ALBERTINA KERR

ALBERTINA KERR CENTERS
Program & Accreditation Committee

Meeting Agenda
Wednesday, December 2, 2020
8 to 9:00 a.m.
Kerr Administration Center

8:00 a.m.   **Convene** (David Wilson, Chair)

8:00   **Approve Meeting Minutes of the December 2, 2020**
pp. 2-4

8:01   **Program Updates** (Owen Gibson & Derrick Perry)
pp. 5-22

8:15   **Proposed Updates to Reporting Metrics for Program &**
pp. 23-24   **Accreditation Committee Meetings** (David Wilson, Owen
Gibson)

8:45   **HR Update** (Matthew Warner)
p. 25   HR Dashboard

9:00   **Adjourn** (David Wilson)

Next Meeting: June 2, 2021
Attached for Reference: P&A Committee Goals FY2020-2021, p.26

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ALBERTINA KERR CENTERS
Program & Accreditation Committee Minutes
December 2, 2020
8 to 9 a.m.
Via Teams

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Members Present
Kim Curry, Susan Hobbel, Heidi Steeves, Dennis Warneke, David Wilson

Members Excused
Teri Barichello, Melissa May, Lisa Powell

Staff Present
Jeff Carr, Owen Gibson, Chuck Haas, Craig Rusch, Dr. Alfredo Soto, Matthew Warner

Convene (David Wilson, Chair)
David convened the meeting at 8:00 a.m.

Approve Minutes of the September 2nd, 2020 Meeting
ACTION: Susan Hobbel moved that the minutes be approved. Heidi Steeves seconded. The motion passed via unanimous vote.

Introduce New Children's Mental Health Director
Derrick Perry introduced the new Director of Children's Mental Health Chuck Haas. Chuck has an extensive background in children's mental health services including experience at Kaiser, multiple clinics, juvenile corrections facilities and Trillium. Chuck is familiar with Kerr's work, and we are all very happy to have him join the Kerr team.

Program Updates (Owen Gibson, Derrick Perry, Jeff Carr)
Owen reviewed the 1st quarter report along with commentary from Derrick and Jeff.
- Group home census is good.
- Derrick shared changes made to the screening and admission process into youth group homes. Investigations following an abuse allegation and substantiation revealed the incident that occurred was in part a result of inappropriate placement in a home. Derrick described the new coordinated, cross-disciplinary approach, where program managers and therapists more deeply vet potential residents in order to understand their needs and risks, and then to evaluate placement and care. The team is already finding this approach expedites the access process and finds better fits for kids and homes.
- Employment Services have been negatively impacted by COVID-19. The Employment Services staff is working very hard to be creative and keep people engaged through activities such as creating a career club. The staff team is looking toward engaging more community partners. A suggestion was made to explore pharmacy businesses (Walgreens, Rite Aid) and grocery stores.
- Kerr is enrolled to receive COVID-19 vaccines in 10 homes at this time. The homes have people over 65 years old putting them first in line. More approvals are anticipated.
- PALS officially closed in the 1st quarter.

- Subacute saw improvement and stabilization in referrals during the 1st quarter and beat census projections. Subacute had two outbreaks of COVID-19 and had to reduce census by temporarily halting admissions following the positive tests. Staff is looking at ways to practice social distancing, however, it is challenging in the residential setting.
- Outpatient Mental Health saw a reduction in referrals. Turnover among staff presented challenges. New Director Chuck Haas will be looking deeper into the turnover issue.
- Outpatient Mental Health is needed in Marion County youth homes. Three youths are having significant behaviors and difficulty. Current behavioral therapists are being utilized to stabilize the youth, however, a more permanent expansion is needed. Recruiting and hiring therapists for youth outpatient mental health is challenging, as Kerr is not known for behavioral health services outside the Portland area. Dr. Soto has an extensive network in the Marion and Polk County region and will reach out to his resources. The challenges are Kerr branding needs to grow in the mental health arena and many young graduates start at Kerr and then move on as soon as they accomplish licensing. Internships have been used in the past, however, they have not been successful in stabilizing staffing. Derrick Perry and Matthew Warner are talking with mental health staff to gain more understanding around recruiting, hiring and then retaining longer term employees.
- Engagement was good in both the 4th quarter FY2019-2020 and in the 1st quarter FY2020-2021.
- Five allegations of abuse or neglect were founded in the 1st quarter. One was of particular concern and was referenced earlier with regard to placement screening processes. Due to this incident, ODDS applied conditions to our license that restricts admissions to Kerr DD Youth Residential programs. All new entry or internal transfers of youth must be approved by ODDS. The number of founded allegations has not increased, however, the concern is that the severity has. Youth behaviors and complexity of issues has increased significantly in the past few years and contributed to this trend. Staff turnover also plays a role due to less experience dealing with dis-regulated kids.
- A grievance was filed against staff by a parent who misinterpreted a message the staff had written to the youth when they departed subacute. The practice of writing goodbye messages to kids as they leave has discontinued to avoid misunderstandings.
- Subacute has seen a decrease in the number of restraints and holds. ESI's (emergency safety interventions) are most common among nine to twelve year old kids. ESI's were also lower in the 1st quarter in youth group homes, and remain consistently low in adult homes.
- Medication errors did not result in any adverse reactions.
- Owen reviewed some positive stories happening in Kerr programs, while noting COVID-19 has presented challenges and some escalated psychotic behaviors.
- Kaiser has agreed as a part of our new 3 year contract to a new quality metric that track kids readmitted to subacute from within 90 days to within 30 days, as they believe this is a better marker for quality of care during the first round of treatment.
- Patient and parent surveys about subacute remain positive. A survey for DD services is still being developed.
- ACORN scores are a challenge, largely due to turnover in therapists. Transitions among therapists and new staff to the program contribute to lower scores.
- Three areas of focus have been identified to address escalating behaviors:
    - Enhanced family involvement
    - Multi-disciplinary approach for each individual
    - Training for staff that focuses on identifying how to verbally de-escalate kids
- Food service continues to be a complaint from the kids at subacute. A long term goal is to turn the kitchen at the 165th group home, next door to subacute, into a meal production kitchen for subacute.

HR Updates: Dashboard & Employee Safety (Matthew Warner)

An uptick in staff vacancies was seen in the 1st quarter. New hire orientation and onboarding is a slower process due to COVID-19 restrictions on classroom time. Virtual training is not a great substitute. HR staff are condensing materials and adjusting. Focus is being placed on better initial screening tools to ensure better fits in positions, as well as focusing on creating a positive new hire experience. Safety is a key focus during the current pandemic. Employee injuries are trending downward and more in line with industry averages. A question was asked about conducting employee exit interviews. Kerr does try to obtain exit information, although it is often difficult. A common response is that the job just was not right for the person.

Review & Approve Renewal of Credentials for Dr. Jenny Tsai and Roberta Bentson-Royal, PNP (All)

The credentials were reviewed and there were no questions or concerns.

ACTION: David Wilson moved to approve renewal of credentials for Dr. Jenny Tsai and Roberta Bentson-Royal, PNP. Kim Curry seconded. The motion passed via unanimous vote.

Adjourn (David Wilson)

David adjourned the meeting at 9:00 a.m.

Recorded by Holly Edgar, Corporate Secretary

ALBERTINA KERR

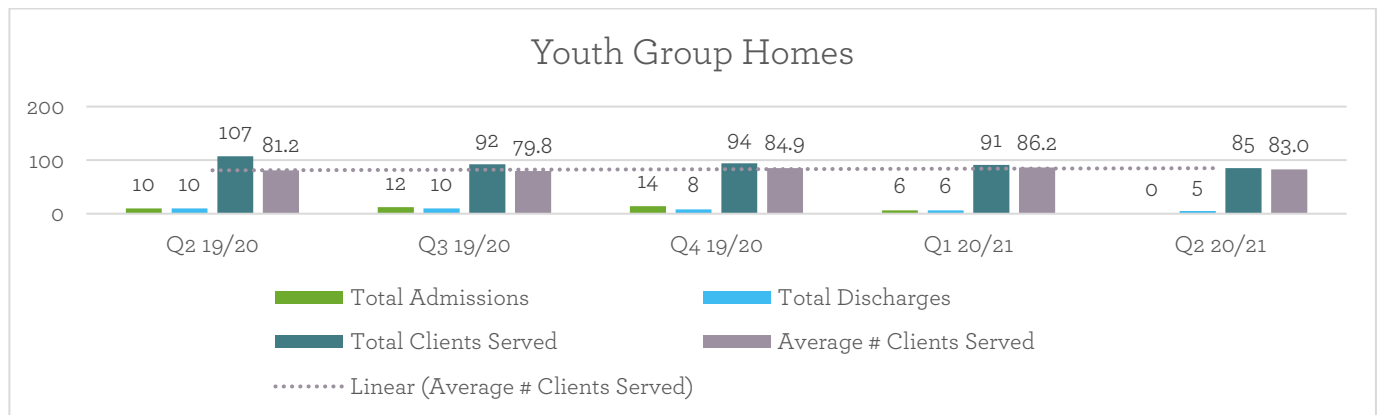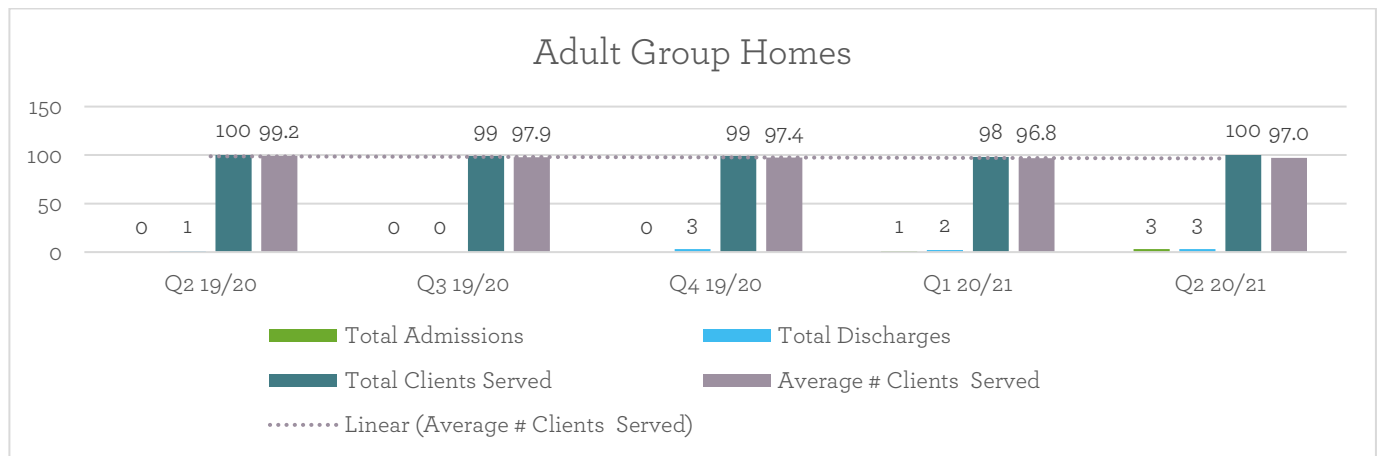# A REPORT TO THE PROGRAM AND ACCREDITATION COMMITTEE

Contents

This report summarizes the activities of Albertina Kerr's Programs for FY Q2 2020/2021

OCTOBER 1ST, 2020 THROUGH DECEMBER 31ST, 2020

Access to Services

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

GROUP HOMES AND EMPLOYMENT SERVICES

Adult Group Homes

Chart showing Adult Group Homes data. Y-axis 0 to 150.

	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total Admissions	0	0	0	1	3
Total Discharges	1	0	3	2	3
Total Clients Served	100	99	99	98	100
Average # Clients Served	99.2	97.9	97.4	96.8	97.0

Legend: Total Admissions, Total Discharges, Total Clients Served, Average # Clients Served, Linear (Average # Clients Served)

Youth Group Homes

Chart showing Youth Group Homes data. Y-axis 0 to 200.

	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total Admissions	10	12	14	6	0
Total Discharges	10	10	8	6	5
Total Clients Served	107	92	94	91	85
Average # Clients Served	81.2	79.8	84.9	86.2	83.0

Legend: Total Admissions, Total Discharges, Total Clients Served, Average # Clients Served, Linear (Average # Clients Served)
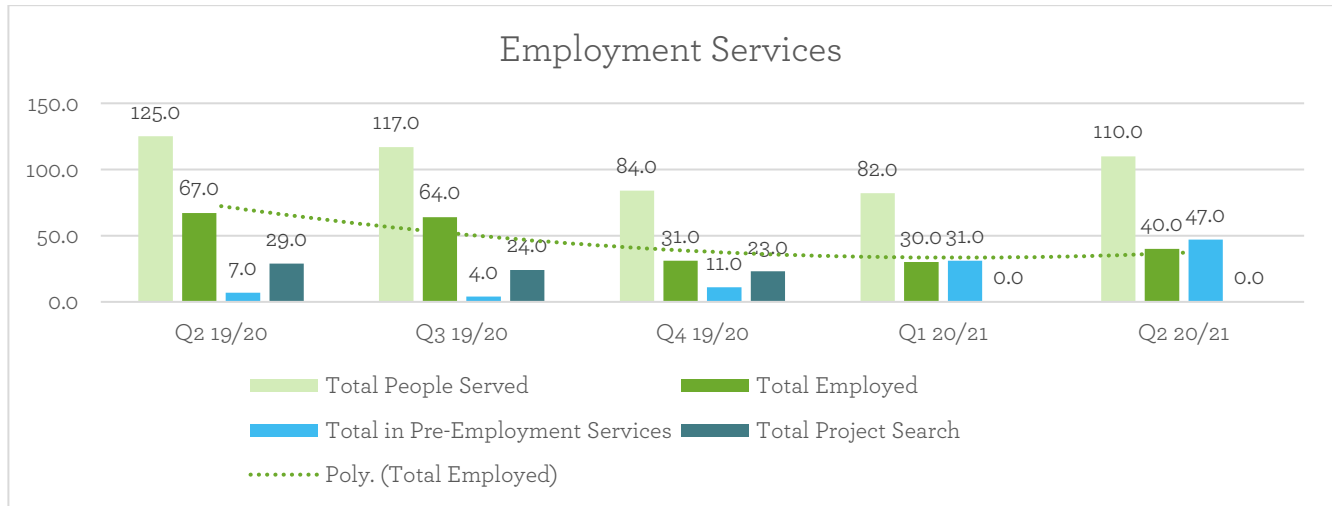
The Kerr youth group home census has seen a decline this last quarter. The primary contributing factor was the conditions that ODDS imposed on our Medicaid Agency certificate and 24 Hour Residential Services endorsement in October 2020. These conditions require the restriction of admissions and transfers without CDDP (community developmental disabilities program) and ODDS approval. This restriction means that Kerr is not prohibited from considering referrals, but any incoming referrals must be approved by the CME (case management entries) and ODDS before entry.

The department monitors and ensures that any program that accepts a youth has the required staffing ratio, a Program Manager in place, and that all staff have met their core competencies training requirement. And although we have not seen a decline in appropriate referrals to the program, our current staff vacancy is approximately 20%, which has become a national trend in our industry, contributing to some staff working excessive hours. Derrick will continue to work with program

leadership to ensure that we are meeting safe staff ratios and that staff are working a reasonable amount of hours during a day or workweek.

There was a recent meeting with our State representatives, who indicated that noticeable progress continues to be made, as it specifically relates to communication and collaboration between Kerr and Oregon State departments, our proactive response to abuse allegations, adherence to behavior support plans, etc.
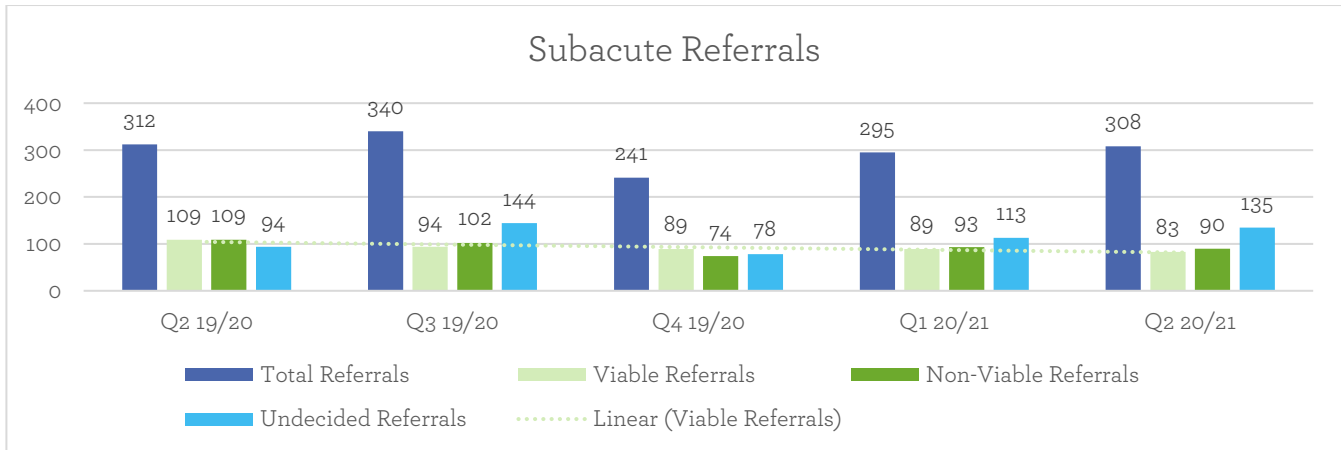

Employment Services

	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total People Served	125.0	117.0	84.0	82.0	110.0
Total Employed	67.0	64.0	31.0	30.0	40.0
Total in Pre-Employment Services	7.0	4.0	11.0	31.0	47.0
Total Project Search	29.0	24.0	23.0	0.0	0.0

Legend: Total People Served, Total Employed, Total in Pre-Employment Services, Total Project Search, Poly. (Total Employed)

The second quarter of the year started strong as Kerr had clients begin to return to their jobs but took a turn in mid-November due to the Governor's new mandate and lockdown.   In mid-November, the Governor moved all Counties up to the extreme risk category, which closed all restaurants and gyms, thereby causing 6 of our clients to be furloughed again (as of Q3, 5 are returning to work). We are starting to see businesses re-opening and people getting new jobs. We added a new Job Developer to our Marion County Employment team, and we are now starting to see this area growing with new jobs on the horizon. While our Post Employment services slowed down, our Pre Employment services picked up. We added 32 people to our Kerr Career Club (Virtual skill building) and added a new Skills First Contract with Vocational Rehabilitation that allowed 6 people to participate in our virtual skill-building services. These services have been very well received by both our clients and our funders as they are a much-needed extension of our services during this time when so many of our clients are feeling isolated and losing critical employment skills.
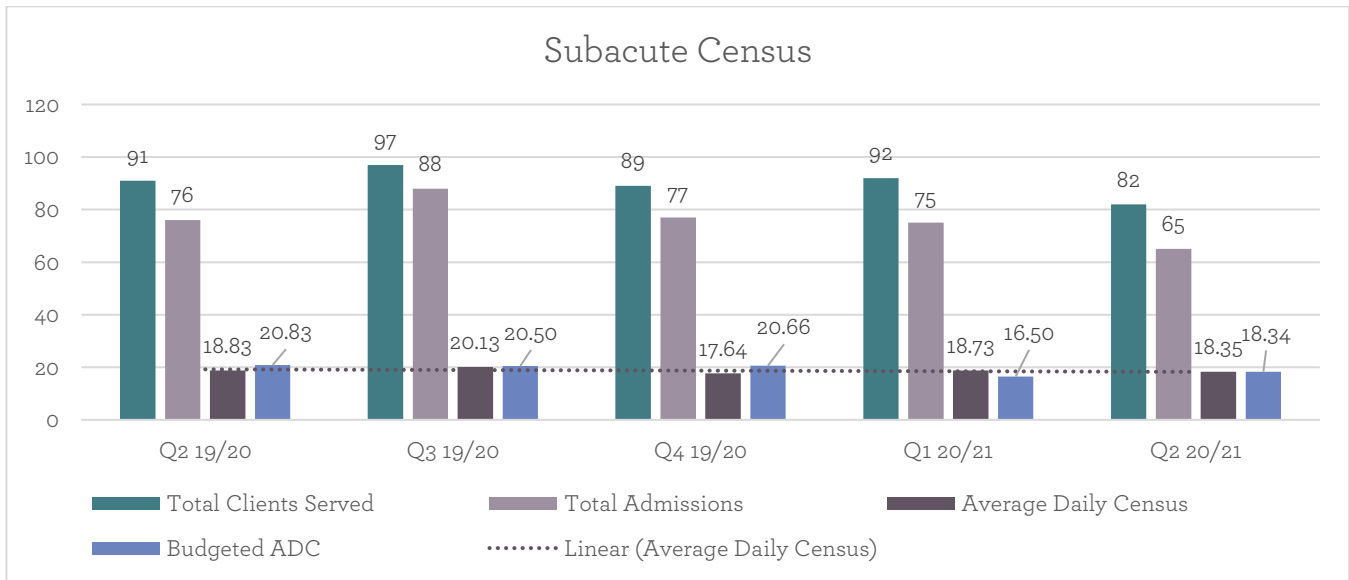
The Embassy Suites Project SEARCH program will return in April for a smaller, compact version of the program serving just three interns for three months due to the fact that the state has restricted all community-based services to be delivered in a 1:1 setting. Our City of Salem Program is still on hold, and we will hear from the City in April if a compact summer program is possible. Kaiser has made the decision not to offer any site-based Project SEARCH programs in their hospitals until the Fall of 2022. We are in the process of looking at Project SEARCH alternatives and partnerships that will help our clients gain skills in worksites while we wait to return to full Project SEARCH programming. Meanwhile, we are actively in the development process of a new program in Hood River, and we hope for a 2022 start date for this program.

SUBACUTE

Viable referrals include the following: admitted Clients, approved and referral was withdrawn, and approved and 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.

Subacute Referrals

Quarter	Total Referrals	Viable Referrals	Non-Viable Referrals	Undecided Referrals
Q2 19/20	312	109	109	94
Q3 19/20	340	94	102	144
Q4 19/20	241	89	74	78
Q1 20/21	295	89	93	113
Q2 20/21	308	83	90	135

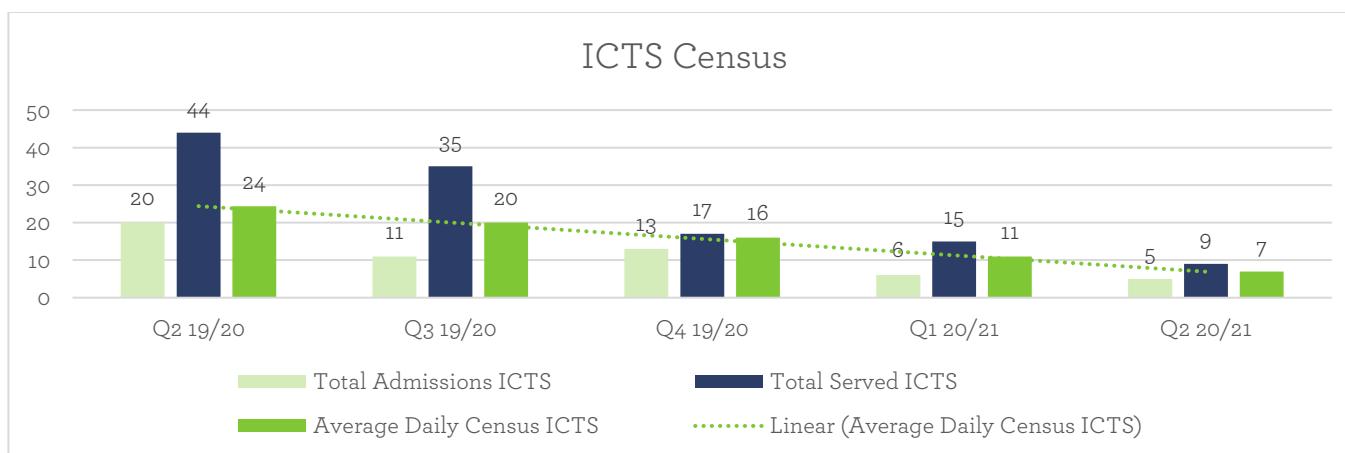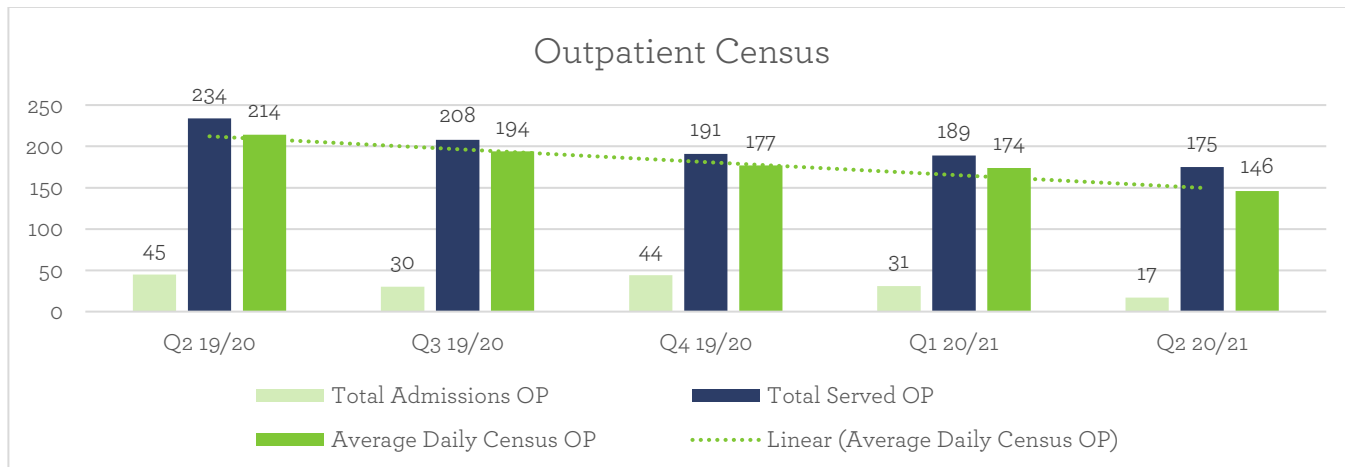*(Chart also shows Linear (Viable Referrals) trendline)*

Overall, the total number of referrals to Subacute improved from last quarter.   The overall demand for Subacute remains relatively high.   While not as high as the recent historic high in Q2 19/20, the number of viable referrals has stabilized in the 80-90 viable referrals per quarter.

Subacute Census

Quarter	Total Clients Served	Total Admissions	Average Daily Census	Budgeted ADC
Q2 19/20	91	76	18.83	20.83
Q3 19/20	97	88	20.13	20.50
Q4 19/20	89	77	17.64	20.66
Q1 20/21	92	75	18.73	16.50
Q2 20/21	82	65	18.35	18.34

(Chart also shows Linear (Average Daily Census) trendline)

The Subacute census average was 18.35 for the quarter. The Subacute program exceeded the census goal of 18.34 for the quarter.   Overall, as with viable referrals noted above, the Subacute census has remained relatively stable and has met or exceeded projections for the last six months.

OUTPATIENT MENTAL HEALTH

Outpatient Census

A grouped bar chart titled "Outpatient Census" with y-axis from 0 to 250. Categories along the x-axis: Q2 19/20, Q3 19/20, Q4 19/20, Q1 20/21, Q2 20/21.

Quarter	Total Admissions OP	Total Served OP	Average Daily Census OP
Q2 19/20	45	234	214
Q3 19/20	30	208	194
Q4 19/20	44	191	177
Q1 20/21	31	189	174
Q2 20/21	17	175	146

Legend: Total Admissions OP, Total Served OP, Average Daily Census OP, Linear (Average Daily Census OP)

ICTS Census

A grouped bar chart titled "ICTS Census" with y-axis from 0 to 50. Categories along the x-axis: Q2 19/20, Q3 19/20, Q4 19/20, Q1 20/21, Q2 20/21.

Quarter	Total Admissions ICTS	Total Served ICTS	Average Daily Census ICTS
Q2 19/20	20	44	24
Q3 19/20	11	35	20
Q4 19/20	13	17	16
Q1 20/21	6	15	11
Q2 20/21	5	9	7

Legend: Total Admissions ICTS, Total Served ICTS, Average Daily Census ICTS, Linear (Average Daily Census ICTS)

Overall, we are continuing to see a decrease in the census for both Outpatient and ICTS. While there has been some decrease in referrals compared to pre-pandemic levels, staff capacity has been the primary limit to census due to staff turnover in the program. The program leadership is continuing to address this issue. The program continues to provide all services through telehealth.

Demographics

GROUP HOME DEMOGRAPHICS

Due to the current bifurcation of data between two electronic records, accurate demographics for group homes is currently not available. We will resume reporting of demographics once all homes have implemented Epic in January 2021.

MENTAL HEALTH DEMOGRAPHICS

Mental Health Program Demographics	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Males	45%	40%	47%	40%	27%
Females	55%	60%	53%	60%	73%
Minority	21%	12%	22%	11%	17%
Non-Minority	63%	69%	64%	76%	74%
Other/Unknown	12%	19%	14%	11%	9%
Not Reported	2%	0%	0%	3%	0%

Engagement

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

For the ICTS program, the goal is to engage children and families within three days of the referral. Below are the percentages of families where that goal was met. For this quarter, 5 children were admitted to ICTS level of services.

ICTS Engagement	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Percentage of ICTS referrals Offered an appointment within 3 days	40%	89%	100%	100%	100%
ICTS Engagement Goal	*90%*	*90%*	*90%*	*90%*	*90%*

The program met the goal for this metric.

For Outpatient, the goal is to have a follow-up appointment within 14 days of the initial assessment. For this quarter, 17 children were admitted to Outpatient.

Outpatient Engagement	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
2nd Outpatient Appointment made within 14 days of the Assessment	62%	82%	66%	87%	77%
Outpatient Engagement Goal	*60%*	*60%*	*60%*	*60%*	*60%*

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

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

There were four visits in 44 days	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
ICTS	100%	88%	100%	100%	100%
4 in 44 Goal	*50%*	*50%*	*50%*	*50%*	*50%*

The program met this goal for the quarter.

Risk Management

ABUSE ALLEGATIONS IN PROGRAMS

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

Founded Allegation(s) this quarter:

Abuse Allegations Group Homes	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total Allegations Against Staff	32	24	9	17	25
Total Opened for Investigation this quarter	15	11	5	5	11
Total Founded during this quarter	5	1	0	5	1

There was one founded abuse allegation this quarter in a youth group home. A relief staff was found to have used an inappropriate hold against a youth, forcing his face to the pavement, and his hands behind his back, and then applied pressure with his knee to the middle of the client's back. The relief staff was terminated.

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	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total Complaints	0	1	0	0	0
Total Grievances	0	0	0	0	0
Total Appeals	0	0	0	0	0

No complaints or grievances this quarter.

Adult Group Home Complaint and Grievances	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total Complaints	0	0	0	0	0
Total Grievances	0	0	0	0	0
Total Appeals	0	0	0	0	0

No complaints or grievances this quarter.

Mental Health Services

Complaint and Grievance	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total Complaints	7	5	7	8	5
Total Grievances	1	2	0	1	1
Total Appeals	0	0	0	0	0

Three complaints included issues with the food quality. Two complaints and one grievance involved peer-to-peer conflict or personality clashes on the unit.   All were resolved.

INJURIES IN PROGRAMS

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

Adult Group Home Client Injuries	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Adult DD Client Injuries (during PPI)	0	0	0	0	0
Adult DD Client Injuries (not during PPI)	19	19	36	67	43
Adult DD Total Self Inflicted Client Injuries	2	10	0	7	2
Adult DD Total Client Injuries	21	29	36	67	43

Youth Group Home Client Injuries	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Youth DD Client Injuries (during PPI)	3	2	1	2	0
Youth DD Client Injuries (not during PPI)	5	10	50	30	19
Youth DD Total Self Inflicted Client Injuries	13	12	8	2	8
Youth DD Total Client Injuries	21	24	59	34	27

Subacute Client Injuries	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Subacute Client Injuries (during ESI)	2	0	2	1	2
Subacute Client Injuries (not during ESI)	158	117	123	103	118
Subacute Total Self Inflicted Client Injuries	66	75	50	33	67
Subacute Total Client Injuries	160	117	123	136	187

# USE OF RESTRAINT OR SECLUSIONS IN SUBACUTE

Below are the use of Restraints or Seclusions (ESI's) in Subacute in behavioral or safety crisis.
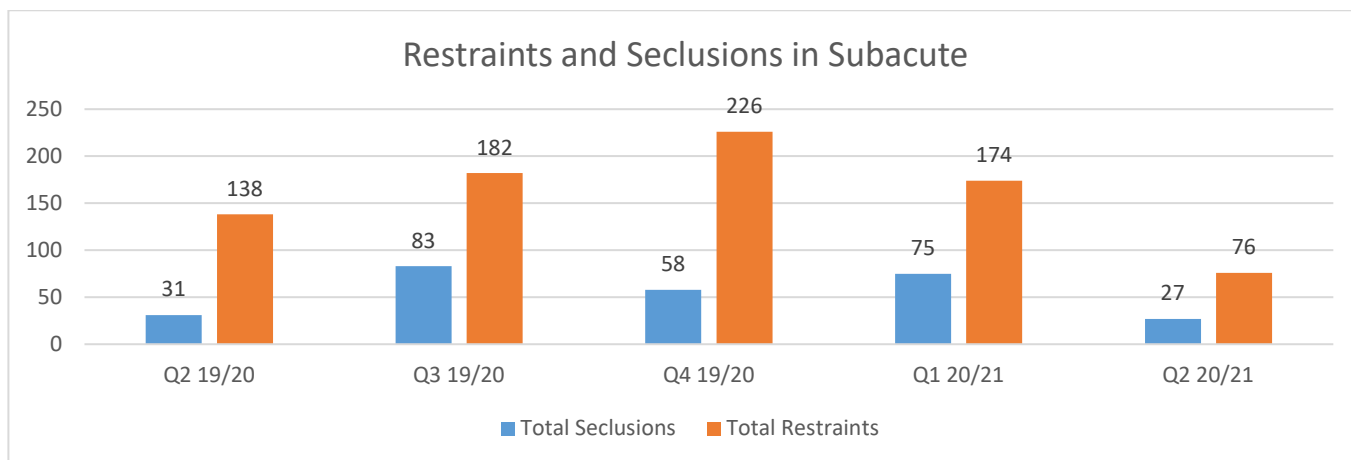
ESI	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Percentage of youth in ESI's 6-8 year olds	26%	33%	25%	25%	20%
Percentage of youth in ESI's 9-12 year olds	42%	47%	31%	58%	40%
Percentage of youth in ESI's 13-18 year olds	32%	20%	44%	17%	40%
Average Length of Seclusions (min)	13	8	22	27	25
Average Length of Restraints (min)	9	11	10	9	9
Percentage of Children that required an ESI	21%	15%	18%	13%	12%

In this period, there was an overall decrease in ESI's. The percentage of youth involved in an ESI was low at 12%.

USE OF RESTRAINTS IN YOUTH GROUP HOMES
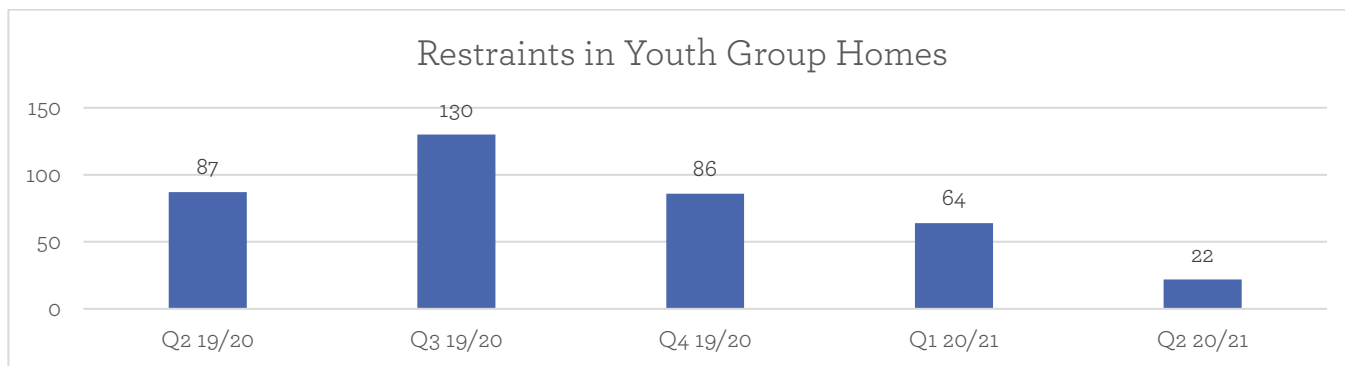
Youth Group Home Restraints	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Average Duration of PPI (minutes)					11.77
Percentage of PPI's involving Females	25.3%	30.8%	17.4%	26.6%	18.2%
Percentage of PPI's involving Males	74.7%	69.2%	82.6%	73.4%	81.8%
Percentage of Clients that Required Use of a PPI	28%	57%	46%	18%	9%

Overall, the number of restraints in youth group homes continues to decrease. Also, the overall percentage of youth restrained has significantly decreased.   In line with other reporting, we are now tracking the length of restraints in group homes.

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 was called due to behavior or medical emergencies. Runaway total is further broken down between less than 4 hours away or more than 4 hours. Please note that a single incident may fall under 2 or more categories.

Youth Group Home Critical Incidents	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total Runaways	40	41	37	60	60
Total Runaways less than 4 hours	26	20	34	55	57
Total Runaways more than 4 hours	14	11	3	5	3
Police Interventions	27	44	32	22	31
ER Visits or Hospitalization	28	44	27	15	20
Total Critical Incidents Youth DD	95	119	96	157	171

Two out of the three instances of 4+ hours runaways involved one client, and the third involved another client who had joined with the first client in the same incident. Clients were eventually found within hours of leaving supervision by the police. 35% of the medical emergencies involved one client with persistent behavioral/physical aggression issues that would often result in minor injuries and numerous law enforcement interventions. There was one suicide attempt by a youth that required emergency medical services intervention. The youth stabilized and returned to the home with additional supports.

Adult Group Home Critical Incidents	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Runaways	7	0	0	4	6
Total Runaways less than 4 hours	3	0	0	4	6
Total Runaways more than 4 hours	4	0	0	0	0
Police Interventions	7	0	0	4	1
ER Visit or Hospitalization	44	18	12	40	27
Total Critical Incidents Adult DD	58	18	12	52	40

In this quarter, there was one death of a person served, brought about by a choking incident during a meal. Staff attempted emergency procedures, including abdominal thrusts and CPR. Emergency services were called, and EMT's transported the client to the ED where he passed.   After an investigation by OTIS, it was deemed that this incident was an unavoidable tragic event.

Subacute Critical Incidents	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Runaways	1	0	0	0	0
Police Interventions	0	0	0	0	0
Child Injuries Resulting in Hospitalization	1	0	0	0	0
Total Critical Incidents SA	0	0	0	0	0

No issues this quarter.

MEDICAL

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

Subacute Medication Errors	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total Med Errors	1	4	8	8	1
Missed Med	0	1	7	7	1
Wrong Med	0	0	0	1	0
Wrong Time	0	2	0	0	0
Wrong Dose	1	1	1	0	0
Adverse Reactions	0	0	0	0	0
Wrong Client	0	0	0	0	0

Outcomes

PROGRAM HIGHLIGHTS

Group Homes

CLACKAMAS COUNTY:

The pandemic has been difficult for everyone. It's been especially difficult for people with significant disabilities who don't understand what's happening or why. They aren't able to go out and do their favorite activities. They often aren't able to see their families. Everyone around them is wearing a mask, and therefore their facial expressions are unreadable (a challenge for people who rely more on visual cues than verbal ones for understanding).

One of the people we serve in our Clackamas group homes had a hard time with all of these issues. He had been asking for "Mom" a lot lately, but due to the risk, it hasn't been possible for his mom to come visit in person. Everyone living at home is at high risk, and so is his mother, so visits just haven't been safe to attempt.

In the past, when Kerr employees have tried to get this person to participate in phone calls or video chats, he hasn't seemed to understand what was happening and would ignore the phone or computer. But staff could tell that the lack of contact was really bothering both this person and his mother, so they decided it was worth trying again.

It should also be noted that this person has a very limited vocabulary. Most of the time, his verbal communication is limited to "No, uh-uh", "LUNCH", "Pee", and "Banana". He practically never speaks in full sentences.

But when staff encouraged him to come to talk to his mom on the computer, he immediately smiled and said "MOM! I miss you." He stayed in the room, touched the monitor as if trying to reach out to his mom, and stayed engaged in the conversation. His mom was so touched that she cried happy tears. It was the first time in years that he's used a full sentence and the first time that anyone has seen him able to engage in a sustained conversation via electronics. And it was the first full smile staff had seen from him in a while.

Staff has continued helping him use video chat to talk with his mother regularly, and he has continued to light up when they do.

MARION COUNTY:

One week before her 18th birthday, we had a resident who moved from the Wicker girls' home to 40th Court, which is an adult home. She made her own decision to move to Salem so she could be closer to her family. Additionally, 40th Court is within walking distance from Chemeketa Community College, where she plans on attending.

When our resident first moved to 40th Court, she was only 2-3 credits away from graduating. She made it a priority to remain in school and complete her remaining credits. She also took the initiative to enroll in a transition program that helps students learn how to navigate the world after high school.

However, finishing school and enrolling in the transition program wasn't enough, so she also decided that she was ready for a job. After speaking with her team about it, she decided a part-time job would be great for her to get out of the house and save for her future and the things she enjoys now. Her first application was at Chipotle, and they called her the next day for an interview. She was hired on the spot.

Our resident now works part-time, goes to school full-time, and has straight A's. She has already accomplished so much in her short five months at 40th Court. She's planning on keeping her job, finishing up high school, and then enrolling at Chemeketa for this coming fall term.

MULTNOMAH COUNTY:

Over the last year, DE at Rockwood has experienced many health challenges. The most recent was in December, he was diagnosed with Failure to Thrive after multiple hospitalizations, and ultimately resulting in his doctor recommending he be placed on hospice.

As DE is only 22, hospice was something that neither his family nor his team at Rockwood felt was right, so Kerr and the team decided to seek other opinions. Over the last two months, DE has seen multiple specialists, a new dietician, and with the thanks to our team in Clackamas County for the referral (who was not taking new patients), he now has a new primary care physician who has years of experience with our IDD population. He has now gained eleven pounds and has started working with a new plan to learn how to communicate via an electronic eye gaze board. The care and compassion the team has given to DE and his family through this tough time has been amazing. It also speaks to the positive relationship that Albertina Kerr has built with population-specific providers who took on a new patient simply because he lives at Kerr.

WASHINGTON COUNTY:

This last quarter at Laurel has had many challenges, and changes along the way, with a staff member and a client both having become infected with the COVID-19 virus and having to ensure everyone, not just those infected, but every client and staff at the program quarantine and do our best to protect the health of all those involved. Along the way, other challenges presented themselves- as we implemented Epic, started a new staff schedule, and all the while, still making sure the clients were attending school, and everyone is safe and healthy. The great news is not only did we survive, but we are also thriving! Everyone is trained and has completed the majority of their training and have done a great job with the transition and implementation of Epic. And during many changes, client LM, who a few months ago was behind in almost a whole year grade level with missing school work, has caught up with all of last year's

school work in every subject, but one. She is currently working hard to get this done and be caught up and on track. The other clients are all doing well in school and are continuing to progress in the right direction. During this last quarter, we had to get creative and work as a team to ensure the safety, health, and of course, the overall success of the clients we serve. The success we had this quarter specifically is a direct reflection of the leadership here at Kerr and the employees on the front line, who, with their hearts on their sleeve, come to the programs daily to serve and leave a lasting impact and impression on this next generation and the ones that will follow; leaving a legacy that is felt by all.

Employment Services

AC, a resident of 159th Group Home, and graduate of our Kaiser Sunnyside Project SEARCH program, was offered a job with Panera Bread in late October. She was hired as a Lobby Attendant, and at that time, restaurant lobbies were open according to Governor Brown's orders. She worked for about 3 weeks, loved the job, and was well-liked by her supervisor and coworkers. On November 15th, a new Covid mandate went into effect, which closed restaurant lobbies once again. AC was devastated and worried that she wouldn't be able to return to work. During her furlough, our employment team reached out to her regularly to check in on her as well as the employer to ensure she would be able to return when restrictions were lifted. She really missed working and was feeling very isolated due to the pandemic restrictions. On Tuesday, Feb. 9th, Governor Brown moved Multnomah County from extreme risk to high risk level, which allowed restaurants to re-open their inside eating spaces. AC's manager called us to ask when she could come back to work; of course, AC was ready immediately. So, on Feb. 12th, AC returned to Panera. She is so excited, and so is her manager!

The pandemic has put a strain on so many of our clients who experienced isolation, depression, and skill regression from losing their jobs. The enthusiasm and happiness that AC had once she learned she could return to work was incredible. Work truly transforms people! We are all so happy and excited for AC.

JC was among many supported employees who were furloughed when the pandemic hit Oregon last March. JC graduated early from Project SEARCH in March of 2019 when she was hired as a part-time Admin Assistant for Washington County. She had been supported in this job for a year when Covid 19 forced their offices to close to in-person work as per the Governor's order. JC struggles with anxiety, and has difficulty navigating social interactions and effective problem-solving. While working, JC made great strides in these areas. JC recognized that when she is not actively working on these struggles, she tended to lose skills in those areas. She reached out to us to see if we were offering any service similar to Project SEARCH to help her retain these skills while she was waiting to return to work. Her ability to recognize her need to continually address these challenges plays a major role in her success. Her ability to advocate for herself has grown tremendously. For precisely these reasons, along with reducing increased isolation for the people we serve, we had begun hosting virtual skill-building/retention classes called Kerr Career Club. We served folks who had been working but were either laid off or furloughed, as well as others who wanted to wait until the restrictions lessened before completing Job Development. JC has been furloughed twice since last March, and each time she has requested to re-join the Kerr Career Club to keep her skills sharp and build on those she had mastered, making the transition back to work easier for her. She returns to work next week. We are very proud of her self-advocacy and self-awareness.

Mental Health Programs

In early January of this year, we had a young adolescent girl who was referred to our Subacute program. This young lady did not speak English, and our Subacute program did not have sufficient numbers of bi-

lingual staff to cover her needs 24 hours, 7 days/week. This young lady had severe behavioral and mental health concerns that were not being adequately addressed in outpatient therapy with another organization, and as a result, she had several visits to emergency departments. As happens with children who are that unstable, they are referred to outside agencies to work with. This young lady had been referred to several agencies, all of which declined to treat her as her needs were so severe. She was about to be returned home from an emergency department as all other referrals to other agencies had been denied. Kerr brought this young lady into our program, who exhibited significant behavioral concerns and required the use of a translator during all waking hours. It was a difficult beginning for her to respond appropriately to the treatment approach. We are happy to say that she stabilized both behaviorally and psychiatrically and went home. This took significant creativity, flexibility, and cultural awareness on the part of Kerr Subacute staff to stabilize this young lady who returned home. It was successful because of the teamwork between Kerr, Multnomah ESD, Linguava Translation Services, and the commitment of the Kerr staff.

EMPLOYMENT AND DAY SERVICES

Below are the outcome metrics for Employment services.

Employment Services Total Served	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Total New Jobs Created	12.0	8.0	4.0	2.0	4.0
Job Retention Rate	100%	96%	80%	80%	83%
Project SEARCH Placement Rate	91%	88%	11%	11%	14%
Project SEARCH Retention Rate	89%	78%	100%	100%	n/a

MENTAL HEALTH PROGRAMS

Subacute

Below are the locations of discharge from Subacute

Subacute Discharge Location	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Discharge to Residential	7.7%	10.1%	5.8%	9.1%	8.1%
Discharge to Community Setting	79.5%	81.0%	88.4%	83.3%	82.3%
Discharge Location Not Reported	4%	6%	0%	8%	10%
Discharge to Psych Hospital	1.3%	1.3%	0.0%	0.0%	0.0%
Discharge to Hospital (Medical)	2.6%	0.0%	5.8%	0.0%	0.0%

Subacute Discharge Length of Stay	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Average Length of Stay (days)	22	19	22	23	24

Outpatient Mental Health

ICTS Discharge Level of Care (LOC)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
ICTS Discharge to Psych Hospital/Residential/Subacute	9%	14%	0%	13%	25%
ICTS Discharge to Same level of care	0%	0%	0%	0%	0%
ICTS Discharge to Unknown level of care	9%	0%	0%	0%	0%
ICTS Discharge to Lower LOC ICTS	82%	86%	100%	88%	75%
Goal for Discharge to Lower LOC	*85%*	*85%*	*85%*	*85%*	*85%*

The program did not meet the goal.   However, the *N* of the program is quite low, which drastically sways metrics.

ICTS Length of Stay	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
ICTS	150	93	122	233	193

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	Percentage of clients that demonstrated improvement from admit to discharge for this issue. (admit score-discharge score >=1)	Number of clients (n=) that presented with this issue at admission (a score of 3,4 or 5)
Family Conflict	70%	50
Peer Relationships	82.9%	41
School Difficulty	35.29%	68
Depression	74.58%	59
Anxiety	63.16%	57
Psychosomatic symptoms	60%	10
Suicidality	93.1%	58
Destructive Behaviors	86.11%	36
Aggression	83.33%	24
Substance Abuse	69.23%	13
Psychotic symptoms	85.71%	7
Runaway	60%	21
Impulsivity	78.26%	46

The program continues to see high improvement rates in clients presenting with suicidality, destructive behaviors, 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	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
% of children that are re-admitted within 90 days post D/c	9%	9%	12%	15%	
Number of Children that are re-admitted within 90 days	7	7	8	10	

Of youth discharged in Q1 20/21, 10 youth were re-admitted to Subacute within 90 days of discharge.

Number of children admitted to an ER within 90 days	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
% of children that are re-admitted within 90 days post discharge (Epic)	9%	4%	7%	6%	
# of children that are admitted within 90 days	7	3	5	4	

Of youth discharged in Q1 20/21, 4 youth visited a hospital due to a psychiatric emergency. This data only includes hospital admissions to facilities that use Epic as their Electronic Medical Record.

OUTPATIENT MENTAL HEALTH

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

Youth that required crisis psychiatric ER care within 90 days of discharge	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
% of children that are re-admitted within 90 days (Epic)	5%	12%	24%	26%	
# of children that are admitted within 90 days	2	5	5	10	

Of youth discharge in Q1 20/21, 10 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.

Subacute Parent Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.37
I felt my child was safe on the unit	4.53
I felt security was a priority at Albertina Kerr	4.58
I was treated with respect by my child's treatment team and care providers at Kerr	4.63
I felt Albertina Kerr staff provided professional and prompt customer service	4.47
I understand what aftercare will be needed for my child	4.47
My child met the goals set by my family, child, and the Albertina Kerr Team	4.16
I would recommend Albertina Kerr to others experiencing similar challenges	4.42
The support my child received from Albertina Kerr helped them and me/us to feel better	4.37
Number of surveys completed this quarter	21
Subacute Youth Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.44
I felt safe on the unit	3.94
I was treated with respect by my Kerr treatment team and care providers	4.52
I had confidence and trust in all my Albertina Kerr care providers	4.21
I understand what I need to do after I leave Albertina Kerr (for example I know what services I need after I leave).	4.23
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.)	4.17
I met the goals set by myself, my family, and the Albertina Kerr team	4.08
I would recommend Albertina Kerr to others experiencing similar challenges.	3.98
The support I received from Albertina Kerr helped me feel better.	4.30
Number of surveys completed this quarter	50
Youth Group Homes- Youth survey	Weighted Score (1-5)
I feel safe at my group home	
I am treated with respect by my staff and manager	
I trust my staff and manager to help me with by goals and needs	
I have a say about my goals and my planning for the future	
I am doing well with my goals	
The support I get from my staff helps me feel better	
Number of surveys completed this quarter	0

Sample of comments from the survey:

Subacute:

Parent:

- Some calls were not returned

Youth:

- There was a client whose actions triggered me a lot
- Y'all should learn the difference between face lotion and body lotion
- There should be clear boundaries between clients
- Never got my coloring book or markers when I asked (there was no metal or anything that would prevent it)
- Still got some ✡trust issues
- I just personally feel like it wasn't for me, but it could definitely be for other people

Youth Group Home:

- None

OUTPATIENT ACORN

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

ACORN Score	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Improvement Score Outpatient	0.79	0.80	1.01	1.10	0.96
Improvement Score ICTS	0.61	0.63	0.32	0.45	-0.09
Improvement Score Goal	*0.80*	*0.80*	*0.80*	*0.80*	*0.80*
% Significantly or Somewhat Improved - OP	63%	71%	80%	68%	69%
% Significantly or Somewhat Improved - ICTS	64%	64%	33%	50%	50%
% of clients with required number of assessments	78%	85%	65%	85%	60%

This indicates that 69% of the Outpatient clients and 50% in ICTS reported some improvement while in care. Therapists are completing the ACORN "properly" for 60% of the clients. Due to turnover in staffing, we may be seeing less improvement in clients served due to therapist transitions or newness to the program. Also, fewer clients are enrolled in outpatient, which creates more significant swings in averages due to outlier scores. The -.09 is a reflection of a very large swing in a small pool of clients. Until ICTS and Outpatient increase their census, the metric is not a reliable measure of program performance.

Reporting Outcomes   DRAFT

Program and Accreditation Committee

Our goal is to deliver a summary of outcomes and metrics, which helps the committee understand Kerr's outcome strategy, benchmarks, and current performance. Our aim is to reduce the current report to a more straightforward format that is both easier to produce and digest. Below is a table of metrics we propose to add to ongoing reporting and others we plan to sunset from future reporting. **Please note that any metrics removed are data points we will continue to collect for future reporting and analysis as needed**.

Status	Metric(s)	Notes	
Remains	-Admission, Discharges, Total and Average Clients Served- All programs -Outpatient and ICTS Engagement Metrics -Abuse Allegations in Programs -Grievances in Programs -Client injuries in restraints -Restraint trending in all programs -Runaway from the program- More than 4 hours -ER visits or hospitalizations- Psychiatric -Police Involvement in homes- Not related to runaways -Medication Errors -Employment Program Jobs Created, Placed, Sustained -Discharge Location Subacute, Group Homes, ICTS -Length of Stay Subacute and ICTS -TSR- Subacute -Admission to ER Rates- ICTS -Satisfaction Surveys -ACORN- ICTS and Outpatient -Subacute Readmission Rate	*-These metrics drive agency financial health and community need.* *-Core Program Metric* *-A Core Risk for the agency* *-Core Agency Metric* *-Core Agency Metric* *-Core Agency Metric* *-Core Agency Metric* *-Useful in reviewing screening and fit or programmatic tools to address psychiatric emergencies.* *-Core Agency Metric* *-Core Agency Metric. Updating to reflect the percentage of errors.* *-Core Program Metric* *-Core Program Metric* *-Core Program Metric* *-Core Program Metric* *-Core Program Metric* *-Core Agency Metric. Adding guardian surveys.* *-Core Program Metric.* *-Update from 90 days to 30 days to match contractual requirements*	
Added in Q4 20/21	-Behavior and Activity/ISP Tracking- Group Homes -Hours of work in Employment Programs -Behavior Supports provided (hours)	*-Core Program Metric* *-Core Program Metric* *-Core Program Metric*	
Added once available	-Referral Demand for All Programs -School Attendance- Youth Group Home -Community Integration Activities	*-Needed to develop agency capacity and planning* *-Core Program Metric* *-Core Agency Metric*	

Sunsets		
	-Demographics (Age, Ethnicity, Race)	-These demographics have had little movement or change in the last 10 years of operational reporting.
	-ICTS Engagement, 4 visits in 44 days	-This metric is being actively tracked at the program level and consistently met.
	-Client injuries due to accidents or self-harm	-These metrics have little bearing on staff performance or agency process.
	-Restraint Details (Age, Length, Percentage of children)	-These metrics are almost solely based on client mix versus staff actions or programming.
	-ER visits or hospitalizations-Medical	-ER visits and hospitalizations due to medical issues are client-dependent and not usually reflective of care. Medical neglect will be captured in Abuse Allegations.
	-Discharge Location- Outpatient	-Discharge Location is generally not reflective of program performance.
	-Length of Stay- Outpatient	-Not a useful metric given the episodic nature of the service line.
	-Admission to ER Rates- Outpatient	-Not a useful metric given the level of service
	-Runaway from the program under 4 hours	-These are often "walks around the block" to calm down for youth in the group home and are not indicative of a problem at the program level.

THRIVING WORKFORCE	Oct-20	Nov-20	Dec-20	Prior FY Avg*	6 Month Avg	Goal
Employee Turnover (Direct Care Staff)	55%	58%	58%	58%	56%	45%
Employees =>125% Minimum Wage	64%	64%	63%	72%	64%	100%

EMPLOYEE SAFETY	Oct-20	Nov-20	Dec-20	Prior FY Avg*	6 Month Avg	Goal
OSHA Recordable Incidents	3	4	3	5.33	3.83	-
NAICS Incident Rate	8.65	8.69	7.41	9.99	8.92	6.90

RECRUITING AND RETENTION	Oct-20	Nov-20	Dec-20	Prior FY Avg*	6 Month Avg	Goal
Current Headcount	733	730	731	751	743	
Current Openings	67	86	90	55	60	
Vacancy Rate	8%	11%	11%	7%	7%	10%
Average Time to Fill	13	18	28	27	20	
Total Applicants	302	363	280	359	321	
Employee Turnover Rate	55%	57%	57%	55%	55%	45%
One Year Retention Rate	67%	65%	66%	65%	67%	

DSP RECRUITING AND RETENTION	Oct-20	Nov-20	Dec-20	Prior FY Avg*	6 Month Avg	Goal
DSP Vacancy Rate*	16%	17%	16%	8%	12%	10%
Average Time to Fill	10	14	28	27	17	
Total Applicants	203	209	216	203	233	
Total Interviews	45	43	52	56	46	
Total Hires	21	27	23	26	24	
Employee Turnover Rate	67%	69%	69%	63%	66%	45%
DSP One Year Retention Rate	63%	63%	63%	64%	62%	
Total Terminations	34	27	21	22	26	
Number of Quick Quits	9	7	9	9	9	
Avg Length of Service (LOS) for Quick Quits	10	20	21	27	25	
Quick Quit Voluntary Termination Rate	55%	71%	78%	47%	62%	

EMPLOYEE RELATIONS	Oct-20	Nov-20	Dec-20	Prior FY Avg	6 Month Avg	Goal
Formal Coaching/Counseling	7	12	3	11	7	
Written Warning	9	5	6	6	8	
Final Warning	5	7	4	3	5	
Termination	9	8	4	6	8	

COMMENTS:

December data is effective 12/31/2020.

*DSP Vacancy Rate is calculated using Master Staffing Schedule Headcounts and not posted vacancies as of October 2020. Prehire employee positions are considered vacant for this calculation.

KEY METRIC GRAPHS

Employee Turnover Rate — All Employees, DSPs, Goal

One Year Retention Rates — All Staff, DSPs, Goal

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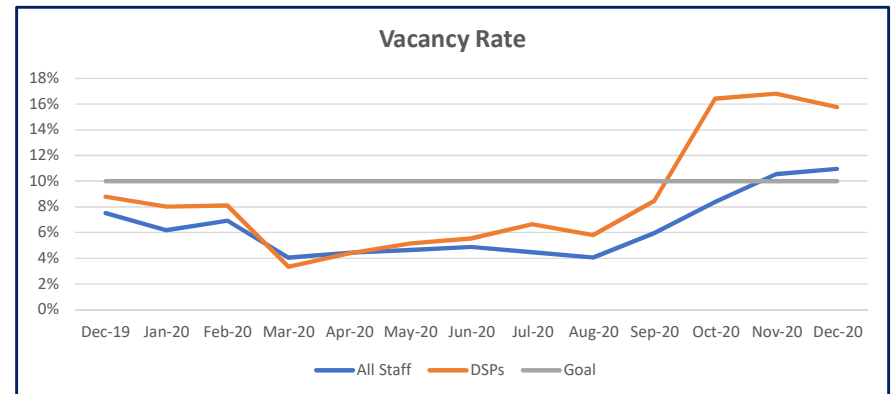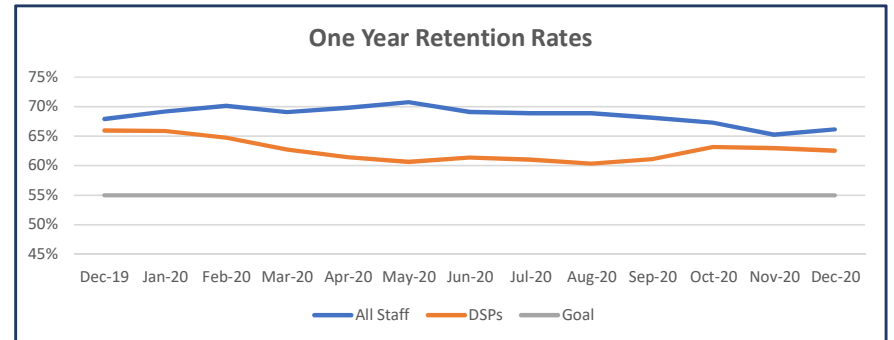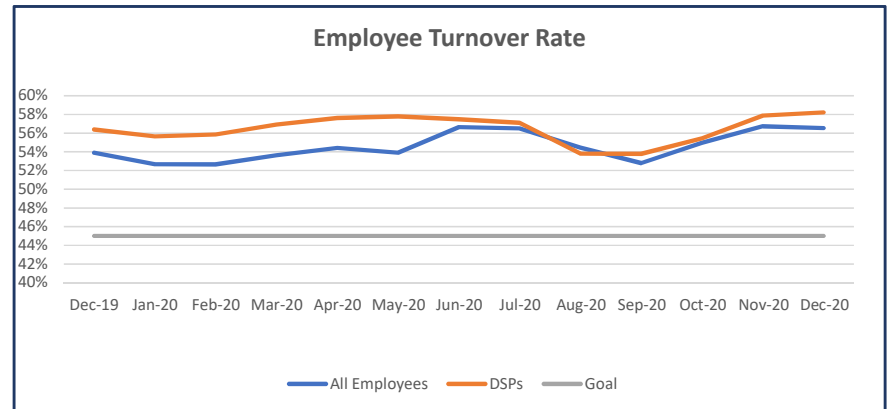
Red cells indicate goal missed by 10% or greater. Green indicates goal exceeded by 10% or greater. White means within 10% of goal, or no goal set. If goal is 0, red is more than one and green is 0.

ALBERTINA KERR CENTERS

2020-2021 Program & Accreditation Committee Objectives

	Goal	Completed	In Process	To Be Completed
1	Review/modify Committee Objectives for 2020-2021	September 2, 2020		September 2, 2020
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	Government Relations Update	September 2, 2020		September 2, 2020
7	Review electronic records implementation, other IT initiatives	December 2, 2020		December 2, 2020
8	Review employee safety management	December 2, 2020		December 2, 2020
9	Review owned and leased real estate		Deferred to June 2, 2020	March 3, 2021
10	Evaluate Committee performance			June 2, 2021
11	Recommend Charter modifications			June 2, 2021

Meeting Dates for FY2018-2019

September 2, 2020
December 2, 2020
March 3, 2021
June 2, 2021

Rev 02/25/2020