

ALBERTINA KERR

ALBERTINA KERR CENTERS Program & Accreditation Committee

Meeting Agenda Wednesday, December 4, 2019 8 to 9:30 a.m. Kerr Administration Center

- 8:00 a.m. **Convene** (David Wilson)
- 8:00 **Approve Meeting Minutes of September 11, 2019**
pp. 2-3
- 8:01 **CPO Derrick Perry 1st 90 Days**
- 8:10 **1st Quarter Program Updates** (Owen Gibson & Derrick Perry)
pp. 4-24
- 8:40 **HR Dashboard & Employee Safety Report** (Matthew Warner)
p. 25
- 8:55 **IT Updates** (Craig Rusch)
p. 26-30
- 9:15 **Other Updates** (Jeff Carr)
- 9:30 **Adjourn** (David Wilson)

Attached: Committee Objectives for Reference, p. 31

Next Program & Accreditation Meeting: March 4, 2020

ALBERTINA KERR CENTERS
Program & Accreditation Committee Minutes
September 11, 2019
8 to 9:30 a.m.
Kerr Admin Center, 2nd Floor Board Room

Members Present

Catherine Bekooy, Susan Hobbel, Lisa Powell, David Wilson

Members Excused

Teri Barichello, Melissa May, Dennis Warneke

Staff Present

Jeff Carr, Owen Gibson, Dr. Alfredo Soto, Matthew Warner

Convene (David Wilson, Chair)

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

Approve Minutes of September 11, 2019 Meeting

ACTION: Jeff Carr moved that the minutes be approved. David Wilson seconded. The motion passed via unanimous vote.

Introduce New Medical Director Dr. Alfredo Soto (Jeff Carr)

Jeff introduced Dr. Soto who recently accepted the position of Medical Director at Kerr. Dr. Soto has been an on-call doctor for Kerr since the start-up of subacute. He has worked in several different positions across the State. Dr. Soto shared that since starting full-time work with Kerr, he has been more exposed to hearing that Kerr's reputation across the industry is that of being the premier place to take kids in mental health crisis. Dr. Soto said he is very excited about the integration work happening between IDD and mental health, and he is very impressed with the Kerr team.

Program Updates (Owen Gibson)

- Group home census is holding steady at 82 kids and 104 adults.
- Day services saw a drop in census due to an intended reorganization and right-sizing at Portland Art and Learning Studios.
- Subacute census saw consistent referrals and just slightly missed goal. Census at subacute overall was at its highest level ever in 2018 and 2019.
- Outpatient care is improving in census and productivity. Outpatient referrals are mainly from Kaiser and Healthshare; however, a new contract with Moda was signed. Along with productivity and census, mental health engagement and meeting first and follow-up appointment goals have been a focus item.
- Demographics in all programs have not moved significantly.
- One founded case of abuse was reported this quarter. Jeff Carr shared that DHS has made available a link to all abuse cases in the state. Kerr maintains a very proactive management and documentation process for each report and subsequent response to allegations. Corrective actions, including terminations where appropriate, are documented and all penalties are appealed, providing a clear and consistent paper trail for each allegation.
- There were no grievances reported in the 4th quarter. Compliance is working on changing the threshold within Kerr for complaints to be reviewed internally, even when they do not meet the state level for review.
- Compliance is looking into the increase in self-inflicted injuries in youth group homes to determine if they are due to increased acuity in kids, or if they can be attributed to certain diagnoses.
- The number of ESI incidents are trending fairly even, and one runaway over four hours was reported.

- Medication errors in subacute are minimal, mostly due to Epic implementation where scanning technology is used. Epic implementation is in the pilot stages in DD group homes where improvement in med errors should improve significantly.
- Employment and Day Services are performing very well.
- Program highlights include a coming change to the Autzen group home, which will convert from an adult home to a kids' home to be opened by early January. Portland Art and Learning Studios had a licensing issue previously that was easily passed upon a second visit by the State.
- Discharges back to the community from subacute show continuing positive results for kids treated.
- Target Symptom Rating measurements were reviewed. A 90 day post-treatment survey is planned for the future to measure longer-term efficacy.
- Quality indicators are being developed to gain more real-time information in a dashboard format.

HR Dashboard Review (Matthew Warner)

A Medical Director, Chief Financial Officer and Chief Program Officer have all been hired, which fills core vacancies. DSP Appreciation Week is under way. Kerr upper management have been visiting homes and program, offering small gifts of appreciation. The new DSP onboarding, orientation and training program has started. The training is a three week comprehensive and consistent training model geared toward better preparation of new staff prior to working with people served. The hope is to also stabilize turnover during the first year of employment where it is highest. Pay increases have been implemented, bringing pay of lowest wage staff up to 123% of minimum wage and on track to meet the goal of 125% of minimum wage next year. An increase has occurred in the number of applications submitted to Kerr for frontline positions.

Review Committee Objectives for FY2019-2020

Goal were reviewed and Committee objectives are on track. Legislative activities are deferred for now as the legislature is not in session in 2020. A strategy based on issues will be addressed for the next session in 2021.

Other Discussion (Jeff Carr)

Jeff provided an overview of activities for the new Chief Program Officer once in place and familiar with Kerr. Future projects include standardizing operations within group homes, implementing a centralized access point, analysis of services and changing populations, and how/where/if we grow.

New youth group homes are opening in Washington and Marion County. The State is asking for additional beds for kids. Plans for expanded subacute services at 165th will be finalized soon. Services will be billed at the regular subacute rates although geared toward kids dually diagnosed with IDD and experiencing mental health crises. Jeff is talking with the State and ODDS (Office of Developmental Disabilities Services) about possible grants or other sources of funding. The program is experimental and estimated to run at \$3 million in operating costs. Staffing correctly will be key and will include a psychologist and occupational therapist focusing on a behavioral model.

Adjourn (David Wilson)

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

Recorded by Holly Edgar, Corporate Secretary

A REPORT TO THE PROGRAM AND ACCREDITATION COMMITTEE

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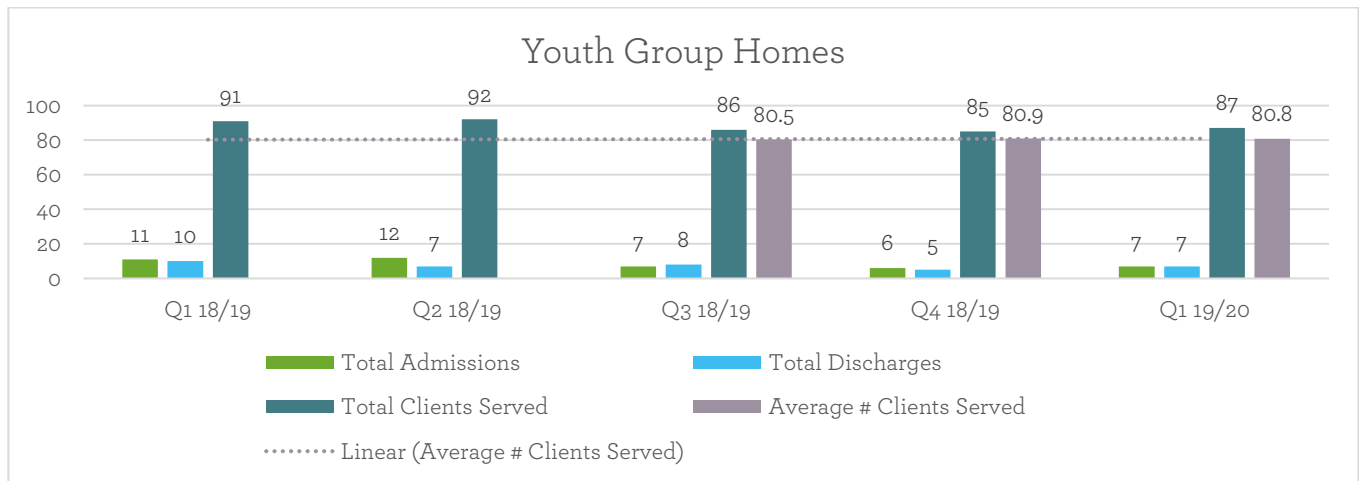
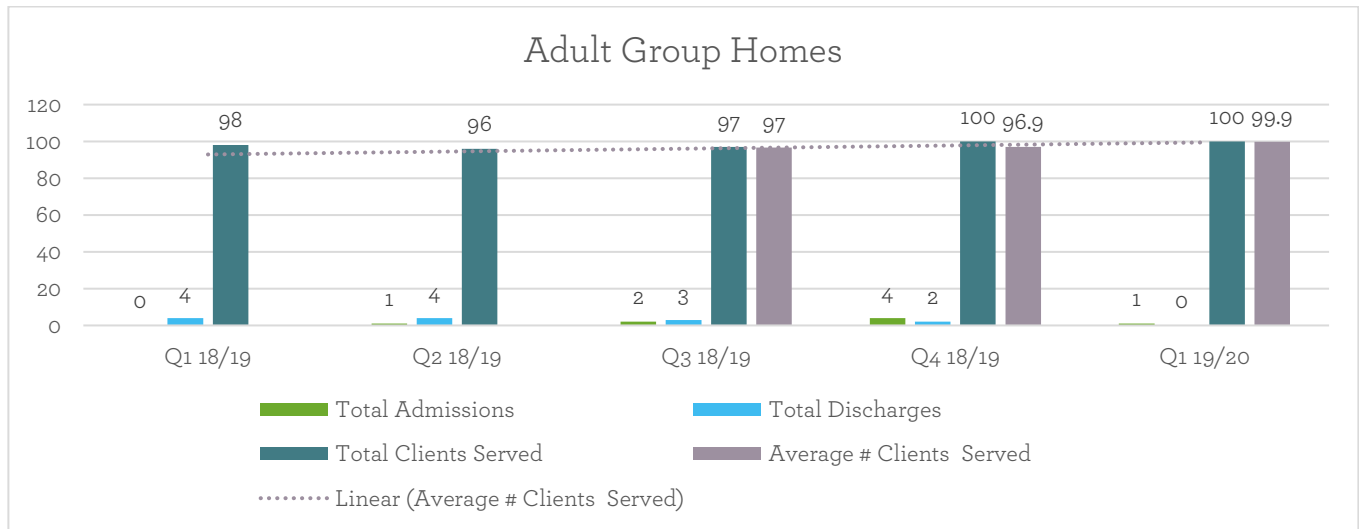
This report summarizes the activities of Albertina Kerr's Programs for FY Q1 2019/2020

JULY 1ST, 2019 THROUGH SEPTEMBER 30TH, 2019

Access to Services

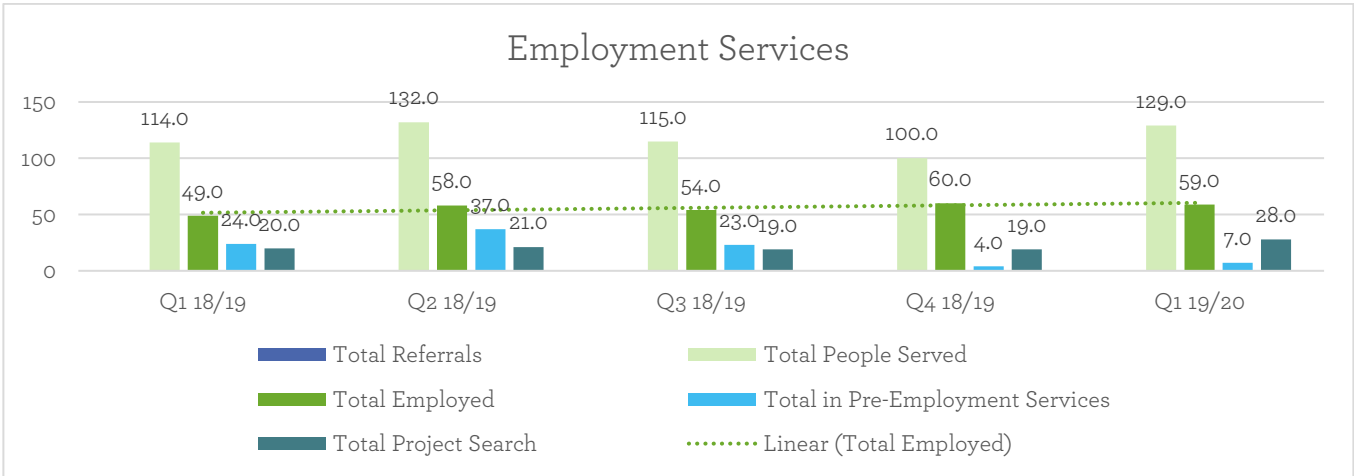
A goal within Kerr is to increase capacity so the program meets or exceeds its census and productivity goals. Albertina Kerr also has a goal to expand the ability to serve the needs of the community. This section will review the referrals and admissions to Albertina Kerr service lines, as well as the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

GROUP HOMES AND EMPLOYMENT SERVICES

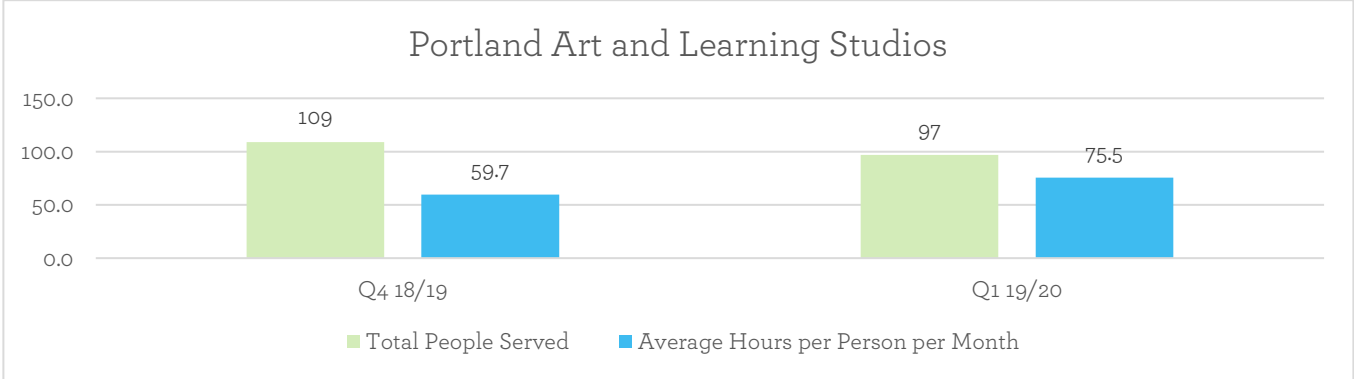


Please note that with this report, and moving forward, Adult Group Homes now includes transitional age youth (18-25). The above graphs represent the last five quarters of census data with this new categorization of reporting.

Kerr’s group homes continue to improve on their overall census stability. One adult home has been converted to a youth home, which will help improve the global census.

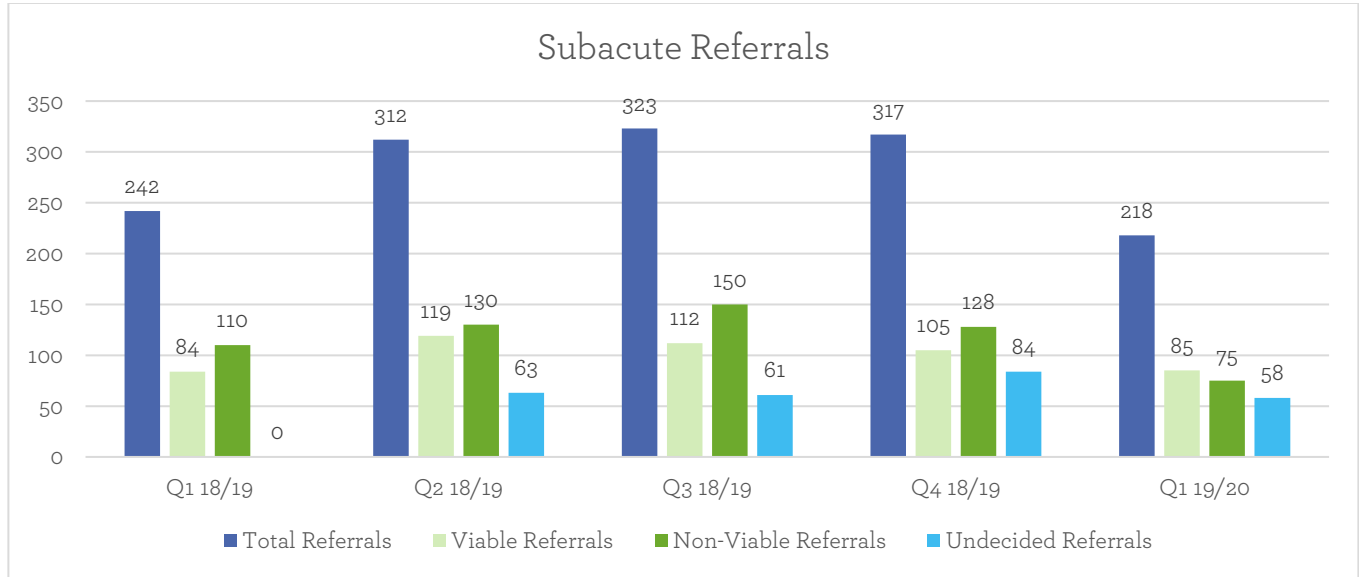


Overall, employment program census remains stable. The variations in census over the year is a normal part of the project Search cohort training process. The most useful comparison is to review the data from the same period last year, which shows an overall improvement in the census. The reduction in pre-employment from year to year is due to employment services becoming more independent of the Portland Art and Learning Studios as a part of their programmatic restructure.

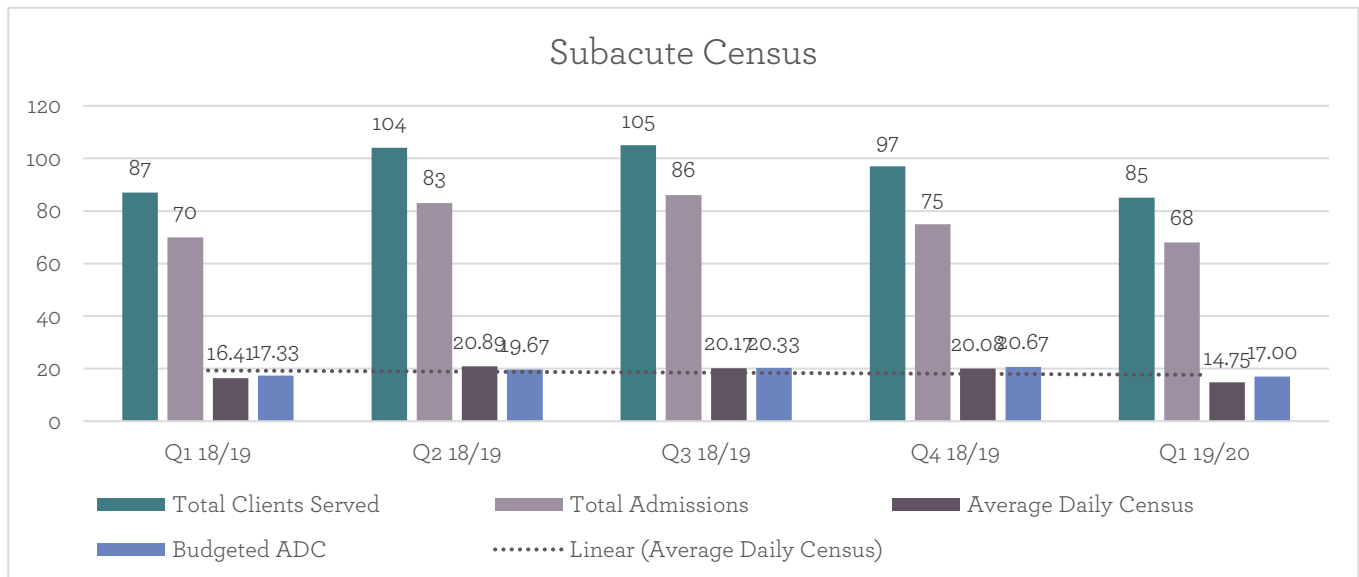


This graph is the first presentation of census data for the Portland Arts and Learning Studios. The above data includes the total number of people served along with the total number of service hours per client. The data reflects a reduction in the overall census and an increase in the hours per person, which was a result of a restructuring of the program to provide better care.

SUBACUTE

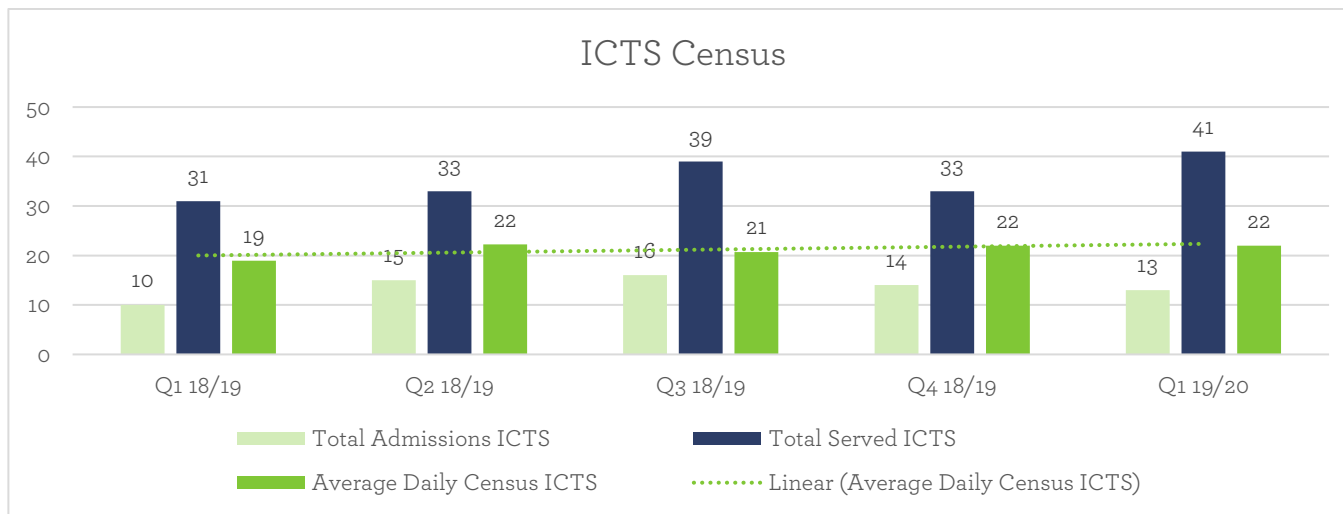
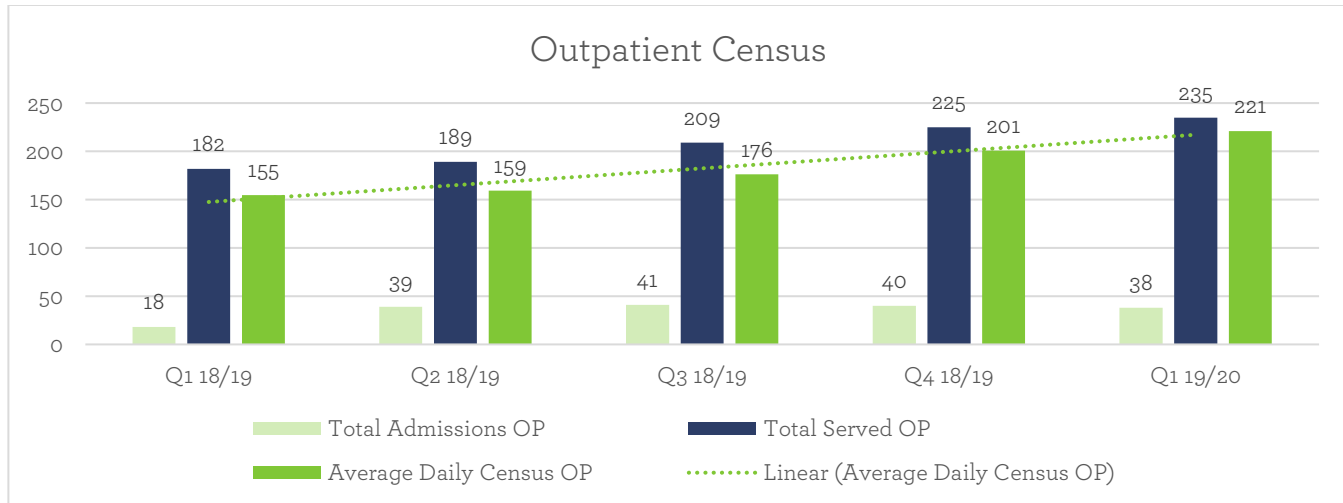


Viable referrals include the following: admitted Clients, approved but referral was withdrawn and approved but guardian declined services. **Non-Viable** referrals includes exceeds Level of Care (LOC), does not meet LOC, unable to take insurance. **Undecided** referrals are those referrals where referral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



The Subacute census average was 14.75 for the quarter. The Subacute program did not meet the census goal of 17 for the quarter. Seasonal dips in referrals resulted in census decline. While the number of clients served and total admissions is nearly identical to Q1 18/19, the more significant gap in average census is likely the result of a slightly shorter average length of stay. While it is positive that we were able to stabilize youth faster and discharge them to a lower level of care, it impacts the number total number of beds utilized for the quarter. Special efforts to exceed census for Q2 to make up lost ground was an effective strategy for last FY, and we hope to do better than budget again this FY. The program will also focus on increasing the number of referrals as there is a clear correlation of referrals to average census.

OUTPATIENT MENTAL HEALTH



Overall census for outpatient continues to grow each quarter. The outpatient team’s focus has been to find balance in caseloads for therapists to ensure they have full caseloads and can meet workload expectations. Weekly meetings with Access to discuss capacity have helped substantially increase predictable referrals and will continue regularly. We are working to hire to fill for open positions to ensure we can remain ready for all clients who seek us for services. Growth for services will continue to be contingent on demand for ICTS level services and our Kaiser contracts to ensure fiscal stability for the program.

Demographics

GROUP HOME DEMOGRAPHICS

Youth Group Home Demographics	Q1 19/20
Males	73%
Females	27%
Minority	42%
Non-Minority	58%

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

Due to a change in the way that the census is reported (Adults to Youth), only the Q1 19/20 demographics were available for review.

MENTAL HEALTH DEMOGRAPHICS

Mental Health Program Demographics	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Males	55%	56%	52%	53%	52%
Females	45%	44%	48%	47%	48%
Minority	16%	18%	19%	24%	22%
Non-Minority	67%	68%	70%	69%	64%
Other/Unknown	15%	12%	10%	13%	1%
Not Reported	2%	2%	1%	1%	12%

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, 13 children were admitted to ICTS level of services.

ICTS Engagement	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Percentage of ICTS referrals Offered an appointment within 3 days	67%	40%	63%	66%	50%
<i>ICTS Engagement Goal</i>	<i>90%</i>	<i>90%</i>	<i>90%</i>	<i>90%</i>	<i>90%</i>

This quarter the program completed substantial overhauls of scheduling practices and have shifted much of the scheduling from the clinicians to front-desk staff to help provide clinicians with more time to work with and see their clients. As with any transition, we experienced some challenges and had a few clients who waited longer than typical for appointment scheduling. We believe we have identified most of the barriers to ensure clients receive confirmed appointments as quickly as possible.

For Outpatient, the goal is to have a follow-up appointment within 14 days of the initial assessment. For this quarter, 38 children were admitted to Outpatient.

Outpatient Engagement	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
2nd Outpatient Appointment made within 14 days of the Assessment	79%	88%	70%	88%	70%
<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	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
ICTS	91%	85%	95%	100%	100%
<i>4 in 44 Goal</i>	50%	50%	50%	50%	50%

The program met this goal this quarter.

Risk Management

ABUSE ALLEGATIONS IN PROGRAMS

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

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

Abuse Allegations in Subacute	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Total Abuse Allegations	46	73	105	26	13
Total Investigated	0	1	1	3	4
Total Founded	0	0	0	0	0

Founded allegations this quarter included

Two separate reports of verbal abuse of clients by Kerr staff members

Physical abuse of a client during a restraint

Allowing client access to unlocked medications which lead to an overdose

Failure to follow the elopement protocol when a youth did not return to the program after school.

There was a substantiated claim of neglect related to a client at the Silverloop program (see next section for details).

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

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

Adult Group Home Complaint and Grievances	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Total Complaints	0	0	0	0	1
Total Grievances	0	0	0	0	0
Total Appeals	0	0	0	0	0

There was a complaint issued by Marion County regarding the quality of care at the Silverloop home. This complaint was initiated after the death of a client in the home that was ruled a natural cause earlier in the year. As a standard practice, the county reviews the history of care prior to the death of someone in services. Per the report, the actions of Kerr staff did not accelerate the death of the person served. However, in the review of the home's practices, Marion County found gaps in the overall healthcare of the client. There were also concerns about a delay in calling emergency services when the client's condition suddenly deteriorated. Kerr completed a root cause analysis of this client's care, implemented changes needed, and responded formally to the County to address its concerns. No additional follow-up by the county is expected.

Mental Health Services

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

The complaints this quarter included the following themes: Staff enforcing inconsistent expectations or rules and staff not addressing other youth's bullying behaviors.

There was one grievance that was filed by a parent and submitted to Clackamas County regarding a stay at Subacute. Concerns from the parent included staff not respecting the gender identity of her child, how medication changes were being communicated, and also a delay in notifying the parent about a mild

adverse reaction. The program reviewed and complaint and responded to the county and parent. The response was accepted by the county with no additional followup needed.

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.

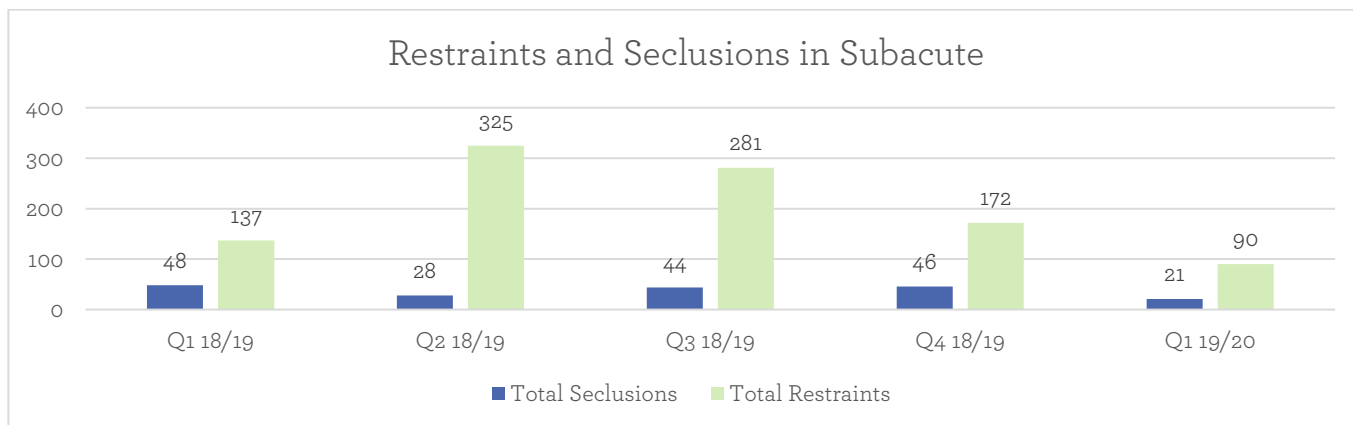
Youth Group Home Client Injuries	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Youth DD Client Injuries (during PPI)	2	1	1	2	2
Youth DD Client Injuries (not during PPI)	7	14	13	9	14
Youth DD Total Self Inflicted Client Injuries	18	10	7	25	8
Youth DD Total Client Injuries	27	25	21	36	24

Adult Group Home Client Injuries	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Adult DD Client Injuries (during PPI)	0	0	5	1	0
Adult DD Client Injuries (not during PPI)	13	14	23	38	29
Adult DD Total Self Inflicted Client Injuries	9	3	9	17	5
Adult DD Total Client Injuries	22	17	37	56	34

Subacute Client Injuries	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Subacute Client Injuries (during ESI)	2	3	4	3	2
Subacute Client Injuries (not during ESI)	86	40	76	82	77
Sub count of Injuries from Self Injurious Behaviors	56	34	54	53	39
Subacute Total Client Injuries	88	43	80	85	79

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	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Percentage of youth in ESI's 6-8 year olds	18%	23%	17%	6%	8%
Percentage of youth in ESI's 9-12 year olds	41%	50%	40%	53%	33%
Percentage of youth in ESI's 13-18 year olds	41%	27%	43%	35%	59%
Average Length of Seclusions	17	25	20	21	22
Average Length of Restraints	10	11	9	8	5
Percentage of Children that required an ESI	20%	21%	29%	18%	58%

In this period, there were fewer overall restraints. However, significantly more youth in the milieu required at least one ESI.

USE OF RESTRAINTS IN YOUTH GROUP HOMES

Youth Group Home Restraints	Q1 19/20
Total PPIs	126
Percentage of PPI's involving Females	31.0%
Percentage of PPI's involving Males	69.0%
Total Clients Involved in PPIs	44
Percentage of Clients that Required Use of a PPI	51%

Adult Group Home Restraints	Q1 19/20
Total PPIs	13
Percentage of PPI's involving Females	38%
Percentage of PPI's involving Males	62%
Total Clients Involved in PPIs	8
Percentage of Clients that Required Use of a PPI	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.

Youth Group Home Critical Incidents	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Total Runaways	16	21	13	13	50
Total Runaways less than 4 hours	11	19	2	13	47
Total Runaways more than 4 hours	5	2	11	1	3
Police Interventions	22	31	21	27	26
ER Visits or Hospitalization	18	24	30	29	15
Total Critical Incidents Youth DD	46	76	52	47	91

In this period, 3 youth ran from the program for more than 4 hours. All eventually were found and returned to the home. Twelve of the police interventions involved a single child at the Roanoke home.

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

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

MEDICAL

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

Youth Group Home Medication Errors	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Missed Med	421	318	289	516	242
Wrong Med	16	1	2	3	6
Wrong Time	21	25	3	1	3
Wrong Dose	73	10	27	105	12
Adverse Reactions	0	0	0	0	0
Wrong Client	0	0	1	0	2
Total Med Errors	531	354	322	625	265

Adult Group Home Medication Errors	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Total Med Errors	102	186	117	101	249
Missed Med	93	146	97	55	213
Wrong Med	6	2	4	4	13
Wrong Time	2	3	3	10	8
Wrong Dose	1	35	12	31	15
Adverse Reactions	0	0	0	0	0
Wrong Client	0	0	1	1	0

As an example of using Epic, in one of the pilot homes, a staff member entered 2 medications into the system so that staff could administer them to the client. Epic created a warning that the 2 medications interacted with each other (one was a seizure medication). This information was passed to the client's

physician who was apparently unaware of this issue. The physician started ongoing testing to ensure that the seizure medications were still at an effective blood level. Prior to Epic, the youth group homes had no feedback mechanism to check for adverse reactions or other issues with medication orders.

Subacute Medication Errors	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Total Med Errors	6	2	2	3
Missed Med	1	2	0	0
Wrong Med	1	0	0	1
Wrong Time	0	0	0	0
Wrong Dose	2	0	0	2
Adverse Reactions	0	0	0	1
Wrong Client	2	0	2	0

In this period, there was one mild adverse reaction when a youth was given a higher dosage of OTC antacids than what was prescribed. Also, a youth was started on a medication for a UTI after a lab was misread by Kerr staff (the person was negative for infection). The program reviewed and updated how labs are reviewed and cross-checked.

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.

Employment Services Total Served	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Total New Jobs Created	10.0	13.0	10.0	12.0	13.0
Job Retention Rate	81%	85%	100%	95%	77%
Project Search Placement Rate	58%	55%	52%	89%	88%
Project SEARCH Retention Rate	100%	90%	100%	81%	87%

The program continues with very high placement and retention rates.

PROGRAM HIGHLIGHTS

Adult Services:

This quarter has seen its share of successes and movements in adult services. Staffing vacancy has dropped from 22 open positions per county to currently only 4 vacancies across all of the adult services. The program is at full capacity for the first time in a couple years in adult services. We have vacated our adult group home (Autzen) and are excited to be able to assist Bernie Wilson and his team in transitioning that program into a children's home.

The Behavior Support Specialist team has been successful in unbundling services from the per-diem rate and acclimating to the new expectation of recognizing and billing appropriately for these tasks. This team has also been a vital part of the EPIC rollouts and builds.

Cominger Group Home- This program has fully implemented the Lean methodology and has greatly improved morale as well as overall services to those served. A client at Cominger has made significant progress and his behaviors (including his incontinence, which has resolved). He has been deep sea fishing with his family this quarter and is planning another family vacation next. Full staffing has allowed us to better assist him in being with his family.

A client at Jay St is a 31 yr. old male who was admitted to Kerr in April. He came from a foster care setting where the conditions were not ideal and he asked for a move. Upon visiting many homes with his mother, when he visited the Jay St. home, he immediately asked to move in. When he first arrived, he would eat and drink anything he could lay his hands on as he was about 20lbs underweight. The program staff worked with the PCP so that the client could gain his weight back in a healthy way and so that he is not seeking food to an extreme. Staff saw a significant positive emotional change and he is now very confident in staff and he knows that he will not go hungry.

At the Portland Art and Learning Studios, staff are acclimating to using Epic and entering their documentation in this new way. The program has also added several new staff who are an excellent fit for our program. They are enthusiastic about supporting both our artists and our mission. One success at the studios is the amazing ceramic works that are being created and prepared for the holiday sale.

A client at the Portland Art and Learning Studio loves to paint and creates beautiful scenes of landscapes and animals. She and her twin brother are both artists in our program. They had one wish for their birthday which was a family trip to the beach. The program leadership was able to work with the family and assist these two individuals to participate in a family trip to the beach for the first time. Kerr worked with the family to provide transportation since the family did not have access to transportation that accommodated two wheelchairs, which had always prevented taking a family beach trip.

A client in Project Search graduated from Kaiser Westside in June. The client struggled with some challenging behaviors while in the program and there were concerns that a long term placement might not be achievable. A night cleaning position opened through the Nike supported employment program and she applied for the job. Because she was not able to clearly illustrate her abilities during a typical resume and interview process, her Kerr job developer created a video resume of her performing her detailed and complex sanitation duties at the hospital during her final rotation. This video resume showcased how well the client worked with the high tech hospital sanitation equipment and focused on her attention to detail. Because of this process, she was the first of her cohort to gain employment after

graduation. She has been working since July and has not exhibited any of the behavioral challenges that she did during Project SEARCH.

Youth Group Home Services

During this period, 75 youth participated in the C.A.S.T (Catch A Special Thrill) for Kids fishing event at Hagg Lake. Over 30 youth, young adults, and staff attended the yearly Hillsboro Airshow. Collectively, the youth in the group homes volunteered 204 hours at Kerr Bikes. As a challenge, the youth group homes continue to see ongoing staff shortages (in comparison to the adult programs).

Group Homes Highlights

The Tuckerwood program had an outstanding first quarter. The clients have a full schedule that included activities such as; participating in several organized sports teams, engaging in the school band, and volunteering their time with Tualatin Hills Parks and Recreation, keeping our local parks clean. A visually impaired resident successfully worked a summer paid position at a nearby recreation center in partnership with the Oregon Commission for the Blind.

In the Marion County programs, Kerr hosted the 2nd Annual Silver Creek Falls picnic for all young adult and youth group homes where over 120 staff and clients attended. Residents from Weathers traveled on a two-night camping trip, and six adult homes went camping for two nights at Devils Lake. One of our Mistletoe clients traveled to Texas on a staff-assisted visit to reconnect with his family for an entire week.

A client from the 165th program, who was not attending school before coming to the program, is now successfully attending school consistently and is now earning A and B grades. The client also joined the YMCA Mt. Hood basketball league and is thriving in team sports.

Mental Health Programs

Overall we have seen early positive impacts of wage increases for staff and, though anecdotal, it is felt that the retention is increasing with lower turnover and increased job satisfaction, particular with our direct care staff. It has also been noted the recognition of peoples' tenure and leadership in the pay raise process has had a notable positive effect on staff as well. We have also noted improved recruitment, particularly for our psychiatric technicians, and had a solid first quarter with few full-time positions open. Another overall program success has been the addition of a medical director. This role has helped to align our psychiatric team as well as continue the integration across all Kerr programs in both Mental Health and IDD disciplines.

Subacute program successes include the identification of a new food provider, Volunteers of America (VOA), which has been very well received by both clients and staff alike. The food is more varied, more protein-rich, better meets dietary restrictions of some of our clients (and tastes better)! Also, at Subacute, we had 24-hour nursing coverage for the majority of the first quarter as we were able to fill both night LPN positions. This, as well as the addition of a medical director, has helped us to widen our range of medical complexity in clients we can support. We have also seen improvements in transitions clients between Subacute to our lower levels of mental health care, particularly our ICTS program, with increased collaboration and support between the Subacute and Outpatient teams. Finally, we continue to work towards accepting more and more youth with coexisting IDD diagnosis and effectively supporting them in our programs. This is particularly exciting as we continue exploring our Subacute expansion where we will provide targeted support for dually-diagnosed youth.

Outpatient programmatic process improvements focused on providing services according to service delivery expectations continues to support increases in productivity for the outpatient team. There continues to be a strong focus on productivity, with the final month of the quarter ending with a 45% overall productivity rate. As we continue to fine-tune our program model to follow service delivery expectations set by our funding models, as well as utilize evidence-based treatment practices, we anticipate we will continue to see growth and improvements in productivity and, most importantly, positive outcomes for our clients.

Subacute experienced challenges this quarter with uncharacteristically low referrals in late August and all of September. It should be noted that this low referral rate was also experienced by peer agencies throughout the state. Low referrals resulted in missing budgeted census targets. At the time of this report, referrals have begun to pick up to more typical levels and we plan to make up for some lost ground. At the beginning of the quarter, we also struggled at times with low staffing, which required a slight increase in overtime for our team to ensure safe staffing. Another challenge we faced this quarter was attempting to secure two single case agreements with Optum, a large insurer in Oregon and Washington. We continue to find their system slow, challenging to work with, and their utilization metrics do not align with our treatment models. There are active discussions with Optum's Director of OR & WA Behavioral Network Services to discuss identified barriers in hopes of creating a better working relationship to serve our shared clients.

Outpatient experienced challenges as leadership continues to focus on developing all team members' skills in meeting productivity and service delivery expectations. Current expectations and demands of our clinicians contributed to increased staffing vacancies in addition to average turnover. The result was the hiring of 2 new full-time CFT's, 2 part-time Fee-for-Service CFT's, 1 Skill Trainer, and 1 Family Support Specialist. Accordingly, on-boarding and smooth client case transfers were a significant focus of the clinical supervisors and leadership team as a whole for Outpatient programs. All of our new team members have already shown to be positive additions to the clinical teams. Despite the turnover, the overall census did not notably change.

At the Subacute program, a 10 y/o male admitted on 8/6/19. He was referred for complex symptoms related to Posttraumatic Stress Disorder. He came to us from the Bend area, where he lived with his adoptive grandparents. This client initially demonstrated a great deal of aggression towards peers and staff, bullying behaviors, difficulty in family interactions during therapy and visits, and challenges with coping skills for frustrations. He ended up staying in subacute for 56 days, but during that time he made a great deal of progress in learning how to communicate with others, understand his feelings, problem-solve and use coping skills to stay safe. He was able to successfully discharge to Jasper Mountain, which was the ideal discharge plan for him, and he, his adoptive grandparents, and the entire community team felt very positive about his overall stay at Subacute.

A 16 y/o female was admitted on 8/30/19. She was referred for increasing emotional dysregulation, aggression and anxiety. This client was initially extremely unhappy about being at subacute. She expressed a great deal of anxiety about being away from home and frequently focused on her discharge. However, after building rapport and trusting relationships with staff, her therapist and psychiatrist, the client was able to engage more fully in treatment. She was able to gain skills to manage mood dysregulation and anxiety was willing to engage in outpatient support services, which is something she had refused in the past. The client and her mom also improved in their relationship together through engaging in family therapy.

A 17 y/o male was admitted on 8/17/19. He was referred for physical aggression towards family members, family conflict, depression, and anxiety. The client struggled throughout his stay in subacute with peer dynamics and conflict, rigid thinking regarding rules and expectations, and family interactions as he experienced a great deal of past trauma with his family. While the client struggled with these dynamics, he also fully engaged in individual and family therapy and was able to work through a variety of internal struggles that he was dealing with. The client also showed an ability to develop insight into his own challenges, identify ways to community and cope, and improve in his ability to be safe. While the client and his family were not ready to be reunited upon his discharge from Subacute, he was able to have a safe and smooth transition to the Children’s Farm Home. We continue to have a very positive and collaborative partnership with Trillium and were pleased to have another successful transition between our two programs.

A client was referred to Kerr ICTS level of care due to suicidal ideation and threatening posturing/statements. Parent and child were able to establish sustainable boundaries through Collaborative Problem Solving, psychoeducation, unconditional positive regard, and significant case management assistance from holistic supports provided by the team. Suicidal and homicidal ideation has not been reported for over 6 months. The client was able to step down to clinic-based weekly counseling in the office with the same clinician that had allied with the family during ICTS services to continue work on historical family trauma.

Another female client began services at the ICTS level, it was her second time through this level of care. When referred, this client was not attending regular school, due to recurring depression and anxiety symptoms. The client was engaging in self-harming behaviors, had difficulty getting to sleep, and felt very uncomfortable alone. Currently, the client is finishing up her senior year of high school in a general education high school. She has also been working for over a year at the same job. She recently saved enough money to purchase her first car and has a long term goal of becoming a veterinarian. Also, this client has not engaged in self-harming or had thoughts of suicide in several months. The client shared “I remember first doing these ACORNs (a self-assessment tool) and thinking my answers will never change. Now, I’m sitting here, like wow, look at how much [better] my answers are.” This client has accomplished many goals and continues to make great strides in maintaining and achieving more.

MENTAL HEALTH PROGRAMS

Subacute

Below are the locations of discharge from Subacute

Subacute Discharge Location	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Discharge to Residential	15.2%	14.1%	14.5%	15.8%	9.4%
Discharge to Community Setting	84.8%	83.5%	84.3%	84.2%	89.1%
Discharge Location Not Reported	0%	0%	0%	0%	0%
Discharge to Psych Hospital	0.0%	2.4%	1.2%	0.0%	1.6%
Discharge to Hospital (Medical)	0.0%	0.0%	0.0%	0.0%	0.0%

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

Subacute saw a slight decrease in the length of stay. Also, the rate of discharge to a community setting improved.

Outpatient Mental Health

ICTS Discharge Level of Care (LOC)	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
ICTS Discharge to Psych Hospital/Residential/Subacute	8%	0%	19%	8%	0%
ICTS Discharge to Same level of care	8%	10%	0%	0%	0%
ICTS Discharge to Unknown level of care	0%	0%	5%	15%	18%
ICTS Discharge to Lower LOC ICTS	85%	90%	76%	77%	82%
<i>Goal for Discharge to Lower LOC</i>	85%	85%	85%	85%	85%
Outpatient Discharge Level of Care (LOC)	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Outpatient Discharge to Psych Hospital/Residential/Subacute	10%	25%	11%	0%	7%
Outpatient Discharge to Same level of care	26%	44%	25%	44%	17%
Outpatient Discharge to Unknown level of care	13%	6%	7%	6%	23%
Outpatient Discharge to Lower LOC	52%	25%	57%	50%	53%
<i>Goal for Discharge to Lower LOC</i>	75%	75%	75%	75%	75%

TARGET SYMPTOM RATING

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

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

Presenting Issue	<i>Percentage of clients that demonstrated improvement from admit to discharge for this issue. (admit score-discharge score >=1)</i>	<i>Number of clients (n=) that presented with this issue at admission (a score of 3,4 or 5)</i>
<i>Family Conflict</i>	58%	77
<i>Peer Relationships</i>	70%	64
<i>School Difficulty</i>	51%	58
<i>Depression</i>	71%	67
<i>Anxiety</i>	51%	77
<i>Psychosomatic symptoms</i>	90%	10
<i>Suicidality</i>	90%	66
<i>Destructive Behaviors</i>	80%	40
<i>Aggression</i>	87%	47
<i>Substance Abuse</i>	70%	24
<i>Psychotic symptoms</i>	100%	6
<i>Runaway</i>	60%	60
<i>Impulsivity</i>	68%	69

The program continues to see high improvement rates in psychosomatic symptoms, suicidality, destructive behaviors, aggression, and psychotic symptoms.

SUBACUTE

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

Percentage of children that are re-admitted within 90 days	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
% of children that are re-admitted within 90 days post D/c	5%	0%	2%	0%	
Number of Children that are re-admitted within 90 days	3	0	2	0	

Of youth discharged in Q4 18/19, no youth were re-admitted to Subacute within 90 days of discharge.

Youth that required crisis psychiatric ER care within 90 days	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
% of children that are re-admitted within 90 days post D/c (Epic)	2%	5%	10%	14%	
% of children that are admitted within 90 days	1	4	8	11	

Of youth discharged in Q4 18/19, 11 youth visited a hospital due to a psychiatric emergency. This data only includes hospital admissions to facilities that use Epic as their Electronic Medical Record.

OUTPATIENT MENTAL HEALTH

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

Youth that required crisis psychiatric ER care within 90 days of discharge	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
% of children that are re-admitted within 90 days (Epic)	7%	8%	2%	13%	
% of children that are admitted within 90 days	3	2	1	4	

Of youth discharge in Q4 18/19, 4 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 Q1 19/20.

Subacute Parent Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.43
I felt my child was safe on the unit	4.33
I felt security was a priority at Albertina Kerr	4.80
I was treated with respect by my child's treatment team and care providers at Kerr	4.70
I felt Albertina Kerr staff provided professional and prompt customer service	4.57
I understand what aftercare will be needed for my child	4.55
My child met the goals set by my family, child, and the Albertina Kerr Team	3.93
I would recommend Albertina Kerr to others experiencing similar challenges	4.27
The support my child received from Albertina Kerr helped them and me/us to feel better	4.27
Number of surveys completed this quarter	30
Subacute Youth Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.09
I felt safe on the unit	3.72
I was treated with respect by my Kerr treatment team and care providers	4.23
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).	4.26
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.)	4.30
I met the goals set by myself, my family, and the Albertina Kerr team	4.16
I would recommend Albertina Kerr to others experiencing similar challenges.	3.89
The support I received from Albertina Kerr helped me feel better.	4.02
Number of surveys completed this quarter	47
Youth Group Homes- Youth survey	Weighted Score (1-5)
I feel safe at my group home	2.0
I am treated with respect by my staff and manager	4.5
I trust my staff and manager to help me with my goals and needs	4.0
I have a say about my goals and my planning for the future	3.50
I am doing well with my goals	4.50
The support I get from my staff helps me feel better	4.0
Number of surveys completed this quarter	2

There were significantly fewer surveys in the group homes. We will be working with the team responsible for gathering to improve the response rate.

Sample of comments from the survey:

Subacute:

- Parent:

“He was bullied by another peer on his unit a few times so I worried about his safety at times.”

“One of the staff presented negatively towards how my son was doing when I asked questions”

“Love the staff”

“Switch to new counselor midway through stay led to difficulty building trust/rapport with a new counselor.”

“We do not have evidence of a workable Safety Plan - that was an essential piece for us. Significant progress was made on other goals that were set.”

“If my child needs this level of care in the future I would definitely return to Albertina Kerr. I would recommend Albertina Kerr to others needing inpatient care.”

- Youth:

“Food sucks”

“The food needs to be improved but other than that it was pretty great I loved the staff”

“I loved a lot of the staff here”

“Carmen was a good counselor”

“I will definitely recommend this to others in need”

Youth Group Home:

“I feel like I do really well but no one recognizes it because I’m not doing perfect, not even my parents see it”

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

This indicates that 63% of the clients in Outpatient and 57% in ICTS reported some improvement while in care. Therapists are completing the ACORN “properly” for 79% of the clients. The program will be working on improving the use of data in supervision and during case consultations to identify non-progressing and deteriorating cases and work with the clinicians to try something strategies that may have a more positive impact on those 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 Q3 19/20.

THRIVING WORKFORCE	Aug-19	Sep-19	Oct-19	Prior FY Avg*	6 Month Avg	Goal
Employee Turnover (Direct Care Staff)	63%	62%	58%	67%	64%	45%
Employees =>125% Minimum Wage	39%	40%	89%	50%	51%	100%

EMPLOYEE SAFETY	Aug-19	Sep-19	Oct-19	Prior FY Avg*	6 Month Avg	Goal
OSHA Recordable Incidents	8	5	7	5.58	5.00	-
NAICS Incident Rate	9.63	9.46	9.84	9.83	9.55	6.90

RECRUITING AND RETENTION	Aug-19	Sep-19	Oct-19	Prior FY Avg*	6 Month Avg	Goal
Current Headcount	726	750	752	719	727	
Current Openings	68	81	72	77	74	
Vacancy Rate	9%	10%	9%	10%	9%	10%
Average Time to Fill	26	18	22	24	24	
Total Applicants	361	397	397	322	375	
Employee Turnover Rate	57%	56%	54%	59%	57%	45%
One Year Retention Rate	65%	66%	67%	64%	65%	

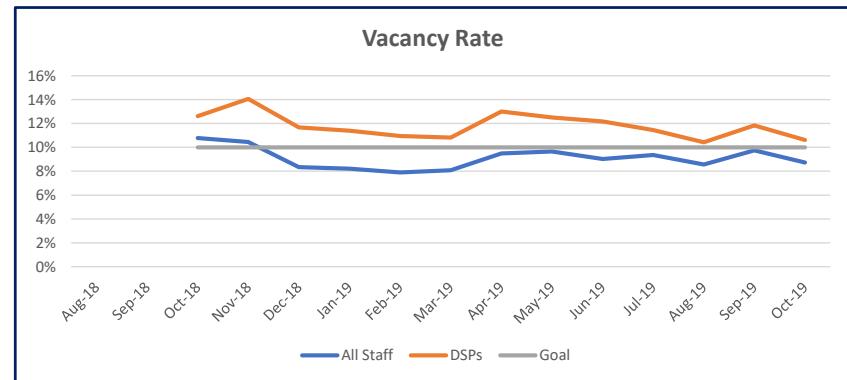
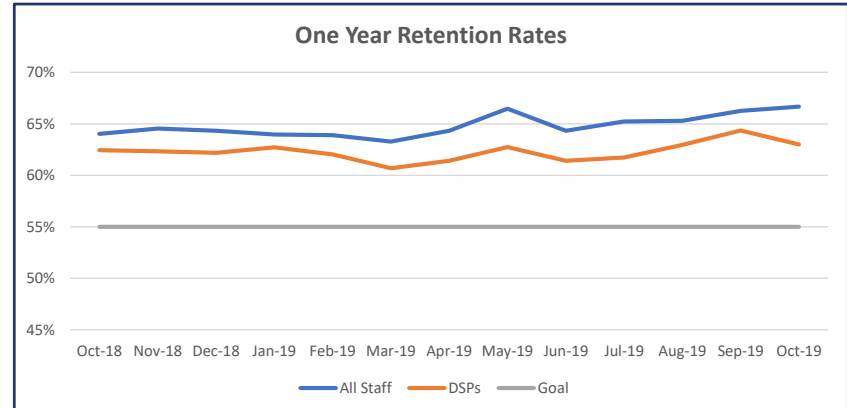
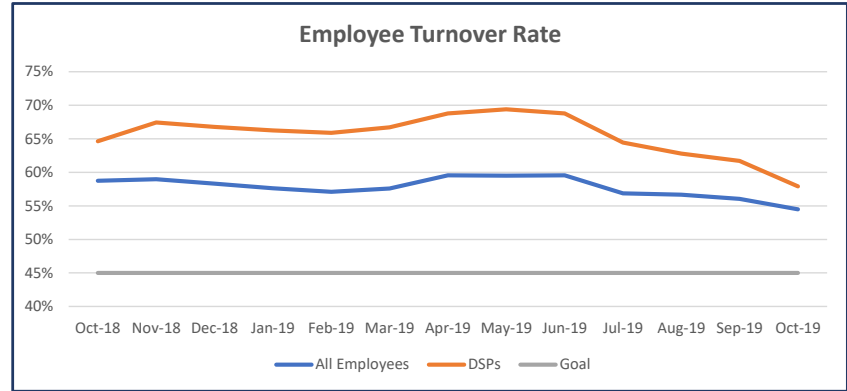
DSP RECRUITING AND RETENTION	Aug-19	Sep-19	Oct-19	Prior FY Avg*	6 Month Avg	Goal
DSP Vacancy Rate	10%	12%	11%	12%	11%	10%
Average Time to Fill	33	19	26	30	30	
Total Applicants	192	156	187	153	155	
Total Interviews	44	69	52	54	56	
Total Hires	33	22	27	21	25	
Employee Turnover Rate	69%	59%	63%	70%	68%	45%
DSP One Year Retention Rate	63%	64%	63%	62%	63%	
Total Terminations	20	13	21	21	19	
Number of Quick Quits	11	6	11	9	9	
Avg Length of Service (LOS) for Quick Quits	27	40	33	29	32	
Quick Quit Voluntary Termination Rate	55%	0%	36%	47%	38%	

HR SUPPORT SERVICES	Aug-19	Sep-19	Oct-19	Prior FY Avg*	6 Month Avg	Goal
Same Day (24-hour) Resolution Rate	89%	0%	0%	90%	91%	80%

EMPLOYEE RELATIONS	Aug-19	Sep-19	Oct-19	Prior FY Avg	6 Month Avg	Goal
Formal Coaching/Counseling	4	3	10	8	7	
Written Warning	1	3	11	3	4	
Final Warning	0	1	7	3	2	
Termination	3	2	10	5	4	

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.

IT Related Initiatives

- Epic
- Incident Reporting
- Raiser's Edge/Financial Edge
- Paycom



ALBERTINA
KERR

Timeline

- Employment Services, PALS & 4 Pilot Group Homes Go-Live – 10/28
- County-by-county rollout to remaining 50 groups to begin in January and complete by May, 2020.

Key Benefits

- Contraindications in medical administration
- Mobile device centric documentation
- Tracking of behaviors and progress toward goals
- Tracking of a wide variety of functions (like sleep, meals, etc)

Work to be Done

- Clearly define standard procedures (who is to do what and when)
- Build meaningful reports
- Billing through Epic

Significant Issues

- Visits to Legacy departments

Incident Reporting

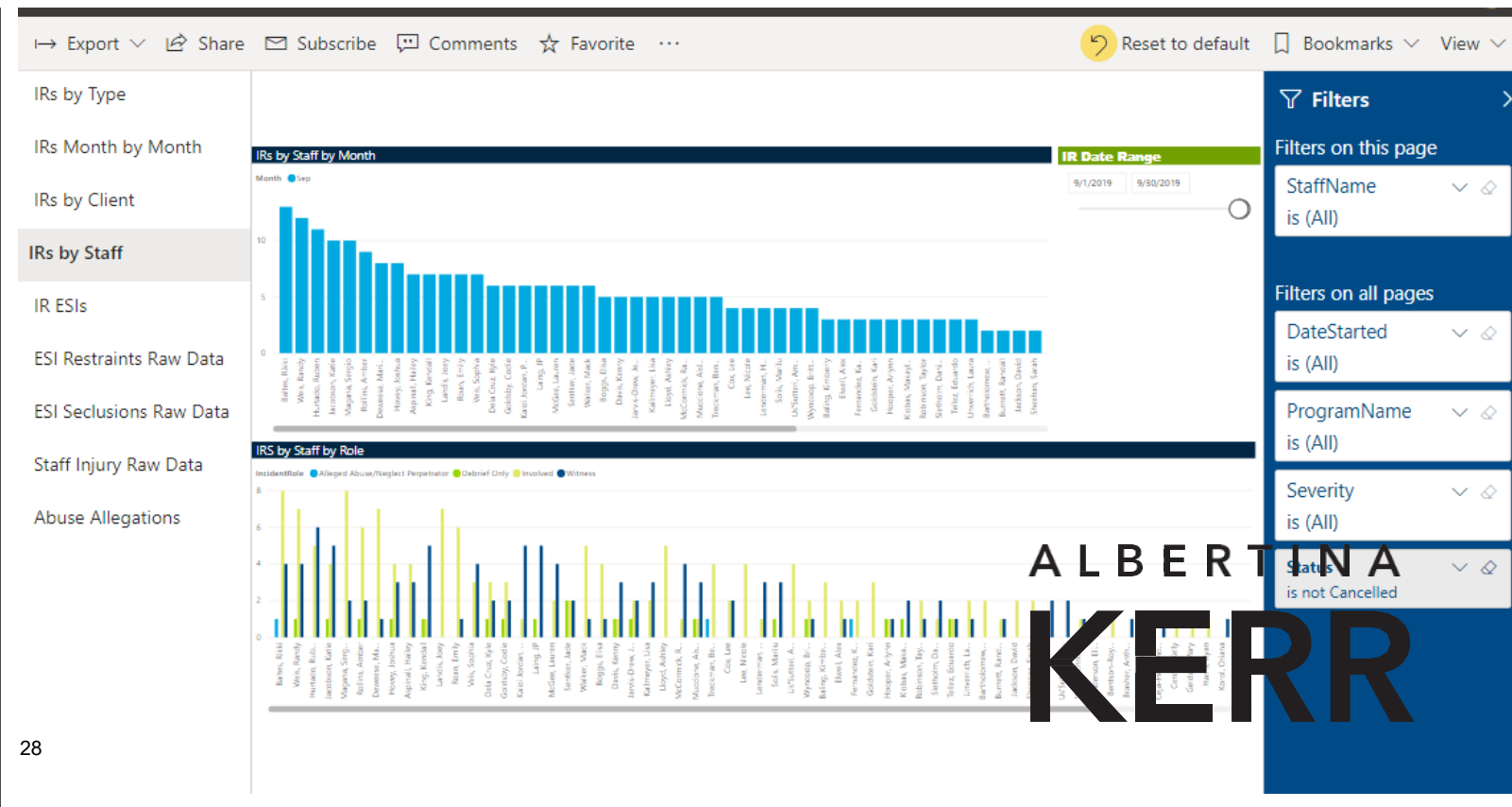
- With the implementation of Epic, Kerr opted to move Incident Reporting out of the EHR for compliance purposes
- The new system - built within the Microsoft environment - went live in Subacute and Outpatient Services in September, 2019
- DD Epic programs went live at the same time they went live in Epic
- Remaining DD programs will go live on January 1st.
- Reports from new system provide much greater insights

Edit Incident Report

IR # 1338 | Incident Start: 11/26/2019 12:28 PM | Program: Subacute | Status: **DRAFT**

Menu

IR Form	Interventions (ESIs)	Involvement & Communication	Nursing & CESIS	Debriefs & Outcomes	Approvals/Rejections & Reviews/Audits
* Client Name	* Client ID #	* Client Date of Birth	* Client Age (at Incident)		
Jacob Beggs	7001180923	4/9/2009	10		
Incident Types					
* Incident Type(s)/Tags for this Report					Edit IR Types
Emergency Safety Intervention (ESI)					
Management & Care Team					
* Program Manager		* Subacute Supervisor for Incident		* CESIS for Incident	
Treckman, Benjamin		Tatch, Hannah		Malanowski, Walter	
* Nurse for Incident		* Client's Kerr Child & Family Therapist		* Client's Kerr Psychiatrist	
Malanowski, Walter		Stanford, Ashlea		Fishman, Naomi	
Incident General Information					
* Incident Severity		* Incident Discovery Method		* Incident Date Type	
Low		Observed/Witnessed by Staff		Exact/Known	

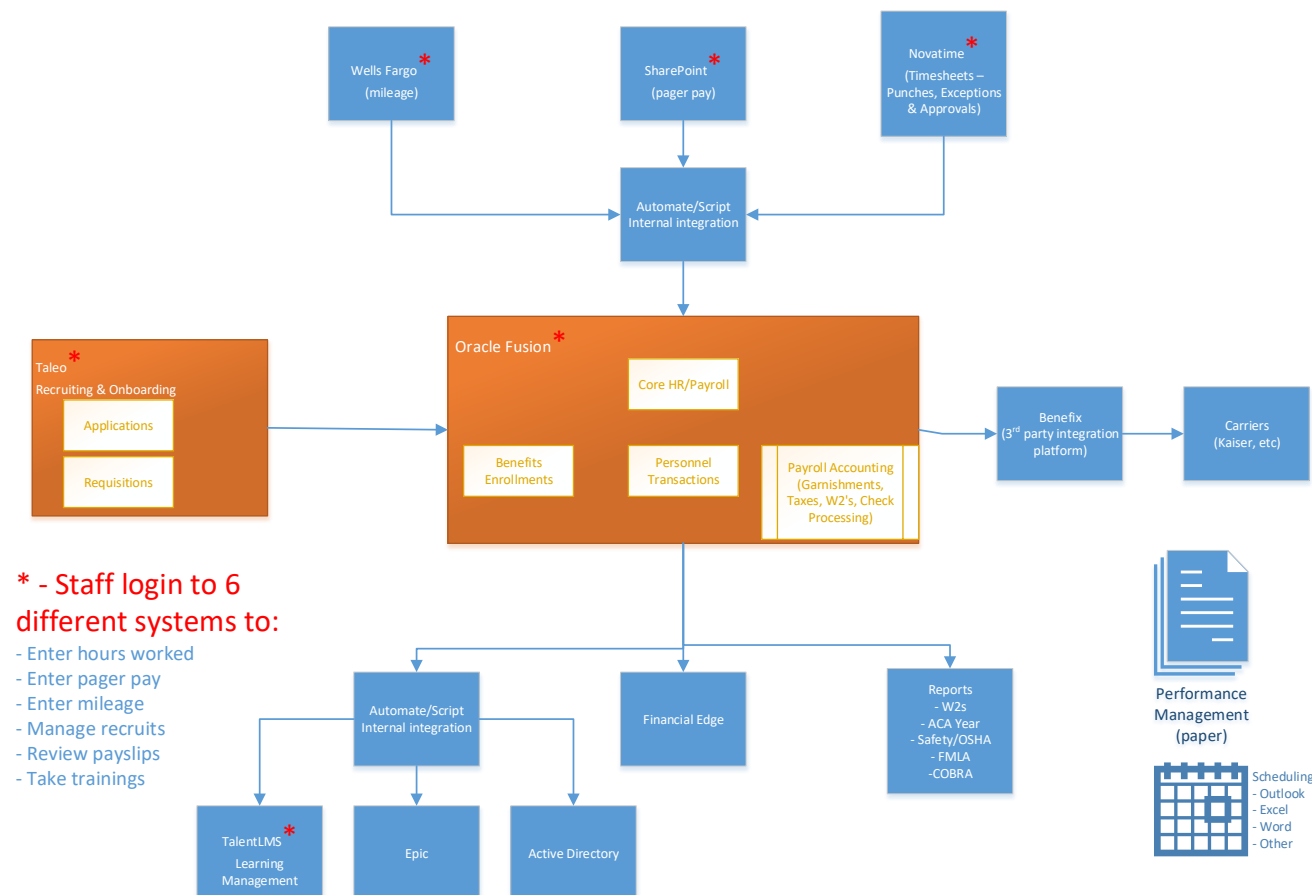


Status

- New HR/Payroll/Benefits platform went live for the entire organization in September
- Solution includes outsourced payroll processing
- All-in-one solution replaced several ancillary systems (see chart)
- Most employee related forms are now electronic
- Scheduling for employees will all be done in Paycom (previously, every program had its own way of managing scheduling)

Still to be Done

- Staff are still learning how to use the scheduling function. We need to complete additional training

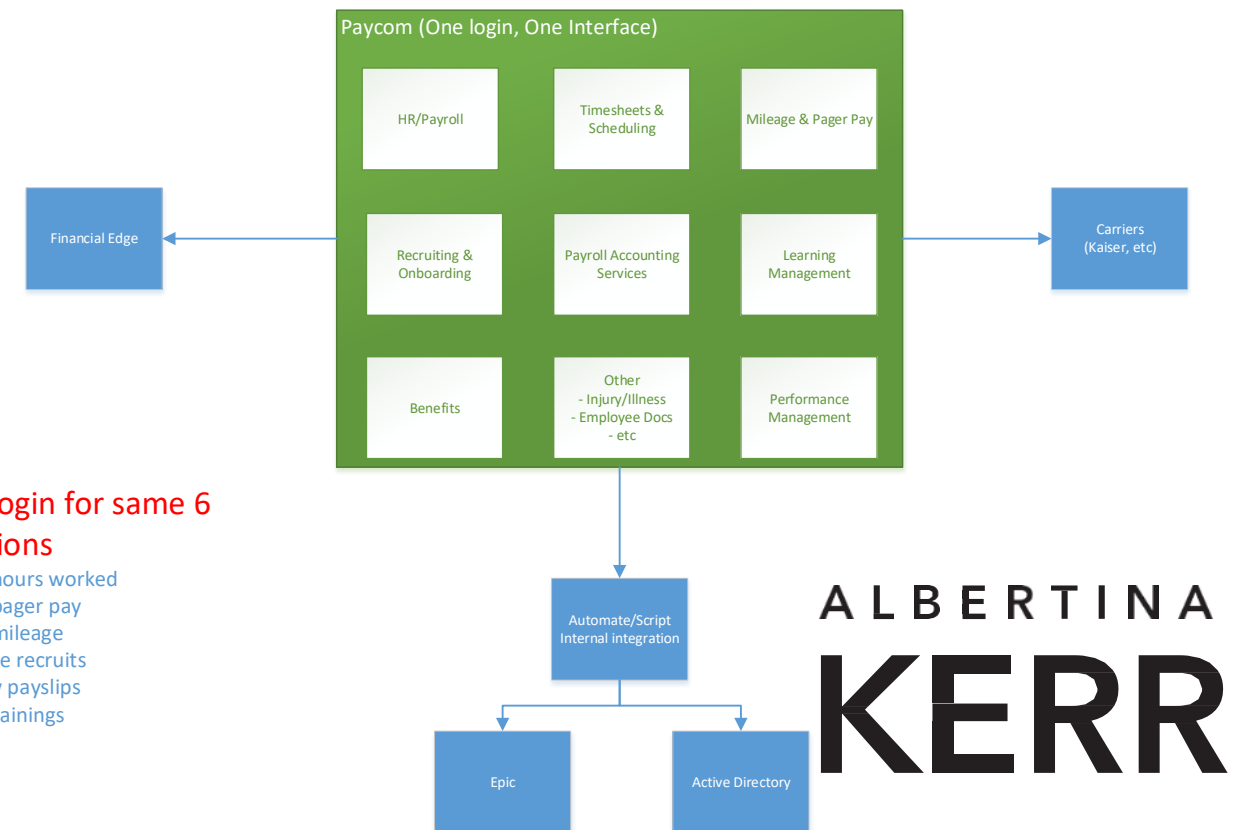


* - Staff login to 6 different systems to:

- Enter hours worked
- Enter pager pay
- Enter mileage
- Manage recruits
- Review paylips
- Take trainings

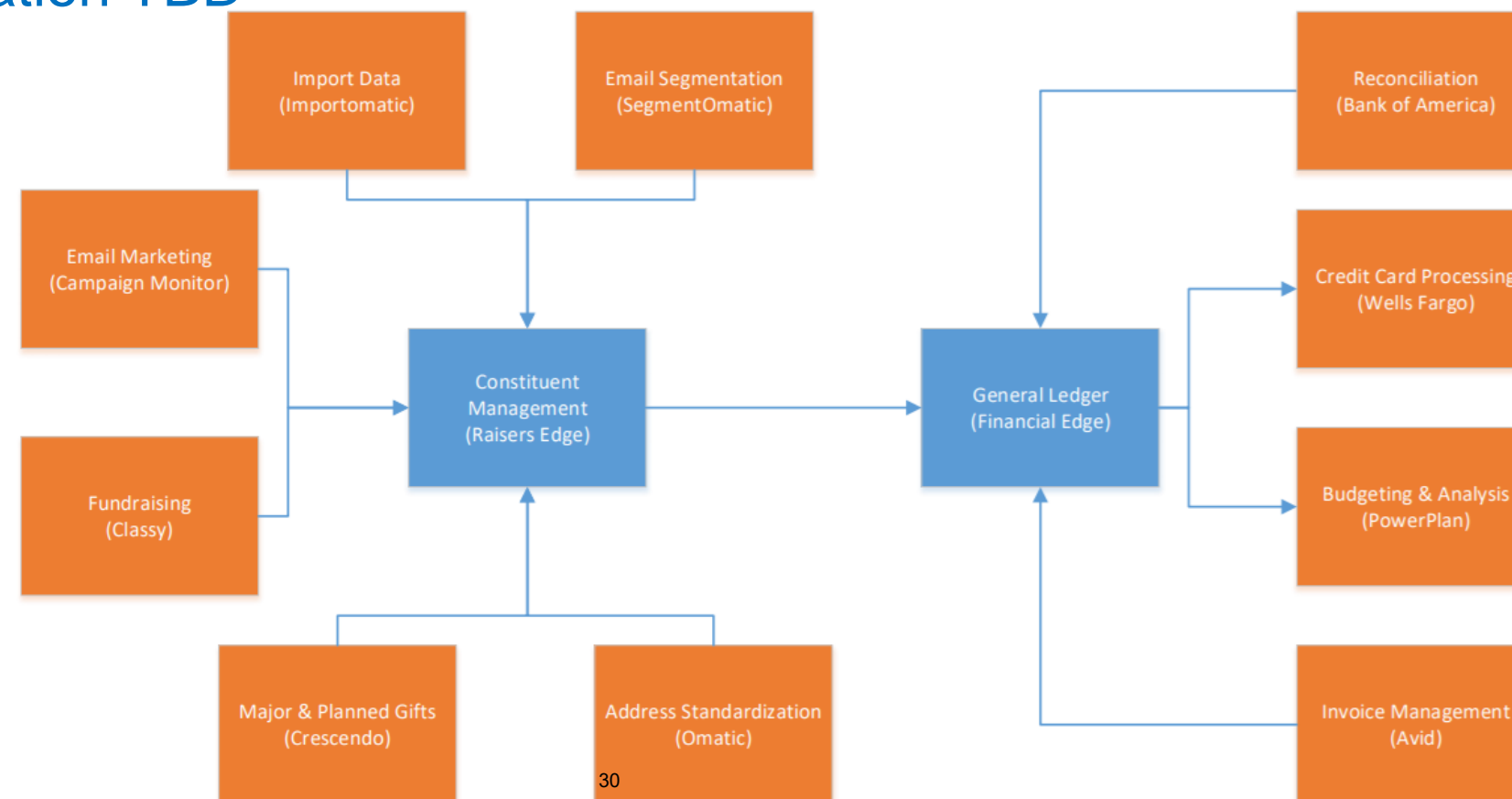
One login for same 6 functions

- Enter hours worked
- Enter pager pay
- Enter mileage
- Manage recruits
- Review paylips
- Take trainings



Raiser's Edge/Financial Edge

- Kerr's key donor and financial management and supporting technologies are supported by the latest versions Blackbaud's client/server applications
- However, Blackbaud has shifted their development efforts to their new hosted, web-based versions of their products
- Given Blackbaud's focus coupled with turnover in Kerr accounting department, it's time for us to determine if the new products meet our needs
- Similar to Paycom, we need to determine which functions the new products support as we look to migrate
- Timeframe to implementation TBD



ALBERTINA KERR CENTERS

2019-2020 Program & Accreditation Committee Objectives

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

Meeting Dates for FY2018-2019

September 11, 2019

December 4, 2019

March 4, 2020

June 3, 2020