

# ALBERTINA KERR

## ALBERTINA KERR CENTERS Program & Accreditation Committee

### Meeting Agenda Wednesday, June 2, 2021 8 to 9:30 a.m. Via Teams

- 8:00 a.m.      **Convene** (David Wilson, Chair)
- 8:00  
pp. 2-3      **Approve Meeting Minutes of the March 3, 2021**
- 8:01  
pp. 4-7      **Program Spotlight: Employment** (Kari Seals, Assistant Director of Employment Services – Washington & Marion Counties; Erin Cochrun-Weston, Assistant Director of Employment Services – Tri-Counties)
- 8:15  
pp. 8-22      **Program Updates** (Owen Gibson, Derrick Perry)
- 8:30  
pp. 23      **Review Owned & Leased Real Estate** (Jeff Carr)
- 8:45  
p. 24      **HR Update** (Matthew Warner)  
HR Dashboard
- 9:00  
pp. 25-38      **New Accreditation & Renewals** (All)  
Timmi Linn Claveria, MD  
Amy Ruth, MD
- 9:10  
p. 39      **Evaluate Committee Performance Against FY2020-2021 Goals & Establish Goals for FY2021-2022** (All)
- 9:30      **Adjourn** (David Wilson)

**ALBERTINA KERR CENTERS**  
**Program & Accreditation Committee Minutes**  
**March 3, 2021**  
**8 to 9 a.m.**  
Via Teams

**Members Present**

Teri Barichello, Kim Curry, Melissa May, Lisa Powell, Heidi Steeves, Dennis Warneke, David Wilson

**Members Excused**

Susan Hobbel

**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 December 2<sup>nd</sup>, 2020 Meeting**

**ACTION: Teri Barichello moved that the minutes be approved. Heidi Steeves seconded. The motion passed via unanimous vote.**

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

Staffing in group homes continues to be a challenge. HR and program management continue to work on this issue from several angles. Youth group home census is slightly down due to ODDS restrictions on admissions. Kerr continues to work with the State and officials have noted Kerr's progress and proactive response to concerns noted in October 2020. Employment Services is a smaller program at this time due to the pandemic. Some employers with Kerr placements are seeing increased business, which is a positive sign for future opportunities. Subacute census is steady. Outpatient mental health has decreased, which is largely a staffing issue, and the program's leadership is working on this. One abuse allegation was founded in the 2<sup>nd</sup> quarter. Restraints and seclusions have decreased in both subacute and group homes. Staff and residents have adjusted to school closures and remote learning, and being together for longer periods of time. Staff is figuring out how to de-escalate and defuse stress and tension. One suicide attempt was reported that required medical attention. The youth was stabilized and returned home. One death was reported. A resident with historical choking issues suffered cardiac arrest and did not recover. Target Symptom Ratings at subacute continue to be good. Subacute surveys continue to indicate high levels of satisfaction of services. A new group home survey will roll out next week.

**Proposed Updates to Reporting Metrics for Program & Accreditation Committee Meetings**

(David Wilson, Owen Gibson)

David and Owen have been discussing ways to bring more Committee engagement into the P&A Committee meetings and moving away from the current heavy reporting format. Owen presented a proposed list of metrics to be included in future reporting at P&A Committee meetings. All metrics that are proposed to be eliminated from the P&A reports will still be tracked and maintained, just removed from the report. Some metrics will be combined. At any time that a question or request for deeper review

arises, all metrics will still be available for review and discussion. Future meeting agendas will focus on richer conversations about programs and will provide deeper understanding of the programs.

**HR Update** (Matthew Warner)

Matthew reviewed the 2<sup>nd</sup> quarter HR dashboard provided in the meeting packet. DSP staff retention continues to be a main focus item. Screening and selections processes are designed to identify good individual/job matches and those that are likely not a good match. COVID related restrictions have hindered the ability to give real life experiences in homes and subacute so people can see the real work at hand. HR recruiting efforts are looking toward graduation season and possible incentives to hire new graduates. New management training also focuses on teaching management skills in the areas of providing safe and positive working environments. Manager selection tools are being developed as well, to identify those ready for a management position and the responsibilities that go with it. Better onboarding into the role and better support systems to help new managers learn how to manage others. Schedules have been standardized in homes to make recruiting for specific DSP schedules easier. Recruiting and hiring front line health care employees is an industry wide problem.

**Adjourn** (David Wilson)

David adjourned the meeting at 8:50 a.m.

Recorded by Holly Edgar, Corporate Secretary



## Pre-Employment and Supported Employment Services

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## Employment Service Statistics

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**Pre-Employment:** Approximately 40 individuals participating in our online and in-person pre-employment services.

**Job Development:** Approximately 25 individuals currently in the process of searching for work with the help of one of our Job Developers.

**Post Employment:** 42 individuals currently working in an integrated job (and rising weekly!).

Kerr serves individuals in Multnomah, Clackamas, Washington, Marion Polk, and Jefferson Counties



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## Pre- Employment

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### Kerr Career Club – KCC

#### Virtual skill building and social interaction

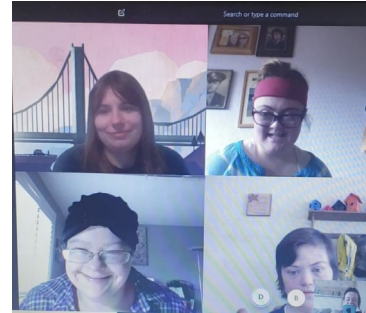
- SOCIAL SKILLS
- TECHNOLOGY
- HEALTH AND WELLNESS
- FINANCIAL LITERACY
- CAREER EXPLORATION

#### Skills First! –

**Hands on skill building** delivered in a virtual setting in collaboration with local support providers/family members. A new service line funded through Vocational Rehabilitation. Started as a mini contract, now a pre-authorized service available to clients across the state.

#### Why we did it:

- Skill retention
- Social connection



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## Success story – Raymond Wilkins

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- Raymond started as one of our first client's in Job Development.
- Hired by Kerr Bikes, which was his first job.
- Joined our Project SEARCH program at Embassy Suites at the Airport.
- Was hired for the Washington County Embassy Suites as an Engineering Technician directly during graduation of Project SEARCH.
- While employed he was able to get his own apartment, which was a goal for him since the beginning of him being in our services.
- Worked at Embassy Suites until he was laid off due to the Pandemic.
- At the time of him being re-hired back to Embassy he decided that he no longer needed coaching services. His team all agreed and we celebrated his success! This is the essence of Supported Employment!



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## Post Employment Services

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### Here are a few businesses we partner with:

- Nike
- Kaiser Medical Centers
- Fred Meyers
- Regal Cinemas
- Crunch Fitness
- Mod Pizza
- SpiceWorks
- Earthly Gourmet
- Marshalls
- Panera Bread
- Coastal Supply
- City of Hillsboro, Parks and Recreation Program
- And many more...



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## Strengths and Challenges

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### Strengths :

- Dedicated and flexible staff who didn't think twice about pivoting to meet the needs of all of our clients and the community
- Innovative programing solutions which broadened our reach to serve clients in new and creative ways.
- Highly respected by Clients, families, State funding agencies and the Supported Employment Community
- Fiscally solvent and always striving to meet or exceed our revenue projections.

### Challenges:

- Hiring new staff to support the growth of our services
- The ever changing guidance and restructuring from multiple governing agencies
- Staff and manager burnout due to the constant change and staffing shortage



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# Vision for the next year



**Continuing with new service delivery models that were developed during the pandemic to reach people where they are.**

**Expanding our physical reach to include Hood River and Polk counties**

**Enhancing our Pre-employment community based services which may or may not include Project SEARCH due to circumstances out side of our control**

**Bringing our pre-employment and skills building services into our transition aged group homes.**



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Albertina Kerr empowers people with intellectual and developmental disabilities, mental health challenges, and other social barriers to lead self-determined lives and reach their full potential.

[albertinakerr.org](http://albertinakerr.org)

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# A REPORT TO THE PROGRAM AND ACCREDITATION COMMITTEE

For the time period of January 1, 2021 through March 31, 2021

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## Agency-Wide Metrics

### Demographics Snapshot

Demographics	Q3 and Q4 19/20	Q1 and Q2 20/21	Q3 and Q4 20/21
Male Clients			64%*
Female Clients			36%*
Other Gender Clients			*
Other Race/Ethnicity Clients			22%*
Non-Hispanic White Clients			78%*
	Q3 and Q4 19/20	Q1 and Q2 20/21	Q3 and Q4 20/21
Male Employees			30.8%
Female Employees			68.5%
Other Gender Employees			0.7%
Other Race/Ethnicity Employees			40.0%
Non-Hispanic White Employees			59.9%

For reference, in Multnomah, Clackamas, Washington, and Marion Counties, the reported percentage of minority residents is **31%** from the most recent census. \* The confidence level of Client Demographics is low due to some current issues with data entry and reporting. We are working to validate these reported numbers.



## Abuse Allegations

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

<b>Abuse Allegations</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Total Allegations Against Staff	30	11	19	29	21
Total Opened for Investigation this quarter	11	5	5	11	9
Total Founded during this quarter	1	0	5	1	0

Founded Allegation(s) this quarter: There were no founded allegations this quarter.

## Medication Errors

<b>Medication Administration Timeliness</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Percentage of Medications Given On Time					96.1%
<b>Medication Errors</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Percentage of Medications-Wrong Dose					0.008%
Percentage of Medications-Wrong Medication					0.007%
Percentage of Medications-Wrong Client					0.001%
Total number of medications given					178,474

## Agency-Wide Metrics Comments

In this report, we are now reporting both client as well as employee demographics. These will be collected every six months for review. We are currently validating the client demographic data as we suspect data entry errors that may be skewing the reports coming out of Epic.

We are also now reporting medication errors agency-wide. With Epic, we can now report errors based on a total number of administrations which gives us a medication administration error rate. We are using this data over the next quarter to develop goals moving forward. From these errors, no known adverse events.

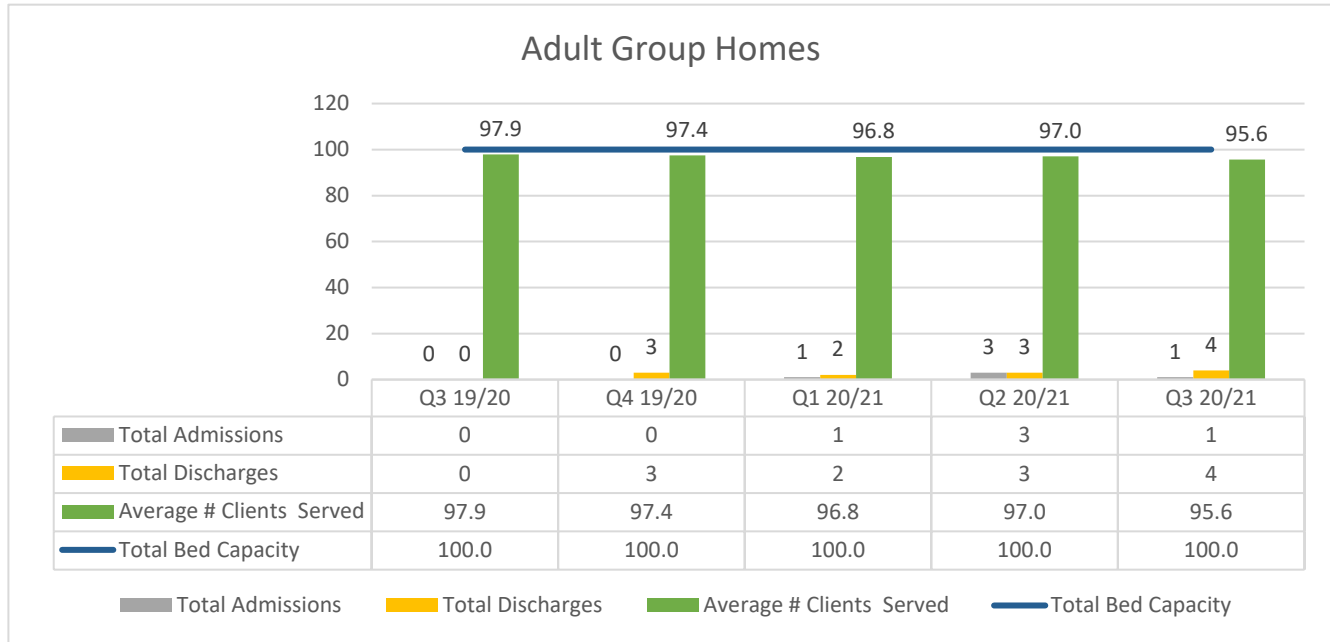
Within the remainder of this report, you will find categories of metrics we are developing for future reporting. These include the attainment of individualized goals, community inclusion activities, and consumer surveys beyond Subacute. Some metrics have also been updated to where past data is no longer a helpful reference. In those cases, the prior quarter's data has been greyed out.

# Adult Group Homes

## Referrals

In Development

## Admissions, Number Served, and Discharges



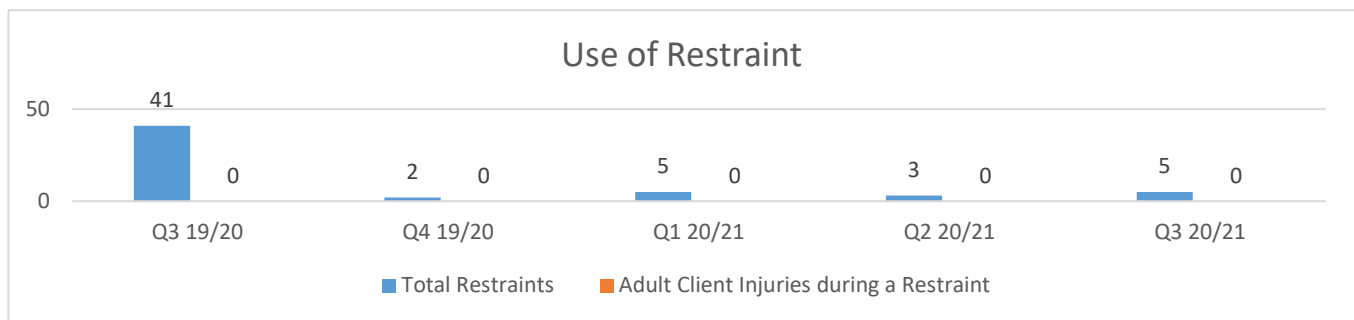
## Individualized Plan Attainment

In Development

## Community Integration Activities

In Development

## Use of Restraint



Adult Group Home Restraints	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Average Length of Restraint (min)					1
Total Adults Involved in a Restraint	8	1	4	3	4
Percentage of Adults that required use of a Restraint	8%	1%	4%	3%	4%

## Complaints or Grievances

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

## Critical Incidents

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. Please note that a single incident may fall under 2 or more categories.

<b>Adult Group Home Critical Incidents</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Total Runaways more than 4 hours	0	0	0	0	0
Police Interventions	0	0	4	1	4
ER Visit or Hospitalization	18	12	40	27	24

During this period, a person served at Kerr’s 181<sup>st</sup> group home passed away due to cardiac arrest. In review, her death was deemed due to natural causes by the state review. There were no concerns noted regarding the person’s care while at Kerr.

## Surveys

In Development

## Adult Group Homes Comments

As with all programs at Kerr, Adult Group Home programs are being significantly impacted by the staffing shortage. At the time of this report (May 25<sup>th</sup>, 2021), Kerr has a vacancy rate for Direct Support Staffing in Adult and Youth Group homes at 27%. For Program Managers and Assistant Directors in group homes, the vacancy rate is 13%. For scale, to reach 100% direct care staffing in group homes, Kerr would need to hire and retain 155 staff in total into DSP and Manager positions within the group homes. One adult group home has been temporarily closed due to the staffing crisis. The decision to close View Acres was difficult because the three residents who reside there have been there for a significant amount of time together. Those clients consider View Acres as their “forever home.” In coordination with the clients, external care teams, family and guardians, our behavior support specialist, and other Kerr staff, a very thoughtful and trauma-informed care plan was developed and executed, including visits before the move, staff training on individual support plans, environmental awareness, and planning, etc. As a result of that teamwork and trauma-informed approach, the resident’s transition to other homes was successful.

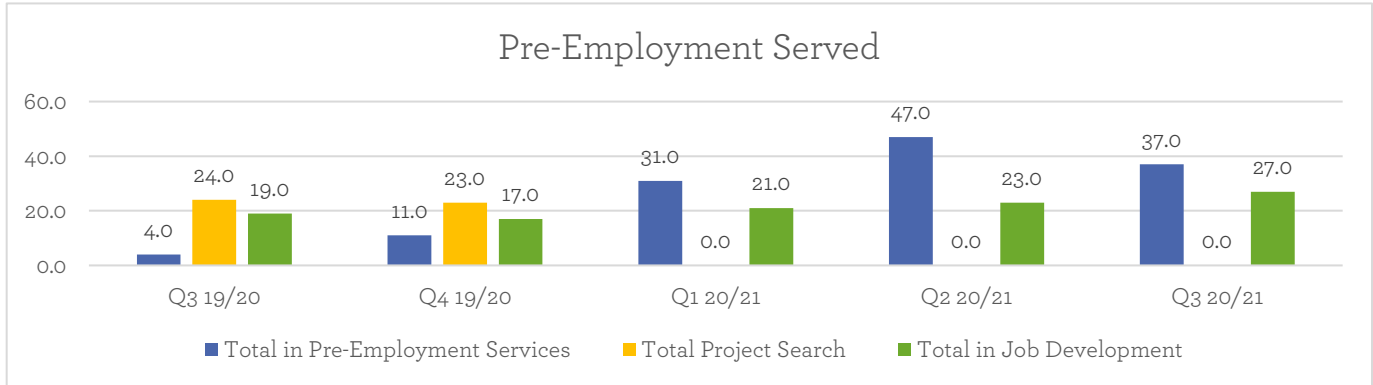
Meadowlark was also updated as the pilot for Kerr’s new Transition Age Youth (TAY) program structure. One client transferred from another Kerr program where she will have an opportunity to work towards more independence, job placement, vocational training, independent living skill training, social development, etc. This program will provide a more appropriate setting for her as she had very low ambition and motivation for her life prior and was distracted by negative thoughts and actions. The team is already seeing more improvement and positivity from the client after moving into the TAY program.

# Employment Services

## Referrals

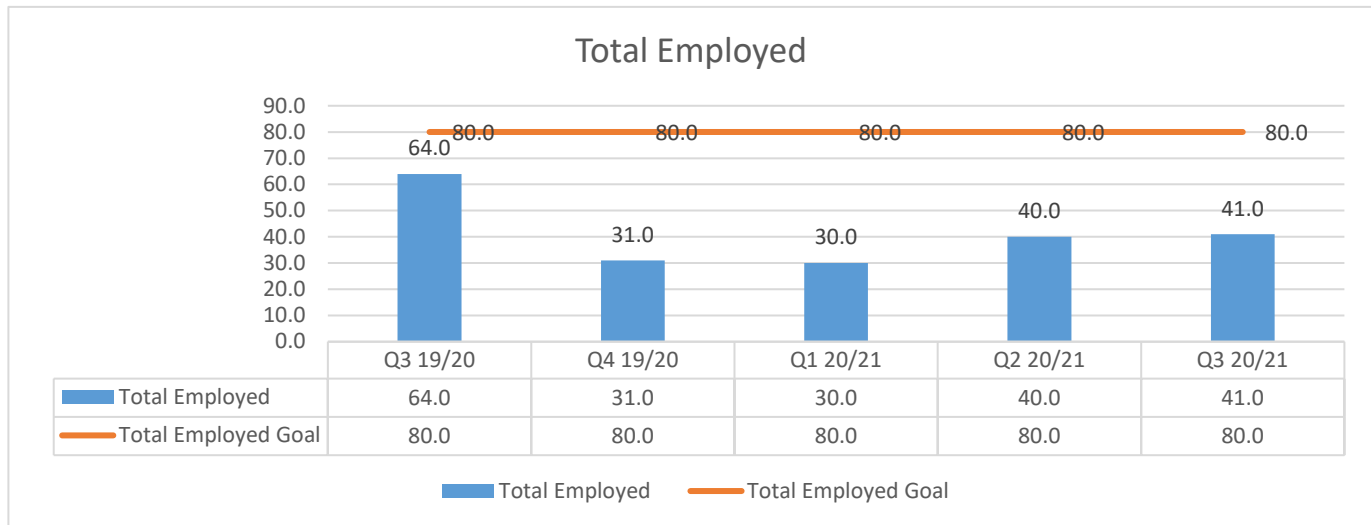
In Development

## Pre-Employment Services



<b>Pre-Employment Services</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Total New Jobs Created	8.0	4.0	2.0	4.0	7.0
Total New Jobs Created Goal					
Project SEARCH Placement Rate	88%	11%	11%	14%	11%
Project SEARCH Retention Rate	78%	100%	100%	n/a	n/a
Average Time from Ready to Place to Placement					

## Post-Employment Services



## Job Retention Rates

<b>Employment Services</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Job Retention Rate	96%	80%	80%	83%	100%
Job Retention Goal	90%	90%	90%	90%	90%

## Persons Served Hours Worked

In Development

## Satisfaction Surveys

In Development

## Employment Services Comments

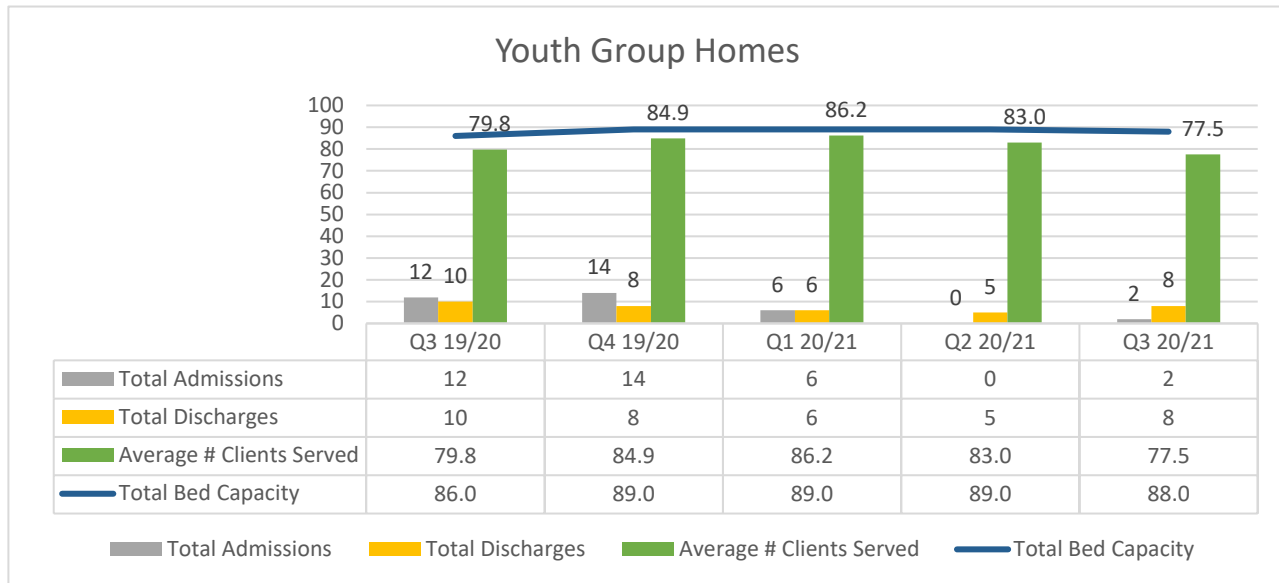
Employment Services are being highlighted for this meeting. Please see the handout included in the Program and Accreditation Committee packet for additional information.

# Youth Group Homes

## Referrals

In Development

## Admissions, Number Served, and Discharges



## Individualized Plan Attainment

In Development

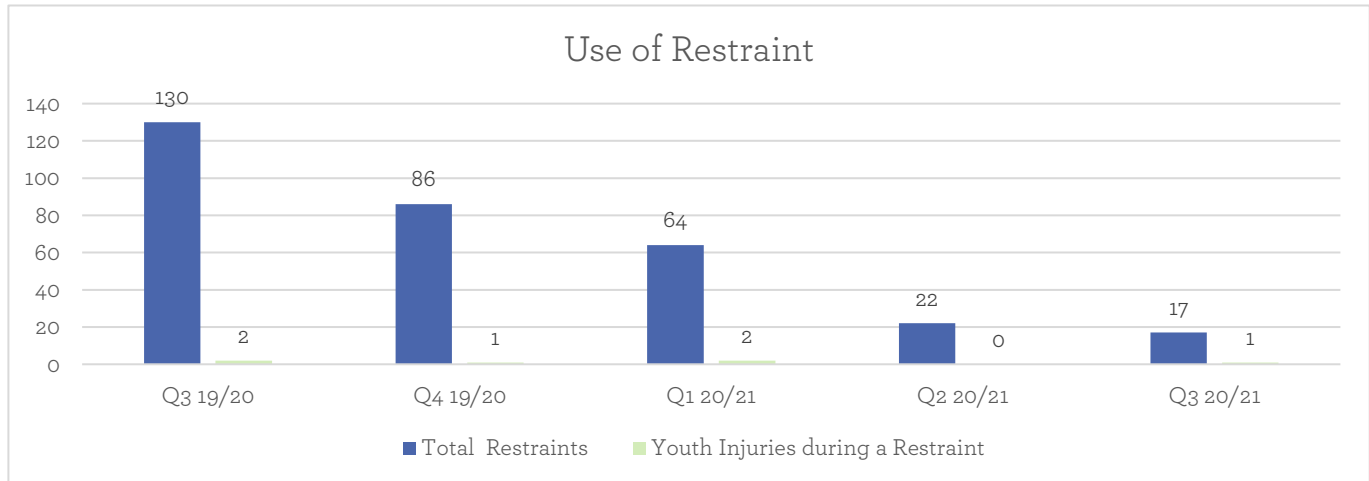
## School Attendance

In Development

## Community Integration Activities

In Development

## Use of Restraint



Youth Group Home Restraints	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Average Length of Restraint (min)				12	8
Total Children Involved in a Restraint	52	43	16	8	7
Percentage of Children that required a Restraint	57%	46%	18%	9%	9%

Comment

## Complaints or Grievances

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

## Critical Incidents

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. Please note that a single incident may fall under 2 or more categories.

Youth Group Home Critical Incidents	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Total Runaways more than 4 hours	11	3	5	3	3
Police Interventions	44	32	22	31	19
Attempted Suicide resulting in ER visit					1
Other ER Visits or Hospitalization	44	27	15	20	15

Two of the three instances of 4+ hour **runaways** involved one client. Police were notified and assisted in all instances. The clients were found within hours of leaving supervision. The majority of ER visits were from the result of self-injurious behavior, either self-directed or directed towards staff and/or peers. There were four instances of psychiatric emergencies requiring ED intervention, 1 of those being a client with significant suicidal ideation.



## Satisfaction Surveys

In Development

## Youth Group Homes Comments

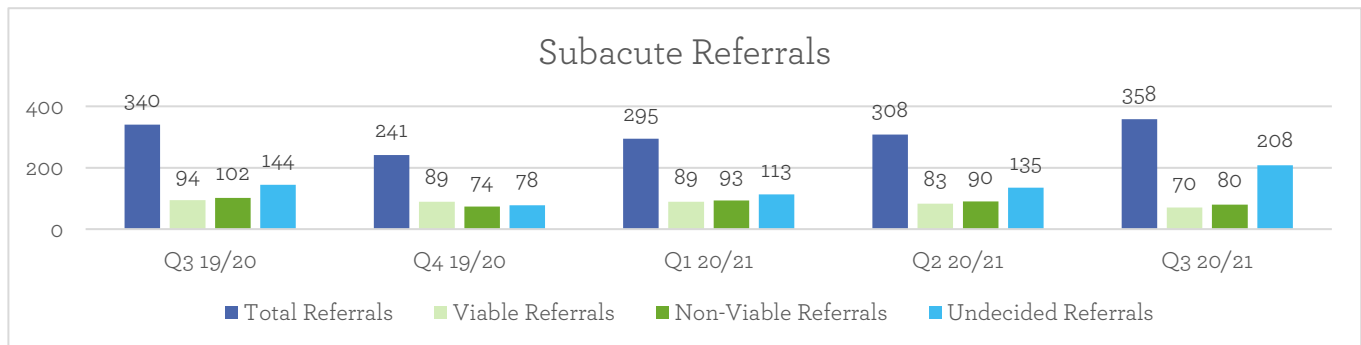
Please see Adult Group Home Comments regarding staffing issues within the homes. Three youth group homes have been temporarily closed (clients were moved to other Kerr homes) due to the staffing crisis.

## Client Highlights

NB entered Tuckerwood in August of 2018, right before her 15th birthday. At that time, she had several instances of verbal behaviors, stealing, starting fires, skipping school, etc., which required her to move from her family home to the group home level of care for the first time in her life. Since arriving at Tuckerwood, NB has worked extremely hard to overcome barriers and address her trauma. She recently earned independence in the community and advocated for herself during her team meetings for more autonomy. As a result of her hard work, staff has been able to remove several challenging behaviors from her formal “Risk Identification Tool.” NB is now able to be out alone in the community for an hour at a time, has earned a cell phone, and participates in school sports, etc. She is also working towards getting a part-time job.

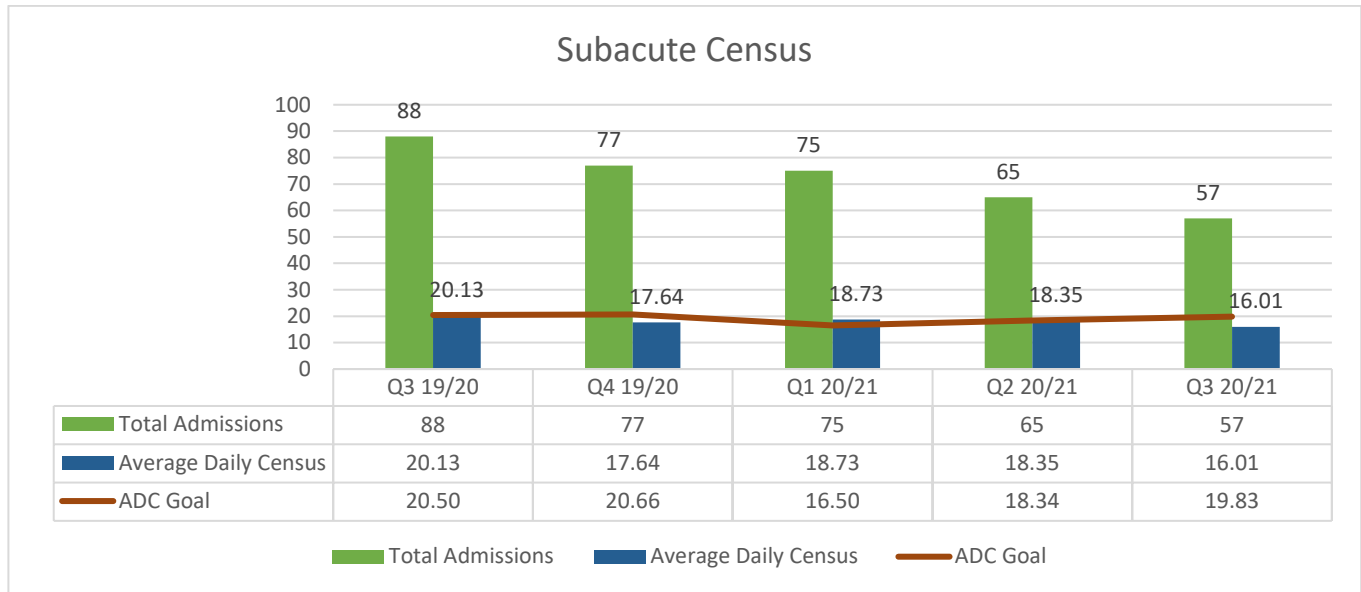
# Subacute

## Referrals



**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.

## Admissions, Number Served, and Discharges



## Discharge Location and LOS

Subacute Discharge Location	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Discharge to Residential	10.1%	5.8%	9.1%	8.1%	7.1%
Discharge Location Not Reported	6%	0%	8%	10%	7%
Discharge to Hospital (Psychiatric)	1.3%	0.0%	0.0%	0.0%	0.0%
Discharge to Hospital (Medical)	0.0%	5.8%	0.0%	0.0%	0.0%
Discharge to Community Setting	<b>81.0%</b>	<b>88.4%</b>	<b>83.3%</b>	<b>82.3%</b>	<b>85.7%</b>
Discharge to Community Setting Goal	90%	90%	90%	90%	90%

Subacute Discharge Length of Stay	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Average Length of Stay (days)	19	22	23	24	25
LOS goal	21	21	21	21	21

## Complaints or Grievances

Grievances are documented instances where a person or others have a complaint regarding their care.

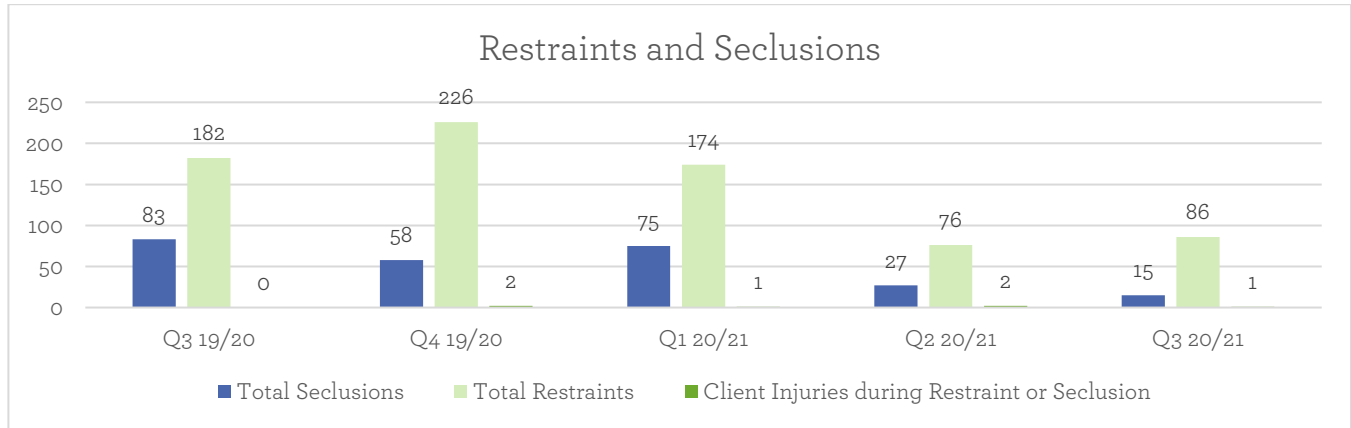
Complaint and Grievances	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Total Complaints	5	7	8	5	8
Total Grievances	2	0	1	1	1
Total Appeals	0	0	0	0	0

Two complaints were regarding the dress code and the inability to wear political clothes or jeans with holes. In both cases, the dress code was explained, and both clients indicated understanding. Four complaints were regarding the menu and food choices. Six of the complaints were regarding other peers

on the unit. The one grievance was regarding a client not wearing a mask and concerns about the risk of Covid spread. Staff worked with clients to ensure they are wearing masks correctly.

### Use of Restraint or Seclusion

Kerr’s goal is the reduce and eliminate the use of restraints and seclusions.



Subacute Restraints and Seclusions	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Average Length of Seclusions (min)	8	22	27	25	28
Average Length of Restraint (min)	11	10	9	9	16
Total Children involved in Restraint or Seclusion	15	16	12	10	11
Percentage of Children that required a Restraint or Seclusion	15%	18%	13%	12%	15%

### Critical Incidents

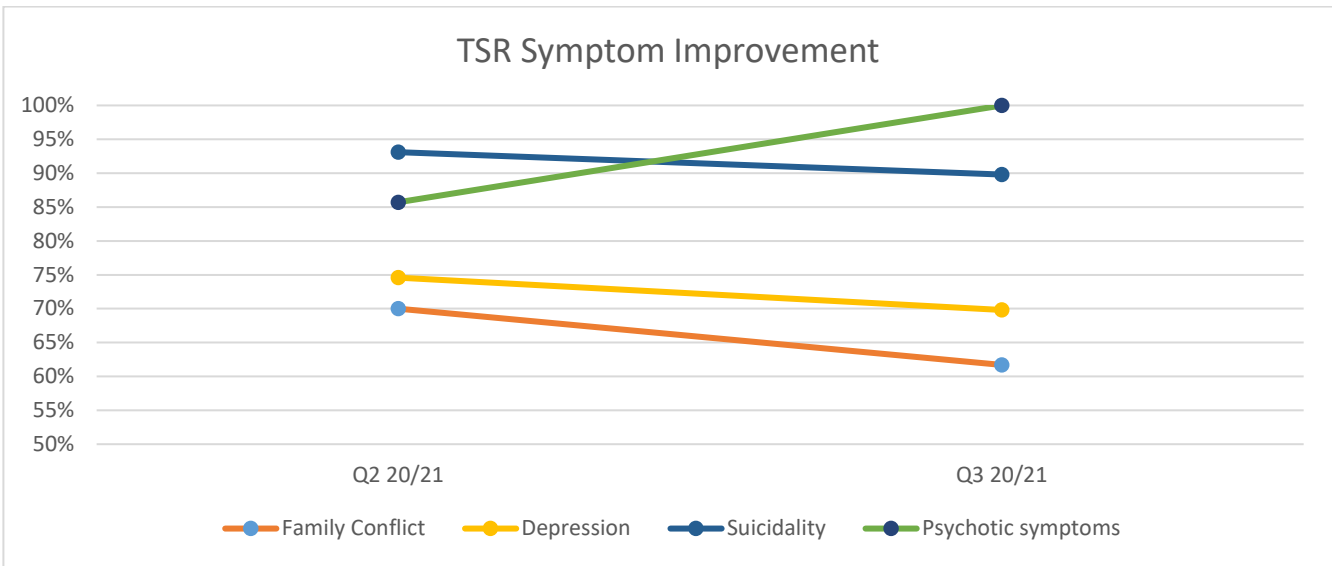
Below are instances where an individual ran away from a staff member while in care or in other instances where police or EMT was called due to behavior or medical emergencies. Please note that a single incident may fall under 2 or more categories.

Subacute Critical Incidents	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Runaways	0	0	0	0	0
Police Interventions	0	0	0	0	0
ER Visits or Hospitalizations	0	0	0	0	0

### Target Symptom Rating

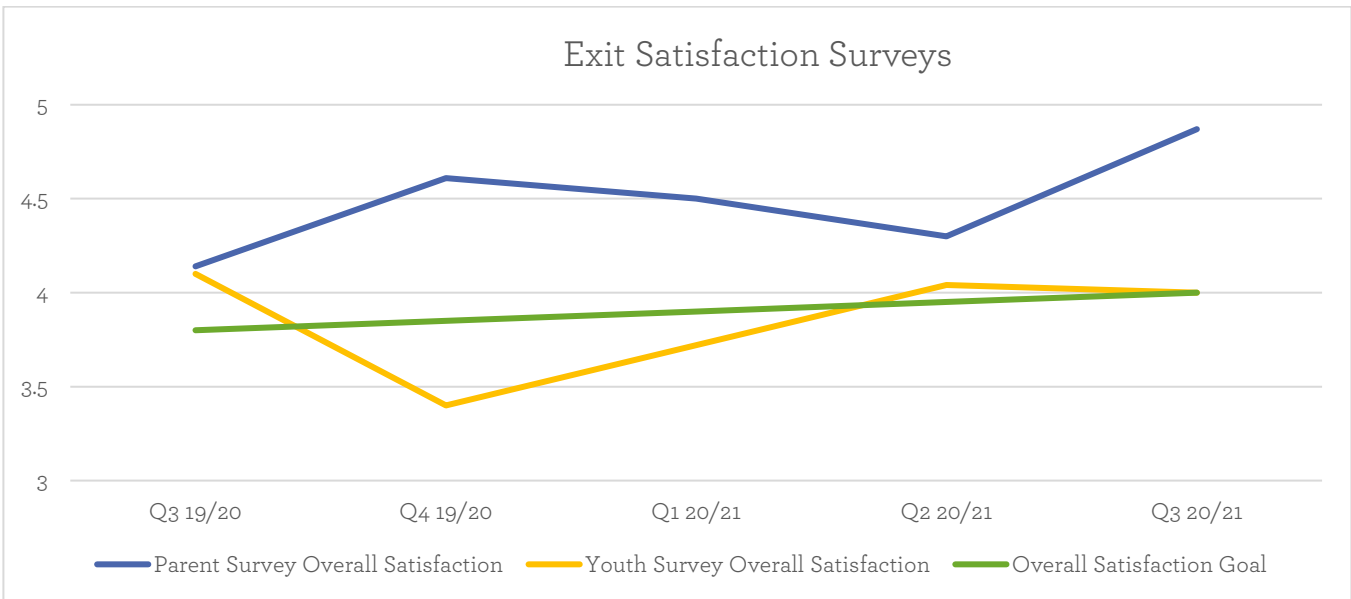
The Target Symptom Rating (TSR) is a brief, multi-informant measure of commonly observed symptoms in child and adolescent clinical work. The 13 TSR items fall into 2 subscales: Emotional Problems and Behavior Problems. The measure is sensitive to change in brief and extended treatment, as rated by parents, 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 percentage within the graph indicates the percentage of youth who saw an improvement in that area during their stay. Of the 12 areas measured by the instrument, we are presenting Family Conflict, Depression, Suicidality, and Psychotic Symptoms as those are the most prevalent and relevant issues being treated within the program.



### Satisfaction Surveys

Below are survey ratings of youth and their parents/guardians upon discharge from the program. Each was asked questions about their stay and the services provided. The below indicates a satisfaction rating of 1-5, with 5 being the most satisfied.



### Survey Comments:

Youth:

- Everyone including staff and peers were very helpful and nice and supportive towards me and everyone else.

-My parents were in all control and it was annoying and I'm mad.

Parent:

- I am so pleased with the service and the help that my son received while here at Subacute. The staff is welcoming warm and helped guide us through a dark place in our lives. We are thankful for subacute!

## Re-admission Rates within 30 days

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 3% of children to be admitted within 30 days of discharge.

Subacute ER visits after discharge	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
% of children admitted to an ER within 30 days post Discharge				3%	
Total Number admitted				2	
Goal of re-admissions less than				3%	

## Commentary

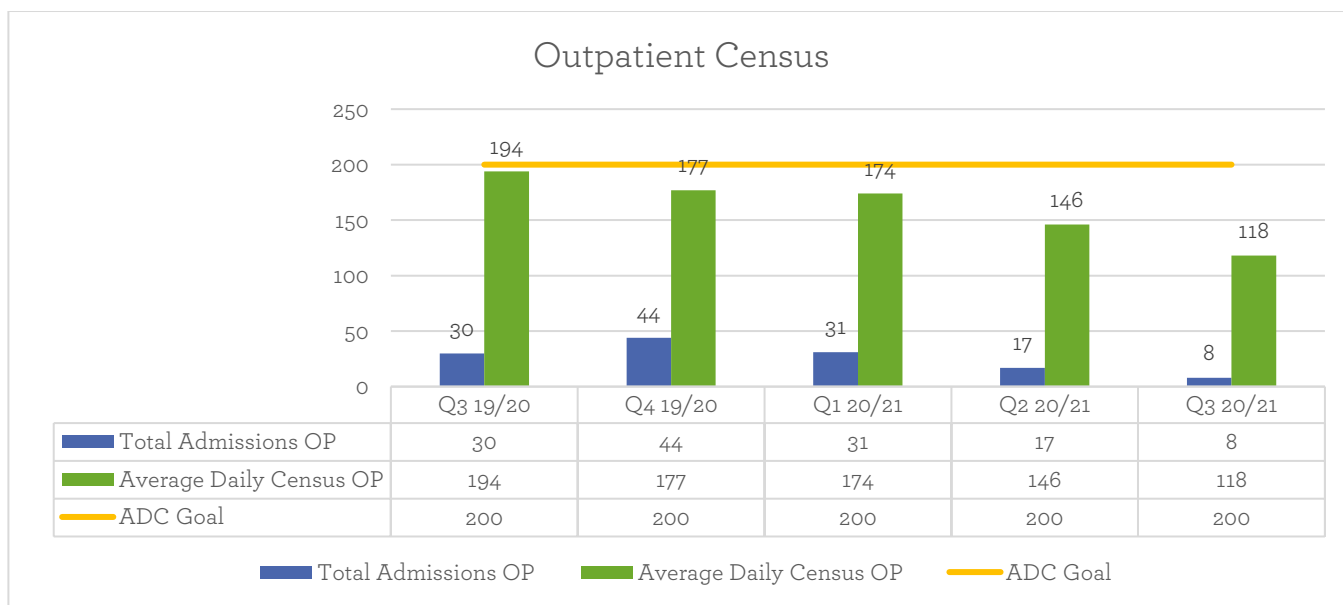
Overall the length of stay in Subacute continues to grow as discharge options continue to be very limited due to other agency's lack of capacity to accept referrals. However, the rate of discharge to the community continues to improve. The Subacute program has experienced some changes in the last quarter. The Subacute Clinical Supervisor left the organization during the quarter. We have attempted to mitigate the impact of this change by offering additional administrative supports to clinicians. With our recruitment efforts, we now have full staffing in the clinical team and are actively recruiting for the Clinical Supervisor position. In this quarter, the program had two potential COVID exposures due to positive staff members, which disrupted our intakes and significantly dropped the census. There was no additional spread of COVID within the program during these events.

# Outpatient Mental Health

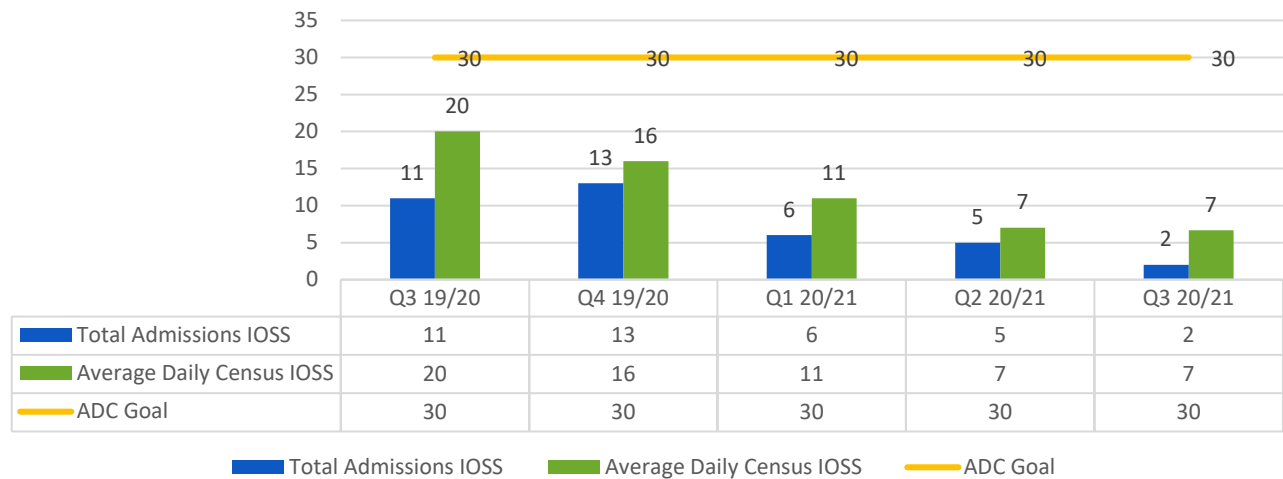
## Referrals

In Development

## Admissions, Number Served, and Discharges



### Intensive Outpatient Census



### Program 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.

<b>Outpatient Engagement</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
2nd Outpatient Appointment made within 14 days of the Assessment	82%	66%	87%	77%	80%
<i>Outpatient Engagement Goal</i>	60%	60%	60%	60%	60%

<b>Intensive Outpatient Engagement</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Percentage of IOSS referrals Offered an appointment within 3 days	89%	100%	100%	100%	80%
<i>IOSS Engagement Goal</i>	90%	90%	90%	90%	90%

### Discharge Location and LOS

<b>Intensive Outpatient Discharge Level of Care</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
IOSS Discharge to Psych Hospital/Residential/Subacute	14%	0%	13%	25%	0%
IOSS Discharge to Same level of care	0%	0%	0%	0%	33%
IOSS Discharge to Unknown level of care	0%	0%	0%	0%	33%
IOSS Discharge to Lower level of care	<b>86%</b>	<b>100%</b>	<b>88%</b>	<b>75%</b>	<b>33%</b>
<i>Goal for Discharge to Lower LOC</i>	85%	85%	85%	85%	85%



## Readmission Rates within 30 days

The program reviews the number of youth discharged from Intensive Outpatient who are then admitted to an emergency room for similar psychiatric issues within 30 days of discharge.

<b>Intensive Outpatient ER visits after discharge</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
% of children admitted to an ER within 30 days post Discharge				0%	
Total Number admitted				0	
Goal of re-admissions less than				5%	

## Client Improvement

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.

<b>ACORN Score</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Improvement Score Outpatient	0.80	1.01	1.10	0.96	0.93
Improvement Score IOSS	0.63	0.32	0.45	*	*
<i>Improvement Score Goal higher than .80</i>	<i>0.80</i>	<i>0.80</i>	<i>0.80</i>	<i>0.80</i>	<i>0.80</i>
% Significantly or Somewhat Improved - OP	71%	80%	68%	69%	85%
% Significantly or Somewhat Improved - IOSS	64%	33%	50%	*	*
% of clients with required number of assessments	85%	65%	85%	60%	76%

\*Too few clients enrolled for a valid result.

## Satisfaction Surveys

In Development

## Commentary

In this report, we have updated Intensive Community Treatment Services (ICTS) to Intensive Outpatient Services and Support (IOSS) to better line with OAR definitions (ICTS is now considered a higher level of care than what is provided by Kerr). For the last quarter, the Outpatient program has continued to struggle with adequate staffing levels in both the Outpatient Program and Group Home Mental Health providers. This is mainly due to the continuous turnover of clinicians and difficulty in filling vacancies. The State of Oregon (and beyond) is experiencing a collective shortage of Qualified Mental Health Therapists, making recruitment and hiring extremely difficult. Work stressors brought on by the Pandemic, economic hardships, and political/environmental difficulties have raised the acuity of our clients and families resulting in more challenging clients, which, in turn, increases turnover for staff. We are working very closely with our Human Resources Recruiter to aggressively target graduating master’s

level clinicians from local colleges and universities. We are also working on the provision of incentives for new staff to join our team and to remain with us once they are licensed (Kerr tends to lose staff once they are fully licensed independently by the state). We hope to develop a culture where clinicians will look at Kerr as a place to stay longer and to create a career path within the program. We are hopeful that our recruitment efforts will be effective to expand our service levels and steadily increase the numbers of children and families served. The management team is also working to improve the tracking and expectations of productivity for those staff members within the team to expand capacity.

Regarding outcomes, due to the low numbers served, the ACORN outcomes tool cannot report accurate data for Intensive Outpatient Services given the small data set entered. For Outpatient Services, we see some improvement in results, with 85% of clients showing some level of improvement.

# Portfolio Overview

January 5, 2021

**63 Facilities with 204,845 square feet  
(41 owned and 22 leased)**

- **Kerr Administration Center – owned**
  - Old Kerr Nursery Building
  - Thrift Shop
- **Gresham Campus – owned**
  - Sub-Acute Building (Mental Health Services)
  - Louise Building (MHS/DD/Rev. Cycle/Compliance)
  - Meyer Empowerment Center (Facilities/IT/HR)
  - Wynne Watts School - Future location of Workforce & Inclusive Housing
  - Building H (Shop/DD/Training)
- **2 Satellite offices - leased**
  - **Geographic Distribution:**
    - Multnomah: 2  
(Kerr Bikes)
- **54 Group Homes:**
  - **34 owned and 20 leased homes**
    - 21 kids (19 owned, 2 leased)
    - 33 adults (15 owned, 18 leased)
  - **Geographic Distribution:**
    - Multnomah: 13
    - Washington: 21
    - Clackamas: 10
    - Marion: 10
- **Changes:**
- **KAC /Thrift Shop – Restaurant and Shops not re-opening due to Covid**
- **PALS, Hillsboro HQ, Salem HQ – not re-opening due to COVID**
- **Actively researching land/lots for purchase to build a group home.**

THRIVING WORKFORCE	Jan-21	Feb-21	Mar-21	Prior FY Avg*	6 Month Avg	Goal
Employee Turnover (Direct Care Staff)	60%	61%	61%	58%	59%	45%
Employees =>125% Minimum Wage	63%	64%	65%	72%	64%	100%

EMPLOYEE SAFETY	Jan-21	Feb-21	Mar-21	Prior FY Avg*	6 Month Avg	Goal
OSHA Recordable Incidents	11	9	3	5.75	11.50	-
NAICS Incident Rate	15.47	14.97	15.56	10.09	14.09	6.90

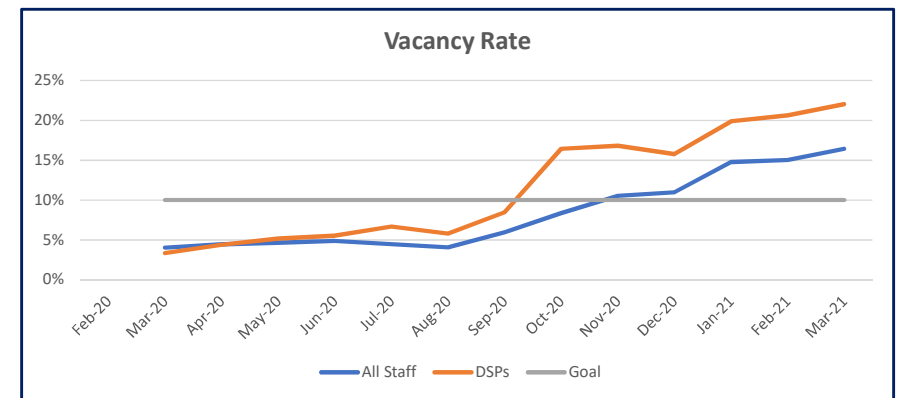
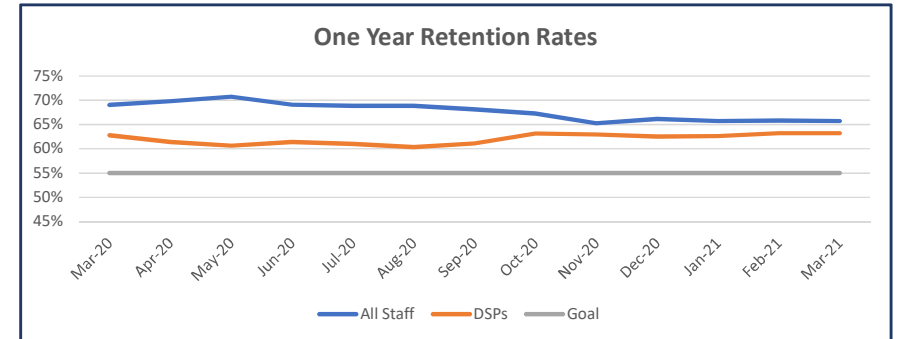
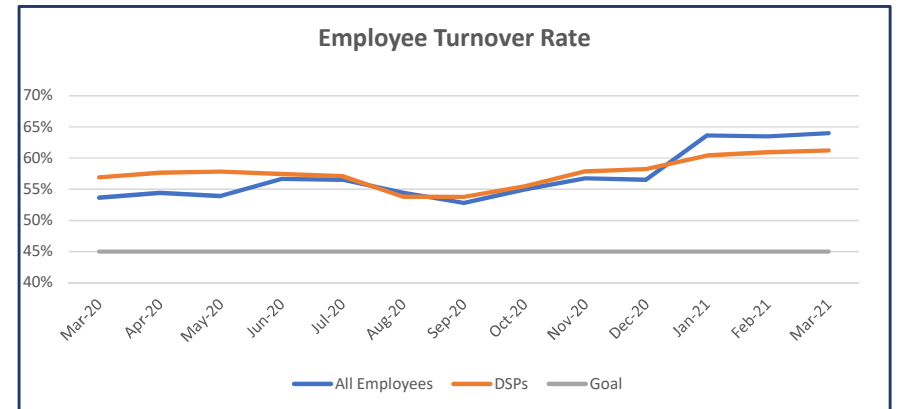
RECRUITING AND RETENTION	Jan-21	Feb-21	Mar-21	Prior FY Avg*	6 Month Avg	Goal
Current Headcount	722	718	717	751	725	
Current Openings	125	127	141	55	106	
Vacancy Rate	15%	15%	16%	7%	13%	10%
Average Time to Fill	32	33	51	27	29	
Total Applicants	322	310	238	359	303	
Employee Turnover Rate	64%	63%	64%	55%	60%	45%
One Year Retention Rate	66%	66%	66%	65%	69%	

DSP RECRUITING AND RETENTION	Jan-21	Feb-21	Mar-21	Prior FY Avg*	6 Month Avg	Goal
DSP Vacancy Rate*	20%	21%	22%	8%	19%	10%
Average Time to Fill	33	33	51	27	28	
Total Applicants	213	212	125	203	196	
Total Interviews	37	42	35	56	42	
Total Hires	24	22	31	26	25	
Employee Turnover Rate	72%	72%	74%	63%	71%	45%
DSP One Year Retention Rate	63%	63%	63%	64%	63%	
Total Terminations	30	20	34	22	28	
Number of Quick Quits	9	7	11	9	9	
Avg Length of Service (LOS) for Quick Quits	31	29	18	27	22	
Quick Quit Voluntary Termination Rate	44%	86%	36%	47%	62%	

EMPLOYEE RELATIONS	Jan-21	Feb-21	Mar-21	Prior FY Avg	6 Month Avg	Goal
Formal Coaching/Counseling	12	8	9	11	9	
Written Warning	9	4	5	6	6	
Final Warning	14	3	7	3	7	
Termination	12	4	10	6	8	

**COMMENTS:**  
 March data is effective 3/31/2021.  
 \*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



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.

### **Memo on Dr. Timmi Claveria**

To the Program and Accreditation Committee,

I am including several notes regarding Dr. Timmi Claveria's accreditation. From reviewing primary sources, I am presenting Dr. Claveria for accreditation, however we are awaiting the following information and are presenting these notes to be attached to Dr. Claveria's file:

1. Per discussions with Matthew Warner in Human Resources, Dr. Claveria will have liability coverage paid by Albertina Kerr.
2. Revenue Cycle is currently awaiting for confirmation from the National Student Clearinghouse to provide Dr. Claveria's proof of education from her medical school. We should have this on file by time of the Privileging and Accreditation meeting.

We are requesting privileging contingent on receipt and review of the two items above.

Please let me know if you have any questions.

Thank you,

Marc Gold

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

**Timmi Claveria, MD**

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

The following clinical privileges have been approved:

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

Exceptions:

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

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



**ALBERTINA KERR**  
**Youth and Family Services**

**Initial Privileges Worksheet**

**Name of Applicant: Timmi Linn Claveria**

Accreditation Committee Date: June 2021

<u>Completed by applicant</u>	Application for initial privileges (copy in file)
<u>Completed by applicant</u>	Authorization to release information (copy in file)
Received in May 2021	License expires: <b>12/31/2021</b> Oregon Medical Board (copy & file)
	Liability insurance expires: <b>5/1/2021</b> (will be insured via Kerr)
Received in May 2021	Professional liability insurance verification and claims history
Received in May 2021	DEA certification expires: <b>8/31/2021</b> (copy in file)

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Received in May 2021	(AMA) American Medical Association Physician Profile
Received in May 2021	(ABPN) American Board of Psychiatry and Neurology – Board Certified in General Psychiatry
Received in May 2021	(OIG's) Office of Inspector General Exclusion List
Received in May 2021	(NPDB-HIPDB) National Practitioner Data Bank & the Healthcare Integrity and Protection Data Bank
Received in May 2021	(OFAC) –Office of Foreign Assets Control
Received in May 2021	(SAM) The System for Award Management was EPLS– Excluded Parties List System - website removed as of 11/2012 <a href="http://www.sam.gov">www.sam.gov</a>

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Received in May 2021	Continuing education
Received in May 2021	Peer reference: <b>Maria Dalrymple</b> – rating (outstanding)
Received in May 2021	Peer reference: <b>Kenneth Ensroth</b> – rating (outstanding)
Received in May 2021	Affiliation reference: <b>MaLaren Youth Correctional Facility</b> (req 5/21) – <b>(Recommended as Qualified)</b>

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Requested in May 2021	Verification of degree – National Student Clearinghouse <b><u>(waiting on documents from HR, however degree verified through American Medical Association)</u></b>
Received in May 2021	Background check – OIT Abuse Allegation results – <u>Clear to hire</u>
Received in May 2021	Valid driver's license provided

**ALBERTINA KERR CENTERS  
BIO ON DOCTOR'S  
INITIAL CLINICAL PRIVILEGES  
May 5th, 2021**

**Dr. Timmi Claveria, MD, Psychiatrist, Board Certified in Child & Adolescent Psychiatry and General Psychiatry – Initial Privileges**

Dr. Timmi Claveria Child & Adolescent psychiatrist joining our team in July 2021 with plans to work as an on-call providers with subacute. She is currently working through Locum Tenens at MacLaren Youth Correctional Facility as a provider. She did her undergraduate studies at Willamette University in Oregon and her graduate studies in Illinois at the Chicago Medical School at Rosalind Franklin University of Medicine and Science. Her internship was completed at Rush University in Chicago as well as her residency. She has a fellowship with the Oregon Health & Science University. She was born in Portland, Oregon.

# Timmi Linn Claveria, MD

503-740-5476

[timmi.claveria@gmail.com](mailto:timmi.claveria@gmail.com)

## CURRENT POSITION

Psychiatrist, MacLaren Youth Correctional Facility, Woodburn, OR 6/2019-present

## PAST POSITIONS

Psychiatrist, Marion County Children's Behavioral Health Clinic, Salem, OR 4/2020-10/2020

Psychiatrist, Providence Willamette Falls Hospital, Child and Adolescent  
Inpatient Psychiatric Unit, Oregon City, OR 2/2018-4/2019

## EDUCATION

M.D., Chicago Medical School, North Chicago, IL 2008-2012

Post baccalaureate prerequisite work, Portland State University, Portland, OR 2007

Post baccalaureate prerequisite work, Portland Community College, Portland, OR 2005-2007

B.A., Biology, *cum laude*, Willamette University, Salem, OR 1998-2002

## POST-DOCTORAL TRAINING

Fellow, Department of Child and Adolescent Psychiatry, Oregon Health & Science  
University, Portland, OR 2015-2017

Resident, Department of Psychiatry, Rush University Medical Center, Chicago, IL 2012-2015

## MEDICAL LICENSURE

Oregon State, Full License Number MD171671 4/2015-present

Illinois State, Temporary License Number 125.060999 6/2012-6/2015

## BOARD CERTIFICATION

Psychiatry, American Board of Psychiatry and Neurology, Certificate Number 73981 9/24/2018

Child and Adolescent Psychiatry, American Board of Psychiatry and Neurology,  
Certificate Number 11004 9/16/2019

## HONORS AND AWARDS

Outstanding Female Student Leadership Award, Chicago Medical School 2010

Graduation with Honors in Biology, Willamette University 2002

Philip C. Armstrong Biology Scholarship, Willamette University 2001

Mortar Board National College Senior Honor Society, Willamette University 2001

Alumni Honors Scholarship, Willamette University 1998

Honors at Entrance, Willamette University 1998

## PROFESSIONAL SOCIETY MEMBERSHIPS

Oregon Council of Child and Adolescent Psychiatry 2016-present

Oregon Psychiatric Physicians Association 2016-present

Oregon Medical Association 2015-present

American Academy of Child and Adolescent Psychiatry 2012-present

American Psychiatric Association 2012-present

American Medical Student's Association 2008-2011

American Medical Association 2011-2014

Illinois Psychiatric Society 2014-2015

TEACHING EXPERIENCE

Oregon Health and Science University, Portland, OR Clinical supervision of M3 and M4 medical students in Child and Adolescent Consult Liaison Psychiatry and Child and Adolescent Outpatient Psychiatry	2015-2017
Rush University Medical Center, Chicago, IL Clinical supervision of M3 and M4 medical students in Adult Inpatient Psychiatry, Consult Liaison Psychiatry, Child and Adolescent Inpatient Psychiatry, Emergency Department Psychiatry, and Adult Outpatient Psychiatry	2012-2015
Willamette University Biology Department, Salem, OR Lab Teaching Assistant for Ecology and Ecology, Evolution, and Diversity Courses	2001-2002

DEPARTMENTAL AND UNIVERSITY COMMITTEES/GROUPS

Rush University, Psychiatry Library Improvement Committee	2014
Chicago Medical School, Founder and Co-President of local chapter of Medical Students for Choice - Students for Reproductive Choice & Health	2008-2010
Chicago Medical School, M2 Mentor to M1s	2009-2010

PRESENTATIONS AND SCHOLARLY ACTIVITIES

Smart K, Claveria T, Faraji P, Hilde A, Ly R, McLeod M, Zarrinnegar P, Usher C. Graphic Medicine in Action...Creating a Neurotransmitter Zine! Poster presented at: Annual Meeting of the American Association of Directors of Psychiatric Residency Training; 2018 March 1-3; New Orleans, LA	
Usher C, Claveria T, Hilde A, Smart K, Zarrinnegar P, Chaffin J, Conrad S, Ribbers A. Sketches & Squiggles: Drawings + Comics in Child Psychiatry Training. Poster presented at: Annual Meeting of the American Association of Directors of Psychiatric Residency Training; 2016 March 3-5; San Francisco, CA	
Usher C, Claveria T, Hilde A, Smart K, Zarrinnegar P. Sketches and Squiggles! Comics in Clinical and Academic Psychiatry. Psychiatry Grand Rounds. Oregon Health & Science University, September 27, 2016	
Claveria T. The Angry, Violent, Chronically Mentally Ill Homeless Patient: a case of a difficult patient population. Case Conference. Rush University Medical Center, January 27, 2014	
Sha'ini M, Claveria T. To Transplant or Not To Transplant: a case of an alcoholic patient in need of a liver transplant. Case Conference. Rush University Medical Center, November 25, 2013	

RESEARCH

Senior Thesis, Biology Department, Willamette University, Salem, OR "The Effects of the Aquatic Herbicide Rodeo on Pteronarcys californica Naiads"	2002
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PAST VOLUNTEER EXPERIENCE

Outside In, Project Erase, Portland, OR – Tattoo Removal Clinic Assistant	2007-2008
Providence St. Vincent's Medical Center, Portland, OR – Patient Transportation and Information Desk	2007-2008
Beaverton Community Emergency Response Team, Beaverton, OR – Emergency Response Team Member	2007-2008

PAST WORK EXPERIENCE

RFUMS Office of Student Housing, North Chicago, IL; Student Housing Community Manager	7/2009–6/2010
Women's Healthcare Associates, Portland, OR; Human Resources Assistant OR	9/2007-7/2008
Tualatin Valley Fire & Rescue, Aloha, OR; Facilities Maintenance Administrative Specialist	9/2005-12/2006

Tualatin Valley Fire & Rescue, Aloha, OR; Accounts Payable Clerk  
Rail Europe Group, Portland, OR; Reservations Agent  
Northwest Interagency Coordination Center, Portland, OR; Office  
Automation Clerk

10/2004-8/2005  
1/2003-4/2004  
6/2002-9/2002  
& 5/2001-8/2001

**Memo on Dr. Amy Ruth**

To the Program and Accreditation Committee,

I am including several notes regarding Dr. Amy Ruth's accreditation. From reviewing primary sources, I am presenting Dr. Ruth for accreditation, however we are awaiting the following information and are presenting these notes to be attached to Dr. Ruth's file:

1. Per discussions with Matthew Warner in Human Resources, Dr. Ruth will have liability coverage paid by Albertina Kerr.
2. We are currently waiting for an affiliation back from CCSW, which we should have back by May 25<sup>th</sup>.
3. Revenue Cycle is currently awaiting for confirmation from the National Student Clearinghouse to provide Dr. Ruth's proof of education from her medical school. We should have this on file by time of the Privileging and Accreditation meeting.

We are requesting privileging contingent on receipt and review of the three items above.

Please let me know if you have any questions.

Thank you,

Marc Gold

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

**Amy Ruth, MD**

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

The following clinical privileges have been approved:

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

Exceptions:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**ALBERTINA KERR**  
**Youth and Family Services**

**Initial Privileges Worksheet**

**Name of Applicant: Amy Ruth**

Accreditation Committee Date: June 2021

Completed by applicant

Application for initial privileges (copy in file)

Completed by applicant

Authorization to release information (copy in file)

Received May 2021

License expires: **12/31/2021** Oregon Medical Board (copy & file)

Liability insurance expires: **Allied – 3/1/22 & Physicians – 1/1/22**

Received May 2021

Professional liability insurance verification and claims history

Received May 2021

DEA certification expires: **4/30/2024** (copy in file)

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Received May 2021

(AMA) American Medical Association Physician Profile

Received May 2021

(ABPN) American Board of Psychiatry and Neurology – Board Certified in General Psychiatry

Received May 2021

(OIG's) Office of Inspector General Exclusion List

Received May 2021

(NPDB-HIPDB) National Practitioner Data Bank & the Healthcare Integrity and Protection Data Bank

Received May 2021

(OFAC) –Office of Foreign Assets Control

Received May 2021

(SAM) The System for Award Management was EPLS– Excluded Parties List System - website removed as of 11/2012 [www.sam.gov](http://www.sam.gov)

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Received May 2021

Continuing education

Received May 2021

Peer reference: **Neil Falk** – rating (outstanding)

Received May 2021

Peer reference: **Alfredo Soto** – rating (outstanding)

Received May 2021

Affiliation reference: Catholic Community Services (Requested 5/21) – **(Rating Pending)**

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Requested May 2021

Verification of degree – National Student Clearinghouse **(waiting on documents from HR, however degree verified through American Medical Association)**

Received May 2021

Background check – OIT Abuse Allegation results – Clear to hire

Received May 2021

Valid driver's license provided



**ALBERTINA KERR CENTERS  
BIO ON DOCTOR'S  
INITIAL CLINICAL PRIVILEGES  
May 5th, 2021**

**Dr. Amy Ruth, MD, Psychiatrist, Board Certified in Child & Adolescent Psychiatry and General Psychiatry – Initial Privileges**

Dr. Amy Ruth is a Child & Adolescent psychiatrist joining our team in July 2021 with plans to work as an on-call provider with subacute. She is currently working with Catholic Community Services of Western Washington as a provider, who is her only current affiliation. She has an active medical license with the State of Oregon. She did her undergraduate studies at Vassar College in New York and attended the University Of California Irvine College Of Medicine for her graduate studies. She completed her internship with the University of CA Irvine, UCI Medical Center, where she also completed her residency and has a fellowship. She was born in Whittier, California.

# Amy Ruth M.D.

15300 SW 133rd Ave  
Portland, Oregon 97224  
503-572-2125  
amy ruthmd@gmail.com

## — Goal

To return to work after full-time parenting and caregiving. I'm looking for a part-time, will consider full-time, community psychiatry position working with children, adolescents, young adults and families.

## — Education

**University of California, Irvine** 1993

*Department Of Psychiatry*

Child and Adolescent Psychiatry Fellowship

**University of California, Irvine** 1991

*Department of Psychiatry*

Internship and Psychiatry Residency

**University of California, Irvine** 1988

*California College of Medicine*

M.D.

**Vassar College** 1983

*Poughkeepsie, New York*

B.A., Biochemistry

## — Private Practice Psychiatry

Outpatient consultation, psychopharmacology and psychotherapy of adults, adolescents, children and families.

*Clackamas, Lane and Coos County, Oregon*

Sept 2003-March 2007

Consultation

**Eugene, Oregon** August 2000 - August 2003

**Coos Bay, Oregon** January 1999 - July 2000

**Fullerton, California** July 1994 - June 1997

**Santa Ana, California** July 1991 - June 1997

## — Community Psychiatry

Psychiatric consultation, treatment, case discussion and treatment team development for emotionally fragile children, teens and their families

June 2010-October 2012

Lifeworks Northwest, Portland, Oregon  
Program psychiatrist for the Nickerson  
Adolescent day treatment and ICTS  
programs

April 2007-April 2010

Cascadia Behavioral Health,  
Portland, Oregon  
Sole Psychiatrist for the  
Child and Adolescent Outpatient,  
Transitional Aged Youth, Foster Youth,  
sexual abuse treatment  
and Early Psychosis Intervention  
programs

February 1999-June 2000

Pacific Child Center, North Bend, Or  
Psychiatric evaluation, medication  
Management and team supervision  
for elementary school aged day  
treatment program. 10 hrs/mo

October 1995-July 1997

Child Guidance Center, Laguna Beach, Ca  
Psychiatric care of severely emotionally  
disturbed children. 10 hrs/week

July 1994-June 1995

Saint Jude Youth Care Center, Fullerton, CA  
Medical Director  
Developed and implemented an adolescent  
partial hospitalization program  
12 hrs/week

July 1993-July 1994

Clinica Nueva Esperanza, Santa Ana, Ca  
Program psychiatrist for underprivileged  
children and their families  
20 hrs/week

## — Licenses

### **Medical License**

Oregon MD 21564  
1999-2021

### **Board Certification General Psychiatry**

American Board of Psychiatry and  
Neurology, 1994, Lifetime Certificate  
200 hrs CME, 2019-2020

### **American Board Child and Adolescent Psychiatry** Board Eligible

**DEA FR 9946887** expires 4/30/2024

**NPI** 1265 657 159

## — Organizations

**Lane County Medical Society** 2000-2003

**American Academy of Child and Adolescent Psychiatry** 1993-2012

**American Psychiatric Association** 1993-2012

**Council Member, elected position** 1995-1997 , Orange County Psychiatric Society  
Orange County, Ca

## — November 2012- present

Stay at home parent, care provider

**ALBERTINA KERR CENTERS**

**2020-2021 Program & Accreditation Committee Objectives**

	<b>Goal</b>	<b>Completed</b>	<b>In Process</b>	<b>To Be Completed</b>
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	June 2, 2021	Deferred to June 2, 2021	March 3, 2021
10	Evaluate Committee performance	June 2, 2021		June 2, 2021
11	Recommend Charter modifications	June 2, 2021		June 2, 2021

**Meeting Dates for FY2018-2019**

September 2, 2020

December 2, 2020

March 3, 2021

June 2, 2021

Rev 05/24/2020