer reference Dr. Jenny Tsai– rating good

---

Received – March 2020 Peer reviews – Completed with No Concerns

ALBERTINA KERR  
722 NE 162<sup>ND</sup> Avenue  
Portland, Oregon 97230  
(503) 239-8101 FAX (503) 408-5021

**Larry Mak, MD**

Your application for renewal of clinical privileges has been reviewed by the Governing Body of Albertina Kerr Centers.

The following clinical privileges have been approved:

- |              |  |
|--------------|--|
| _____        | Medication Management                          |
| _____        | Pediatric Developmental/Behavioral Assessments |
| <u>  X  </u> | Child Psychiatry                               |
| _____        | Psychiatric Assessment                         |
| _____        | Physical Health Assessment                     |
| _____        | Psychological Evaluation and Assessment        |
| _____        | Behavioral Therapy                             |

Exceptions:

---

---

---

---

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Program Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Accreditation Committee

\_\_\_\_\_  
Date

**ALBERTINA KERR CENTERS  
BIO ON DOCTOR'S  
INITIAL CLINICAL PRIVILEGES  
June 1, 2020**

**Jeffrey Carlson II, MD, Psychiatrist, Board Certified in General & Child & Adolescent Psychiatry, Sleep Medicine, and Hospice and Palliative Medicine – Initial Privileging**

Dr. Carlson is new to Albertina Kerr as a subacute on-call provider with a pending start date after receiving clinical privileging. He attended the following: Arizona State University in Tempe, Arizona for his Undergraduate program, Kirksville College of Osteopathic Medicine in Kirksville, Maryland for his medical degree, and The Mayo Clinic in Rochester, Minnesota for his Internship, Residency and Fellowship. He also works at Trillium Family Services, and previously worked at Providence Willamette Falls and CentraCare Health in St. Cloud, Minnesota. He was born in Portsmouth, Virginia.

**Jeffrey Carlson, DO**

Trillium Family Services  
3415 SE Powell BLVD  
Portland, OR97202  
(503) 234-9591  
[jcarlson@trilliumfamily.org](mailto:jcarlson@trilliumfamily.org)

---

- Present Positions**     **Attending Physician (Child and Adolescent Psychiatrist)  
Trillium Family Services**
- Past Positions**     Chair, member of the Medical Executive Committee, Department  
of Psychiatry, Willamette Falls Medical Center
- Medical Director, Child and Adolescent Psychiatric Unit, June  
2016 to present
- Providence Willamette Falls Medical Center. Attending Physician  
November 2014 – present.
- Oregon Health and Science University, August 2015 – present.  
Affiliate Assistant Professor, Department of Psychiatry – Division  
of Child and Adolescent Psychiatry.
- Saint Cloud Hospital, Department of Child and Adolescent  
Psychiatry. Attending Physician. September, 2008 to August,  
2014. Responsibilities included acute inpatient child psychiatric  
care, partial hospitalization program, and outpatient child and  
adolescent psychiatry clinic
- Saint Cloud Hospital, Homecare Hospice. Medical director  
January 2010 to June 2014
- Saint Cloud Hospital Clinic Sleep Disorders Center. Attending  
Physician. June 2009 – June 2014
- Saint Cloud State University Student Health Center. Consulting  
Physician. September 2009 – May 2011
- Instructor, Mayo Clinic College of Medicine. May 2007 – June  
2008



Volunteer Physician and Assistant Medical Director, Seasons Hospice (Rochester, MN). August 2002-2007

### **Education**

- Fellowship: Mayo Clinic, Department of Sleep Medicine. Rochester, MN. June 2007-June 2008
- Fellowship: Mayo Clinic. Fellow, Department of Child and Adolescent Psychiatry, Rochester, MN, July 2005-June 2007
- Residency: Mayo Clinic. Resident, Department of Psychiatry and Psychology, Rochester, MN, July 2003-July 2005
- Mayo Clinic. Resident, Department of Family Medicine, July 2001-June 2003
- Medical School: Kirksville College of Osteopathic Medicine, Kirksville, MO: Doctor of Osteopathic Medicine (D.O.), 2001
- College: Arizona State University, Tempe, Arizona: BS, Biology, 1995

### **Board Certification**

Diplomate, American Board of Psychiatry and Neurology

---

Diplomate , American Board of Psychiatry and Neurology (Child and Adolescent Psychiatry)

Diplomate, American Board of Psychiatry and Neurology (Sleep Medicine)

Diplomate, American Board of Psychiatry and Neurology (Hospice and Palliative Care)

### **Medical Licensure**

Oregon Medical License, 2014 – present

Minnesota Medical License, 2002-present

### **Professional Affiliations (past and current)**

American Academy of Child and Adolescent Psychiatry  
Oregon Council of Child and Adolescent Psychiatry

American Psychiatric Association  
Oregon Psychiatric Physicians Association  
American Academy of Sleep Medicine  
American Academy of Hospice and Palliative Care  
American Osteopathic Association  
American Medical Association

### **Professional Committees**

Acute Care Council (Oregon)  
Providence Women's and Children's Quality Council  
Providence Women's and Children's Governance Committee  
Providence Willamette Falls Medical Center, Professional Quality Review Committee  
Providence Willamette Falls Medical Center, Medical Staff  
Saint Cloud Hospital Pharmacy and Therapeutics Committee  
Saint Cloud Hospital Homecare and Hospice Board

### **Committees During Training**

Child and Adolescent Psychiatry Education Committee

### **Academic Awards**

Alexander Lucas Award for interest in Child Psychiatry  
Sigma Phi, National Osteopathic Honor Society

### **Licensure examinations**

COMLEX (Comprehensive Osteopathic Medical Licensure Examination):

Level 1 passed 1999  
Level 2 passed 2000  
Level 3 passed 2002

### **Presentations**

Pediatric Sleep, September 2013. Minnesota Sleep Society annual meeting.

Women's Health 101 (CentraCare Health System, April 2012): Sleep and Women's Health.

Child and Adolescent Psychiatry Practical Review (May 2012): Sleep disorders in children and adolescents.

CentraCare Primary Care Conference, January 2009. Eating disorders in children and Adolescents

Mayo Clinic Sleep Teleconference, October 2007. The case of a 19 year old female with narcolepsy status-post out-of-the-hospital cardiac arrest

Mayo Clinic CPAP Support Group, September 2007

Mayo Clinic Grand Rounds, January 2007. Cardiac Implications of the Use of Psychotropic Medications in Pediatric Patients

### **Research**

Is Early Insomnia a Potential Predictor for Severity of Depression and risk of Suicide in adolescent patients? Poster presentation for the American Academy of Sleep Medicine annual meeting, June 2008

**ALBERTINA KERR**  
**Initial Privileges Worksheet**

**Name of Applicant:** Dr. Jeffrey Carlson, II  
Accreditation Committee Date: June 1<sup>st</sup>, 2020

<u>Completed by applicant</u>	Application for initial privileges (copy in file)
<u>Completed by applicant</u>	Authorization to release information (copy in file)
<u>License verified April 2020</u>	License expires: 12/31/2021 Oregon Medical Board (copy & file)
<u>License verified May 2020</u>	License expires: 4/30/2021 Minnesota Medical Board (copy & file)
	Liability insurance expires: 6/10/2021
<u>Verified in May 2020</u>	Professional liability insurance verification and claims history
<u>Verified in May 2020</u>	DEA certification expires: 8/31/2020 (copy in file)

---

<u>Verified in May 2020</u>	(AMA) American Medical Association Physician Profile
<u>Verified in May 2020</u>	(ABPN) American Board of Psychiatry and Neurology – Board Certified in General Psychiatry/ Child & Adolescent Psychiatry/Sleep Medicine/ Hospice & Palliative Medicine
<u>Verified in May 2020</u>	(OIG's) Office of Inspector General Exclusion List
<u>Verified in May 2020</u>	(NPDB-HIPDB) National Practitioner Data Bank & the Healthcare Integrity and Protection Data Bank
<u>Verified in May 2020</u>	(OFAC) –Office of Foreign Assets Control
<u>Verified in May 2020</u>	(SAM) The System for Award Management was EPLS– Excluded Parties List System - website removed as of 11/2012 <a href="http://www.sam.gov">www.sam.gov</a>

---

<u>Report on file May 2020</u>	Continuing education
<u>Verified in May 2020</u>	Peer reference <u>Michelle Shaw, MD – rating (outstanding)</u>
<u>Verified in May 2020</u>	Peer reference <u>Naomi Fishman, MD – rating (outstanding)</u>
<u>Verified in May 2020</u>	Affiliation reference Trillium Family Services -rating (good standing)
<u>Verified in May 2020</u>	Affiliation reference Centra Care – St Cloud Hospital-rating (good standing)
<u>Verified in May 2020</u>	Affiliation reference Providence Willamette -rating (good standing)

---

<u>Verified in May 2020</u>	Verification of degree – National Student Clearinghouse Kirksville College of Osteopathic Medicine
<u>Verified in May 2020</u>	Background check – OIT Abuse Allegation results – <u>Clear to hire</u>
<u>Verified in May 2020</u>	Valid driver's license provided

ALBERTINA KERR  
Youth and Family Services  
722 NE 162<sup>ND</sup> Avenue  
Portland, Oregon 97230  
(503) 239-8101 FAX (503) 408-5021

**Dr. Jeffrey Carlson, II**

Your application for initial clinical privileges has been reviewed by the Governing Body of Albertina Kerr Centers.

The following clinical privileges have been approved:

- Medication Management
- Pediatric Developmental/Behavioral Assessments
- Child Psychiatry
- Psychiatric Assessment
- Physical Health Assessment
- Psychological Evaluation and Assessment
- Behavioral Therapy

Exceptions:

---

---

---

---

_____ Chief Executive Officer	_____ Date
_____ Chief Program Officer	_____ Date
_____ Chair, Accreditation Committee	_____ Date

**ALBERTINA KERR CENTERS  
BIO ON DOCTOR'S  
INITIAL CLINICAL PRIVILEGES  
June 1, 2020**

**Caroline Fisher, MD, PhD, Psychiatrist, Board Certified in General & Child & Adolescent Psychiatry– Initial Privileging**

Dr. Fisher is new to Albertina Kerr as a subacute on-call provider with a pending start date after receiving clinical privileging. She attended the following: Boston University School of Medicine in Boston, Massachusetts for her Undergraduate program, University of Massachusetts Medical School in Worcester, Massachusetts for her Internship, Residency and Fellowships. She currently works at Germane & Wise Mental Health Systems Consulting, and previously was the Chief Executive Officer of South Sound Behavioral Hospital in Lacey, Washington. She was born in Corvallis, Oregon.

# CAROLINE FISHER, MD PHD

EXPERIENCED MENTAL HEALTH EXECUTIVE

---

**Qualifications:** board certified child psychiatrist with 20 years of clinical experience and 13 years of progressively responsible leadership experience managing diverse clinicians and overseeing and building psychiatric delivery systems.

**Accomplishments:**

- 1) Built a primary care psychiatric consultation service that covers 14 primary care offices and over 60,000 primary care patients with just 1.4 FTE of psychiatry time. Improved outcomes in this patient population to well over that of standard specialty psychiatry practice.
  - 2) Built a delivery model of outpatient specialty psychiatric care that increased carrying capacity of each psychiatrist by 50% or more while decreasing physician burnout and workload, improving the financial security of the department while decreasing cost to payers.
  - 3) Created a unique, community collaboration-based psychiatric crisis service that is patient-driven and centered, resulting in patients and their families getting the support they need effectively, in time and at home.
  - 4) Decreased restraints and seclusions in an inpatient child psychiatry unit from a few per hour to a few per month, in the context of a difficult and adversarial staff-administration relationship.
  - 5) Obtained ACGME accreditation for existing psychiatry residency training program and developed an accredited child psychiatry fellowship program.
  - 6) Overseen, developed, repaired, and improved mental health delivery systems for adults and children, both inpatient and outpatient, in a variety of populations and settings.
  - 7) Managed a budget of \$20 million per year and a multi-specialty staff of 70.
  - 8) Organized on a grass roots level to empower community members, donors, and service agencies to manifest culture change around suicide and suicide prevention.
  - 9) As a thought leader, on both a state and national level, worked on state policy think tank to improve the state mental health system.
- 

**Employment**

*Germane & Wise Mental Health Systems Consulting, LLC*

Principal

After years of solving problems, I decided to make this my singular focus. Consulting to hospitals and healthcare systems to improve or establish behavioral health primary care integration; use of collaborative care techniques to increase specialist capacity, improve patient turnover, improve clinic revenues; review and improve unprofitable or dysfunctional inpatient units; create community collaborations that result in better care. (11/19 to present)

**Previous Employment** *US Healthvest, LLC, national*

Chief Executive Officer, South Sound Behavioral Hospital

Chief Operating Office, Smokey Point Behavioral Hospital

Opening South Sound Behavioral Hospital, including hiring and overseeing all executive level personnel, developing policies, completing licensing requirements, and obtaining accreditation through CMS, JCAHO, and the State of Washington; representing USHealthvest interests in the community. (Lacey, WA)

Worked with Smokey Point Behavioral Hospital CEO to address clinical, structural, and process issues within the hospital to improve performance, patient satisfaction and quality of care. Also functioned as the psychiatric attending for the adolescent unit on an as-needed basis.

(Marysville, WA)

(9/2018 to 11/2019)

*Samaritan Health Systems, Corvallis OR*

Vice President and Medical Director of Mental Health

Chief, Child and Adolescent Psychiatry

Director of Psychiatry Residency Training Program

Oversight, management, and strategic planning of psychiatry service lines throughout the 5-hospital, 80 clinic health system, including two outpatient specialty clinics, one child psychiatry specialty clinic, 24-bed inpatient unit, consult-liaison service, primary care mental health integration service, adult and child residency training programs, child crisis diversion program and direct clinical work in child psychiatry.

Developed the primary care integration service and alternative means of payment, significantly increasing access, primary care provider satisfaction, and patient outcomes in a cost-neutral environment.

(Presented at the American Hospital Association Summit and then in an invited AHA webinar) Developed alternative means of payment for specialty psychiatry care that improved patient panel capacity, provider burnout, and reimbursement (presented at the American Psychiatric Association Institute on Psychiatric Services). Rolling out telepsychiatry to outlying hospitals. Developed an innovative emergency room diversion program for kids and teens. Managing provider burnout initiative. (2/15/15 – 6/28/18)

*Good Samaritan Regional Medical Center, Corvallis OR*

Assistant Medical Director of Mental Health

Medical Director, Inpatient Mental Health

Chief, Child and Adolescent Psychiatry

Director of Psychiatry Residency Training Program

Development and oversight of 16-resident training program in Adult Psychiatry, including obtaining ACGME accreditation; development and oversight of Child and Adolescent Psychiatry services within the Samaritan system, development of Child and Adolescent Psychiatry Fellowship. Oversight of inpatient mental health unit. Clinical work in child psychiatry. (7/2/12 – 2/15/15)

*Clearvue Publishing*



*The Carlat Child Psychiatry Report*

Editor in chief of a newsletter summarizing news and issues in the Child Psychiatry field. Responsible for writing or editing all content.

Launch Issue May 15, 2010. Total readership 1000.

(2/10-1/14)

Founding editor, reviews content prior to publication, guest editorials and interviews.

(1/14-present)

*Pediatric Behavioral Health LLC, West Boylston MA*

Medical Director and co-owner, thirteen-member multispecialty group practice. Founded practice and set up all policies, procedures, hiring, billing, scheduling, advertising, security, etc. 8% profit margin. (7/1/05 to 7/1/12)

*Providence Behavioral Health Hospital, Holyoke MA*

Medical Director, Child and Adolescent Psychiatry Services  
12 bed inpatient latency unit, 12 bed inpatient adolescent unit, and 22-bed acute residential treatment unit, including program development, oversight of three prescribers, and clinical consultation to nursing and social work. Reduced seclusion and restraint from 1/hour to 2-3/month. (11/15/10-11/15/11)

*Archway Residential School, Leicester MA*

Consulting psychiatrist, providing clinical care to residents of a school specializing in autism

(9-05 to 7/1/12, monthly)

*University of Massachusetts Medical School, Worcester MA*

Voluntary faculty at level of Assistant Professor

Site director at Providence Hospital for medical school clerkship in psychiatry. (11/15/10 – 7/1/12)

*University of Massachusetts Medical School, Worcester MA*

Associate Director of Psychiatric Education and Training

Co-director, Medical Student Clerkship in Psychiatry

Assistant Professor of Psychiatry

(9/1/05 to 11/1/10)

*University of Massachusetts Medical School, Worcester MA*

Pediatric Neurology and Psychiatry Clinic

Co-founder and Child Psychiatrist

(9/1/05- 11/1/10)

*Seven Hills Academy, Devens MA*

Consulting psychiatrist, providing clinical care to students of a school specializing in developmental disabilities

(8/09 to 2/11, monthly)

*Streamwood Behavioral Health LLC, Streamwood IL*

Systems Consultant, evaluating quality of care and adherence to regulatory requirements. (4/09 – 6/10 on an as-needed basis)

*Georgia State Hospitals, GA*

Systems Consultant, evaluating quality of care and adherence to regulatory requirements. ( 6-07 to 9-08, on an as-needed basis)

*Evergreen School, Milford MA*

Consulting psychiatrist, providing clinical care to students of a school specializing in developmental disabilities  
(8/09 to 12/31/10, monthly)

**Residency Training** *UMass Memorial Health Care, Worcester MA.*  
Dept. of Psychiatry, Adult Psychiatry Residency Training Program  
Combined Child and Adult Psychiatry Program  
Sheldon Benjamin MD, Training Director  
Electives in Adult Neuropsychiatry with Dr. Sheldon Benjamin  
(7/00 to 6/04)

**Fellowship Training** *UMass Memorial Health Care, Worcester MA.*  
Dept. of Psychiatry, Fellowship in Child Psychiatry  
Peter Metz, MD, training director.  
Electives in Child Neuropsychiatry with Dr. Paul Marshall and School Consultation with the Worcester Public Schools and Solomon Schechter Day School of Worcester. (7/03 to 6/05)

**Education** *Louisiana State University Shreveport, Shreveport LA.*  
Masters of Healthcare Administration  
In progress, degree expected 5/2019

*Boston University School of Medicine, Boston MA.*  
MD PhD awarded 5/2000. PhD awarded by the Dept. of Pharmacology and Experimental Therapeutics. Graduate Advisor: Susan E. Leeman.  
Dissertation Title: The Design, Expression, Posttranslational Modification, and Characterization of a Novel Diphtheria Toxin-based Fusion Toxin, DAB389SP, Which Targets Cells Expressing Substance P Receptors.

*Dartmouth College, Hanover, NH.*  
B. A. Received 6/88. Major: Economics.

**Research Experience** *Boston University School of Medicine, Boston MA.*  
Rotation under Dr. David Farb, Chairman, Dept. of Pharmacology.  
Searched for novel types of the beta subunit of the GABA receptor using PCR cloning strategies. (5/92-8/92).

*Oregon Health Sciences University, Portland OR.*  
Competitive fellowship sponsored by the American Heart Association.  
Three month internship under Dr. Daniel Hatton, Dept. of Medical Psychology. Studied the effects of stress on catecholamine turnover in rat kidney using HPLC detection. (9/91 to 12/91).

*Oregon Regional Primate Research Center, Portland OR.*  
Competitive fellowship sponsored by the Parkinsons Disease Foundation. Three month internship under Dr. Curtis Machida, Dept. of Neuroscience, searching for novel subtypes of the dopamine receptor using molecular biology techniques. (6/91 to 9/91).

**Licensures:**

Oregon Full Medical License, 2012  
Massachusetts Full Medical License, 2002  
Washington Full Medical License, 2018  
Diplomate in Adult Psychiatry, American Board of Psychiatry and Neurology  
Diplomate in Child and Adolescent Psychiatry, American Board of Psychiatry and Neurology

**Professional Memberships:**

Oregon Psychiatric Physicians Association  
American Psychiatric Association  
Oregon Council of Child and Adolescent Psychiatrists  
American Academy of Child and Adolescent Psychiatry  
American Society for Clinical Psychopharmacology  
American Association of Directors of Psychiatry Residency Training

**AWARDS**

AAMC Women Faculty Development Award, 2007  
American Psychiatric Association BristolMeyersSquibb Fellowship, 2002 – 2004  
American Psychiatric Association Assembly William Sorum Award for Outstanding Member in Training, Area I, 2003  
University of Massachusetts Dept. of Psychiatry Medical Student Teaching Award, 2002  
Boston University Murray Award for best four-year Psychiatry student, 2000  
Boston University Cochin Award for Pharmacology and Medical Ethics, 2000  
National Institutes of Mental Health MD-PhD Fellowship, one of three annual recipients nationally, fellowship provided tuition and stipend for ongoing medical research and education, 1995 – 1999  
Parkinson's Disease Foundation Fellow, 1991  
American Heart Association Fellow, 1991

**LEADERSHIP OPPORTUNITIES**

**Member**, Oregon Council of Child and Adolescent Psychiatry Executive Committee, 2012 – Present  
**Founder**, Executive Co-chair, Youth Mental Health Coalition, and Crisis Committee Chair, 2013 – Present  
**Trustee**, Jackson Street Youth Shelter, Inc. and Chair of Mission Integrity Committee, 2014 – Present  
**Chair**, Oregon Psychiatric Association Committee on Community Care Organizations, 2012 – 2014  
**MPS Council Member, Representative**, Massachusetts Psychiatric Society to APA Assembly, 2004 – 2007, 2010 – 2012  
**Chief Resident**, University of Massachusetts Child Psychiatry Fellowship, 2004 – 2005  
**Chair**, American Psychiatric Association Assembly Committee on Members-in-Training, 2003 – 2004  
**Area I Member-In-Training Representative**, American Psychiatric Association, 2003 – 2004.

**Area I Member-In-Training Deputy Representative, American Psychiatric Association, 2002 – 2003**

### **COMMITTEE MEMBERSHIPS**

#### **National:**

Member, American Psychiatric Association Membership Committee, 2007 – 2009  
Member, American Psychiatric Association Nomination Committee, 2006 – 2007  
Member, American Psychiatric Association Committee on Women, 2004 – 2006  
Member, American Psychiatric Association Assembly Executive Committee, 2003 – 2004  
Resident Member, American Psychiatric Association Committee on Women, 2002 – 2004  
Member, American Psychiatric Association Scientific Program Committee for the Institute on Psychiatric Services, 2003  
Member, American Psychiatric Association Assembly Rules Committee, 2002 – 2003

#### **State:**

Member, Massachusetts Psychiatric Society, Nominating Committee, 2010

#### **Institutional:**

Member, UMASS Dept. of Psychiatry, Division of Child Psychiatry Steering Committee, 2009 – 2012  
Member, UMASS Dept. of Psychiatry Residency Education Committee and subcommittees on Resident Supervision and Resident Progression, 2005 - 2012  
Member, UMASS Dept. of Psychiatry, Division of Child Psychiatry Residency Education Committee, 2004 – 2005  
Member, Dept. of Psychiatry Grand Rounds Committee, 2002 – 2003

#### **Community:**

Intercommunity Health Network Coordinated Care Organization Mental Health Advisory Committee, 2012 – Present  
IHN-CCO Steering Committee on Youth Wraparound, 2014 – Present  
Founding Co-Chair, Youth Mental Health Coalition, a local area advocacy group with a focus on fixing the child mental health system in the area. Activities include public presentations on topics, direct advocacy with public officials, and bringing the Mental Health and You app, an application that provides resources and information regarding mental illness and treatment, to the local area, 2015 – Present  
Trustee, Jackson Street Youth Shelter, Inc., 2014 – 2016  
Member, Education Committee of Solomon Schechter Day School of Worcester, 2003 – 2005  
Member of the Citizens Advisory Board of South County Area Dept. of Mental Health, 2001 – 2004  
Treasurer, Phi Tau Corporation Board of Trustees, Hanover, NH, 1992 – 2000

### **TEACHING EXPERIENCE**

**Course Director**, Core Curriculum in Psychopharmacology for PGY-3/4 Adult Psychiatry Residents, 2012 – Present

**Course Director**, Core curriculum in Neuropsychiatry for PGY-1/2 Adult Psychiatry Residents, 2012 – Present

**Course Director**, Core curriculum in Psychopharmacology for PGY-4 Child Psychiatry Residents, 2014 – Present

**Adult & Adolescent Psychotherapy Supervisor**, Psychodynamic, CBT, Child & Family, Hypnosis, 2012 – Present

**Invited Speaker**: “Youth Mental Health in Corvallis” Zonta Club, 2015

**Staff Trainer**, Jackson Street Youth Shelter, “Barriers to communication”, 2014

**Invited Speaker**, “Mental Health Screening in Schools”, Corvallis Rotary, 2014

**Invited Speaker**, “Mass Shootings”, Corvallis Rotary, 2014

**Invited Speaker** “Youth Mental Health at Samaritan” Samaritan Health Services Joint Managers Meeting, 2014

**Course Director**, Core Curriculum in Psychopharmacology for PGY-1 and PGY-2 Adult Psychiatry Residents, 2005 – 2011

**Course Co-Director**, Pediatric Residency Neuropsychiatry Case Conference, monthly course, 2005 – 2011

**Lecturer**, Worcester Public Schools Staff Training Day (School Nurses) “Behavioral Consequences of Head Injury.”, 2005

**Lecturer**, Pediatric Residency Didactics: “Childhood Onset Bipolar Disorder.”, 2004

**Grand Rounds**, Department of Family Medicine. “Do you Hear What I Hear? Sorting out Neurology, Psychiatry, and Things That Go bump in the Night.” Presentation in conjunction with Paul Marshall, Dept. of Pediatrics, 2004

**Staff trainer**, Solomon Schechter Day School of Worcester on the Dept. of Education Positive Behavioral Intervention and Support program and the SSDS discipline plan and implementation that is based on this program, 2004

**Staff trainer**, The Bridge of Central Mass “Update of Child Psychopharmacology”, 2004

**Staff trainer**, Shrewsbury Public Schools Professional Development Day “Update on Child Psychopharmacology”, 2004

**Workshop, Co-chair and Presenter**, American Psychiatric Association Annual Meeting “Women’s Leadership 101”, 2003

**Workshop, Chair and Presenter**, American Psychiatry Association Annual Meeting “Psychiatry Fellowship Training”, 2003

**Staff trainer**, Community Health Link Homeless Outreach and Advocacy Program “Basic Psychopharmacology”, 2003

**Speaker**, UMass Police Lecture Series, on-going lecture series educating police on suicide prevention and mental health issues, 2002 – 2003

## **PUBLICATIONS**

### **Scientific:**

*Genetic construction and properties of diphtheria toxin-related substance P fusion protein: In vitro destruction of cells bearing substance P receptors.* Caroline E. Fisher, Jay A. Sutherland, James E. Krause, John R. Murphy, Susan E. Leeman, and Johanna C. VanderSpek. Proc. Nat’l. Acad. Sci. USA, Vol 93, pp 7341-7345, July 1996.

### **Invited:**

Fisher, Caroline, “Psychiatry Subspecialty and Advanced Training” in *Residents’ Guide to Surviving Psychiatry Training* Foreman T and Dickstein, L, eds. APPI, Washington DC, 2003

Fisher, Caroline; Seligman, Roslyn: “Mental Health Disparities and Women” in Ruiz, Pedro et al, *Mental Health Disparities*, APPI, Washington DC. July 2009

### **Carlat Child Psychiatry Report Writing Contributions:**

Managing Aggression in Children, May 2010: Vol 1, Issue 1

Proposed DSM-5 Changes for Child Psychiatry, May 2010: Vol 1, Issue 1

Medication Commonly Used to Treat Aggression in Children, May 2010: Vol 1, Issue 1

How to Discuss Medications with Parents, July 2010; Vol 1, Issue 2

Editor’s Perspective: Do Antidepressants Work in Kids? September 2010; Vol 1, Issue 3

Approach to the Child with Intellectual Disabilities, October 2010; Vol 1, Issue 4

Management of Antipsychotic Induced Weight Gain, December 2010; Vol 1, Issue 5

Stimulants in the Treatment of ADHD, January 2011; Vol 2, Issue 1

The Pharmacological Treatment of Sleep Disorders in Children: An Overview, March 2011; Vol 2, Issue 2  
The Self-Injurious Patient, April 2011; Vol 2, Issue 3  
An Evidence-Based Approach to OCD, June 2011; Vol 2, Issue 4  
Tourette's Syndrome: A Brief Summary, June 2011; Vol 2, Issue 4  
Pharmacological Treatment of OCD in Children and Adolescents, June 2011; Vol 2, Issue 4  
You Can't Say You Can't Play; What Works for Bullying, October 2011, Vol 2, Issue 6  
The Psychopharmacology of Anxiety Treatment in Children and Adolescents, December 2011; Vol 2, Issue 8  
Medications Used to Treat Various Anxiety Disorders in Children and Adolescents, December 2011; Vol 2, Issue 8  
How Effective Are the Antipsychotics? February 2012, Vol 3, Issue 1  
Select Diagnostic and Rating Scales, May/June 2012, Vol 3, Issue 3  
Medication and Transitional Age Youth, July/August 2012, Vol 3, Issue 4

**Book Reviews:**

Fisher, Caroline and Metz, Peter: *Bright Futures Practice: Mental Health*; J. of the Am. Acad. Child and Adolescent Psychiatry, March 2003.  
Fisher, Caroline: *Therapeutic Action: An Earnest Plea for Irony*; Psychiatr. Serv., Jul 2004; 55: 844.  
Fisher, Caroline: *Learning and Behavior Problems in Asperger Syndrome*, Psychiatr. Serv., Nov 2004; 55: 1326  
Fisher, Caroline: *The Mystery of Breathing*, Psychiatr. Serv. Dec.2005; 55: 1453

**Professional references and work samples available on request**

**ALBERTINA KERR**  
**Initial Privileges Worksheet**

**Name of Applicant: Dr. Caroline Fisher, MD, PhD**

Accreditation Committee Date: June 1<sup>st</sup>, 2020

<u>Completed by applicant</u>	Application for initial privileges (copy in file)
<u>Completed by applicant</u>	Authorization to release information (copy in file)
<u>License verified April 2020</u>	License expires: 12/31/2021 Oregon Medical Board (copy & file)
<u>License verified May 2020</u>	License expires: 9/19/2021 Massachusetts Medical Board (copy & file)
<u>License verified May 2020</u>	License expires: 9/19/2021 Washington Medical Board (copy & file)
	Liability insurance expires: 3/26/2021
<u>Verified in May 2020</u>	Professional liability insurance verification and claims history
<u>Verified in May 2020</u>	DEA certification expires: 9/30/2020 (copy in file)

---

<u>Verified in May 2020</u>	(AMA) American Medical Association Physician Profile
<u>Verified in April 2020</u>	(ABPN) American Board of Psychiatry and Neurology – Board Certified in General Psychiatry/ Child & Adolescent Psychiatry/Sleep Medicine/ Hospice & Palliative Medicine
<u>Verified in April 2020</u>	(OIG's) Office of Inspector General Exclusion List
<u>Verified in May 2020</u>	(NPDB-HIPDB) National Practitioner Data Bank & the Healthcare Integrity and Protection Data Bank
<u>Verified in May 2020</u>	(OFAC) –Office of Foreign Assets Control
<u>Verified in April 2020</u>	(SAM) The System for Award Management was EPLS– Excluded Parties List System - website removed as of 11/2012 <a href="http://www.sam.gov">www.sam.gov</a>

---

<u>Report on file May 2020</u>	Continuing education
<u>Verified in April 2020</u>	Peer reference <u>Steven Prenzlauer, MD – rating (outstanding)</u>
<u>Verified in April 2020</u>	Peer reference <u>Dennis McCarley, MD – rating (outstanding)</u>
<u>Verified in May 2020</u>	Affiliation reference Good Samaritan Regional Medical Center -rating (good standing)
<u>Verified in May 2020</u>	Affiliation reference South Sound Behavioral Hospital-rating (good standing)

---

<u>Verified in May 2020</u>	Verification of degree – National Student Clearinghouse Boston University School of Medicine
<u>Verified in May 2020</u>	Background check – OIT Abuse Allegation results – <u>Clear to hire</u>
<u>Verified in May 2020</u>	Valid driver's license provided





## 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		March 4, 2020
10	Evaluate Committee performance	June 3, 2020		June 3, 2020
11	Recommend Charter modifications	June 3, 2020		June 3, 2020

#### Meeting Dates for FY2018-2019

September 11, 2019

December 4, 2019

March 4, 2020

June 3, 2020

**ALBERTINA KERR CENTERS, INC.**  
***Program and Accreditation Committee Charter***

**Purpose**

The Program and Accreditation Committee (“Committee”) shall assist the Board of Directors in oversight of: (a) the type and quality of programs offered by the corporation, ensuring compliance with the policies and the strategic plan established by the Board of Directors; (b) meeting, on an ongoing basis, the standards established, and periodically revised, by the Joint Commission on Accreditation of Healthcare Organizations for Kerr’s Subacute and Community Based Services (CBS) programs; (c) the human resources, property and fleet management, and IT functions of the corporation as they relate to the programs; and, (d) government relations and program-related marketing plans and activities.

**Membership**

The Committee shall be appointed by the Board of Directors and shall be comprised of at least three (3) directors and such other individuals as may be appointed by the Board by reason of expertise or experience. The Committee, in aggregate, shall have health care management, human resources management, consumer experience, and public affairs expertise. The Chair shall be elected by the Board of Directors. The Committee shall meet at least quarterly.

**Authority and Responsibilities**

**1. Annual Review and Evaluation of Programs.** On at least an annual basis, and prior to the approval of the subsequent fiscal year’s operating and capital budgets by the Board of Directors, the Committee will review management’s recommendations for all programs in compliance with the policies and the strategic plan established by the Board of Directors, and recommend such programs as the Committee deems appropriate to the Board of Directors. Such review shall include, but not be limited to, the number of people served, outcomes for the people served, consumer and payer satisfaction survey results, financial operating results, licensing and accreditation survey results, and other data that may assist the Committee in evaluating program effectiveness and alignment with the strategic plan of the Board of Directors.

**2. Review of the Establishment of New Programs and Programs Proposed to be Eliminated.** The Committee shall review new programs recommended by management and programs recommended for elimination and make recommendations as the Committee deems appropriate to the Board of Directors in these matters.

**3. Accreditation of Kerr’s Subacute and Community Based Services (CBS) programs by The Joint Commission.** The Committee shall assure that the standards of The Joint Commission are continuously met by Subacute and CBS. The

Committee is responsible to provide for the effective functioning of activities related to: delivering quality care to clients; performance improvement; risk management; credentialing of professional staff, and financial management. The Committee shall approve the credentialing of professional staff, report to and advise the Board of Directors regarding the performance of professional staff, and at least annually review and approve the operating plans of Subacute and CBS. Such annual plans include, but are not limited to: leadership plan; credentialing plan; and the performance improvement plan. In addition, the Committee will review annually child and program specific outcomes. The Committee shall receive quarterly management reports regarding important functions including, but not limited to: performance improvement activities including; sentinel events; risk management activities; utilization of emergency safety interventions; and medication procedures.

**4. Human Resources.** The Committee shall periodically review and report to the Board of Directors information regarding the corporation's: human resources policies and procedures; employee compensation and benefit plans; work force-related data including, but not limited to, employee turnover rates and the results of employee opinion surveys and/or focus groups; significant employee grievances and law suits; and other information that would assist the Committee to evaluate the effectiveness and efficiency of the human resource function of the corporation.

**5. Government Relations and Program Marketing Plans and Activities.** The Committee shall annually review and report to the Board of Directors management's government relations plan and program marketing plan. The Committee shall receive semi-annual reports from management as to the effectiveness of government relations and marketing activities outlined in such plans. The Committee shall provide recommendations to the Board of Directors regarding involvement of the corporation and its directors and officers in public education and lobbying activities that are allowable by IRS tax code of Section 501(c)(3) public benefit corporations as defined by State and Federal law, Kerr's Articles of Incorporation and its Bylaws.

**6. Committee Performance Evaluation.** The Committee shall annually review its own performance and report the results of such reviews to the Board of Directors.

**7. Charter.** The Committee shall review and assess the adequacy of this Charter periodically as conditions dictate, but at least annually, and recommend approval of any modifications to the Board of Directors.