

ALBERTINA KERR

ALBERTINA KERR CENTERS Program & Accreditation Committee

Meeting Agenda Wednesday, December 2, 2020 8 to 9:20 a.m. Kerr Administration Center

- 8:00 a.m. **Convene** (David Wilson, Chair)
- 8:00 **Approve Meeting Minutes of the September 2, 2020**
pp. 2-3
- 8:01 **Program Updates** (Owen Gibson & Derrick Perry)
pp. 4-23
- 8:30 **HR Update** (Matthew Warner)
p. 24 HR Dashboard
 Employee Safety Review
- 8:45 **ACTION: Review & Approve Renewal of Credentials for**
pp. 25-39 **Dr. Jenny Tsai & Roberta Bentson-Royal, PNP**
- 9:00 **Adjourn** (David Wilson)

ALBERTINA KERR CENTERS
Program & Accreditation Committee Minutes
September 2, 2020
8 to 9:30 a.m.
Via Teams

Members Present

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

Staff Present

Jeff Carr, Owen Gibson, Craig Rusch, Matthew Warner

Convene (David Wilson, Chair)

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

Approve Minutes of the June 3rd, 2020 Meeting

ACTION: Teri Barichello moved that the minutes be approved. Dennis Warneke seconded. The motion passed via unanimous vote.

Program Updates (Owen Gibson, Jeff Carr)

Owen and Derrick reviewed the quarterly programs report. Highlights include:

- Some group homes were impacted by positive COVID-19 cases.
- Group home census is relatively stable.
- The PALS program was severely impacted by the COVID-19 shutdown. The future of PALS is uncertain at this time. Kerr bought out the lease of the building on MLK Jr. and are moving equipment and supplies into the old Thrift Shop adjacent Kerr Admin Center. Some virtual settings and a few in-home and community activities are taking place.
- Employment Services were impacted but some services continued to operate during the shutdown.
- Jeff shared that Derrick Perry and his team have implemented significant changes to the client intake process. An interdisciplinary team was formed to conduct initial assessments and evaluate resources to make sure supports are correct and to ensure success.
- Subacute saw a reduction in referrals during the 4th quarter; however, the 1st quarter of FY2020-2021 is seeing the highest census in recent history for this time of year. The COVID crisis has significantly impacted families.
- Outpatient mental health services was able to achieve a quick switch to telehealth services.
- No founded abuse cases or grievances occurred in the 4th quarter.
- Medication errors are significantly reduced with the use of Epic. Not all group homes are on Epic, as implementation was delayed due to COVID.
- Group homes managed to find ways to keep residents entertained during the long spring and summer of lockdowns. Feelings of fatigue and isolation were challenging, and staff tried to be creative. The start-up of online school this fall has also been challenging.
- Subacute saw a discharge rate of 88% back to the community.
- Kerr agreement with Kaiser tracks quality measures such as readmits to subacute and now readmits to the ER. Kerr's performance demonstrates high quality of care in these metrics.

- Subacute youth and parent surveys were positive overall. Group home surveys were restricted due to COVID.
- Use of ACORN was reduced due to COVID also. The Outpatient team is working to administer the assessment tool in a virtual setting.

HR Dashboard (Matthew Warner)

Matthew reviewed the HR Dashboard, current as of June 30th, 4th quarter end. Most measures are steady. Turnover has improved. Wages continue to increase toward the goal of 100% of employees at or above 125% of minimum wage. Injuries did not increase, even with the challenges COVID presented in programs. Training for new hires and recurring training had to shift significantly in administration due to COVID. Some is online and some is in reduced class sizes. Online employee and manager town halls have been successful in connecting people and encouraging communication. Team building ideas and ways to connect staff to resources are helping support people through the pandemic.

Renewal of Credentials for Dr. Alfredo Soto

ACTION: Teri Barichello moved to approval renewal of credentials for Dr. Soto. David Wilson seconded. The motion passed via unanimous vote.

Government Relations Update (Jeff Carr)

Kerr is a member of Oregon Resource Association (ORA) that employs lobbyist Amanda Dalton for IDD issues. Jeff had been in talks with a lobbyist about possible employment to address mental health issues prior to COVID, but he will re-engage that conversation at a later time. The biggest concern at this time is the State budget. Jeff reported that an exercise was conducted to outline potential budget cuts by all State Departments. This is not a final product, however, just ideas and priorities for needs and potential areas that could be cut. A budget forecast is set to be released at the end of September. This will be telling about the future. Rep. Rob Nosse has indicated to Jeff that cuts are looking brutal for the upcoming biennium.

Adjourn (David Wilson)

David adjourned the meeting at 8:54 a.m.

Recorded by Holly Edgar, Corporate Secretary

A REPORT TO THE PROGRAM AND ACCREDITATION COMMITTEE

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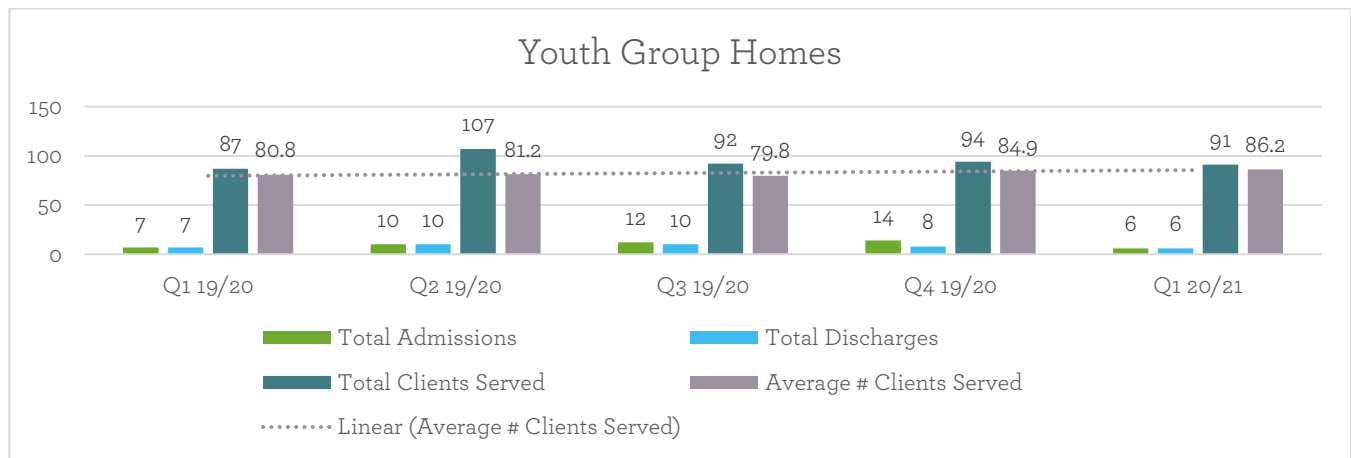
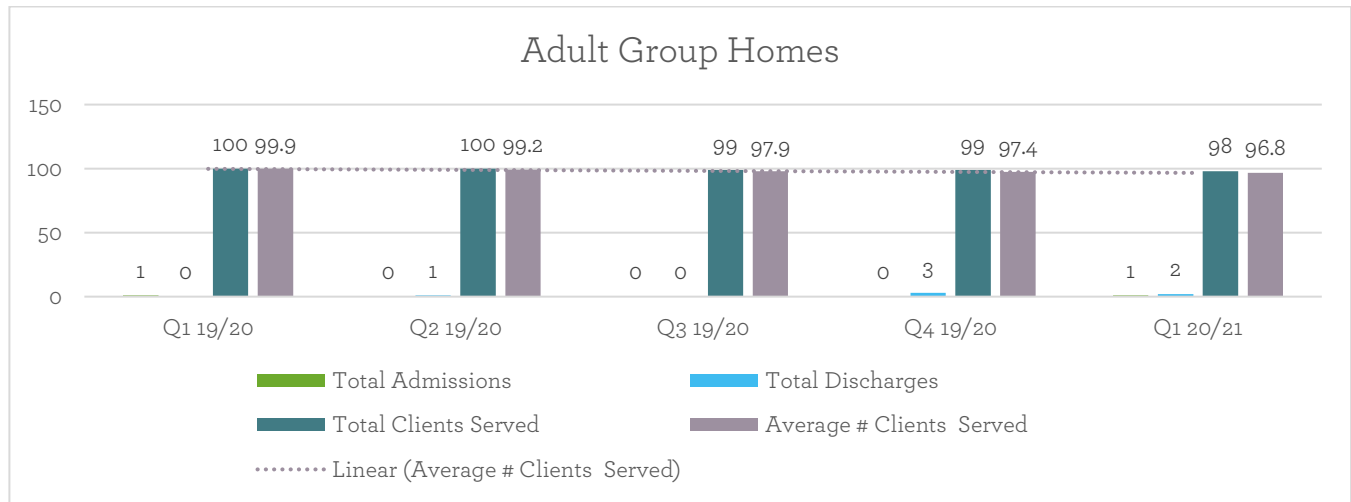
This report summarizes the activities of Albertina Kerr's Programs for FY Q1 2020/2021

JULY 1ST, 2020 THROUGH SEPTEMBER 30TH, 2020

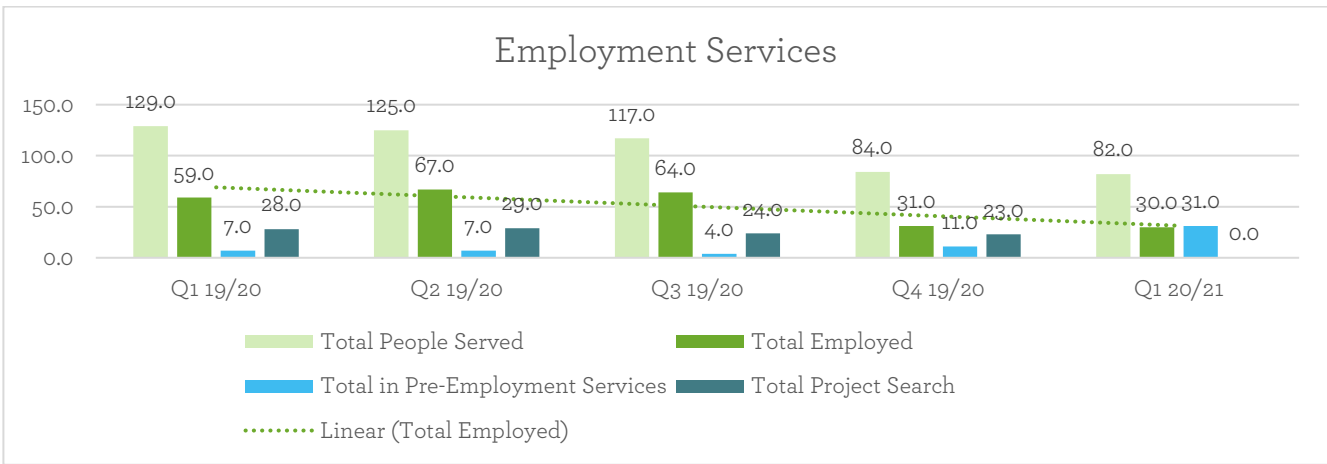
Access to Services

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

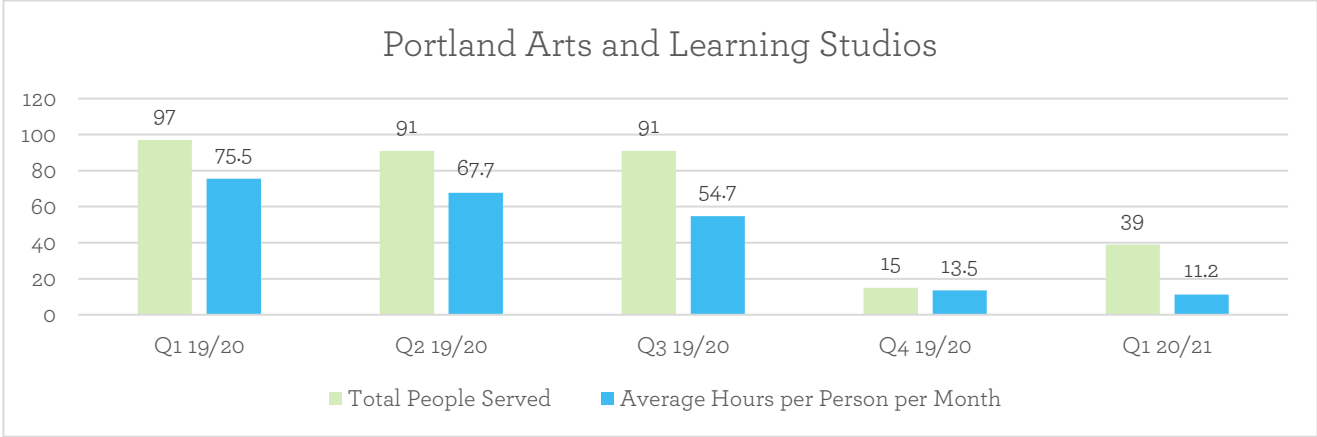


The Kerr youth group home census continues to improve as the program continues to reduce the number of empty bed days. While the adult homes have seen a decline in census over the last four quarters, the census has improved at the time of this report. There is now a new unified process for screening referrals to streamline and ensure that admits are appropriate and timely.



During Q1 (and at the time of this report), Project Search is on hold due to the COVID-19 restrictions. All of the prior clients in Project Search have graduated. However, placements have been low due to the pandemic and lack of employment options. In the interim, the program has created the Kerr Career Club (a virtual group) for clients laid off from their employment to help keep connection and skills until they return to their jobs. There are 32 enrolled currently in this new program. We have also developed a six-week skills class in partnership with vocational rehabilitation as an interim service.

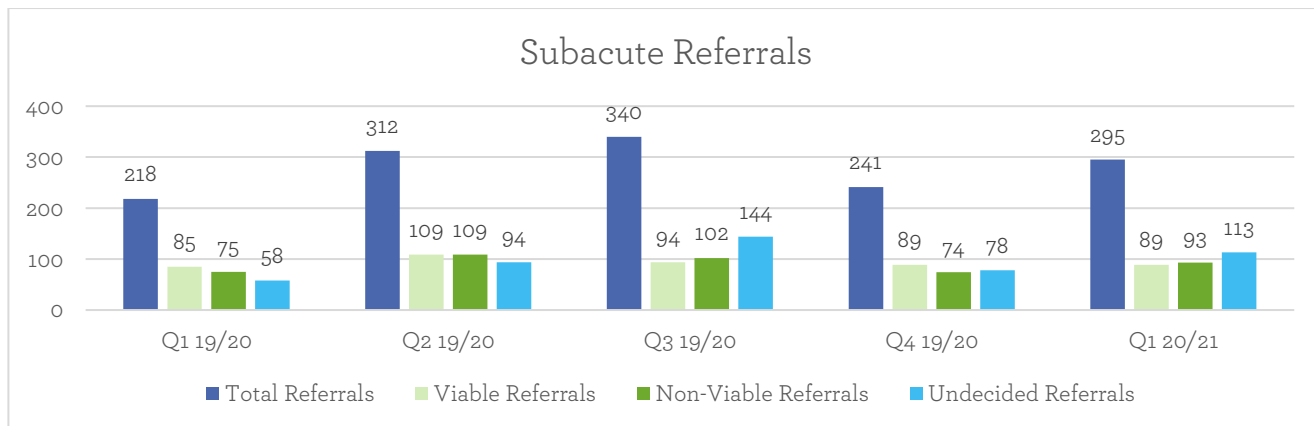
We anticipate that the current COVID-19 freeze (at the time of this report) will worsen the impact of those employed, and we will see fewer employed clients in Q2 20/21. However, the program continues to develop positions in jobs that have had less impact due to COVID-19, such as retail or other industries.



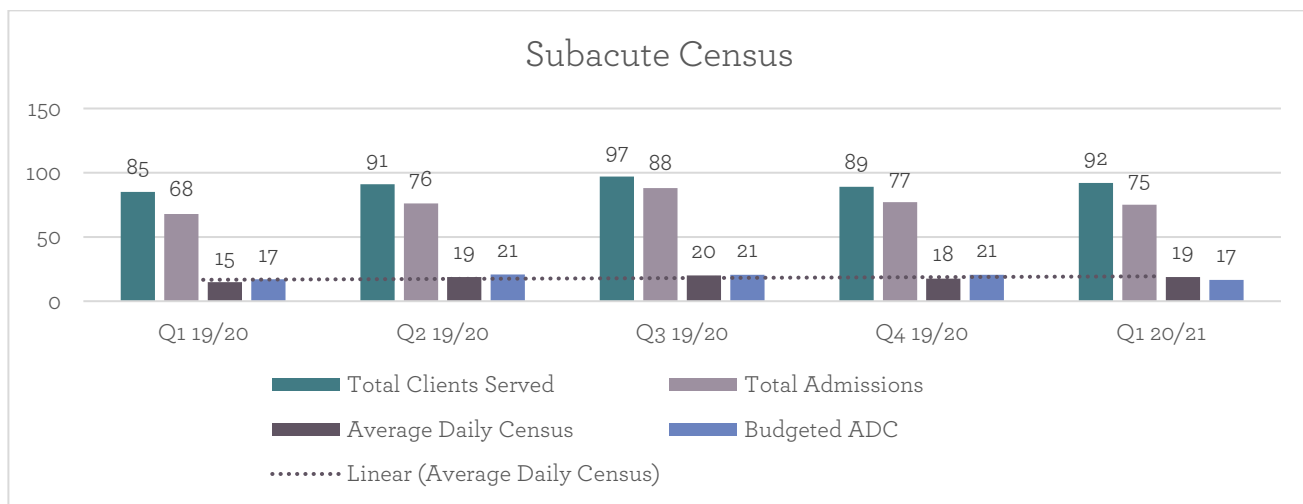
Portland Arts and Learning Studios permanently closed during this quarter due to the ongoing restriction of this type of service due to Covid-19. The site has been turned back to the landlord, and staff working at PALS were offered other positions within Kerr.

SUBACUTE

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

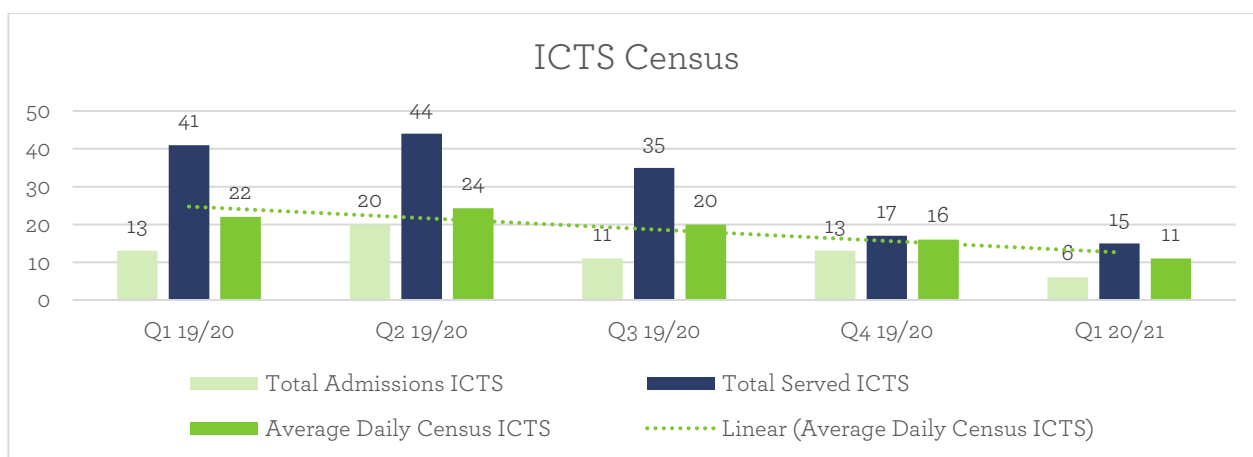
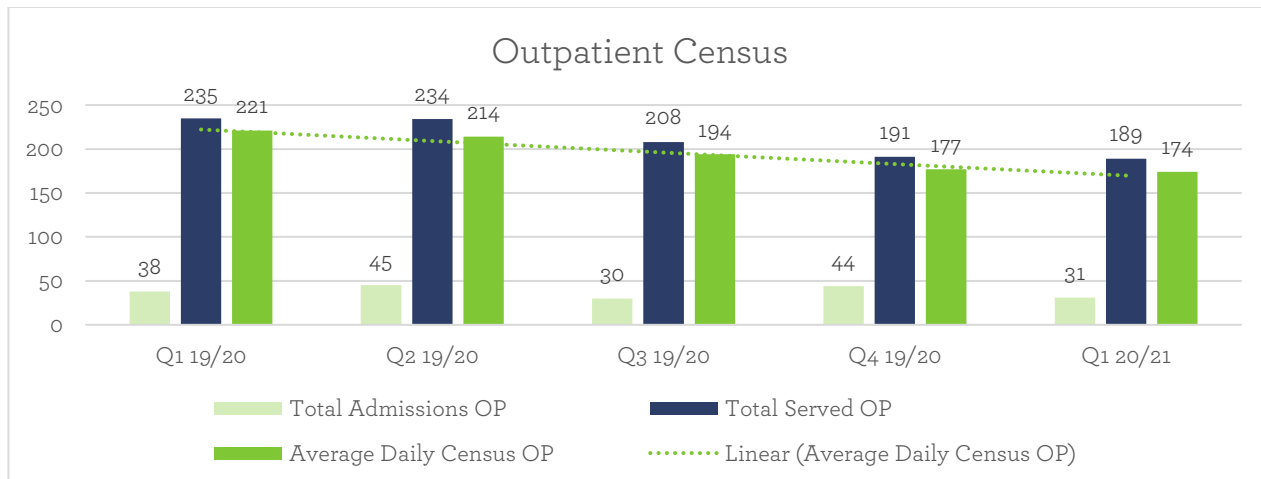


Overall, the total number of referrals to Subacute improved from last quarter. The overall demand for Subacute remains relatively high. While not as high as Q2 19/20, the number of viable referrals has stabilized at an average of 91 per quarter.



The Subacute census average was 18.7 for the quarter. The Subacute program exceeded the census goal of 16.5 for the quarter. Overall, as with viable referrals noted above, the Subacute census has remained relatively stable and has exceeded projections developed when the pandemic started. However, the program has seen two potential outbreak events where admissions have been stopped for a period of time, and we expect this trend to continue through the Winter and early Spring (if not longer).

OUTPATIENT MENTAL HEALTH



Overall, we are continuing to see a decrease in the census for both Outpatient and ICTS. While there has been some decrease in referrals compared to pre-pandemic levels, staff capacity has been the primary limit to census due to staff turnover in the program. The program continues to hire therapists and now has two full-time clinical supervisors. We have also hired a new Director of Children’s Mental Health Services, Chuck Haas, to help lead both Outpatient and Subacute services. Derrick Perry is also working closely with the program to better align our mental health services with our developmental disability programs. We are also planning to expand mental health services into Marion County to help address the gap in services in group homes located there.

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	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Males	52%	45%	40%	47%	40%
Females	48%	55%	60%	53%	60%
Minority	22%	21%	12%	22%	11%
Non-Minority	64%	63%	69%	64%	76%
Other/Unknown	1%	12%	19%	14%	11%
Not Reported	12%	2%	0%	0%	3%

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, 6 children were admitted to ICTS level of services.

ICTS Engagement	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Percentage of ICTS referrals Offered an appointment within 3 days	50%	40%	89%	100%	100%
<i>ICTS Engagement Goal</i>	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, 31 children were admitted to Outpatient.

Outpatient Engagement	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
2nd Outpatient Appointment made within 14 days of the Assessment	70%	62%	82%	66%	87%
<i>Outpatient Engagement Goal</i>	60%	60%	60%	60%	60%

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

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

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

The program met this goal for the quarter.

Risk Management

ABUSE ALLEGATIONS IN PROGRAMS

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

Founded Allegation(s) this quarter:

Abuse Allegations Group Homes	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Total Allegations Against Staff	26	32	24	9	17
Total Opened for Investigation this quarter	5	15	11	5	5
Total Founded during this quarter	6	5	1	0	5

In this quarter, there were five founded allegations

Neglect, Lack of Supervision, Inadequate Client Screening. On 4/22/2020, two youth at Kerr's 76th program left the home at 9:42pm without the overnight staff member noticing until the youth returned to the home at 1:54am. One youth had gained access to the staff office and was able to acquire the keys to the van and then left the home with another younger youth. Upon returning to the home, there were concerns that there was sexual contact between the 2 youth that was also not stopped by the staff member. Oregon DHS Office of Training, Investigations, and Safety (OTIS) concluded in late August that the overnight staff member was at fault for not adequately supervising the youth and also not stopping the possible sexual contact between the two youth in the home. That staff member was terminated. ODDS also found issues in the agency's admission and screening process. Before the conclusion of the investigation, the program had already updated the admission process to a multi-disciplinary team process so that additional screening can occur prior to admission. After a review of the investigation, Kerr also made two key changes in staff leadership to address these concerns. Due to the allegation findings, Kerr received a Notice of Conditions Order on Kerr's Residential Medicaid endorsement that limits admissions until further notice. This now requires prior approval by ODDS for any internal transfer or new entry to Kerr youth group homes. We have appealed the restriction to our certification and are awaiting a response.

Other founded allegations include:

Neglect, lack of supervision. The client left the program unobserved without supervision soon after he had been left in the backyard unsupervised. Client was found at nearby fast food restaurant.

Neglect, lack of supervision. Two clients were able to engage in sexual activities multiple times, undetected, despite the line-of-sight supervision that is required.

Physical abuse, wrongful restraint, and verbal abuse. Client became aggressive, and staff was found to have used an improper restraint to subdue the client.

Physical abuse during behavioral incident. During a physical, behavioral incident, staff used his open hands in a hitting motion towards the client’s face, causing injury to the client’s lip. Staff also admitted to hitting the client on his jaw with a closed fist.

While the total number of allegations has not substantially increased, the overall severity of the founded allegations has somewhat worsened. To help address this, Kerr has created a focused team made up of program, human resources, and compliance leadership to review trends in abuse allegations and make determinations to individual staff named in each allegation. Kerr is also launching its own technology product (Abuse Allegation Case Management System) in early December for tracking and trend analysis.

GRIEVANCES IN PROGRAMS

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

Group Homes and Day Services

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

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

No complaints or grievances this quarter.

Mental Health Services

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

A grievance was lodged from a parent concerned about a possible inappropriate relationship (non-sexual) between her child, a past client at Subacute, and a Kerr staff member. Numerous attempts were made to contact the parent after receiving the grievance in writing for follow-up, but the parent did not respond to Kerr’s outreach to resolve the issue. After some investigation, staff were writing “goodbye” messages to clients in a kind of yearbook format for those who were leaving the program. One staff commented, “I might see you outside of here one day, being happy at a coffee shop,” which may have been interpreted that the staff was seeking a relationship with the client after treatment. This was not the staff’s intention, and the practice of written “goodbye” messages was halted to prevent future misunderstanding.

Parents of a child receiving services in Subacute lodged a complaint, feeling they were disrespected by one of the doctors and that their son was put through an “algorithmic, cookie-cutter process,” and their concerns/issues/needs were ignored.

The other complaints involved clients feeling their personal belongings were not respected, clients feeling bullied by other clients, or a client feeling her religion was disrespected when she wore a hoodie with religious messaging on it.

All issues were resolved except for the first grievance, which was closed due to lack of response by the parent.

INJURIES IN PROGRAMS

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

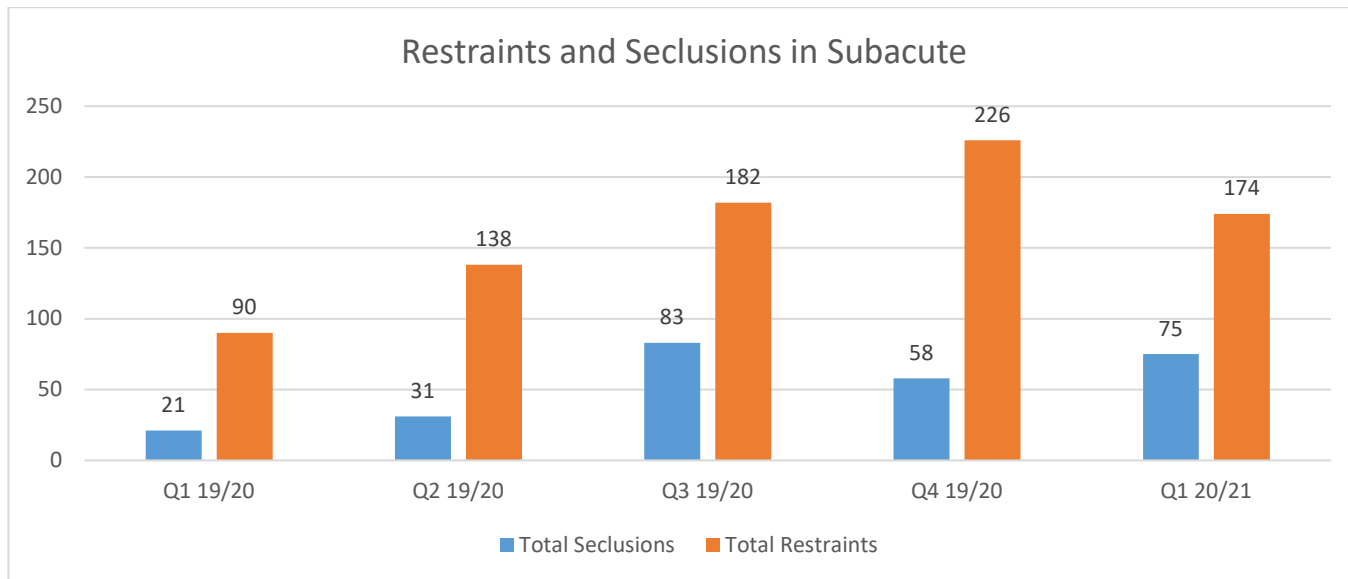
Adult Group Home Client Injuries	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Adult DD Client Injuries (during PPI)	0	0	0	0	0
Adult DD Client Injuries (not during PPI)	29	19	19	36	60
Adult DD Total Self-Inflicted Client Injuries	5	2	10	0	7
Adult DD Total Client Injuries	34	21	29	36	67

Youth Group Home Client Injuries	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Youth DD Client Injuries (during PPI)	2	3	2	1	2
Youth DD Client Injuries (not during PPI)	14	5	10	50	30
Youth DD Total Self-Inflicted Client Injuries	8	13	12	8	2
Youth DD Total Client Injuries	24	21	24	59	34

Subacute Client Injuries	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Subacute Client Injuries (during ESI)	2	2	0	2	1
Subacute Client Injuries (not during ESI)	77	158	117	123	103
Subacute Total Self-Inflicted Client Injuries	39	66	75	50	33
Subacute Total Client Injuries	79	160	117	123	136

USE OF RESTRAINT OR SECLUSIONS IN SUBACUTE

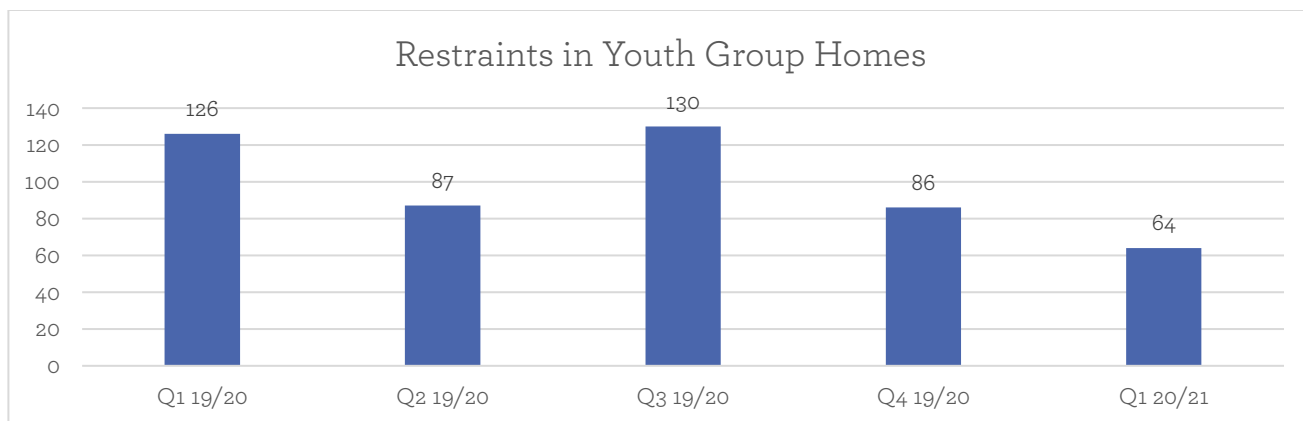
Below are the use of Restraints or Seclusions (ESI's) in Subacute in behavioral or safety crisis.



ESI	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Percentage of youth in ESI's 6-8 year olds	8%	26%	33%	25%	25%
Percentage of youth in ESI's 9-12 year olds	33%	42%	47%	31%	58%
Percentage of youth in ESI's 13-18 year olds	59%	32%	20%	44%	17%
Average Length of Seclusions	22	13	8	22	27
Average Length of Restraints	5	9	11	10	9
Total Children involved in ESI's	49	19	15	16	12
Percentage of Children that required an ESI	58%	21%	15%	18%	13%

In this period, there was an overall decrease in ESI's. The percentage of youth involved in an ESI was low at 13%, and many of the ESI's were tied to 4 youth between the ages of 9-12.

USE OF RESTRAINTS IN YOUTH GROUP HOMES



Youth Group Home Restraints	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Percentage of PPI's involving Females	31.0%	25.3%	30.8%	17.4%	26.6%
Percentage of PPI's involving Males	69.0%	74.7%	69.2%	82.6%	73.4%
Percentage of Clients that Required Use of a PPI	51%	28%	57%	46%	18%

Overall, the number of restraints in youth group homes continues to decrease. Also, the overall percentage of youth restrained has significantly decreased.

Adult Group Home Restraints	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Total PPIs	13	15	41	2	5
Percentage of PPI's involving Females	38%	0%	20%	0%	20%
Percentage of PPI's involving Males	62%	100%	80%	100%	80%
Total Clients Involved in PPIs	8	15	8	1	4
Percentage of Clients that Required Use of a PPI	8%	15%	8%	1%	4%

RUNAWAY, POLICE, OR EMT INTERVENTIONS IN PROGRAMS

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

Youth Group Home Critical Incidents	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Total Runaways	50	40	41	37	60
Total Runaways less than 4 hours	47	26	20	34	55
Total Runaways more than 4 hours	3	14	11	3	5
Police Interventions	26	27	44	32	22
ER Visits or Hospitalization	15	28	44	27	15
Total Critical Incidents Youth DD	91	95	119	96	157

Three out of the five 4+ hour runaways involved one client. All were found with law enforcement involvement.

Law enforcement was also involved with most of those runaways that were less than 4 hours. Police were also involved in those psychiatric emergencies where it was deemed that client and staff safety was a concern.

In the youth programs, there were five incidents that required emergency services due to the need for emergency psychiatric care and 10 for emergency medical care ranging from injuries due to self-injurious behavior or injuries due to peer-to-peer conflict.

Adult Group Home Critical Incidents	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Runaways	6	7	0	0	4
Total Runaways less than 4 hours	6	3	0	0	4
Total Runaways more than 4 hours	0	4	0	0	0
Police Interventions	1	7	0	0	4
ER Visit or Hospitalization	17	44	18	12	40
Total Critical Incidents Adult DD	24	58	18	12	52

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

Adult Group Home Medication Errors	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Missed Med	213	215	94	58	152
Wrong Med	13	0	1	2	3
Wrong Time	8	11	2	3	13
Wrong Dose	15	4	2	11	13
Adverse Reactions	0	0	0	0	0
Wrong Client	0	0	0	0	2
Total Med Errors	249	226	99	74	183

There were 2 cases where clients were given another client's medications. There were no adverse reactions.

Youth Group Home Medication Errors	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Missed Med	242	127	373	253	198
Wrong Med	6	2	6	11	5
Wrong Time	3	11	16	6	7
Wrong Dose	12	3	46	11	9
Adverse Reactions	0	0	0	0	0
Wrong Client	2	1	1	0	1
Total Med Errors	265	144	442	281	220

In one case, a client was given the wrong type of suppository to address constipation. There was no adverse reaction due to this error.

Subacute Medication Errors	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Missed Med	0	0	1	7	7
Wrong Med	1	0	0	0	1
Wrong Time	0	0	2	0	0
Wrong Dose	2	1	1	1	0
Adverse Reactions	1	0	0	0	0
Wrong Client	0	0	0	0	0
Total Med Errors	3	1	4	8	8

There was one instance where a youth was given the wrong kind of laxative due to confusion from the pharmacy related to a non-formulary order. There was no adverse reaction.

Outcomes

PROGRAM HIGHLIGHTS

Group Homes

C, a 16-year-old male, has lived in the group home since 12 years of age, has recently been struggling with a period of depression due to psychosocial factors in his life and continued familial conflict. C was removed from his parent's care at a young age due to evidence of physical abuse, allegations of witnessing domestic abuse, parental drug use, and overall neglect. C was placed in a foster home and is now in the care of the state with a DHS guardian. His mother is living out of state, working towards the opportunity to see C return home with her and once again become his guardian. C's relationship with his mother is inconsistent and unhealthy, yet C remains devoted to her, and his hope to move back in with her. As the return to his mother's process continues for an extended period of time, C's hope has begun to dwindle, eliminating his main motivation for self-improvement and behavior modification for the past four years: moving home with his mom. Historically, C has been disinterested in therapy, participating minimally, and engaging only when necessary. However, with the rise of depressive symptoms, continued frustration with his inconsistent relationship with his mother, and gradual loss of hope of leaving the group home before the age of 18, C has begun participating actively in therapy, setting goals for himself and having open conversations with this therapist about his emotions. C has agreed to an increase in the frequency of sessions and even volunteered, on his own, a better time of day for this therapist to schedule so that he might be more invested in the conversation. C desires to work through his struggles and has begun to acknowledge his own emotional responses, wanting to take responsibility for his future. C has begun making better decisions on a day to day basis, aware of the established cycle between his emotions and actions, and aware of how each decision may impact his future. Difficulty may lie ahead for this client in the State's possible rejection of his mother's pursuit to bring him back home. Still, C's desire to reach out for support from this therapist and have hard conversations about difficult things in his life will help guide him through.

P, a 16-year-old female, has lived at the group home for the past two years. Along with prenatal exposure to a wide range of substances, P entered the group home with reported self-injurious behaviors, suicidal ideation, a history of theft and fire-setting, and sexualized behaviors. P has experienced much traumatic loss in her life that began with being removed from her biological parent's custody, then losing an

adoptive parent and continued illness in her other adoptive parent, leading her through long periods of grieving and a history of trauma and depression. This therapist began working with P in July 2020 and immediately noticed a willingness in P to participate in difficult conversations in therapy that many people would avoid. She seems to anticipate weekly sessions with excitement to have an outlet and discuss larger emotional topics that are at play in her life. Over the past few months, P has not shown evidence of any of the challenging behaviors she entered the program with; she maintains a large sense of responsibility around her actions and how they affect others, often considering the long term repercussions of her actions and showing the ability to learn in reflection on times where the right choice is not made. P is now capable of engaging in more emotionally mature therapeutic conversations involving issues of morality, establishing healthy boundaries in interpersonal relationships, and application of the theory of mind in decision making. P continuously shows high levels of responsibility in the home when engaging with staff and housemates and extends empathetic understanding to her housemates when in conflict. Due to issues within the family home, P is not currently able to return to living at home, but P, the program, and the Kerr therapist are confident that P will develop the skills to do well and thrive once leaving the group home at 18.

L is a 14-year-old girl living in our Tuckerwood program. She has been Kerr for over three years, entering when she was only 11. L came to us from SACU after failed foster placements and family neglect. L has a long history of running, physical aggression, and self-harm. When she came to us, she was barely attending school. L has a DHS guardian, and she has often become very escalated, specifically due to the fact she feels as though she has no family involvement in her life. In the last two years, L has worked incredibly hard on her verbal communication, emotional regulation skills, and coping skills to work through tough moments. L has gone from several extreme behaviors a week that resulted in police involvement to very rarely having any incidents at all. L has been provided structure and stability while at Kerr, and she is now a great role model to her peers. L enjoys school now and has adapted well to virtual learning during the past few months. She is staying on track with her classes and is often a star student. L's staff at Tuckerwood have worked very hard for the last several months to create an environment that L can be successful in. Through all of the hard work and dedication from L and all of her staff at Tuckerwood, L recently also had all of her furniture unbolted from her walls, moved to the master bedroom, and participated in a complete bedroom makeover. She takes great pride in her room and being able to clean it on her own. She continues to amaze staff on a daily basis.

Employment Services

D entered Kerr services through our Kaiser Sunnyside Project SEARCH program. He was a part of the 2020 cohort. As with all of the Project SEARCH programs in the State, due to the Governor's Executive order, we were required to close the service on March 13th, 2020. D was able to finish out the year virtually and graduated in June with the other interns. Like his other peers in Project SEARCH, D was eager and ready to go to work. Our Developer, Melissa Depa, found him a great job with a company in NE Portland, but after 3 days, they stated "that he wasn't fast enough" and let him go. Due to D's urgency to get a job due to needing money, Melissa next found him a job with another large employer in the area that was not known to be super supportive with our population. D knew the risk but felt it was worth a try. But again, sadly, he was let go after 2 days due to not being "fast enough".

Melissa kept looking for a good fit for D and looked at other industries that might work better with D's skills. Melissa developed a relationship with a locally based company called SpiceWorks. She spent time getting to know the job, the business, environment, and culture to make sure this placement would be

right for D before even bringing him onsite. Once she was certain that this was the right type of employer for D, she brought him in for an interview, and he instantly hit it off with the manager. D was hired on the spot and has been happily working for SpiceWorks for more than a month. He is extremely happy and has great reviews from his managers. Our job coaches also report that he is happy, doing great, and has bonded with many of his coworkers.

Mental Health Programs

This was a unique way we wanted to share a success.

H was admitted to Kerr’s ICTS program last January for having difficulty regulating when feeling angry, anxious, sad, or uncomfortable. H is 11 years old and had a trauma history of domestic violence, abuse, and neglect. He had lived in two different foster homes before being placed in his current foster home, in which he now hopes to live permanently.

In H’s own words, in a chat with his therapist, one simple word used to set him off. He would feel like

=|

and then someone would bully him and call him stupid and he would feel

>=0

and go

AHHHHHHHHHHHHHHHH and then

BOOOOOOOOOOOOOOM and then get sent to the Principal’s office for being a bad boy.

Now he says if someone calls him stupid or bullies him he stays

=| and says

“No!” or

“YOU'RE NOT MY MOM”.

Kerr staff have been working with this H since April, and this summer, he stepped down to weekly therapy sessions. Due to Covid-19, all of his sessions have been online. He and his foster mom have learned “I-feel” statements and affirmations and use them daily with each other and other youth in the home. In September, H started middle school and has been successful academically and at home doing chores, exercise, and hanging out with his dog and family. He and his foster mom both agree that his story is a success story.

EMPLOYMENT AND DAY SERVICES

Below are the outcome metrics for Employment services.

Employment Services Total Served	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Total New Jobs Created	13	12	8	4	2
Job Retention Rate	77%	100%	96%	80%	80%
Project SEARCH Placement Rate	88%	91%	88%	11%	11%
Project SEARCH Retention Rate	87%	89%	78%	100%	100%

Due to Covid-19, only 11% of the clients in the 19/20 Project Search class were placed. However, of those that were placed, all were still employed after 90 days. Job creation is still a significant challenge as several industries (especially hospitality sites) have reduced staff hiring and retention due to the pandemic. The program has shifted its placement efforts to those sites that are less prone to being impacted by shutdown or closures (such as grocery stores and other essential retail).

MENTAL HEALTH PROGRAMS

Subacute

Below are the locations of discharge from Subacute

Subacute Discharge Location	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Discharge to Residential	9.4%	7.7%	10.1%	5.8%	9.1%
Discharge to Community Setting	89.1%	79.5%	81.0%	88.4%	83.3%
Discharge Location Not Reported	0%	4%	6%	0%	8%
Discharge to Psych Hospital	1.6%	1.3%	1.3%	0.0%	0.0%
Discharge to Hospital (Medical)	0.0%	2.6%	0.0%	5.8%	0.0%

Subacute Discharge Length of Stay	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Total Discharges	64	78	79	69	66
Average Length of Stay (days)	20	22	19	22	23

The overall length of stay increased to an average of 23 days due to delays in residential placements due to placement agency COVID-19 outbreaks.

Outpatient Mental Health

ICTS Discharge Level of Care (LOC)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
ICTS Discharge to Psych Hospital/Residential/Subacute	0%	9%	14%	0%	13%
ICTS Discharge to Same level of care	0%	0%	0%	0%	0%
ICTS Discharge to Unknown level of care	18%	9%	0%	0%	0%
ICTS Discharge to Lower LOC ICTS	82%	82%	86%	100%	88%
<i>Goal for Discharge to Lower LOC</i>	<i>85%</i>	<i>85%</i>	<i>85%</i>	<i>85%</i>	<i>85%</i>

The program met the goal.

CBS Length of Stay	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
ICTS	128	150	93	122	233

The length of stay significantly increased for ICTS. However, this data was influenced by a youth who was discharged with a length of stay of 603 days.

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	63.64%	66
Peer Relationships	68.09%	47
School Difficulty	47.92%	48
Depression	71.05%	76
Anxiety	46.67%	75
Psychosomatic symptoms	64.29%	14
Suicidality	87.72%	57
Destructive Behaviors	68.18%	44
Aggression	83.33%	30
Substance Abuse	63.64%	14
Psychotic symptoms	81.82%	11
Runaway	61.36%	44
Impulsivity	61.82%	55

The program continues to see high improvement rates in clients presenting with suicidality, depression, peer relationships, and family conflict. We also saw a significant increase in both admission and success with those clients presenting with psychotic symptoms.

SUBACUTE

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

Percentage of children that are re-admitted within 90 days	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
% of children that are re-admitted within 90 days post D/c	11%	9%	9%	12%
Number of children that are re-admitted within 90 days	7	7	7	8

Of youth discharged in Q4 19/20, 8 youth were re-admitted to Subacute within 90 days of discharge.

Percentage of children that required psychiatric ER care within 90 days of discharge	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
% of children that are re-admitted within 90 days post D/c (Epic)	9%	9%	4%	7%
Number of children that are admitted within 90 days	6	7	3	5

Of youth discharged in Q4 19/20, 5 youth visited a hospital due to a psychiatric emergency. This data only includes hospital admissions to facilities that use Epic as their Electronic Medical Record.

OUTPATIENT MENTAL HEALTH

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

Youth that required crisis psychiatric ER care within 90 days of discharge	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
% of children that are re-admitted within 90 days (Epic)	17%	5%	12%	24%
# of children that are admitted within 90 days	7	2	5	5

Of youth discharge in Q4 19/20, 5 youth visited a hospital due to a psychiatric crisis. While a high percentage, this was also skewed as far fewer youth discharged during this time (21 versus a historical average of ~40).

SURVEYS

Surveys are completed when a client discharges from services in Mental Health Services or every 6 months in the youth and young adult group homes. Each item is ranked from Strongly Disagree (1 point) to Strongly Agree (5 points). The below scores are the weighted average of the surveys completed.

Subacute Parent Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.75
I felt my child was safe on the unit	4.90
I felt security was a priority at Albertina Kerr	4.80
I was treated with respect by my child's treatment team and care providers at Kerr	4.89
I felt Albertina Kerr staff provided professional and prompt customer service	4.60
I understand what aftercare will be needed for my child	4.70
My child met the goals set by my family, child, and the Albertina Kerr Team	4.44
I would recommend Albertina Kerr to others experiencing similar challenges	4.60
The support my child received from Albertina Kerr helped them and me/us to feel better	4.50
Number of surveys completed this quarter	11
Subacute Youth Survey	Weighted Score (1-5)
Staff were responsive to my needs	4.19
I felt safe on the unit	3.88
I was treated with respect by my Kerr treatment team and care providers	4.34
I had confidence and trust in all my Albertina Kerr care providers	4.00
I understand what I need to do after I leave Albertina Kerr (for example I know what services I need after I leave).	4.41
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.)	4.28
I met the goals set by myself, my family, and the Albertina Kerr team	4.09
I would recommend Albertina Kerr to others experiencing similar challenges.	3.63
The support I received from Albertina Kerr helped me feel better.	4.16
Number of surveys completed this quarter	35
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 my 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:

- Staff was always helpful and understanding on the phone
- Excellent help
- We appreciate Jessica and Dr Soto for keeping us in the loop with our daughter's treatment plan
- Our daughter did much better at Kerr than any facility in the past

Youth:

- The staff wasn't helpful at times and I thought I would have more support. Veronica the therapist was ignorant and never made me feel better, she did not help at all, and at times really was rude, she even

hung up on my mom. I disliked being here and I didn't get any family therapy the ten days I've been here. It was a waste of time.

- I think that the tray food for meal times are absolutely disgusting.
- Mostly all of my things were returned. However, many times my things would be misplaced throughout all of my stay, including one article of clothing that was never returned
- I didn't trust the staff and i didn't feel respected.
- The staff were awesome
- Nobody told me what was going on and now I'm going to another 3 month facility. This is the worst time. I will never want to come back.

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	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Improvement Score Outpatient	0.74	0.79	0.80	1.01	1.10
Improvement Score ICTS	0.46	0.61	0.63	0.32	0.45
<i>Improvement Score Goal</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	63%	63%	71%	80%	68%
% Significantly or Somewhat Improved - ICTS	57%	64%	64%	33%	50%
% of clients with required number of assessments	79%	78%	85%	65%	85%

This indicates that 68% of the Outpatient clients and 50% in ICTS reported some improvement while in care. Therapists are completing the ACORN “properly” for 85% of the clients. Due to turnover in staffing, we may be seeing less improvement in clients served due to therapist transitions or newness to the program. Also, fewer clients are enrolled in outpatient, which creates more significant swings in averages due to outlier scores.

THRIVING WORKFORCE	Jul-20	Aug-20	Sep-20	Prior FY Avg*	6 Month Avg	Goal
Employee Turnover (Direct Care Staff)	57%	54%	54%	58%	56%	45%
Employees =>125% Minimum Wage	64%	64%	64%	72%	71%	100%

EMPLOYEE SAFETY	Jul-20	Aug-20	Sep-20	Prior FY Avg*	6 Month Avg	Goal
OSHA Recordable Incidents	4	5	4	5.33	3.50	-
NAICS Incident Rate	9.90	9.35	9.07	9.99	9.56	6.90

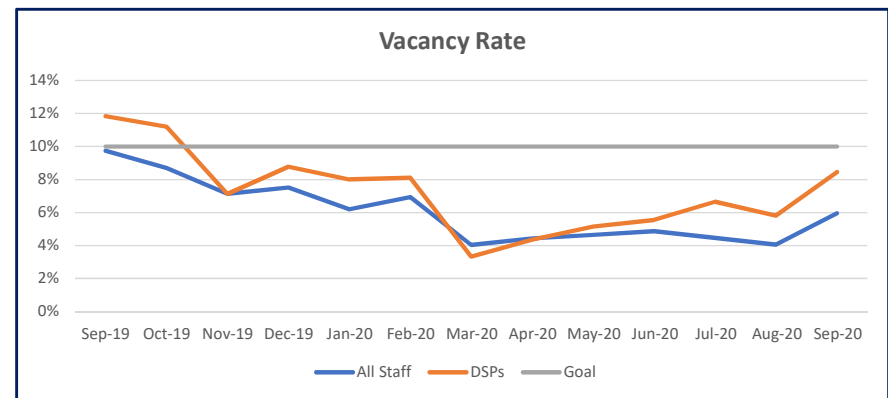
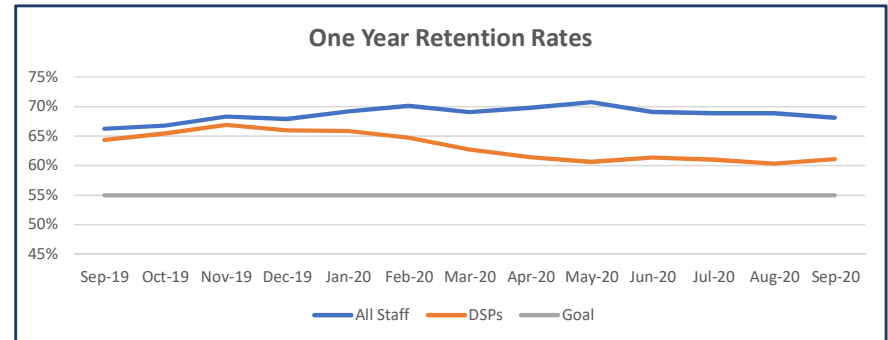
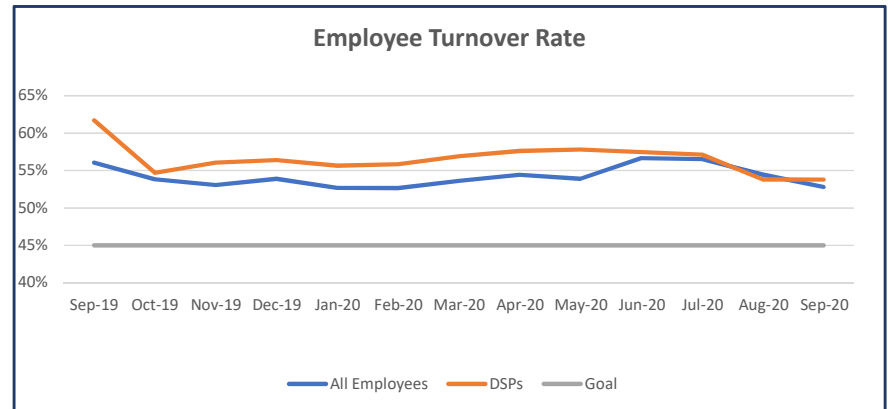
RECRUITING AND RETENTION	Jul-20	Aug-20	Sep-20	Prior FY Avg*	6 Month Avg	Goal
Current Headcount	749	758	758	751	754	
Current Openings	35	32	48	55	38	
Vacancy Rate	4%	4%	6%	7%	5%	10%
Average Time to Fill	23	20	17	27	19	
Total Applicants	271	379	328	359	313	
Employee Turnover Rate	57%	54%	53%	55%	55%	45%
One Year Retention Rate	69%	69%	68%	65%	66%	

DSP RECRUITING AND RETENTION	Jul-20	Aug-20	Sep-20	Prior FY Avg*	6 Month Avg	Goal
DSP Vacancy Rate	7%	6%	8%	8%	6%	10%
Average Time to Fill	16	16	17	27	15	
Total Applicants	229	293	246	203	220	
Total Interviews	51	42	42	56	47	
Total Hires	26	25	24	26	27	
Employee Turnover Rate	64%	62%	62%	63%	63%	45%
DSP One Year Retention Rate	61%	60%	61%	64%	61%	
Total Terminations	22	20	30	22	25	
Number of Quick Quits	9	7	14	9	11	
Avg Length of Service (LOS) for Quick Quits	34	25	38	27	29	
Quick Quit Voluntary Termination Rate	44%	43%	79%	47%	57%	

EMPLOYEE RELATIONS	Jul-20	Aug-20	Sep-20	Prior FY Avg	6 Month Avg	Goal
Formal Coaching/Counseling	8	8	6	11	10	
Written Warning	13	5	12	6	7	
Final Warning	9	3	3	3	4	
Termination	6	8	11	6	8	

COMMENTS:
September data is effective 9/30/2020.

KEY METRIC GRAPHS



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

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

Jenny Tsai, MD

Your application for renewal of 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:

Chief Executive Officer

Date

Chair, Accreditation Committee

Date

**ALBERTINA KERR CENTERS
YOUTH & FAMILY SERVICES
BIO ON DOCTOR'S
RENEWAL OF CLINICAL PRIVILEGES
November 24, 2020**

Jenny Tsai, MD, Psychiatrist, Board Certified in General & Child & Adolescent Psychiatry – Renewal of Privileges

Dr. Tsai has been one of our Subacute and CBS psychiatrists since 2006. She attended the following: University of California, Berkeley in Berkeley, California for her Undergraduate program; The Royal College of Surgeons in Ireland in Dublin, Ireland for her Medical degree; Mayo Clinic in Rochester, Minnesota for her Internship and Residency; and Oregon Health & Sciences University for her Fellowship. She also works at Providence Willamette Falls Medical Center and has a verified affiliation. She was originally board certified in Child & Adolescent Psychiatry on January 13, 2006. Her certification is current. She was born in Taipei, Taiwan.

ALBERTINA KERR
Youth and Family Services

Renewal of Privileges Worksheet

Name of Applicant: Jenny Tsai, M.D.
Accreditation Committee Date: November 24, 2020

Completed by applicant Application for renewal of privileges (copy in file)
Completed by applicant Authorization to release information (copy in file)
License on file November 2020 License expires: 12/31/2021 Oregon Medical Board (copy in file)
Certificate on November 2020 Liability insurance expires: 11/01/2021 (copy in file)
Professional liability insurance verification and claims history
Certificate on file November 2020 DEA certification expires: 11/30/2021 (copy in file)

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

Received copy November 2020 Continuing education (copy in file)
Received reference November 2020 Reference request peer Alfredo Soto, MD – rating highly without qualifications
Received reference November 2020 Reference request peer Naomi Fishman, MD – rating highly without qualifications
Received reference November 2020 Reference request affiliation Providence Willamette Falls – rating good standing
Received reference November 2020 Reference request affiliation Unity Hospital (via OHSU) – rating good standing

Received review November 2020 Peer clinical review completed Larry Mak, MD

JENNY TSAI

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Home # (503) 227-5229
Cell # (503) 970-3387

Work Address

Albertina Kerr Subacute Program
722 NE 162nd Av
Portland, OR 97230
(503)408-4747

PRESENT WORK EXPERIENCE

Albertina Kerr Subacute Residential Program, Portland, OR
Child and Adolescent Psychiatrist

2006-Present

Responsibilities include providing psychiatric admission evaluations, ongoing medication management appointments, as well as participating in staffing and discharge planning for children in the Community Based Services as well as the Albertina Kerr Subacute Program

Providence Hospital Child and Adolescent Psychiatric Unit
Weekend Child and Adolescent Psychiatrist

2013-Present

Responsibilities include providing psychiatric services for children at inpatient level of care, including psychiatric evaluations and medication management as well as coordination of care staffings.

PAST WORK EXPERIENCE

Parry Center, Portland, OR
Child and Adolescent Psychiatrist

5/2006-8/2014

Provided psychiatric admission evaluations, ongoing medication management appointments, as well as participate in staffing and discharge planning for children in the Parry Center Day Treatment Program and Residential Treatment Program.

Legacy Emanuel Hospital, Portland, OR
Weekend and On-call Child Psychiatrist

3/2002-2011

Provided scheduled weekend coverage for the inpatient Child and Adolescent Treatment Program for the purpose of assessing, treating, and stabilizing children and teens with acute mental illness. Provide periodic weekday coverage for the unit when regular psychiatrists are ill or on vacation, or otherwise when the unit requires additional assistance from a psychiatrist.

Morrison Center Child and Family Services, Portland, OR

6/2006-8/2006

Child Psychiatrist

Provided outpatient psychiatric services to children and adolescents, including initial psychiatric evaluations and subsequent medication management appointments.

Oregon Health Science University (OHSU)

9/2003-9/2006

Assistant Professor, Department of Psychiatry

-OHSU Intercultural Clinic: Provided psychiatric assessment and treatment of traumatized immigrant and refugee children. (9/2001-9/2006)

-OHSU Neurobehavioral Clinic: Evaluated and treated children with medically complex conditions and behavioral issues. (9/2003-6/2005)

-OHSU Day Treatment Program: Assisted with psychiatric evaluations, treatment planning and medication management for children with mental health difficulties. (7/2005-6/2006)

EDUCATION

Oregon Health Sciences University

8/2001-8/2003

Child Psychiatry Fellow (PGY IV-V)

Participated in weekly didactic sessions concerning childhood psychopathology. Provided psychiatric care for children in outpatient and inpatient settings.

Mayo Clinic, Rochester, MN

8/1998-8/2001

Adult Psychiatry Resident (PGY I-PGY III)

Participated directly in ward rounds and patient care on rotations such as the Inpatient Addictions Unit, Medical Psychiatry unit, Child Psychiatry service, and Consultaion-Liason service. Also covered emergency room psychiatry visits.

The Royal College of Surgeons in Ireland

10/1993- 5/ 98

Obtained MB, BCh, BAO degrees May, 1998
(MD equivalent)

University of California, Berkeley

9/1985- 5/1990

BA Integrative Biology May 1990

BA Psychology May 1990

PUBLICATIONS

Tsai, J., Johnson, K., Keepers,G et al.. Correlation of ADHD symptoms and sleep in the Developmentally Delayed. 2005 AACAP Poster Presentation, Toronto, Canada.

Winters NC, **Tsai J.** *Assessment in child and adolescent psychiatry.* In: Cheng K and Myers K (Eds.) Child and Adolescent Psychiatry: The Essentials. Baltimore: Lippincott, Williams & Wilkins 2005

Cheng K, **Tsai J,** Kizza R. *Children of 9/11* In the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) XIV bulletin August 2004 (web link: <http://iacapap.ki.se/>)

Geda Y, Lapid M, **Tsai J.** *Geriatric Psychiatry.* In: Jenkins SC, Tinsley JA, Van Loon JA, editors. The Mayo Pocket Reference for Psychiatrists, 3rd edition. Washington DC: American Psychiatric Association Press, 2000.

7 Science-related newspaper stories in The News&Observer, NC (circulation 150,000) in 1995 (during summer science writing fellowship):

<u>Title</u>	<u>Date</u>
1. Stats are all wet: Rain gauges show variations	July 1, 1995
2. UC-Chapel Hill scientists get the feel of their work	July 21, 1995
3. NCSU professor seeks remedy to let thousands breathe easier	July 27, 1995
4. Maine farmer donates bull semen to NCSU	Aug 7, 1995
5. A killer worthy of science fiction	Sept 10, 1995
6. He' s always been charmed by snakes	Sept 24, 1995
7. Cabbage in the diet makes a difference	Sept 24, 1995

1989 Neuroscience abstract : Delayed Development of Amnesia Following Intracranial Injection of Leu-enkephalin in Two-Day-Old Chicks. PJ Colombo, J Tsai, EL Bennett, MR Rosenzweig, JL Martinez Jr.

HONORS

AACAP Elaine Schlosser Fellowship Award Studied the correlation of ADHD symptoms and sleep problems in children with mental retardation.	2004
Stanley Foundation Scholarship Award Received funding for a medical student to work on data concerning PTSD and familial structure in the immigrant and refugee population.	2004
APA/Aventis Travel Fellowship Award for Women Resident Leaders in Psychiatry Participated at the APA conference in Philadelphia, with the opportunity to liason with women leaders in psychiatry.	2002
Mayo Medical School Commendation for Teaching Excellence	1999
Royal College of Surgeons Class Honors 2 nd class honors in Anatomy, Physiology, Biochemistry,	1993-98

UC Berkeley Dean's List

1988

The News&Observer, Raleigh, NC

Summer 1995

Science Writing Fellowship

Wrote science-related stories for the newspaper. Fellowship sponsored by The American Association for the Advancement of Science (AAAS), the organization responsible for the journal Science (see publications above)

EXAMS/LICENSES

USMLE Part I, II, III

Passed

American Board of Neurology and Psychiatry Board Certifications:

Adult Boards Certification:

Adult Boards Part I (written)

Passed 11/03

Adult Boards Part II (oral)

Passed 01/06

Maintenance of Certification

Passed 11/18

Child Psychiatry Boards Certification:

Child Psychiatry Boards

Passed 9/18

License to Practice:

Oregon Active Unlimited Medical License

2001-Present

(Oregon License #: MD23418)

PERSONAL

Ability to read, write, and speak Mandarin Chinese. Also conversant in Taiwanese.

As a Peace Corps Volunteer, taught Biology and Basic Science to rural secondary school students in the Fiji Islands from 1990-1992. Helped raise funds for school projects and supplies. Also supervised physical education and arts and crafts.

Hobbies include writing fiction and poetry, attending writing classes and seminars, cooking, playing the accordion, spending time with family.



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): 5

Practitioner Reviewed: Jenny Tsai, 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		

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 **:
<p>No concerns</p>

III. Signature:

Alfredo J. Potos, MD

Date: 11/10/2020

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:

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

Roberta Bentson-Royal, CPNP

Your application for renewal of 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:

Chief Executive Officer

Date

Chair, Accreditation Committee

Date

**ALBERTINA KERR CENTERS
YOUTH & FAMILY SERVICES
BIO ON NURSE PRACTICIONER'S
RENEWAL OF CLINICAL PRIVILEGES
November 24, 2020**

**Roberta Bentson-Royal, CPNP, Nurse Practitioner, Board Certified as
Pediatric Nurse Practitioner – Renewal of Privileges**

Roberta Bentson-Royal has been one of our Subacute pediatric nurse practitioners since 2005. She attended the following: University of Washington in Seattle, Washington for Undergraduate program and Oregon Health Sciences University for Graduate Training. She also works at Oregon Health & Sciences University and Amani Center, both in Portland, Oregon. She was first licensed as an RN on 9/21/1988 and as a NP-PP on 8/2/2000. Her licenses are both current. She was born in Portland, Oregon.

**ALBERTINA KERR CENTERS
Renewal of Privileges Worksheet**

Name of Applicant: Roberta Bentson-Royal
Privileges Expiration Date: 12/4/2020

date requested	date received	
11/2/2020	11/13/2020	application for renewal of privileges
11/2/2020	11/13/2020	authorization to release information license expires: 2/28/2021 (copy in file) liability insurance expires: 11/1/2021 (copy in file) DEA certification expires: 7/31/2023 (copy in file)
11/2/2020	11/2/2020	liability insurance verification and claims history
NA	NA	OR Medical Board – license verification 2/28/2021
NA	NA	AIM License verification
NA	NA	AMA Physician Masterfile Profile
11/13/2020	11/17/2020	NPDB
11/13/2020	11/17/2020	Specialty Board Certification – ABPN verification OR if CPNP : PNCB Verification
NA	NA	Other Certification _____
11/18/2020	11/18/2020	OIG’s Exclusion List NONE
11/18/2020	11/18/2020	OFAC –Office of Foreign Assets Control
11/18/2020	11/18/2020	www.sam.gov continuing education _____
NA	NA	peer reference request NA
NA	NA	peer reference request NA
NA	NA	peer reference request NA
11/17/2020	11/17/2020	reference/affiliation OHSU
11/17/2020	11/24/2020	reference/affiliation Amani Center
11/17/2020	11/25/2020	reference/affiliation Jenny Tsai, MD
11/17/2020	_____	reference/affiliation
NA	NA	reference/affiliation NA
NA	NA	Update Emergency contact information: NA
NA	NA	clinical review of charts: NA
11/13/2020	11/13/2020	copy of CV

*If Numbered, Follow the Websites for Joint Commission Credentialing Document to pull data off of applicable websites as numbered.

Roberta Bentson-Royal, RN, MSN, CPNP

3010 NE 86th street, Vancouver WA, 98655 | 360-907-9818 | bentsonr@gmail.com

Education

- **LEND Fellowship in Developmental Pediatrics: June 2002: CDRC, OHSU**
- **Master of Science Nursing: June 2000: OHSU**
- **Bachelor of Science Nursing: December 1983: University of Washington**
- **Bachelor of Arts Psychology: December 1983: University of Washington**

Certification

- **Certified Pediatric Nurse practitioner**
- **Certified Specialist in Poison Information**
- **Pediatric Advanced Life Support**

Organizations and Affiliations

American Nurses Association

National Association of Pediatric Nurse Practitioners

American Association of Poison Centers

American Professional Society on the Abuse of Children

Experience

- **Oregon Health & Sciences University, 1988-present**
 - **CSPI, Oregon Poison Center 1994 – present**
Emergency treatment recommendations for poisonings and toxic exposures, home and hospital
 - **Pediatric Gastroenterology 2010 – 2014**
Outpatient specialty care for children at OHSU pediatric gastroenterology, infusion center and aerodigestive clinic.
 - **Pediatric Nephrology 1999 – 2000**
Coordination of outpatient care for pediatric nephrology clinic patients, transplant referrals and medical management of nephrotic patients at OHSU. Coordination of research on Hemolytic Uremic Syndrome.
 - **Pediatric Inpatient Care 1988 – 1994**
Staff nurse Doernbecher Children's Hospital and neonatal care center.
- **Amani Center, 2017 - present**
 - **Medical examiner, child abuse evaluations in a multidisciplinary setting for Columbia County, OR.**
- **Albertina Kerr Centers, 2005 - present**
 - **Primary medical care and coordination of services for children in an acute care psychiatric facility.**
- **The Children's Center, 2007 – 2009**
 - **Medical examiner, child abuse evaluations in a multidisciplinary setting for Clackamas County, OR.**
- **Multnomah County Health Department, 2000 – 2007**
 - **Children's Assessment Center: Comprehensive medical and developmental assessments and specialty referrals for children in foster care including immunizations, vision and hearing screening.**
 - **Pediatric Access Center, pediatric urgent care clinic.**
 - **Primary Care Clinics, family centered well child care.**