



**ALBERTINA KERR CENTERS
Program & Accreditation Committee**

**Meeting Agenda
Wednesday, September 11, 2019
8 to 9:30 a.m.
Kerr Administration Center**

- 8:00 a.m. **Convene** (David Wilson)
- 8:00
pp. 2-4 **Approve Meeting Minutes of June 5, 2019**
- 8:01 **Introduce New Medical Director** (Jeff Carr)
- 8:10
pp. 5-24 **3rd Quarter Program Updates** (Owen Gibson)
- 8:40
p. 25 **HR Dashboard** (Matthew Warner)
- 9:00
p. 26 **Review Committee Objectives for FY2019-2020** (All)
- 9:10 **Other Updates** (Jeff Carr)
 CPO Start & Early Schedule
 Group Home Updates
 IDD Subacute Unit Expansion
- 9:30 **Adjourn** (David Wilson)

ALBERTINA KERR CENTERS
Program & Accreditation Committee Minutes
June 5, 2019
8 to 9:30 a.m.
Kerr Admin Center, 2nd Floor Board Room

Members Present

Teri Barichello, Catherine Bekooy, Lisa Powell, Dennis Warneke, David Wilson

Members Excused

Aisha Furbach

Community Members Present

Dr. Eugene Borkan

Staff Present

Jeff Carr, Van Field, Owen Gibson, Matthew Warner

Convene (David Wilson transitioning to Chair for Teri Barichello)

David convened the meeting at 8:01 a.m.

Approve Minutes of March 6, 2018 Meeting

ACTION: Teri Barichello moved that the minutes be approved. Dr. Gene Borkan seconded. The motion passed via unanimous vote.

Mission Moment (Jeff Carr)

- Jeff reported that somewhere between 300 and 400 people showed up to rally at the State Capitol for increased wages for DSPs. One Kerr van with three girls and one boy were stopped a few blocks from the activity because the boy was having a moment. The manager and boy ended up going home while the three girls went with Jeff to the rally. One of the girls, 17 years old, gave a very compelling and perfect speech to legislators about how hard their care-givers work and how much they deserve a raise. Jeff said the speech was perfect, genuine, and a truly special moment.
- Jeff recently spoke with the Director of ODDS Lilia Teninty. Lilia shared that will likely be an increase in wage rates for DSPs. The increase for kids' homes could be significant.
- Jeff is happy to announce the hiring of a Medical Director, Dr. Alfredo Soto. He comes from the position of MD for Health Share, and he is bi-lingual. Dr. Soto has been an on-call psychiatrist at subacute for over 11 years and starts permanent full-time employment at Kerr on July 1st, 2019.

2nd Quarter Program Update (Owen Gibson)

Owen reviewed highlights of the Program Report with the Committee.

- In April and May, brainstorming sessions were held with Kerr Senior Leadership Team, Directors and Assistant Directors to explore ways to address the increasingly difficult referrals and related challenges of the changing and complex population of people with IDD and mental health issues. Keeping beds filled in residential programs as turnover occurs can be problematic due to heightened behaviors and finding good fits for people and homes. Discussions included: integrating mental health care with IDD care across the agency; reducing holds through training and de-escalation techniques; training staff in medical issues such as blood pressure and diabetes care; and reviewing the care model to integrate internal resources such as nursing staff and therapists for behavioral care. Communications and problem-solving will continue through cross-departmental meetings.
- The lower census at Portland Art and Learning Studios was intentional due to licensing issues and the need to right-size the program.

- Subacute exceeded census goals.
- Children's Mental Health Care continues to increase census and improve productivity, which reached its highest level to date at 40-41%. Increasing services on site, as opposed to driving to patients, has helped therapists' productivity. There is still opportunity for 10-15% increase to meet industry averages. The number of Kaiser kids has increased. Health Share is the second largest payer. Care Oregon is set to absorb Health Share mental health care beginning in January 2020.
- Abuse allegations were reviewed. Five allegations were substantiated in the 3rd quarter. All offenders were terminated.
- Two grievances were reported. There are differences in the way DD and mental health services handle grievance reporting. This reporting will see changes in the future to be more integrated for this report.
- The data for restraints and seclusions is somewhat skewed due to a particularly challenging month in January in subacute, and attributed to just three kids with high behaviors.
- The number of runaways for time over four hours increased. There was discussion about locks on the doors in group homes. Cultural movement back and forth between locks and independence dictates levels of tolerance of locks. Currently, regulations tend toward more independence so runaways will go up. Most kids return by police, but some return on their own.
- Project SEARCH employment achieved 100% retention rate.
- TSR scores (on page 12) indicate the primary issues impacting youth in group homes. The TSRs are an initial snapshot of the clients. A second administration of the tool will be reported to the P&A Committee to review progress and improvements.
- Subacute saw an 84% discharge rate back to the community. In tracking readmissions, it was noted none returned to subacute, however, five were admitted to an ED. Surveys are a new tool for subacute. Results are positive.
- ACORN is a tracking tool for outpatient care results. 63% report somewhat or significantly improved.

HR Dashboard (Matthew Warner)

- Management of DSP vacancy rates continues to be good, 12-13%.
- Turnover rate among direct care staff continues to rise, some due to the nature of the work. A pilot onboarding training process will be implemented in the fall. Recruiting and interviewing is being re-tooled.
- There was a slight spike in injuries in April.
- Open enrollment for benefits begins this month.
- MODA Delta Dental was added as supplemental dental care.
- An employee experience survey will be developed over the summer to identify experience benchmarks.
- DSP onboarding training will ensure new employees receive a unified experience and thorough training before starting work in the home.
- It was noted that as vacancies decreased, terminations increased, suggesting managers had more room to let people go who are not a good match to the work.
- Focus will be placed on leadership training and skills for supervisory positions, and clear criteria will be established for entering management.

Evaluate Committee Performance (David Wilson)

The Committee reviewed the goals and the completion of all goals for the current fiscal year ending. There was discussion around government relations. Currently, Kerr maintains membership with ORA (Oregon Resource Association), a coalition of providers of services for people with disabilities. Kerr does not drive that agenda, however, and allocating resources toward a contract lobbyist for Kerr's specific issues is targeted for FY2020-2021. The committee goals and meeting dates for FY2019-2020 were reviewed, along with the Committee Charter. Suggested language updates were noted.

ACTION: Teri Barichello moved that the meeting dates, committee goals and Charter with changes be approved. David Wilson seconded. The motion passed via unanimous vote.

Adjourn (David Wilson)

David adjourned the meeting at 9:10 a.m.

Recorded by Holly Edgar, Corporate Secretary

A REPORT TO THE KERR PROGRAM AND ACCREDITATION COMMITTEE

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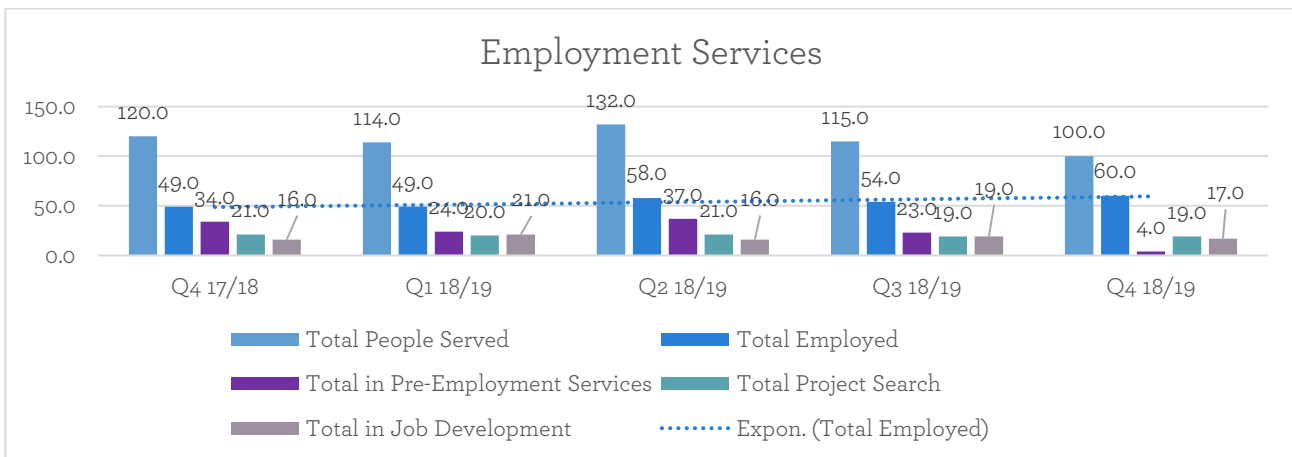
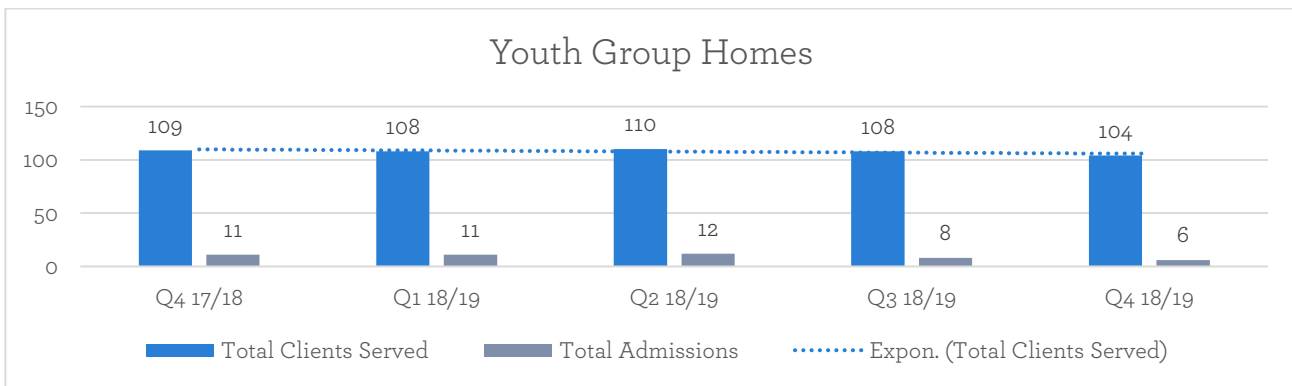
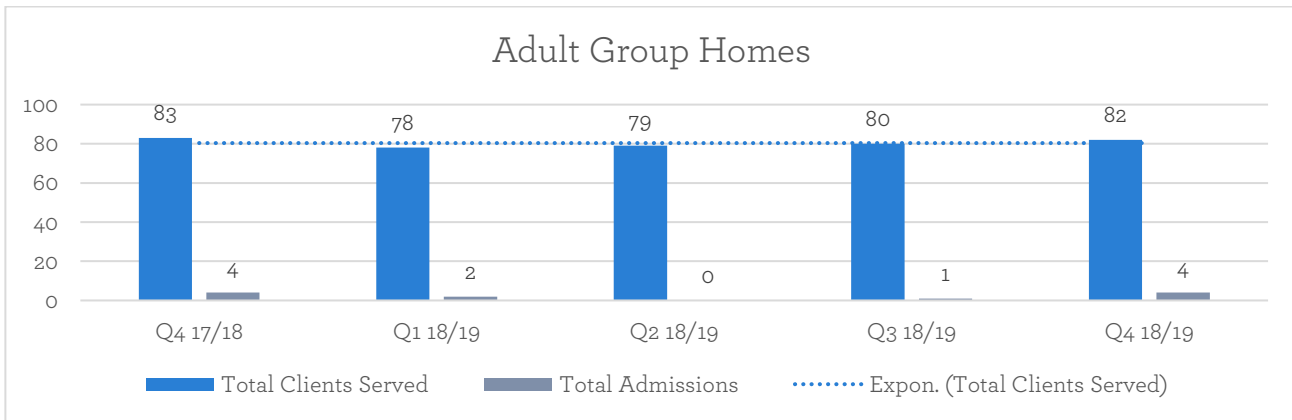
This report summarizes the activities of Albertina Kerr's Programs for FY Q4 2018/2019

APRIL 1ST, 2019 THROUGH JUNE 30TH, 2019

Access to Services

A goal within Kerr is to increase capacity so the program meets or exceeds their 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.

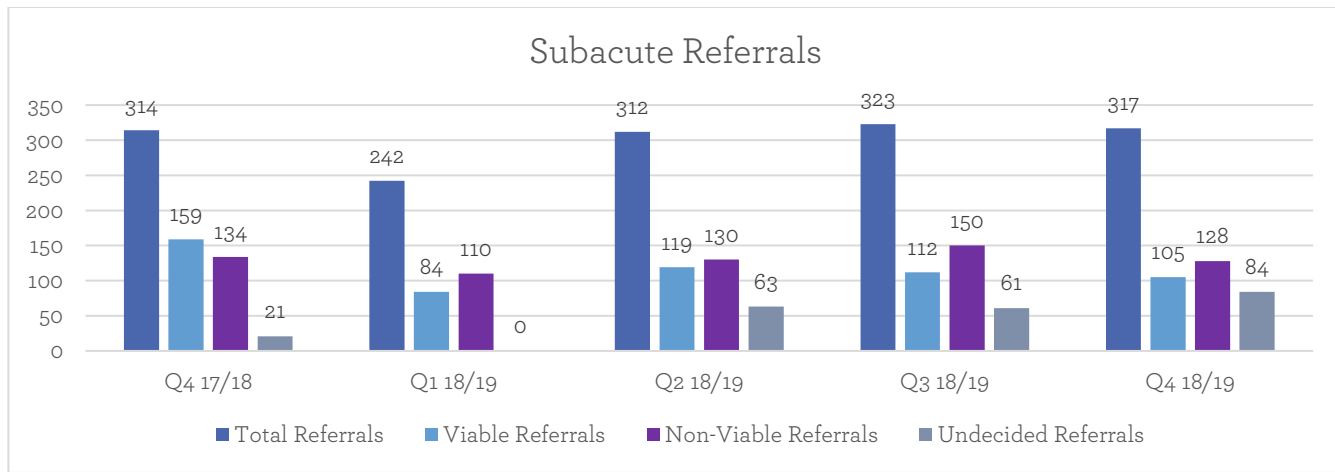
GROUP HOMES AND EMPLOYMENT SERVICES



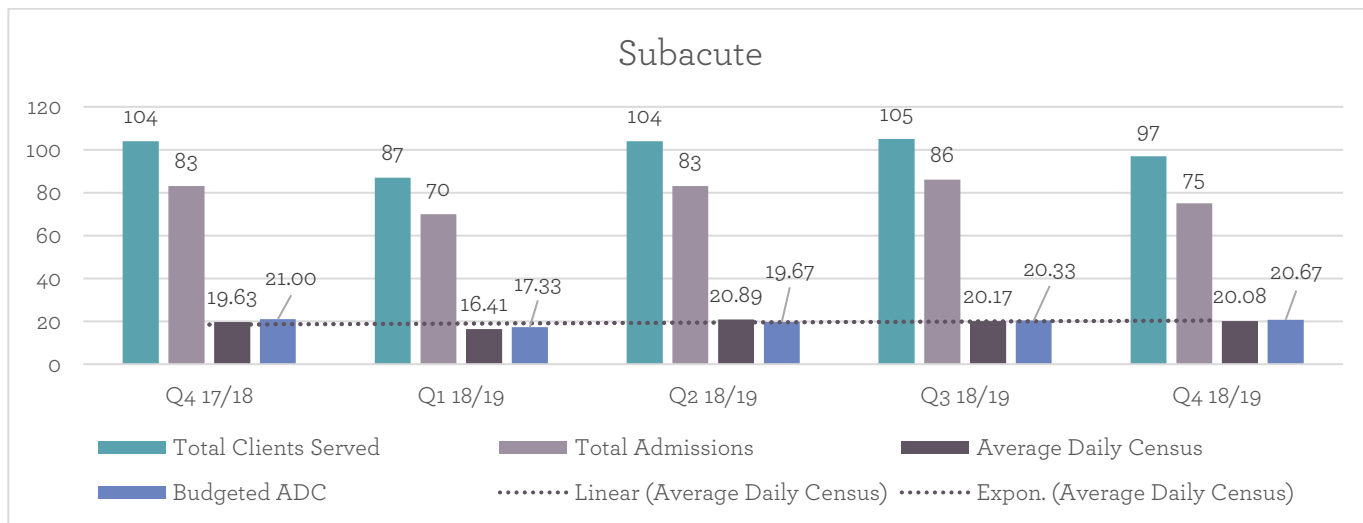
The significant drop in pre-employment services was primarily due to the restructuring of services at the Portland Arts and Learning Studios (PALS) where historically Employment Services was firmly tied.

The employment team is now rebuilding a pre-employment program that is independent of the PALS program.

SUBACUTE

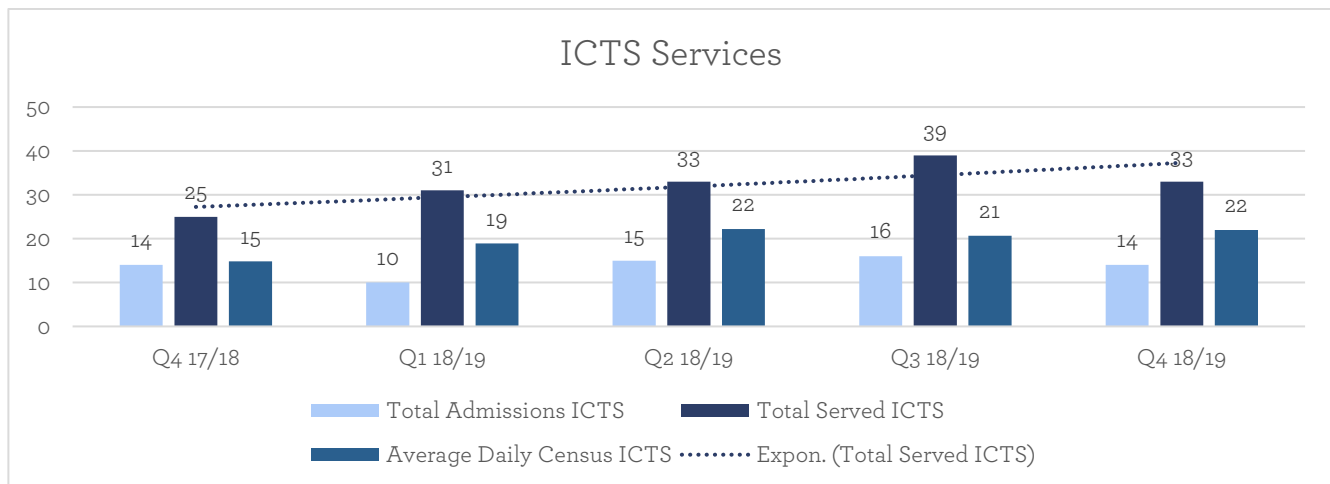
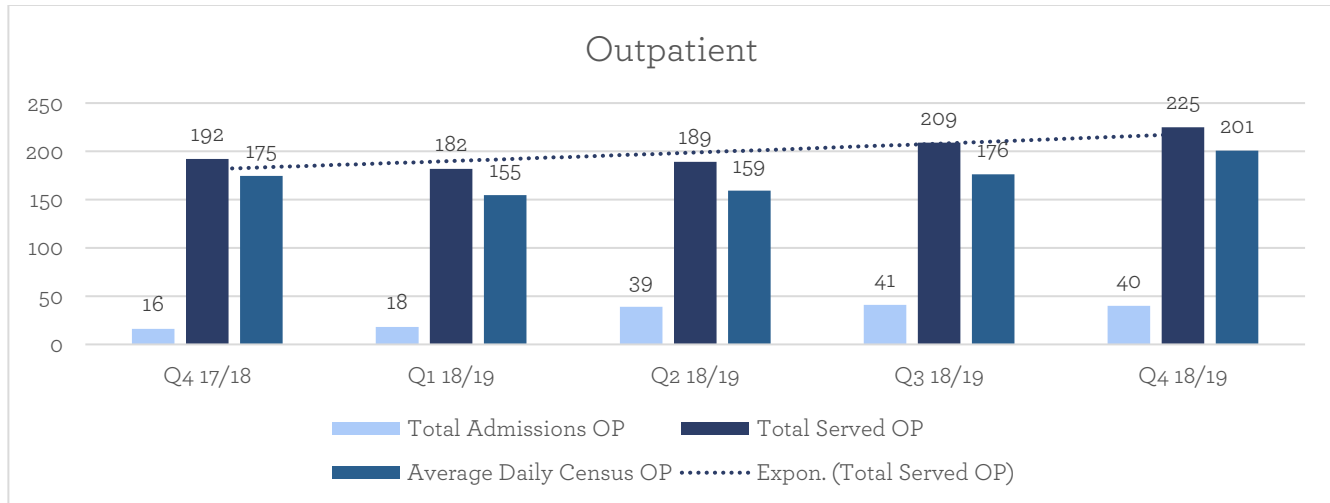


Viable referrals include the following: admitted Clients, approved but referral was withdrawn, and approved but guardian declined services. **Non-Viable** referrals includes exceeds Level of Care (LOC), does not meet LOC, unable to take insurance. **Undecided** referrals are those referrals where referral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



The Subacute census average was 20.08 for the quarter. The Subacute program did not meet the census goal of 20.67 for the quarter. Subacute’s overall census for FY20 ended at 19.46, just under the budgeted target of 19.50. The program continues to learn and grow using Lean principles and tools to understand barriers and solve the root causes which resulted in the highest census average yet for Subacute. We continue to strive towards maintaining the ability to meet the community's needs by identifying and addressing barriers such as staffing and reviewing referrals. We’ve made great strides and are looking forward to continuing this growth.

OUTPATIENT MENTAL HEALTH



Outpatient programs have focused primarily on productivity and census growth for the past year and will continue to focus on these two primary factors until we hit identified goals. We are seeing steady program growth each quarter and expect to see the need to increase staffing numbers to ensure this continued growth in Q1 for 19/20. The addition of a Kaiser clinic-based outpatient service line remains essential in strategic and cost-effective growth.

Demographics

GROUP HOME DEMOGRAPHICS

Adult IDD Demographics	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Males	58%	60%	58%	59%	61%
Females	42%	42%	42%	41%	39%
Minority	7%	8%	6%	6%	6%
Non-Minority	88%	90%	90%	90%	90%
Other/Unknown	4%	3%	3%	3%	4%

Youth IDD Demographics	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Males	76%	76%	75%	78%	78%
Females	24%	24%	25%	22%	22%
Minority	15%	14%	15%	12%	13%
Non-Minority	52%	53%	51%	52%	49%
Other/Unknown	33%	33%	35%	36%	38%

MENTAL HEALTH DEMOGRAPHICS

Mental Health Program Demographics	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Males	51%	55%	56%	52%	53%
Females	49%	45%	44%	48%	47%
Minority	16%	16%	18%	19%	24%
Non-Minority	68%	67%	68%	70%	69%
Other/Unknown	14%	15%	12%	10%	13%
Not Reported	2%	2%	2%	1%	1%

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, 14 children were admitted to ICTS level of services.

ICTS Engagement	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Percentage of ICTS referrals Offered an appointment within 3 days	77%	67%	40%	63%	66%
<i>ICTS Engagement Goal</i>	<i>90%</i>	<i>90%</i>	<i>90%</i>	<i>90%</i>	<i>90%</i>

Outpatient's primary focus for the past year has been to increase both productivity as well as census. As we have made gains in those areas, this metric will become more of a focus to better understand how the data has been tracked, what are the barriers the therapists encounter with either meeting the set engagement goal, or ensuring they are following expectations (e.g. making the attempt to schedule the appointment within the expected timeframe and ensuring they document such attempts).

For Outpatient, the goal is to have a follow-up appointment within 14 days of the initial assessment. For this quarter, 40 children were admitted to Outpatient.

Outpatient Engagement	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
2nd Outpatient Appointment made within 14 days of the Assessment	59%	79%	88%	70%	88%
<i>Outpatient Engagement Goal</i>	60%	60%	60%	60%	60%

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

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

There were four visits in 44 days	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
ICTS	100%	91%	85%	95%	100%
<i>4 in 44 Goal</i>	50%	50%	50%	50%	50%

The program met this goal this quarter.

Risk Management

ABUSE ALLEGATIONS IN PROGRAMS

Abuse allegations are incidents where a person being served reported abuse by another person in the program or by a staff member.

Abuse Allegations in Adult Programs	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Abuse Allegations			12	26	9
Total Allegations Against Staff			8	26	9
Total Allegations Against Clients			0	0	0
Total Investigated			3	8	2
Total Founded			0	1	0
Total Still Open			3	5	2

There were no founded allegations of abuse this quarter.

Abuse Allegations Youth Group Homes	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Abuse Allegations	46	33	27	27	29
Total Allegations Against Staff	40	30	26	27	28
Total Allegations Against Clients	4	1	0	0	1
Total Investigated	26	24	10	10	11
Total Founded	4	1	0	4	1
Total Still Open	10	2	3	1	3

There was one founded case of abuse by staff this quarter. A bleach cleaner was left out unattended and a youth sprayed another youth in the eyes which required EMS response. This event resulted in a “facility” abuse finding versus a staff finding as the investigators were unable to determine which staff left the chemical out. All staff were retrained on the storage and safe use of chemicals.

Abuse Allegations	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Abuse Allegations	34	46	73	105	26
Total Allegations Against Staff	8	7	14	13	10
Total Allegations Against Clients	24	34	52	75	5
Total Investigated	3	0	1	1	3
Total Founded	0	0	0	0	0
Total Still Open	0	0	0	0	0

GRIEVANCES IN PROGRAMS

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

Group Homes and Day Services

Adult Programs	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Complaints	0	0	0	0	0
Total Grievances	0	0	0	0	0
Total Appeals	0	0	0	0	0

Youth Group Homes	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Complaints	0	0	0	0	0
Total Grievances	1	0	0	0	0
Total Appeals	0	0	0	0	0

Mental Health Services

Mental Health Programs	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Complaints	10	0	2	0	0
Total Grievances	3	0	3	2	0
Total Appeals	0	0	0	0	0

There were no complaints or grievances this quarter. Kerr's policy regarding complaints and grievances is being updated so that complaints that do not meet the state guideline threshold are still tracked and resolved. Kerr will now operate at a higher standard than the Oregon rules when responding to complaints by consumers.

INJURIES IN PROGRAMS

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

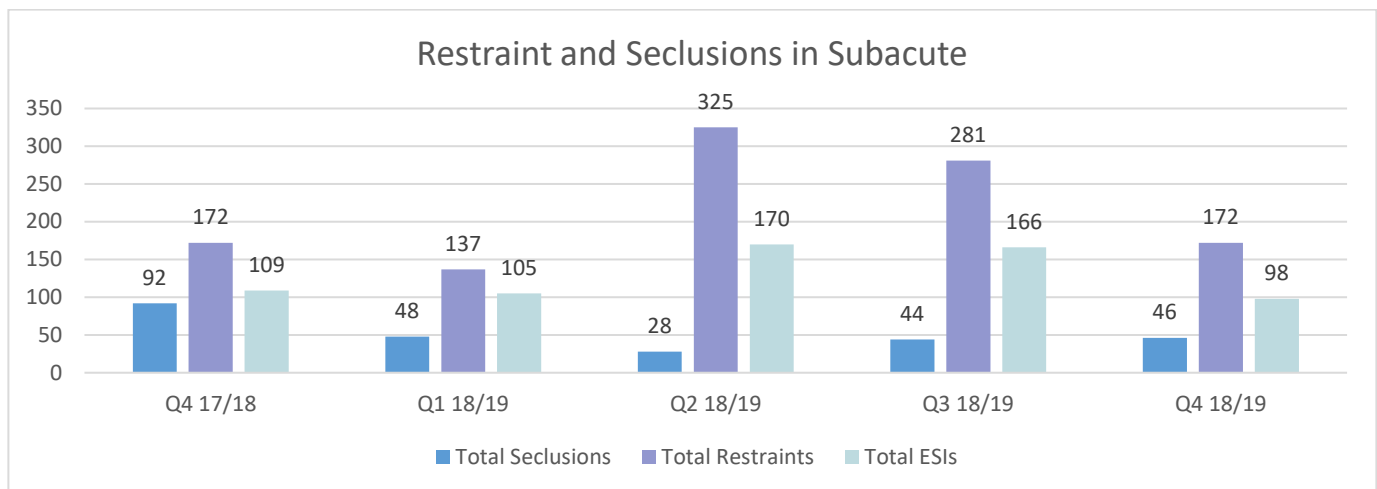
Youth Group Home Client Injuries	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Youth DD Client Injuries (during PPI)	1	2	1	1	2
Youth DD Client Injuries (not during PPI)	5	7	14	13	9
Youth DD Total Self-Inflicted Client Injuries	5	18	10	7	25
Youth DD Total Client Injuries	11	27	25	21	36

Adult Program Client Injuries	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Adult DD Client Injuries (during PPI)	0	0	0	5	1
Adult DD Client Injuries (not during PPI)	7	13	14	23	38
Adult DD Total Self-Inflicted Client Injuries	1	9	3	9	17
Adult DD Total Client Injuries	8	22	17	37	56

Subacute Client Injuries	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Subacute Client Injuries (during ESI)	7	2	3	4	3
Subacute Client Injuries (not during ESI)	37	86	40	76	82
Subacute Total Client Injuries (Self-Inflicted)	25	56	34	54	53
Subacute Total Client Injuries	44	88	43	80	85

USE OF RESTRAINT OR SECLUSIONS IN SUBACUTE

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



ESI	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Percentage of Kids in ESI's 6-8 year olds	0%	18%	23%	17%	6%
Percentage of Kids in ESI's 9-12 year olds	22%	41%	50%	40%	53%
Percentage of Kids in ESI's 13-18 year olds	78%	41%	27%	43%	35%
Average Length of Seclusions	23	17	25	20	21
Average Length of Restraints	6	10	11	9	8
Average Length of Episode	33	21	27	29	34
Percentage of Children that required an ESI	17%	20%	21%	29%	18%

USE OF RESTRAINTS IN YOUTH GROUP HOMES

PPI	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total PPIs	168	114	200	128	104
% PPIs Involving Females	66.7%	57.9%	64.5%	25.8%	41.3%
% PPIs Involving Males	33.3%	42.1%	35.5%	74.2%	58.7%
Total Clients Involved in PPIs	36	35	42	40	32
Percentage of Clients that Required Use of a PPI	33%	32%	38%	37%	31%

RUNAWAY, POLICE, OR EMT INTERVENTIONS IN PROGRAMS

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

Youth Group Home Critical Incidents	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Runaways	31	16	21	13	13
Total Runaways less than 4 hours		11	19	2	12
Total Runaways more than 4 hours		5	2	11	1
Police Interventions	38	22	31	21	27
ER Visits or Hospitalization	22	18	24	30	29
Total Critical Incidents Youth DD	59	46	76	52	47

In this period, one youth ran from the program for more than 4 hours.

Adult DD Critical Incidents	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Runaways	0	0	0	2	0
Total Runaways less than 4 hours	0	0	0	0	0
Total Runaways more than 4 hours	0	0	0	2	0
Police Interventions	0	0	0	1	0
ER Visit or Hospitalization	32	18	26	19	14
Total Critical Incidents Adult DD	32	18	26	24	14

Subacute Critical Incidents	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Runaways	0	0	0	1	0
Police Interventions	0	0	0	0	0
Child Injuries Resulting in Hospitalization	0	0	0	0	0
Total Critical Incidents SA	0	0	0	1	0

MEDICAL

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

Youth IDD Medication Errors	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Med Errors	402	531	354	322	625
Missed Med	359	421	318	289	516
Wrong Med	6	16	1	2	3
Wrong Time	4	21	25	3	1
Wrong Dose	33	73	10	27	105
Adverse Reactions	0	0	0	0	0
Wrong Client	0	0	0	1	0

Adult Program Medication Errors	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Med Errors	139	102	186	117	101
Missed Med	124	93	146	97	55
Wrong Med	2	6	2	4	4
Wrong Time	9	2	3	3	10
Wrong Dose	4	1	35	12	31
Adverse Reactions	0	0	0	0	0
Wrong Client	0	0	0	1	1

Subacute Medication Errors	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Med Errors			6	2	2
Missed Med			1	2	0
Wrong Med			1	0	0
Wrong Time			0	0	0
Wrong Dose			2	0	0
Adverse Reactions			0	0	0
Wrong Client			2	0	2

With Phase III of Epic, we are working with Legacy to report an error rate based on the number of administrations which will be much more helpful in understanding our error rates and trends over time. We are also exploring the use of the National Coordinating Council for Medication Error Reporting and Prevention Scale agency-wide.

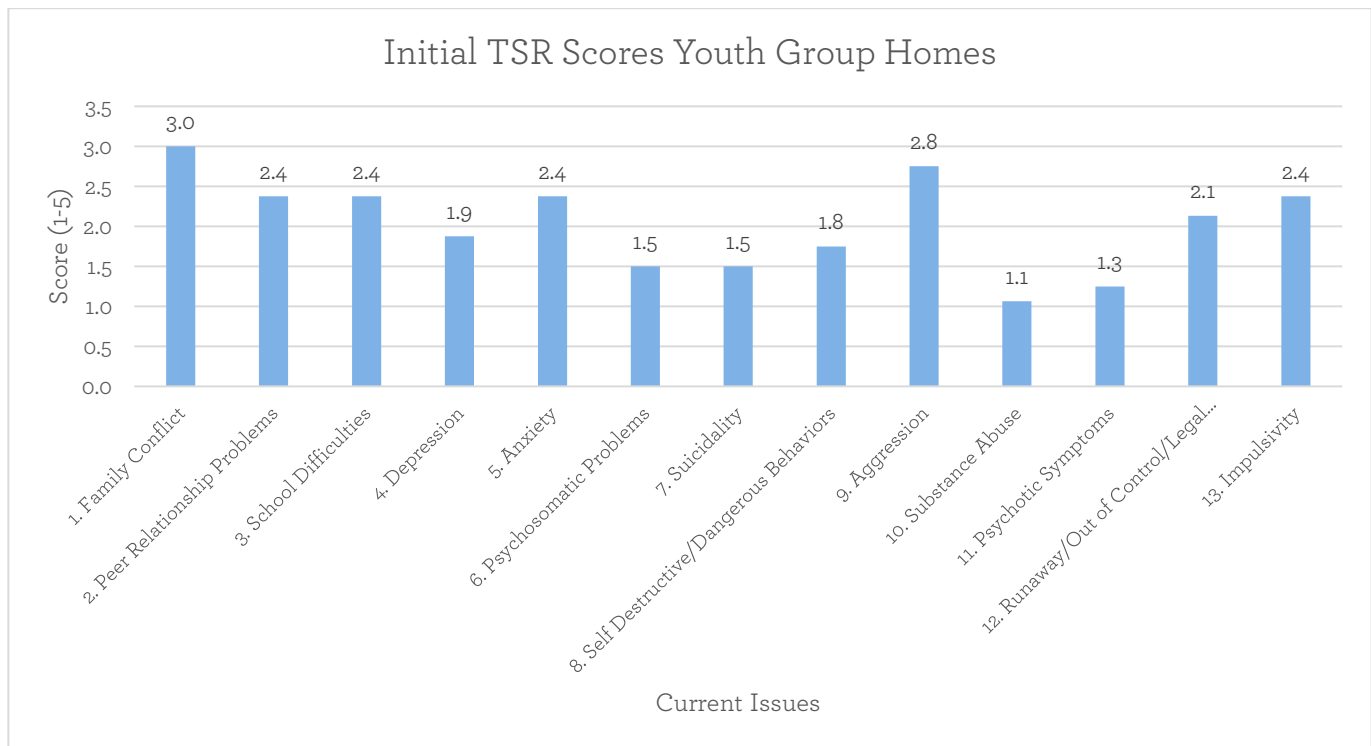
Outcomes

EMPLOYMENT AND DAY SERVICES

Below are the outcome metrics for Employment services.

DD Employment Services Total Served	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total New Jobs Created	8.0	10.0	13.0	10.0	12.0
Job Retention Rate	96%	81%	85%	100%	95%
Placement Rate	50%	58%	55%	52%	89%
Project SEARCH Retention Rate	100%	100%	90%	100%	81%

GROUP HOMES



This graph indicates the problem area assessed in this first administration of the TSR for youth or young adults in the group homes. This administration is a snapshot of current clients. The TSR indicates the primary issues of concern for clients admitted in the group homes are family conflicts, aggression, impulsivity, peer relationships, school difficulties, and anxiety. After the 2nd administration of this tool is completed, the improvement of these behaviors will be reported to this committee.

PROGRAM HIGHLIGHTS

Adult Services

In Washington County and Multnomah counties, the group homes currently have no client vacancies. However, the programs continue to struggle with staffing. The team has been supporting its two newest individuals to acclimate to the programs

Samantha Gifford will be transferring to a new role of Associate Director of Training, a new position at Kerr. The program will be interviewing candidates in the next couple of weeks for her replacement.

In Clackamas County, there are two ongoing vacancies within the group homes that have been unfilled. The challenge with refill is due to the problem of matching of high needs or behavioral referrals with the current mix of lower mobility or fragile clients in Kerr's care. Also, there continues to be a high level of referrals and need in youth group homes. To meet this need, Kerr will convert a current group home that serves adults to one that serves youth.

Employment

Our success story for Employment services is MP. MP graduated from Project SEARCH June of 2018. She worked part-time seasonal at the Gap at Washington Square for several months. In April 2019 Albertina Kerr was selected as one of 10 supported employment agencies to work with the Nike Supported Employment Program. MP was one of the very first candidates to be selected to interview for a job with the program. During the interview, she advocated for more hours than the customized job was offering. She impressed the interviewers so much that they offered her a non-customized job for the full 30 hours she had requested. She has been working in this job since the end of May and is thriving.

Kerr's partnership with Nike is going strong with two of our job seekers hired and another with a scheduled interview. We have two positions we are recruiting with our 1% campaign at US Bank. We just submitted our application for the Wells Fargo supported employment program as well.

We are also expanding services into Marion county with the start of our Project SEARCH program at the City of Salem. We are also starting to build our Employment path service line that will encompass both Multnomah and Washington counties this year.

A few of the challenges we have faced was the loss of 6 long time supported employee jobs, the exiting of services for three of our supported employees, and the Providence Project SEARCH Program which did not ultimately come to fruition. However, we also have six employees who gained employment with the Moda Center, even though this was their slow season. We are also working with Kerr's human resources to change the way we staff the Kerr courier position, making this a genuine supported employment opportunity for an individual who experiences IDD as well as removing the coaching of this position from the Clackamas group homes.

Portland Art and Learning Studios

The state completed a re-visit of the program, and they noted significant improvements in the program and the stop placement was immediately lifted. The program is now focusing on increasing client numbers and training the Assistant Director and managers.

JE is an artist who creates fantastic books that are like nothing else that is out there. Part mash-up of straight to VHS movies, combined with a “jazzing up” in terms of modifications that JE makes to the stories, these books are either handwritten or typed pages that sit between massive fold-out pages of hyper-graphic characters acting out the scenes. As the reader unfolds the scroll-like imagery, an animation of sorts happens as the character’s motion is only revealed when the scroll is completely unfolded- sometimes a span that is over 10 feet long.

Because of the uniqueness; both stylistically and with his subject matter, our gallery Director, Daniel, has been reaching out to the Outsider Art community for the last year to establish a partnership to spread the word about James’ work. A rare book broker, who specializes in outsider art recognized the incredible uniqueness of his work, included JE’s book in his most recent visit to UCLA. The Rare Book Collection at UCLA bought the book for \$1600. JE’s books have also made it to the collections of other Outsider Art collectors, including the editor of Raw Vision.

Youth & Transitional Age Services

Youth Group Homes

Staff have been working on modeling and teaching teen youth and young-adult clients independent skills that include, but are not limited to, public transportation navigation, planning outings, and daily chores such as walking the dog in congruence with meeting personal goals and earning individual independent time. Clients have also been connecting with neighbors by building relationships and assisting with yard work and other light duties as needed. We celebrated eight high school graduates, along with 1 Project Search graduate that have all made extensive commitments towards their goals and next steps in young adulthood. Throughout our youth and young adult programs, clients have successfully been working in both voluntary and paid positions with Kerr Bikes at both the East and West bank locations. A variety of residents have maintained consistent employment in various job titles and positions throughout all our programs. We completed another successful Race for the Roses as staff and clients participated and volunteered from start to finish. Staff and clients became advocates in early June by representing Albertina Kerr as an organization at the 2019 DSP Day at the Salem capitol building.

The 165th group home has made a fantastic impact on clients that have faced some educational and behavioral challenges. Staff have been providing committed guidance that has motivated clients to volunteer in the community, earn independent time, and maintaining straight A’s to end the school year.

Our Marion County homes have excelled in keeping clients busy and living full lives resulting in celebrating high school graduates, overnight camping trips, and engaging in social activities such as attending prom.

Client Highlights:

AR from the 10thAvenue program has had a phenomenal experience and has become active in Jiu-Jitsu classes. He has been training and competing in adult classes and division tournaments. He has competed in 2 local tournaments, has won gold, 2 silver, and 1 bronze medal.

TK from the Clark street program has made vast improvements behaviorally and in her overall presence and participation at the program and in the community. She has demonstrated a more mature approach to staying safe by taking space as needed and showing more accountability overall with her actions.

AC from program 159th graduated from Project Search and is now attending a 9-month hospital internship. To add to her list of accomplishments, AC is volunteering at the Sarah Bellum Bakery and Workshop which serves as a social enterprise bakery that supports adults with brain injuries to return to work and life by baking handcrafted cupcakes.

Subacute

We continue to work hard serving youth and families from all over the state of Oregon as well as develop new partnerships and connections with community resources from all over the state to help support youth when returning home. The program ended FY19 with the highest census average ever seen at Subacute at 19.46. Additionally, the program held the census for two consecutive weeks at a full census of 24, the most prolonged period ever at a full census. With the demand increases with school starting, we will continue to have high census numbers to serve more and more youth and families in need. We continue to train as many staff as possible in Collaborative Problem Solving, some even up to Tier 2, which continues to be shown to be a highly valued therapeutic modality when working with youth and their families. We are working together to revamp some of the strategies on our little kid's unit to best support these youth.

Client Highlights:

Please see the attached letter at the end of this report.

M is a 15 y/o referral from the hospital. She was suicidal, had difficulty in communicating with parents, and had never willingly participated in therapy before. Upon coming to subacute, she opened up to her therapist about past trauma, she engaged in collaborative problem solving and participated in family therapy for the first time. She was able to safety plan and return home. Parents later sent a thank you letter talking about how impressed they were with subacute services, and how thankful they were for the support and positive changes they were able to see in M and their entire family.

Outpatient

Programmatic improvements started last Quarter continued through the 4th Quarter and into the 1st Quarter of 2020. Outpatient leadership instituted new standards to ensure a more efficient overlap of Kaiser case assignments on clinician's caseloads. These new standards helped the 4th quarter see tremendous strides in reducing the difference between enrolled census and the billed census for our Kaiser contract. The new standards reduced our Monthly Average Census difference from 6.14 (Jan – Mar 2019) to 2.87 (Apr-Jun 2019). Growth has also steadily continued in our overall program census. The Leadership team continues to focus on developing the team member's skills in meeting productivity expectations. Programmatic changes, including the sustained focus of productivity expectations, have contributed to some team members pursuing new opportunities outside of the agency. Accordingly, smooth client transfers, as well as new team member hiring and on-boarding, will be a significant focus of the 1st Quarter of 2020. The loss of team members not only impacts morale but also negatively impacts total program census and productivity, so decreases in program revenue are anticipated. There was anticipation that Care Oregon would be shifting their reimbursement model to a fee for service model. However, we were notified that they will retain the case rate model that Healthshare is currently using. Fortunately, the leadership team has continued to increase the team's ability to provide services according to the authorized level of care so that the impact will be mitigated.

Client Highlights:

A parent recently called the clinician with a request to reinstating services. The family had been receiving Kaiser services with us but they had to close because the client ran away. The mother was calling because he had returned home after a sustained elopement and she reported to the clinician that she could not imagine receiving services from any other agency.

A long term ICTS Kaiser client (over a year) will be stepping down to our outpatient program at the end of August. When opened, this client struggled in multiple life-domains (school, home, community, socially) and notably struggled to engage with the clinical team. He often refused to leave his room during home-visits and consistently struggled to attend psychiatry appointments here at the office. Due to years of sustained struggles, the client’s parents were also (understandably) struggling to identify how best to support their son and struggled with a notable amount of parental fatigue. Over this past year, treatment has included a sustained clinical effort by multiple clinicians including the supervisory team, crisis stabilization including numerous trips by the clinical team to the ER, and consistent individual and family treatment between crisis. As a result, the client now attends therapy sessions consistently and attends psychiatry appointments in the office. Through the ICTS level of care, he and his family have stabilized enough to be best served in a clinic setting at a lower level of care.

MENTAL HEALTH PROGRAMS

Subacute

Below are the locations of discharge from Subacute

Subacute Discharge Location	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Discharge to Residential	8.0%	15.2%	14.1%	14.5%	15.8%
Discharge to Community Setting	88.6%	84.8%	83.5%	84.3%	84.2%
Discharge Location Not Reported	2%	0%	0%	0%	0%
Discharge to Psych Hospital	1.1%	0.0%	2.4%	1.2%	0.0%
Discharge to Hospital (Medical)	0.0%	0.0%	0.0%	0.0%	0.0%
Subacute Discharge Length of Stay	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Total Discharges	88	66	85	83	76
Average Length of Stay	21	22	22	22	23
Median Length of Stay	21	21	21	19	22
Mode Length of Stay	21	21	20	16	17

Outpatient Mental Health

Outpatient Discharge Location	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
% Discharge to Lower LOC ICTS	100%	85%	90%	71%	77%
<i>Goal for Discharge to Lower LOC in ICTS</i>	85%	85%	85%	85%	85%
% Discharge to Psych Hospital / Subacute ICTS	0%	0%	10%	24%	8%
% Discharge to Residential ICTS	0%	0%	0%	0%	0%

In this period, 1 youth discharged to Subacute.

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 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= lower presentation of the issue or symptom. The tool is administered at admission, at 21 days and at discharge. The below indicates those clients admitted with a score of 3, 4, or 5 that saw at least a 1-point reduction in the score from admit to discharge.*

Presenting Issue	<i>Percentage of clients that demonstrated improvement from admit to discharge for this issue. (admit score-discharge score >=1)</i>	<i>Number of clients (n=) that presented with this issue at admission (a score of 3,4 or 5)</i>
<i>Family Conflict</i>	45%	58
<i>Peer Relationships</i>	65%	49
<i>School Difficulty</i>	32%	53
<i>Depression</i>	69%	58
<i>Anxiety</i>	60%	58
<i>Psychosomatic symptoms</i>	58%	12
<i>Suicidality</i>	80%	56
<i>Destructive Behaviors</i>	50%	42
<i>Aggression</i>	77%	26
<i>Substance Abuse</i>	47%	15
<i>Psychotic symptoms</i>	100%	5
<i>Runaway</i>	46%	37
<i>Impulsivity</i>	37%	41

The program continues to see high improvement rates in suicidality, aggression, and depression. In this quarter, there was an increase in youth presenting with psychotic symptomology.

SUBACUTE

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

Percentage of children that are re-admitted within 90 days	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
% of children that are re-admitted within 90 days post D/c	1%	5%	0%	2%	

Two youth were re-admitted to Subacute within 90 days of discharge.

Youth that required crisis psychiatric ER care within 90 days of discharge	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
% of children that are admitted within 90 days	2%	2%	5%	10%	

In Q4 18/19, 8 youth visited a hospital due to a psychiatric crisis for those youth that discharged in Q3 18/19. This data only includes hospital admissions to facilities that use Epic as their Electronic Medical Record.

OUTPATIENT MENTAL HEALTH

Youth that required crisis psychiatric ER care within 90 days of discharge	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
% of children that are admitted within 90 days	3%	7%	8%	2%	

In Q4 18/19, one youth visited a hospital due to a psychiatric crisis for those youth that discharged in Q3 18/19.

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 point). The below scores are the weighted average of the survey's completed during Q4 18/19.

Subacute Parent Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.49
I felt my child was safe on the unit	4.40
I felt security was a priority at Albertina Kerr	4.69
I was treated with respect by my child's treatment team and care providers at Kerr	4.57
I felt Albertina Kerr staff provided professional and prompt customer service	4.60
I understand what aftercare will be needed for my child	4.49
My child met the goals set by my family, child, and the Albertina Kerr Team	4.11
I would recommend Albertina Kerr to others experiencing similar challenges	4.43
The support my child received from Albertina Kerr helped them and me/us to feel better	4.40
Number of surveys completed this quarter	35

Subacute Youth Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.40
I felt safe on the unit	4.00
I was treated with respect by my Kerr treatment team and care providers	4.42
I had confidence and trust in all my Albertina Kerr care providers	4.09
I understand what I need to do after I leave Albertina Kerr (for example I know what services I need after I leave).	4.50
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.)	4.43
I met the goals set by myself, my family, and the Albertina Kerr team	4.00
I would recommend Albertina Kerr to others experiencing similar challenges.	4.18
The support I received from Albertina Kerr helped me feel better.	4.17
Number of surveys completed this quarter	51
Youth Group Homes- Youth survey	Weighted Score (1-5)
I feel safe at my group home	4.33
I am treated with respect by my staff and manager	4.00
I trust my staff and manager to help me with by goals and needs	4.00
I have a say about my goals and my planning for the future	4.00
I am doing well with my goals	3.67
The support I get from my staff helps me feel better	4.67
Number of surveys completed this quarter	3

Comments from the survey:

Subacute:

I loved their service their staff is very respectful and professional.

Overall, I felt my child was safe with the exception of the medication mistake.

Staff feel safe. Building feels like any secure facility. Like a cage.

Very confident with Kelly and Dr. Fishman.

Thank you to all of those who were part of my child's treatment.

There was a lot of cussing on the unit.

The discharge planning could have gone better.... We seem to get discharged because we were out of time not due to our child getting better.

Reaching my child by phone was difficult. There should be a better system.

Some of the other clients sometimes made me feel unsafe, and the building looks a little bit, hmm... The staff tried their best, but some of them still made me feel uncomfortable.

Some would disrespect my pronouns

Some staff didn't tell me when I ran out of candy

OUTPATIENT ACORN

The ACORN (A Collaborative Outcomes Research Network tool) is used to measure the level of “global distress” that a client reports 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.

Percentage of Client Improvement	Q4 18/19
Somewhat or Significantly Improved	52%
No Change	19%
Somewhat or Significantly Worse	20%
Percentage of Clients where ACORN is being fully implemented	81%

This indicates that 52% of the clients report some improvement while in care. Therapists are completing the ACORN “properly” for 81% of the clients.

In Development

The Kerr Quality Outcomes Committee continues to meet quarterly. The quality indicators, developed to date, are being integrated into the Epic build in preparation for the four pilot homes as well as Employment and Day services. Also, the committee is reviewing the National Core Indicators, which are IDD focused metrics, for implementation into Kerr’s outcome strategy model. The committee is also considering the Council on Quality and Leadership’s Personal Outcome Screening Tool (POST) for use in the group homes. A family member/friend survey for Kerr’s IDD services is also being finalized and will be launched in Q2 19/20.



MAY 06 2019

CITY of THE DALLES

401 COURT STREET
THE DALLES, OR 97058
(541) 296-2613
FAX (541) 298-2747

POLICE DEPARTMENT

Note: Client's name has been redacted.

May 2, 2019

Albertina Kerr
424 NE 22nd Avenue
Portland, OR 97232

To who it may concern;

I am written regarding a recent client of Albertina Kerr, C. Prior to his commitment to your facility, C was having serious issues with family, school, and police. Many hours were spent from our department attempting to de-escalate C and partner with his family to get him calm and feeling better. Nothing seemed to work.

After a couple scheduled and "on-site" meetings with members of Center for Living, I learned of your program and felt this would provide the resource and needs for C and get him on a path of productivity. C was completely out of control by this time and our department and his family were looking for anything positive to help with this.

I wrote a letter to Albertina Kerr, explaining our concerns and I was happy to learn that C was accepted into your program soon after. I'm not sure if my letter had anything to do with your decision, but I wanted to follow up with you and thank you for taking the time with C and listening to everybody in need regarding his behavior.

I learned C is back in our community and is living with his father and infant sibling. I was involved in a meeting with Center for Living, DHS, and family members a couple days ago and hear C is doing well. Since C's return home, our department has not been involved in any calls relating to him.

We as a department will continue to support C and his family the best we can and hope he will continue to thrive in the community. I strongly feel that the partnership with our department, Center for Living, and your agency was the most important thing in getting the ball rolling for C. Again, I want to thank you for taking the time.

Please forward a copy of this letter with our thanks to Ashlea Stanford MSW as I hear she was C's therapist.

Sincerely

Jamie M. Carrico
Captain

THRIVING WORKFORCE	Jun-19	Jul-19	Aug-19	Prior FY Avg*	6 Month Avg	Goal
Employee Turnover (Direct Care Staff)	69%	64%	63%	67%	67%	45%
Employees =>125% Minimum Wage	48%	48%	39%	50%	47%	100%

EMPLOYEE SAFETY	Jun-19	Jul-19	Aug-19	Prior FY Avg*	6 Month Avg	Goal
OSHA Recordable Incidents	4	1	6	5.58	4.17	-
NAICS Incident Rate	9.10	8.95	9.35	9.83	9.92	6.90

RECRUITING AND RETENTION	Jun-19	Jul-19	Aug-19	Prior FY Avg*	6 Month Avg	Goal
Current Headcount	715	716	726	719	717	
Current Openings	71	74	68	77	71	
Vacancy Rate	9%	9%	9%	10%	9%	10%
Average Time to Fill	29	25	26	24	25	
Total Applicants	327	437	361	322	330	
Employee Turnover Rate	60%	57%	57%	59%	58%	45%
One Year Retention Rate	64%	65%	65%	64%	65%	

DSP RECRUITING AND RETENTION	Jun-19	Jul-19	Aug-19	Prior FY Avg*	6 Month Avg	Goal
DSP Vacancy Rate	12%	11%	10%	12%	12%	10%
Average Time to Fill	34	34	33	30	33	
Average Time to Start	14	13	13	13	14	
Total Applicants	130	163	192	153	143	
Total Interviews	56	73	44	54	54	
Total Hires	21	28	33	21	23	
Employee Turnover Rate	75%	71%	69%	70%	73%	45%
DSP One Year Retention Rate	61%	62%	63%	62%	62%	
Total Terminations	21	16	20	21	21	
Number of Quick Quits	10	6	11	9	9	
Avg Length of Service (LOS) for Quick Quits	37	23	27	29	34	
Quick Quit Voluntary Termination Rate	30%	50%	55%	47%	56%	

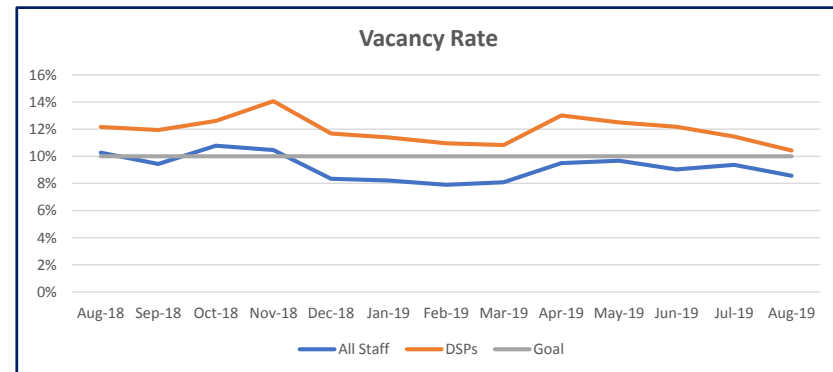
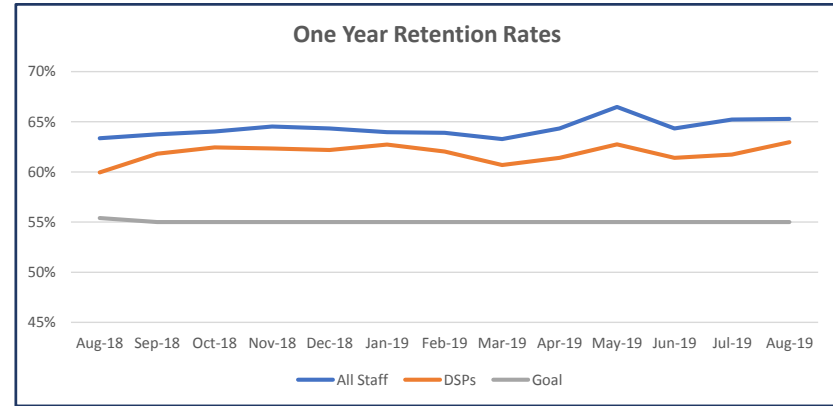
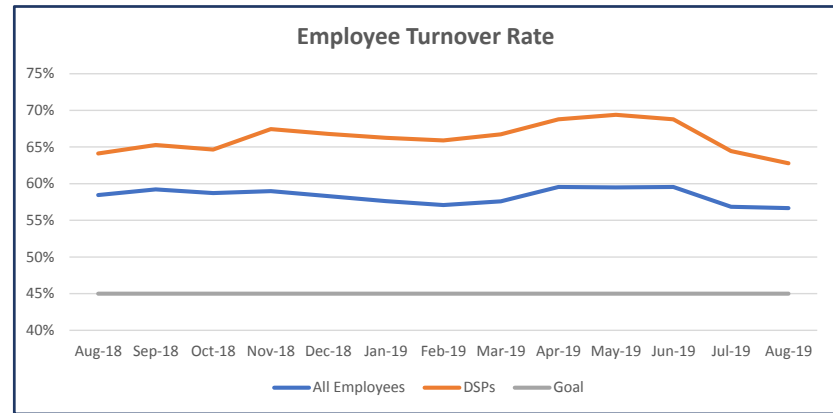
HR SUPPORT SERVICES	Jun-19	Jul-19	Aug-19	Prior FY Avg*	6 Month Avg	Goal
Same Day (24-hour) Resolution Rate	92%	86%	89%	90%	93%	80%

EMPLOYEE RELATIONS	Jun-19	Jul-19	Aug-19	Prior FY Avg	6 Month Avg	Goal
Formal Coaching/Counseling	14	6	4	8	7	
Written Warning	3	3	1	3	2	
Final Warning	0	0	0	3	1	
Termination	8	0	3	5	4	

COMMENTS:

Current Month Employee Safety data includes estimated figures. These figures are updated and corrected with the following month's report. I.e August estimates will be updated to actuals for September's dashboard.

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

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
8	Review employee safety management			December 4, 2019
9	Review owned and leased real estate			March 4, 2020
10	Evaluate Committee performance			June 3, 2020
11	Recommend Charter modifications			June 3, 2020

Meeting Dates for FY2018-2019

September 11, 2019

December 4, 2019

March 4, 2020

June 3, 2020