ALBERTINA KERR

ALBERTINA KERR CENTERS
Program & Accreditation Committee

Meeting Agenda
Wednesday, September 2, 2020
8 to 9:30 a.m.
Kerr Administration Center

8:00 a.m.	**Convene** (David Wilson, Chair)
8:00 pp. 2-4	**Approve Meeting Minutes of June 3, 2020**
8:01 pp. 5-23	**Program Updates** (Owen Gibson & Derrick Perry)
8:30 p. 24	**HR Dashboard** (Matthew Warner)
8:45 pp. 25-30	**ACTION: Review & Approval of Renewal of Credentials for Dr. Alfredo Soto**
8:55	**Government Relations Update** (Jeff Carr)
9:15 p. 31	**Review & Approve Goals for FY2020-2021**
9:30	**Adjourn** (David Wilson)

ALBERTINA KERR CENTERS
Program & Accreditation Committee Minutes
June 3, 2020
8 to 9:30 a.m.
Via Teams

Members Present
Teri Barichello, Catherine Bekooy, Susan Hobbel, Melissa May, Dennis Warneke, David Wilson

Members Excused
Lisa Powell

Staff Present
Jeff Carr, Owen Gibson, Derrick Perry, Craig Rusch, Dr. Alfredo Soto, Matthew Warner

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

Approve Minutes of the March 4, 2020 Meeting
ACTION: Teri Barichello moved that the minutes be approved. Susan Hobbel seconded. The motion passed via unanimous vote.

Program Updates (Owen Gibson, Derrick Perry)
Owen reviewed program data.

- Adult group home census is steady. Kids' group home census is down. Access and staff are working on filling vacancies. Four of our Kids' five-bed homes will be transitioned to four-bed homes this next fiscal year, which is better for kids and staff and more profitable for Kerr.
- Employment Services census will see some drop-off as interns cycle out and COVID-19 has had some impact.
- PALS will see a significant restructure when the program re-opens after the temporary closure due to COVID-19. Kerr exercised a lease option to terminate and vacate the building should the State funding stop. The building will be vacated by the end of September.
- Subacute census dropped with the COVID-19 pandemic, however, a slight increase is occurring. Staff are focusing on significantly reducing the assessment and intake process and also doing active outreach to the community.
- Mental health services has seen a slight drop in clients. The team is using telehealth appointments. In-home services are still available, but have been reduced. The Director and one supervisor position are still open.
- Demographics for services have not changed much over the past several years.
- Outpatient and ICTS engagement is good. Staff worked through some of the barriers to timely engagement.
- One abuse allegation was founded in Q3. Involved staff was terminated.
- Med errors decreased with the implementation of Epic at subacute. As soon as Epic is fully implemented throughout the agency, med errors will be reported as rates or a percentage instead of raw numbers.

- Employment Services retention has maintained a good rate, although a slight drop occurred due to COVID-19.
- Derrick Perry shared Program Highlights.
  - PALS partnered with Reed College in presenting a virtual art show for viewers, showcasing several PALS artists' works.
  - Adult group homes are running well. The no-visitation safety measure in place has presented some challenges, but teams are working through that. The transition to Epic in several group homes has been positive.
  - Staff in Employment Services noted a client they are particularly proud of for her growth and dedication and working through her challenges, especially during the COVID-19 pandemic.
  - Autzen is the newest youth group home and staff have positively worked through some challenges. Youth group homes have worked on providing some alternative approaches to challenging behaviors and team processes. Some parents have been hesitant with placement of their child outside the home during the current pandemic. Virtual visits have been utilized and are now working well.
  - Outpatient mental health changed service delivery to telehealth methods. The services are working well after initial implementation.
  - Subacute continues work on streamlining screening and admitting new patients. Virtual visits with families are difficult, but staff are adjusting.
- Owen reviewed treatment outcomes. Subacute results show 81% of discharges returned to a community setting. Follow-up tracking indicates kids are not repeating visits to subacute at high rates, which indicates care and treatment are helping kids get better. ICTS patients are discharging to lower levels of care.
- Parent and youth subacute surveys return overall positive feedback. Staff report some challenges gathering the surveys, so they are working on ways to collect more upon exit.
- Outpatient measurement of efficacy is done through the ACORN tool. Results show ICTS is improving in stabilizing patients over time.

HR Dashboard (Matthew Warner)
Data continues to show significant improvement in staffing vacancies. The new onboarding process was implemented six months ago and HR staff are analyzing the impact on longer term employees. A new program managers' training course is being developed. New incoming managers will receive training on how to support front line employees. Existing and long-term managers will also participate when the new training is launched.

Credentialing
ACTION: After reviewing doctors' credentialing paperwork, Dennis Warneke moved to renew credentials of Dr. Fishman and Dr. Mak and to approve initial credentials for Dr. Carlson and Dr. Fisher. Teri Barichello seconded. The motion passed via unanimous vote.

Evaluation of Program & Accreditation Committee Performance & Review Committee Charter (All)
All agreed the goals of the Committee were accomplished. Goals for the next fiscal year will be determined and approved at the next P&A Committee meeting. No changes were recommended to the Charter.

Kerr Bikes (Craig Rusch)
Craig shared that with the proposed Phase 1 opening of Multnomah County on June 12th, Kerr Bikes is hoping to open. Craig confirmed that sanitizing measures are already in place and some will be increased. The team is planning for ways to conduct the business utilizing social distancing.

Adjourn (David Wilson)
David adjourned the meeting at 8:50 a.m.

Recorded by Holly Edgar, Corporate Secretary

ALBERTINA KERR

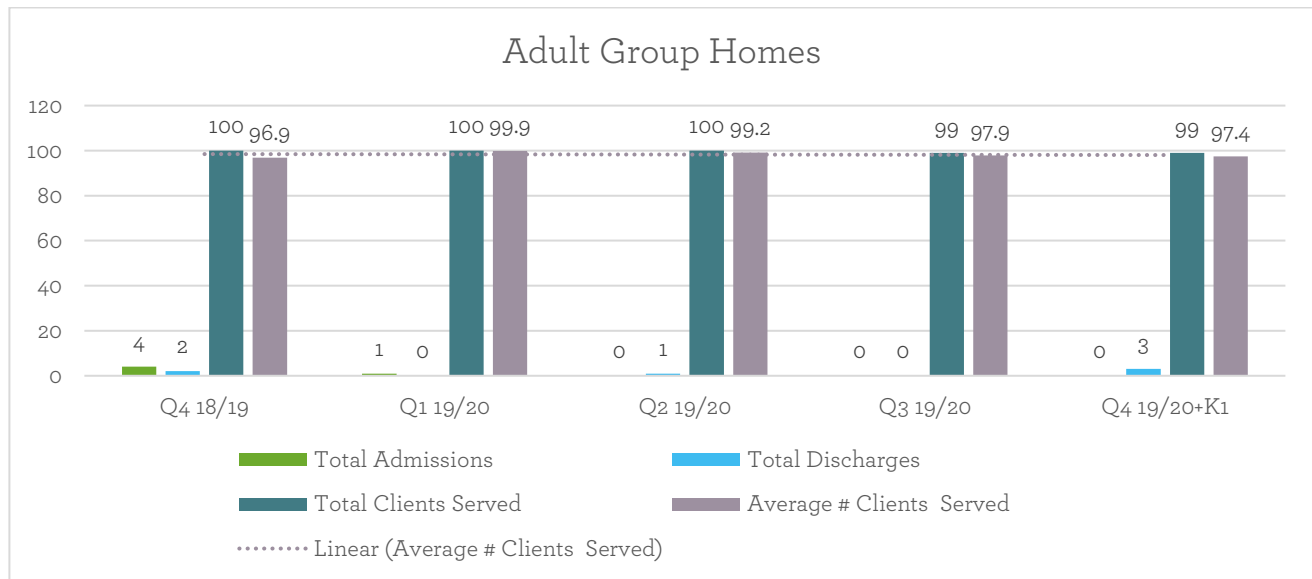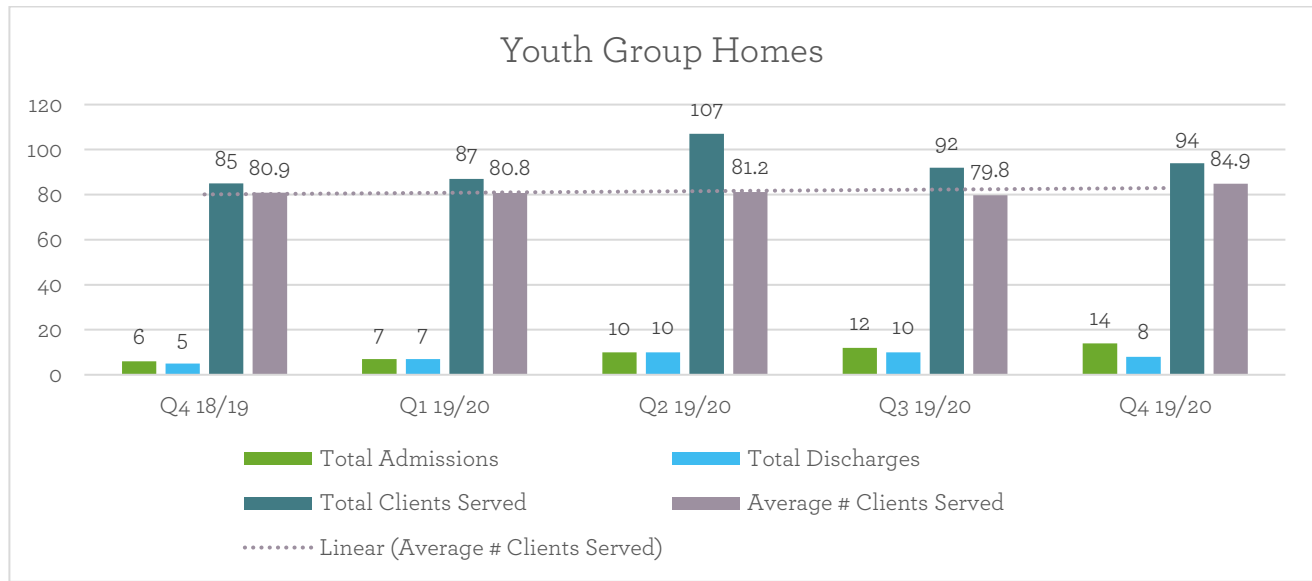# A REPORT TO THE PROGRAM AND ACCREDITATION COMMITTEE

Contents

This report summarizes the activities of Albertina Kerr's Programs for FY Q4 2019/2020

**APRIL 1ST, 2020 THROUGH JUNE 30TH, 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

Youth Group Homes

Quarter	Total Admissions	Total Discharges	Total Clients Served	Average # Clients Served
Q4 18/19	6	5	85	80.9
Q1 19/20	7	7	87	80.8
Q2 19/20	10	10	107	81.2
Q3 19/20	12	10	92	79.8
Q4 19/20	14	8	94	84.9

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

Adult Group Homes

Quarter	Total Admissions	Total Discharges	Total Clients Served	Average # Clients Served
Q4 18/19	4	2	100	96.9
Q1 19/20	1	0	100	99.9
Q2 19/20	0	1	100	99.2
Q3 19/20	0	0	99	97.9
Q4 19/20+K1	0	3	99	97.4

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

Kerr Adult Group Homes census continues to be relatively stable as there is typically little client turnover in that program. The program continues to work to reduce the number of empty bed days in the youth program.

Employment Services
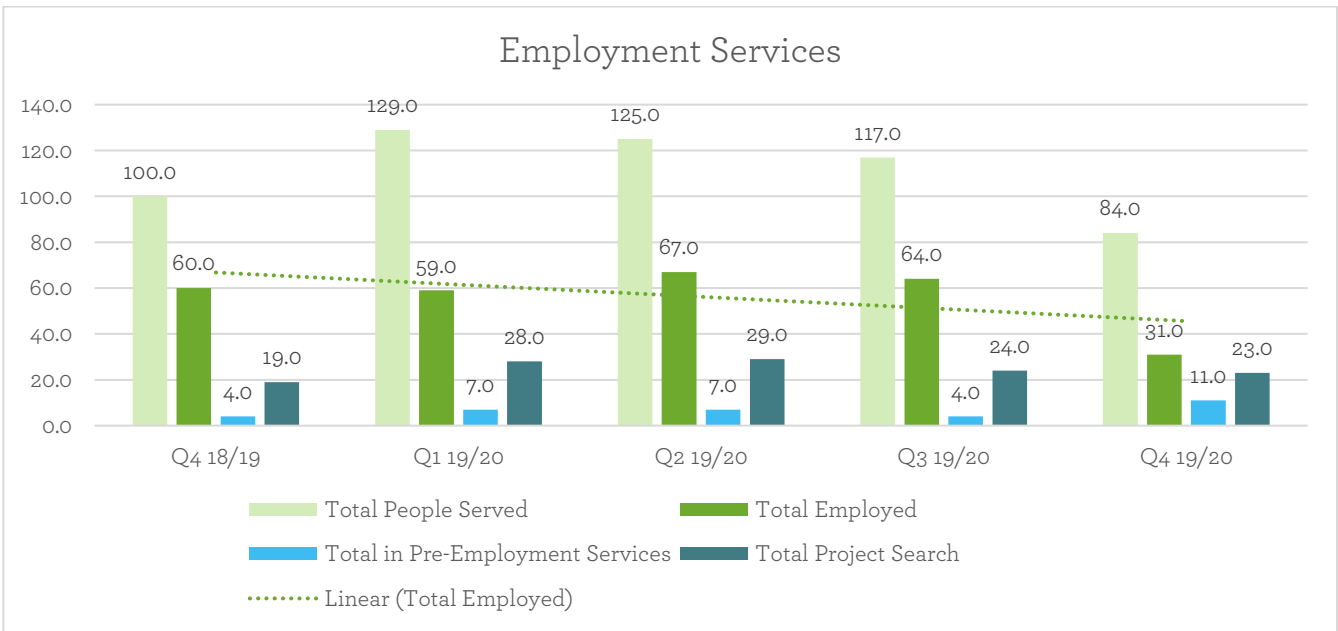
Due to COVID-19, Employment Services were severely impacted. Several people served were furloughed by their employers. Also, worksites that were supporting interns closed the internship programs due to ODDS rules that limited face to face programs. However, several clients were supported during this time (and continue to be) via limited face to face and virtual visits during this quarter.

Portland Arts and Learning Studios
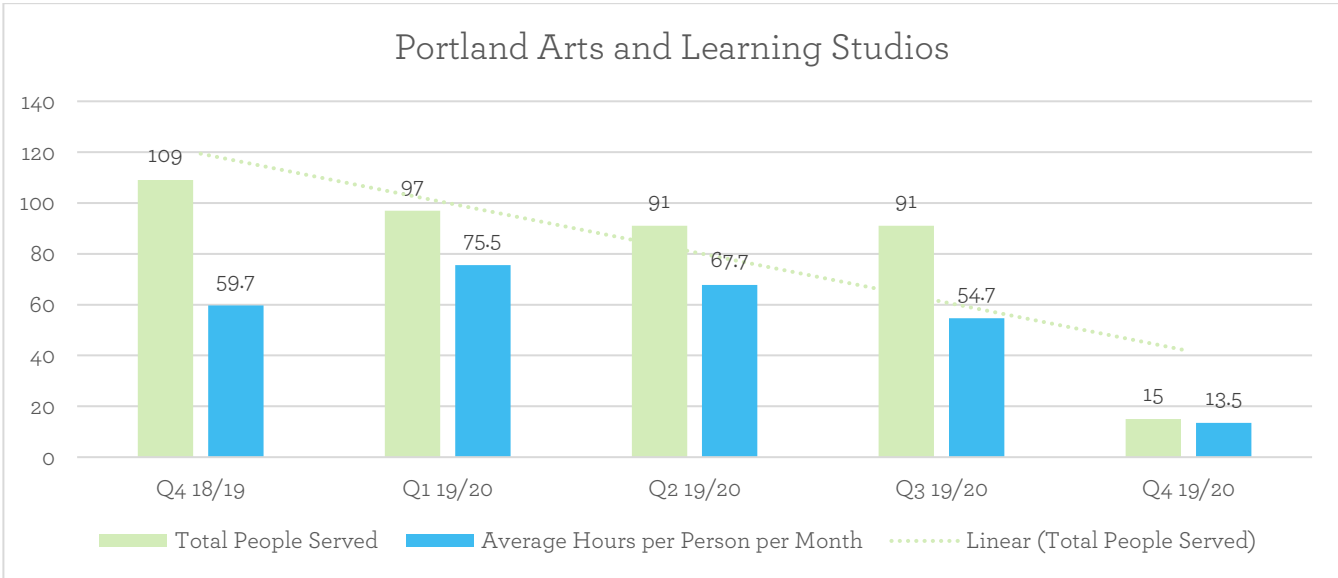

Services at Portland Arts and Learning Studios were halted in mid-March due to the COVID-19 emergency and statewide closure of day services by ODDS. Limited virtual and some 1 on 1 supports are continuing in line with ODDS guidance. The site in Portland will be closed in late summer, and the program is working to re-envision services given the constraints of COVID-19 for the next 12 months.
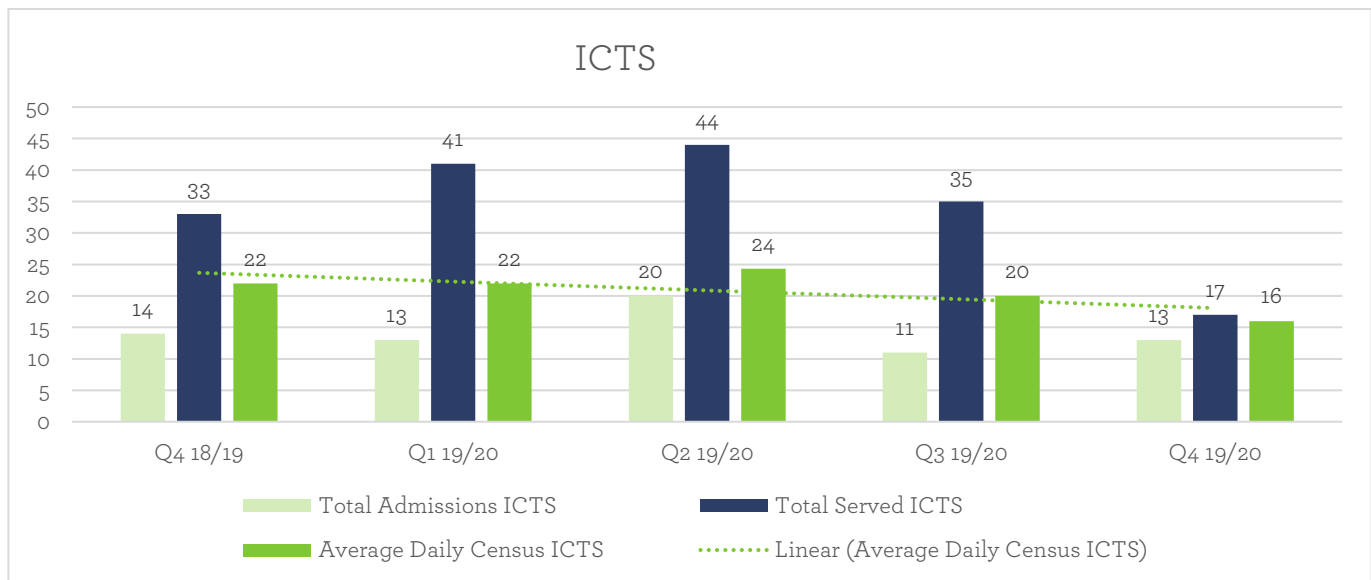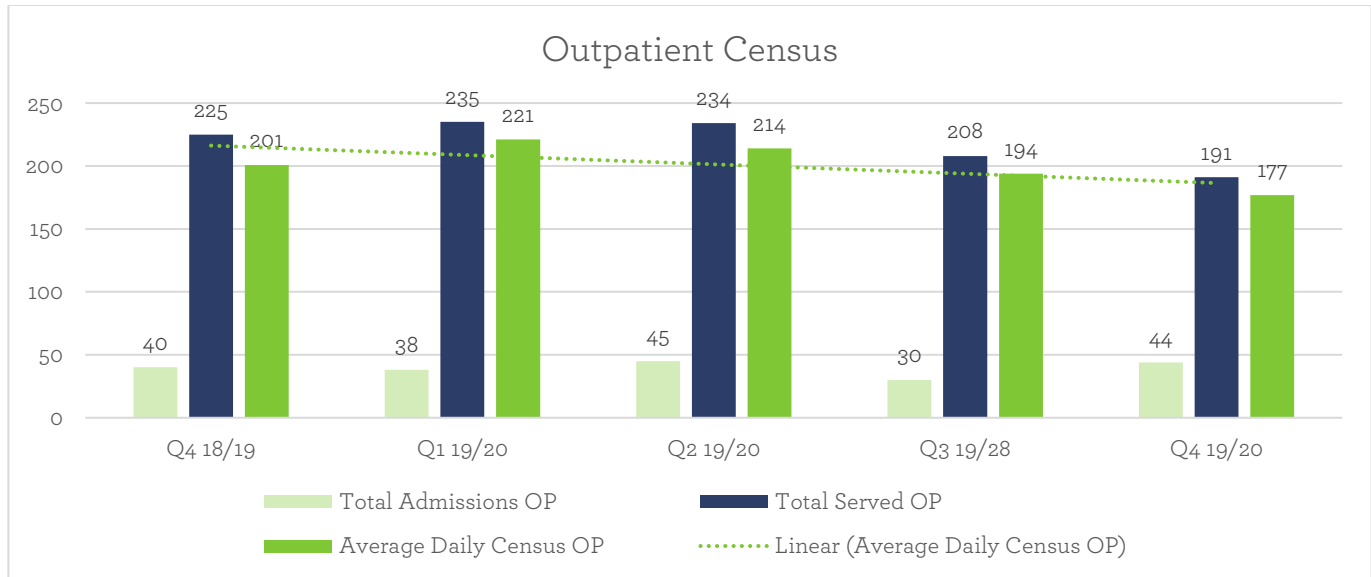
SUBACUTE

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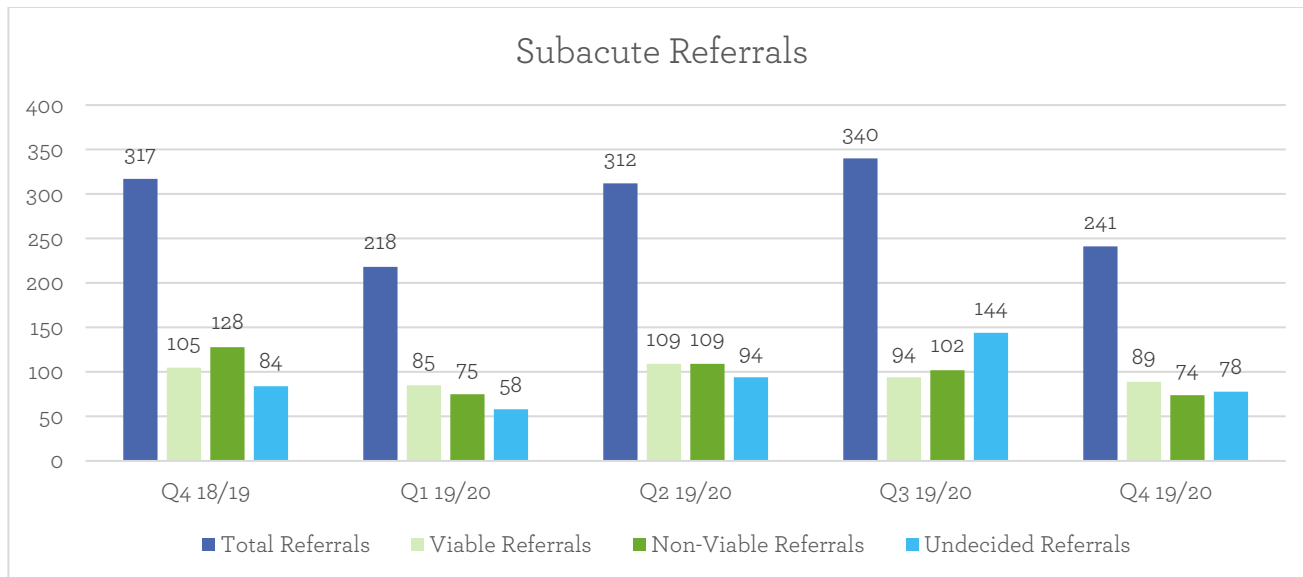
Viable referrals include the following: admitted Clients, approved but referral was withdrawn and approved but guardian declined services. **Non-Viable** referrals includes exceeds Level of Care (LOC), does not meet LOC, unable to take insurance. **Undecided** referrals are those referrals where referral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

Overall, the number of referrals for the program dropped due to the inability of referrals to access emergency services due to COVID-19 (either through outright denial at the ER or fear of going due to the pandemic). This limited access cut off a significant number of referrals for the program. However, while the total number of referrals dipped, the number of viable referrals remained similar to previous months.
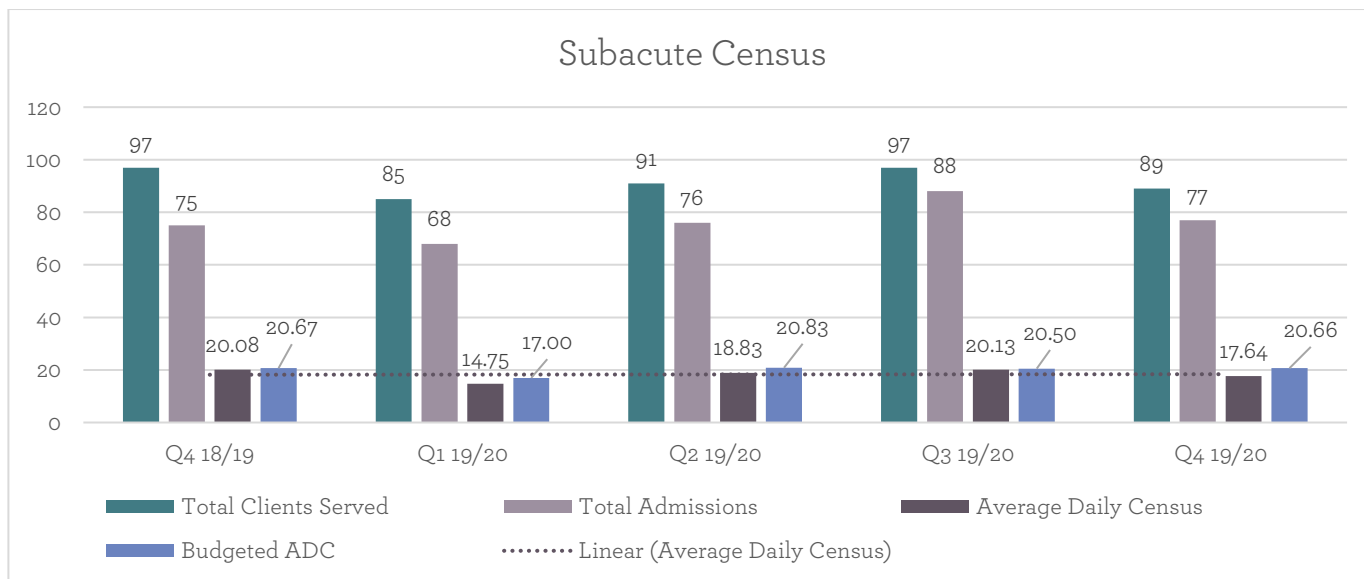
Subacute Census

The Subacute census average was 17.64 for the quarter. The Subacute program did not meet the census goal of 20.66 for the quarter. This dip was clearly due to the COVID-19 impacting referrals as well as concerns from parents not wanting to admit their children to a congregate care program.

OUTPATIENT MENTAL HEALTH

Outpatient Census

Bar chart showing Outpatient Census by quarter. Legend: Total Admissions OP (light green), Total Served OP (dark blue), Average Daily Census OP (green), Linear (Average Daily Census OP) (dotted line).

Quarter	Total Admissions OP	Total Served OP	Average Daily Census OP
Q4 18/19	40	225	201
Q1 19/20	38	235	221
Q2 19/20	45	234	214
Q3 19/28	30	208	194
Q4 19/20	44	191	177

ICTS

Bar chart showing ICTS by quarter. Legend: Total Admissions ICTS (light green), Total Served ICTS (dark blue), Average Daily Census ICTS (green), Linear (Average Daily Census ICTS) (dotted line).

Quarter	Total Admissions ICTS	Total Served ICTS	Average Daily Census ICTS
Q4 18/19	14	33	22
Q1 19/20	13	41	22
Q2 19/20	20	44	24
Q3 19/20	11	35	20
Q4 19/20	13	17	16

Ther overall census for Outpatient was somewhat impacted by COVID-19.   Many of the clients and families were able to continue services through telemedicine.   The overall census for ICTS was significantly impacted as referrals for those services decreased (see Program Report section).

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	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Males	53%	52%	45%	40%	47%
Females	47%	48%	55%	60%	53%
Minority	24%	22%	21%	12%	22%
Non-Minority	69%	64%	63%	69%	64%
Other/Unknown	13%	1%	12%	19%	14%
Not Reported	1%	12%	2%	0%	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, 13 children were admitted to ICTS level of services.

ICTS Engagement	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Percentage of ICTS referrals Offered an appointment within 3 days	66%	50%	40%	89%	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, 44 children were admitted to Outpatient.

Outpatient Engagement	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
2nd Outpatient Appointment made within 14 days of the Assessment	88%	70%	62%	82%	66%
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	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
ICTS	100%	100%	100%	88%	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.

Abuse Allegations Group Homes	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total Allegations Against Staff	37	26	32	24	9
Total Opened for Investigation this quarter	13	5	15	11	5
Total Founded during this quarter	1	6	5	1	0

Founded Allegation(s) this quarter:

There were no founded allegations this quarter.   There has been a significant decrease in overall allegations as well.

Abuse Allegations in Subacute	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total Investigated	3	4	2	0	0
Total Founded	0	0	0	0	0
Total Abuse Allegations	26	13	19	6	2

There were 2 allegations that were closed at screening.

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	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total Complaints	0	0	0	1	0
Total Grievances	0	0	0	0	0
Total Appeals	0	0	0	0	0

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

Mental Health Services

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

All complaints were by youth regarding other youth disrupting the milieu and not feeling like the staff was adequately intervening.

All issues were resolved.

INJURIES IN PROGRAMS

Below are injuries sustained by clients in the programs due to either accident or while involved in an Emergency Safety Intervention/PPI.
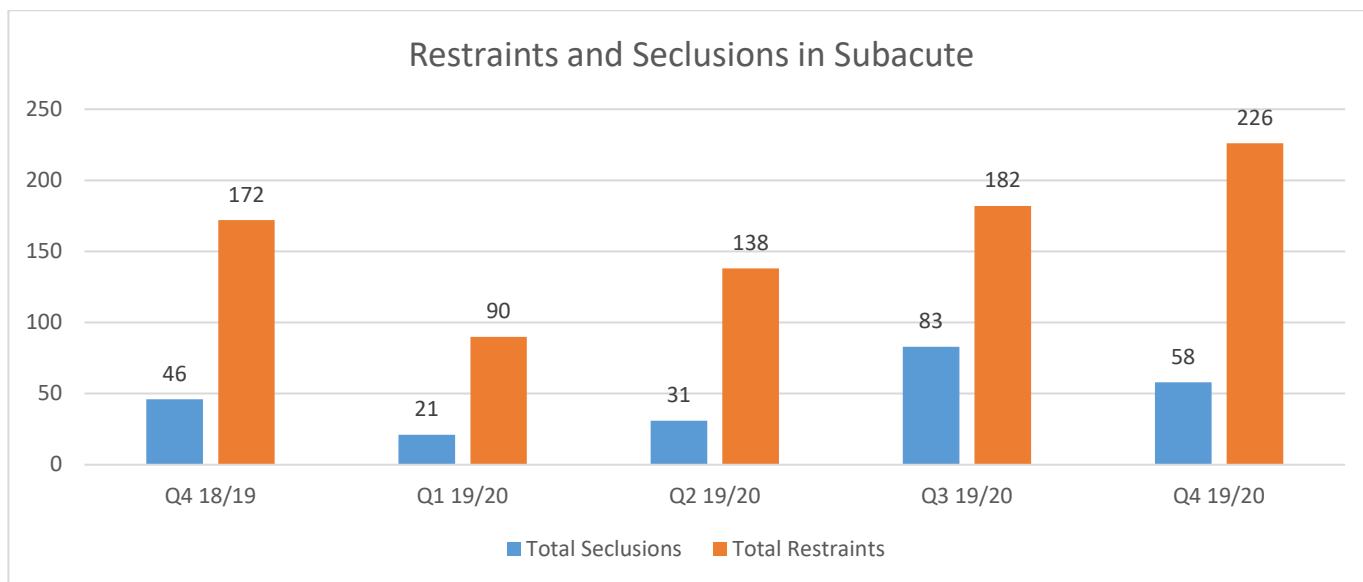
Youth Group Home Client Injuries	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Youth DD Client Injuries (during PPI)	2	2	3	2	1
Youth DD Client Injuries (not during PPI)	9	14	5	10	50
Youth DD Total Self-Inflicted Client Injuries	25	8	13	12	8
Youth DD Total Client Injuries	36	24	21	24	59

Adult Group Home Client Injuries	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Adult DD Client Injuries (during PPI)	1	0	0	0	0
Adult DD Client Injuries (not during PPI)	38	29	19	19	26
Adult DD Total Self-Inflicted Client Injuries	17	5	2	10	1
Adult DD Total Client Injuries	56	34	21	29	27

Subacute Client Injuries	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Subacute Client Injuries (during ESI)	3	2	2	0	2
Subacute Client Injuries (not during ESI)	82	77	158	117	123
Subacute Injuries Self-Inflicted Client Injuries	53	39	66	75	50
Subacute Total Client Injuries	85	79	160	117	123

USE OF RESTRAINT OR SECLUSIONS IN SUBACUTE

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

Restraints and Seclusions in Subacute

Quarter	Total Seclusions	Total Restraints
Q4 18/19	46	172
Q1 19/20	21	90
Q2 19/20	31	138
Q3 19/20	83	182
Q4 19/20	58	226

ESI	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Percentage of youth in ESI's 6-8 year olds	6%	8%	26%	33%	25%
Percentage of youth in ESI's 9-12 year olds	53%	33%	42%	47%	31%
Percentage of youth in ESI's 13-18 year olds	35%	59%	32%	20%	44%
Average Length of Seclusions	21	22	13	8	22
Average Length of Restraints	8	5	9	11	10
Total Children involved in ESI's	17	49	19	15	16
Percentage of Children that required an ESI	18%	58%	21%	15%	18%

In this period, there was a continued overall increase in the use of restraints and seclusions in Subacute.

There was a spike in interventions with just a few specific clients that were younger (5-12) that skewed the data upwards for this quarter.

USE OF RESTRAINTS IN YOUTH GROUP HOMES

Youth Group Home Restraints	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total PPIs	104	126	87	130	86
Percentage of PPI's involving Females	41.3%	31.0%	25.3%	30.8%	17.4%
Percentage of PPI's involving Males	58.7%	69.0%	74.7%	69.2%	82.6%
Total Clients Involved in PPIs	32	44	30	52	43
Percentage of Clients that Required Use of a PPI	38%	51%	28%	57%	46%

Adult Group Home Restraints	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total PPIs	30	13	15	41	2
Percentage of PPI's involving Females	77%	38%	0%	20%	0%
Percentage of PPI's involving Males	23%	62%	100%	80%	100%
Total Clients Involved in PPIs	6	8	15	8	1
Percentage of Clients that Required Use of a PPI	6%	8%	15%	8%	1%

RUNAWAY, POLICE, OR EMT INTERVENTIONS IN PROGRAMS

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

Youth Group Home Critical Incidents	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total Runaways	13	50	40	41	37
Total Runaways less than 4 hours	13	47	26	20	34
Total Runaways more than 4 hours	1	3	14	11	3
Police Interventions	27	26	27	44	32
ER Visits or Hospitalization	29	15	28	44	27
Total Critical Incidents Youth DD	47	91	95	119	96

Three total youth ran more than 4 hours. All returned to the home.

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

MEDICAL

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

Youth Group Home Medication Errors	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Missed Med	516	242	127	373	253
Wrong Med	3	6	2	6	11
Wrong Time	1	3	11	16	6
Wrong Dose	105	12	3	46	11
Adverse Reactions	0	0	0	0	0
Wrong Client	0	2	1	1	0
Total Med Errors	625	265	144	442	281

Adult Group Home Medication Errors	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Missed Med	55	213	215	94	58
Wrong Med	4	13	0	1	2
Wrong Time	10	8	11	2	3
Wrong Dose	31	15	4	2	11
Adverse Reactions	0	0	0	0	0
Wrong Client	1	0	0	0	0
Total Med Errors	101	249	226	99	74

Subacute Medication Errors	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Missed Med	0	0	0	1	7
Wrong Med	0	1	0	0	0
Wrong Time	0	0	0	2	0
Wrong Dose	0	2	1	1	1
Adverse Reactions	0	1	0	0	0
Wrong Client	2	0	0	0	0
Total Med Errors	2	3	1	4	8

Regarding the wrong dose error, a client grabbed the inhaler from staff and took 3 additional puffs after receiving a single correct dose. The missed med errors were due to pharmacy delivery issues.

Outcomes

EMPLOYMENT AND DAY SERVICES

Below are the outcome metrics for Employment services.

Employment Services Total Served	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total New Jobs Created	12.0	13.0	12.0	8.0	4.0
Job Retention Rate	95%	77%	100%	96%	80%
Project SEARCH Placement Rate	89%	88%	91%	88%	11%
Project SEARCH Retention Rate	81%	87%	89%	78%	100%

PROGRAM HIGHLIGHTS

The past three months have posed some significant challenges as we've learned more about the management of Covid-19, which has included ensuring that we have the proper safety equipment and protocols in place, that the educational needs of our clients are still being met via remote learning, and navigating around county-specific nuisances, protocols, and expectations.

With those increased responsibilities, we have still been able to make notable progress with the integration of our mental health and IDD teams and philosophies, and establish one multi-disciplinary team per program, who collaborates on effective ways at ensuring that the individual needs of the people we serve are consistently being met. Significant progress has also been made towards the centralization

of our medical services. Those that we serve have unique medical needs, and our goal is to ensure that we are meeting those needs timely and effectively while providing seamless communication and follow-up. Four of our 5-bed group homes have been converted to 4-bed homes, which will generate improved programming and cost savings. And we have determined a plan to support the professional development of staff at all levels.

Adult Services:

Portland Art and Learning Studios

Portland Art and Learning Studios has launched its 2nd entirely virtual show, designed by a team of Reed College interns and features several PALS artists. The show, called *Portal,* offers the opportunity to balance on the threshold between where we are now, and the places and people we visit in our imaginations.

Each artist explores relationships, imaginative storytelling, and world-building. These themes transport the visitor away from the mundanity of everyday quarantined life and into a new realm. Through 360 degree photography, *Portal* invites visitors into other worlds where the artwork becomes the proxy to the experience. Click on the exhibits page of PALS website to engage in this accessible and out of the box show.

PALS is also offering classes Monday-Friday between 9-2 via ZOOM and meeting clients at their homes for 1:1 time. As a result of this 1:1 time this summer, certain artist were able to produce a body of work that was shown in and subsequently purchased by Galerie COA in Montreal, Canada. Galerie COA has also requested to represent this same artist on an on-going basis, which makes him our first artist to be represented internationally and the second gallery in North America to represent him in their stable of artists.

Adult Group Homes – Clackamas County

Our 9th home in Clackamas County launched Epic this quarter which makes all homes in that County fully live on Epic.

Adult Group Homes – Multnomah and Washington Counties

Our Jay St home took pride in decorating their transportation bus for Mother's day and delivering flowers to parents while social distancing. Managers and DSP's remained creative this quarter by orchestrating engaging and fun activities to minimize some stressors associated with being quarantined. One example includes a social distancing BBQ hosted by Village and Janell, where they all wore matching shirts and enjoyed some great food. Rhone and 51st held a social distancing outdoor summer party with homemade yard games. And we're very happy to report that Hillyard had two individuals who bounced back from critical illnesses and are doing quite well currently. All homes in Multnomah and Washington counties are also now fully live on Epic.

<u>Employment Services</u>

A person we serve graduated from our PROJECT SEARCH Sunnyside program in 2018, in that programs first graduating class. He initially started a job at a hotel where he successfully remained for two years. He gained skills at that location, and became eager to develop even more. He worked diligently with his job developer, and now works as a garden associate at Home Depot. He started approximately 3 weeks before COVID-19 and the "stay at home order." Because Home Depot is considered an essential business, he continues to work through the pandemic, and reports to always wear his mask and follow other safety precautions. And although work feels different these days, he loves his job and the entire experience has been both positive and enlightening.

<u>Project Search</u>

We had many very successful Project Search graduations this quarter. Some were conducted via a drive-thru ceremony, and others were conducted virtually. The excitement and proudness of both the graduates and support staff was priceless

Youth Group Home Services:

During this last quarter, our Clark Street program has had many changes that have helped the program improve. We had one young lady who successfully transition back home. The staff and residents had a creative dialogue about effective ways of managing stress and boredom while Covid-19 limited outing possibilities. They have been on several trips, including Seaside Beach, wetlands, hiking in Gladstone near the Oregon trails, etc. The girls have also made little succulent plants. They're growing green beans, lettuce, and potatoes. One resident who entered the program recently was initially hesitant to engage with peers or adults. However, with the support of her entire team, she is now engaging, smiles a lot, and is more comfortable articulating her feelings. She even stepped outside her comfort zone and attended a horse camp.

At Stephen's, one resident, in particular, has shown a huge improvement. When he entered the program, he lacked confidence, and food was a major trigger. He developed unhealthy eating habits and became overweight, with no motivation to change. After a short period of time, and collaboration with the entire team, he has started eating healthier and controlling his portions. He has also started going on walks and hikes and takes pride in his accomplishments. He becomes excited as he experiences weight loss and reports that he feels healthier and happier. As a result, there has also been an improvement in his behavior, to where he is able to ask for what he needs appropriately and take space when he feels himself getting upset.

Staff have reported that they "Really enjoy working at our Everett program." They strive to create a team atmosphere that respects and depends on each other. Most residents are participating in successful home visits with their families. The residents are also learning and developing independent skills that have earned them an opportunity to take unsupervised walks and seek employment. One resident works with our facilities team weekly, supporting tasks around the main campus. He loves to work with his hands and "stay busy." Everett has established such a positive culture to where new residents feel welcomed and supported during their transition into the program.

Mental Health Programs:

Outpatient:

As noted last quarter Covid-19 brought rapid changes to the Outpatient Program. In response to COVID-19 starting 3/23/2020 the outpatient program transitioned to a Telemedicine platform in order to continue to provide all Outpatient Mental Health Services (Therapy, Psychiatry, Skills Training, and Peer Support). With the continuation of the precautions, the program has continued to provide all services through telemedicine through this quarter. The outpatient team continues to show notable ingenuity, flexibility, and creativity in adapting and learning this very new way of providing mental health services. Overall there have been moderate impacts on treatment. When modifications in typical service delivery have occurred, they have included a decrease in the duration or frequency of sessions due to diagnostic presentation, technological impacts that disrupt sessions and scheduling, as well as some clients and families opting out of utilizing the platform at all. These have all effected productivity, which has been averaging 42%. One notable shift during the pandemic has been the decrease in our Kaiser referrals. Per our Kaiser Utilization Management Specialist, this is the result of families losing their insurance due to the economic impact of the pandemic coupled with Kaiser's increase in internal capacity.

Staffing changes during the quarter included the hiring of 2 new therapists dedicated to providing mental health services in our group homes (3 total), which completes the foundation of the reorganization for the integration of I/DD and MH across the agency. And the hiring of a new clinical supervisor who transitioned from the subacute program where she had been a therapist for the last three years.

One story involves a 16-year-old cisgender female, O. Parents and O enrolled in services due to symptoms of depression, anxiety, and social anxiety resulting in miscommunications with peers and parents removing clients from school. O initially presented with little to no eye contact, would not engage in much conversation, and always kept her jacket hood up. Through working with a clinician on skills around CBT (identifying thinking errors, correcting automatic negative thoughts, and discussing pros and cons of decisions/actions), DBT skills (mindfulness, emotional regulation, distress tolerance, interpersonal effectiveness), and Collaborative Problem Skills (increasing Social Thinking Skills), O has been able to make fair to frequent eye contact, no longer wears a hood and engages in consistent individual therapy, and at times, family therapy with a clinician. Parents enrolled O at a new school last academic year, and O was able to develop new friendships and increase self-awareness and self-esteem. Over the past 12 months, O has been able to increase various tools and skills to manage feelings and symptoms around anxiety and depression including reaching out to friends or certain family members, watching or listening to things that elevate her mood, writing out how she is feeling on paper or in the 'Notes' on her phone, and noticing her thoughts and challenging negative thoughts patterns.

Subacute:

As with Outpatient, the onset of Covid-19 required notable service delivery changes in Subacute. Extreme flexibility has been required of all the staff to efficiently pivot with the rapidly updated safety protocols required for all congregate care settings, and the subacute team continues to show notable ingenuity, flexibility, and creativity in adapting and integrating new rules and procedures.

There continues to be an on-going discussion about the current census deficit while prioritizing safety. Sustained focus on root cause analysis of impediments, and implementing improvements to increasing referrals is also ongoing. Despite these impediments, the average census in June was greater than the last 3 years, as were the number of referrals received. Although a further review of the data is needed, the increase appears to be attributed to the social and emotional struggles linked to the pandemic.

We had a youth (D) who came to subacute from the East Coast, where he had been for 6 months, due to abuse allegations and custody disputes between his parents. He needed a secure setting to help him transition back to Oregon to reunite with his mom. Due to the complexity of the situation, no other agencies in the state of Oregon were willing to serve him. Still, the subacute access team worked relentlessly with insurance and D's mom to work it out so that he could admit to our program. D. struggled with suicidal ideation and needed a lot of support from his therapist in working through some of the past trauma he had experienced. He also worked closely with this therapist on family therapy with his mom and sisters, whom he had not seen in over a year, and how to re-acclimate to living with them again. D. was able to make great strides in his ability to stabilize symptoms of depression and was able to engage in safety planning and transition from subacute home with his mom safely and successfully.

MENTAL HEALTH PROGRAMS

Subacute

Below are the locations of discharge from Subacute

Subacute Discharge Location	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Discharge to Residential	15.8%	9.4%	7.7%	10.1%	5.8%
Discharge to Community Setting	84.2%	89.1%	79.5%	81.0%	88.4%
Discharge Location Not Reported	0%	0%	4%	6%	0%
Discharge to Psych Hospital	0.0%	1.6%	1.3%	1.3%	0.0%
Discharge to Hospital (Medical)	0.0%	0.0%	2.6%	0.0%	5.8%

Subacute Discharge Length of Stay	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total Discharges	76	64	78	79	69
Average Length of Stay (days)	23	20	22	19	22

The overall length of stay increased to an average of 22 days. Some of this increase was due to reduced capacity in residential due to COVID-19.

Outpatient Mental Health

ICTS Discharge Level of Care (LOC)	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
ICTS Discharge to Psych Hospital/Residential/Subacute	8%	0%	9%	14%	0%
ICTS Discharge to Same level of care	0%	0%	0%	0%	0%
ICTS Discharge to Unknown level of care	15%	18%	9%	0%	0%
ICTS Discharge to Lower LOC ICTS	77%	82%	82%	86%	100%
Goal for Discharge to Lower LOC	*85%*	*85%*	*85%*	*85%*	*85%*

The program met the goal.

Outpatient Discharge Level of Care (LOC)	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Outpatient Discharge to Psych Hospital/Residential/Subacute	*0%*	*7%*	*3%*	*6%*	*6%*
Outpatient Discharge to Same level of care	*44%*	*17%*	*19%*	*23%*	*24%*
Outpatient Discharge to Unknown level of care	*6%*	*23%*	*0%*	*0%*	*24%*
Outpatient Discharge to Lower LOC	*50%*	*53%*	*44%*	*69%*	*47%*
Goal for Discharge to Lower LOC	*75%*	*75%*	*75%*	*75%*	*75%*

The program did not meet is goal of 75%.

TARGET SYMPTOM RATING

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

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

Presenting Issue	*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	68%	62
Peer Relationships	63%	59
School Difficulty	51%	57
Depression	71%	58

Anxiety	68%	44
Psychosomatic symptoms	67%	18
Suicidality	82%	57
Destructive Behaviors	53%	36
Aggression	21%	34
Substance Abuse	56%	18
Psychotic symptoms	57%	7
Runaway	52%	48
Impulsivity	55%	47

The program continues to see high improvement rates in clients presenting with suicidality, depression, peer relationships, and family conflict.

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

Of youth discharged in Q3 19/20, 7 youth were re-admitted to Subacute within 90 days of discharge.

Percentage of children that were admitted to a hospital within 90 days	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
% of children that are re-admitted within 90 days post D/c (Epic)	14%	9%	9%	4%
# of children that are admitted within 90 days	11	6	7	3

Of youth discharged in Q3 19/20 , 3 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	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
% of children that are re-admitted within 90 days (Epic)	13%	17%	5%	12%
# of children that are admitted within 90 days	4	7	2	5

Of youth discharge in Q3 19/20, 5 youth visited a hospital due to a psychiatric crisis.

SURVEYS

Surveys are completed when a client discharges from services in Mental Health Services or every 6 months in the youth and young adult group homes.   Each item is ranked from Strongly Disagree (1

point) to Strongly Agree (5 points).   The below scores are the weighted average of the surveys completed during Q2 19/20.

Subacute Parent Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.64
I felt my child was safe on the unit	4.64
I felt security was a priority at Albertina Kerr	4.82
I was treated with respect by my child's treatment team and care providers at Kerr	4.82
I felt Albertina Kerr staff provided professional and prompt customer service	4.40
I understand what aftercare will be needed for my child	4.55
My child met the goals set by my family, child, and the Albertina Kerr Team	4.27
I would recommend Albertina Kerr to others experiencing similar challenges	4.64
The support my child received from Albertina Kerr helped them and me/us to feel better	4.64
Number of surveys completed this quarter	11
Subacute Youth Survey	**Weighted Score (1-5)**
Staff were responsive to my needs	4.41
I felt safe on the unit	3.97
I was treated with respect by my Kerr treatment team and care providers	4.47
I had confidence and trust in all my Albertina Kerr care providers	3.91
I understand what I need to do after I leave Albertina Kerr (for example I know what services I need after I leave).	4.26
I better understand what I need to do to be successful or continue recovery after discharge (for example I know my coping skills, understand my medications, etc.)	4.41
I met the goals set by myself, my family, and the Albertina Kerr team	3.91
I would recommend Albertina Kerr to others experiencing similar challenges.	3.76
The support I received from Albertina Kerr helped me feel better.	4.12
Number of surveys completed this quarter	34
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:

- Sometimes difficult to get someone on the phone
- Worried about other kids [with my child].

Youth:

- It was hard to work with peers who were aggressive, but I learned a lot of skills with that. Thank you to all the staff who made me feel better and who I was able to have conversations with. I'll always

have this experience in my heart, and I am so thankful for all the super heroes who are working hard every day to keep people like me safe :)

- More diverse [food] options for different diets
- I was treated as if I were a child which was disrespectful to my standards. Quite often at least, not constantly though.

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	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Improvement Score Outpatient	0.45	0.74	0.79	0.80	1.01
Improvement Score ICTS	0.75	0.46	0.61	0.63	0.32
Improvement Score Goal	*0.80*	*0.80*	*0.80*	*0.80*	*0.80*
% Significantly or Somewhat Improved - OP	59%	63%	63%	71%	80%
% Significantly or Somewhat Improved - ICTS	74%	57%	64%	64%	33%
% of clients with required number of assessments	74%	79%	78%	85%	65%

This indicates that 80% of the clients in Outpatient and 33% in ICTS reported some improvement while in care.   Therapists are completing the ACORN "properly" for 65% of the clients.   The program will continue to work to improve the use of data in supervision and during case consultations to improve scores.

THRIVING WORKFORCE	Apr-20	May-20	Jun-20	Prior FY Avg*	6 Month Avg	Goal
Employee Turnover (Direct Care Staff)	59%	57%	56%	67%	57%	45%
Employees =>125% Minimum Wage	80%	78%	74%	50%	79%	100%

EMPLOYEE SAFETY	Apr-20	May-20	Jun-20	Prior FY Avg*	6 Month Avg	Goal
OSHA Recordable Incidents	3	2	3	5.58	4.50	-
NAICS Incident Rate	9.76	9.44	9.38	9.83	9.84	6.90

RECRUITING AND RETENTION	Apr-20	May-20	Jun-20	Prior FY Avg*	6 Month Avg	Goal
Current Headcount	755	761	779	719	763	
Current Openings	35	37	38	77	46	
Vacancy Rate	4%	5%	5%	10%	6%	10%
Average Time to Fill	19	12	20	24	28	
Total Applicants	282	289	331	322	353	
Employee Turnover Rate	56%	55%	55%	59%	55%	45%
One Year Retention Rate	70%	71%	69%	64%	66%	

DSP RECRUITING AND RETENTION	Apr-20	May-20	Jun-20	Prior FY Avg*	6 Month Avg	Goal
DSP Vacancy Rate	4%	5%	6%	12%	6%	10%
Average Time to Fill	18	9	16	30	25	
Total Applicants	154	163	232	153	226	
Total Interviews	54	44	47	54	58	
Total Hires	31	23	32	21	27	
Employee Turnover Rate	62%	64%	64%	70%	63%	45%
DSP One Year Retention Rate	61%	61%	61%	62%	63%	
Total Terminations	30	22	27	21	24	
Number of Quick Quits	16	9	9	9	10	
Avg Length of Service (LOS) for Quick Quits	22	29	26	29	21	
Quick Quit Voluntary Termination Rate	56%	44%	78%	47%	55%	

EMPLOYEE RELATIONS	Apr-20	May-20	Jun-20	Prior FY Avg	6 Month Avg	Goal
Formal Coaching/Counseling	4	6	16	8	12	
Written Warning	5	3	2	3	6	
Final Warning	1	1	4	3	4	
Termination	2	24	6	5	9	

COMMENTS:

June data is effective 6/30/2020.

KEY METRIC GRAPHS

Employee Turnover Rate

One Year Retention Rates

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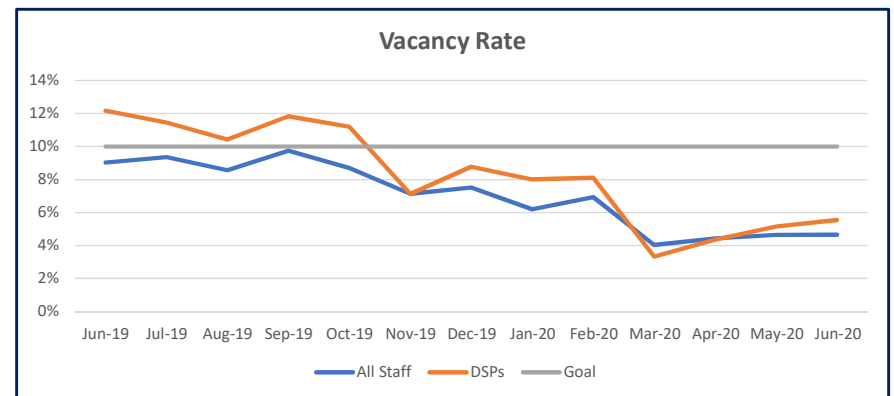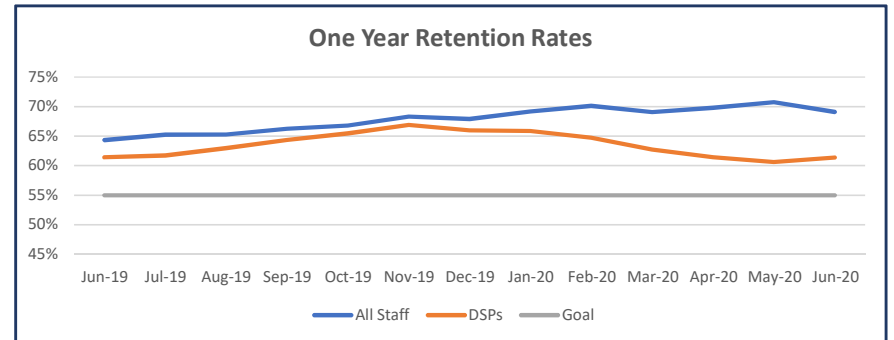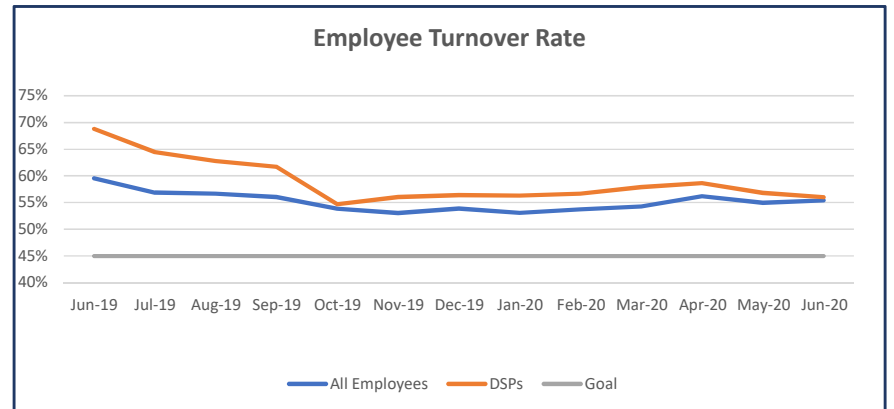
Red cells indicate goal missed by 10% or greater. Green indicates goal exceeded by 10% or greater. White means within 10% of goal, or no goal set. If goal is 0, red is more than one and green is 0.

Alfredo Soto, MD, Psychiatrist, Board Certified in General & Child & Adolescent Psychiatry – Renewal of Privileges

Dr. Soto has been one of our Subacute psychiatrists since 2002. He attended the following: Goucher College in Baltimore, Maryland Undergraduate program, Medical College of Virginia for Medical School, George Washington University Medical Center in Washington D.C. for his Residency, and Oregon Health Science University (OHSU) for his Fellowship. He is Albertina Kerr's Medical Director and also is employed as Polk County Behavioral Health's Medical Director. He was born in Bogota, Columbia.

Clinical Competency Peer Review Form

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

Method of Review: Retrospective Chart Review & Observation

Chart #'s Reviewed: (Up to 5): _ 7001110489, 7000055385, 9501562940, 9500215743, 7001060602_____

Practitioner Reviewed: __Alfredo Soto, M.D._____

Check Appropriate Box

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

Adapted from Providence Hospital Physician Peer Review Form

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

III. Brief Description of Concerns Noted Above **:

No concerns noted. There did not appear to be an H&P for any of the charts as they were all previously seen by Kerr providers (Sears/Birgit) so not all elements of an H&P were necessary for the follow up notes. But of the ones reviewed they appeared to be fully completed and intact.

Adapted from Providence Hospital Physician Peer Review Form

III. Signature: _[signature]_	**Date: 8.27.20**

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

Adapted from Providence Hospital Physician Peer Review Form

ALBERTINA KERR
Renewal of Privileges Worksheet

Name of Applicant:	**Alfredo Soto, M.D.**
Accreditation Committee Date:	September 2nd, 2020

<u>Completed by applicant</u>	Application for renewal of privileges (copy in file)
<u>Completed by applicant</u>	Authorization to release information (copy in file)
<u>License on file August 2020</u>	License expires: _12/31/2021_ Oregon Medical Board (copy in file)
<u>License on file August 2020</u>	License expires: _01/31/2021_ Missouri Medical Board (copy in file)
<u>Certificate on file August 2020</u>	Liability insurance expires: _11/01/2020_ (copy in file)
	Professional liability insurance verification and claims history
<u>Certificate on file August 2020</u>	DEA certification expires: _02/28/2021_ (copy in file)

<u>Report pulled August 2020</u>	(AMA) American Medical Association Physician Profile
<u>Report pulled August 2020</u>	(ABPN) American Board of Psychiatry and Neurology
<u>Report pulled August 2020</u>	(OMB) Oregon Medical Board
<u>Report pulled August 2020</u>	(MDPR) Missouri Division of Professional Registration
<u>Report pulled August 2020</u>	(AIM) Administrators in Medicine- OR Medical Board
<u>Report pulled August 2020</u>	(OIG's) Office of Inspector General Exclusion List
<u>Report pulled August 2020</u>	(NPDB-HIPDB) National Practitioner Data Bank & the Healthcare Integrity and Protection Data Bank
<u>Report pulled August 2020</u>	(OFAC) –Office of Foreign Assets Control
<u>Report pulled August 2020</u>	(SAM) The System for Award Management (was EPLS– Excluded Parties List System - website removed as of 11/2012) www.sam.gov

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<u>Received copy August 2020</u>	Continuing education (copy in file)
<u>Received reference August 2020</u>	Reference request peer <u>Jenny Tsai, MD – rating good</u>
<u>Received reference August 2020</u>	Reference request peer <u>Naomi Fishman, MD – rating outstanding</u>
<u>Received reference August 2020</u>	Reference request peer <u>Larry Mak, MD – rating outstanding</u>
<u>Received reference August 2020</u>	Reference request affiliation <u>Polk County Behavioral Health – recommend highly without qualification</u>

<u>Received review August 2020</u>	Peer clinical review completed <u>Larry Mak, MD</u>

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

Alfredo Soto, MD

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

The following clinical privileges have been approved:

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

Exceptions:

_____

_____

_____

_____

_____   _____
Chief Executive Officer   Date

_____   _____
Chair, Accreditation Committee   Date

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
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
7	Review electronic records implementation, other IT initiatives			December 2, 2020
8	Review employee safety management			December 2, 2020
9	Review owned and leased real estate			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 08/27/2020