Department of Human Services
Addictions and Mental Health Division
Mid-Columbia Child and Family Center
Site Review Report
March 22, 23, & April 27, 2007

Background.

The Addictions and Mental Health Division (AMH) of the Department of Human Services conducted a site review of the psychiatric day treatment program at the Mid-Columbia Child and Family Center as authorized by Oregon Revised Statute 430.640. AMH review was conducted to assess compliance with applicable Oregon Administrative Rules (OAR). AMH site review team consisted of the following individuals:

- Jeannine Beatrice, Children's Quality Improvement Coordinator, AMH
- Hope Shaw, Peer Reviewer, Oregon Association of Treatment Centers
- Ajit Jetmalani, MD, Child Psychiatrist consultant to AMH

Applicable Administrative Rules.

OAR 309-012-0130 through 309-012-0220, "Certificates of Approval for Mental Health Services." Effective date: August 14, 1992.

OAR 309-032-1100 through 309-032-1230, "Standards For Children's Intensive Mental Health Treatment Services." Effective date: February 15, 2000.

Findings.

The review of the Mid-Columbia Child and Family Center included a review of clinical records, program policies, and documents. The review team interviewed Mid-Columbia Child and Family Center administrative and treatment staff, community representatives, board members, and family representatives. The review team also observed classroom and milieu activities.

The review team identified 8 areas of non-compliance with applicable OAR requiring corrective action and 2 areas with recommendations. For each area of

non-compliance, the applicable OAR is referenced in italics, a statement of the Finding is described, and the Required Actions are listed with the due date for the completion of the required corrective action.

Areas of Strength.

1. Mid-Columbia Child and Family Center staff members voice their dedication and commitment to working with children and their families. Staff members help families navigate the system.

2. The individual plans of care are well formatted. The plans clearly state the goals and transition plans. The progress notes are tied to the Individualized Plan of Care.

3. Mid-Columbia Child and Family Center enjoys strong family support for the program, and the program supports the child and families. The program offers parenting classes.

4. The Community Mental Health Program, families, board of directors, and schools see the Mid-Columbia Child and Family Center as a valuable community resource.

5. The clinical files are organized and complete. A good clinical picture is given through the assessments and plans.

6. Program staff members show an ongoing commitment to eliminate the use of physical restraints and focus on prevention and de-escalation techniques.

7. When needed, Mid-Columbia Child and Family Center staff members reach out to children in the schools classrooms and to the families in the homes for treatment work.

8. Mid-Columbia Child and Family Center's well-established communication system integrates the school staff at all phases of the child's treatment including discharge.

9. The center's psychiatry consultant is liked by the staff, is accessible to the staff, and offers staff members' clinical information professionally.

Required Actions.

1. **OAR 309-032-1120 General Conditions of Participation for Children's Intensive Mental Health Treatment Services Providers**

Providers delivering children's intensive mental health services shall:
(8) Maintain reportable incident files including:
(a) Child abuse reports made by the provider to law enforcement or the State Office for Services to Children and Families child protective services documenting the dates of the incident the persons involved and, if known, the outcome of such reports; and
(b) Reportable incident information documenting the date of the incident, the persons involved, the quality and performance actions taken to initiate investigation of the incident, and correct any identified deficiencies.

OAR 309-032-1110(75) *"Reportable incident" means an event in which an admitted child while in the program is believed to have been abused, endangered or significantly harmed. This may include, but is not limited to, incidents as a result of staff action or inaction, incidents between children, incidents that occur on passes, or incidents of self-harm where medical attention is necessary.*

Finding #1: Mid-Columbia Child and Family Center does not maintain a reportable incident log as outlined in the rule.

Required Action #1: Mid-Columbia Child and Family Center will provide AMH with evidence of a reportable incident log, which will contain reportable incidents, and child abuse reports as outlined in the rule. **Due Date: August 14, 2007**

2. **OAR 309-032-1210 Formal Complaints**

(1) The child, or the person consenting to the child's treatment, has the right to file an oral or written formal complaint with the entity providing services and receive a timely response. All providers will:
(a) Have written procedures for accepting, processing and responding to oral or written formal complaints. The written procedures must include:
(A) The process for registering an oral or written formal complaint;
(B) The time lines for processing an oral or written formal complaint; and

(C) Notification of the appeals process, including time lines for a formal complaint and the provision of the appropriate appeal forms.
(b) Designate a staff person to coordinate formal complaint information, receive formal complaint information, assist any person who needs assistance with the process, and enter the information into a log. The log will identify, at a minimum, the person lodging the formal complaint, the date of the formal complaint, the nature of the formal complaint, the resolution and the date of the resolution.
(d) Have written procedures for processing an expedited formal complaint request if it is believed the child's health is at risk. A request for expedited formal complaint must be filed by the child or the person consenting to the child's treatment and must include the following:

OAR 309-032-1110(35) *"Formal complaint" means the expression in a manner appropriate to the child or family/guardian of dissatisfaction or concern about the provision or denial of services that is the responsibility of the provider under these rules. The formal complaint can be expressed by a child or by the child's representative.*

Finding #2: Mid-Columbia Child and Family Center's formal complaint log for monitoring complaints is empty. The formal complaint policy does not have a provision for oral complaints or expedited complaints.

Required Action #2: Mid-Columbia Child and Family Center will provide AMH with evidence that all complaints received by the program will be logged and that the formal complaint policies provide for oral and expedited complaints. **Due Date: August 14, 2007**

3. **OAR 309-032-1190 Special Treatment Procedures**
(4) The provider shall establish a Special Treatment Procedures Committee or designate this function to an already established Quality Management Committee. Committee membership shall minimally include a staff person with designated clinical leadership responsibilities, the person responsible for staff training in crisis intervention procedures, and other clinical personnel not directly responsible for authorizing the use of special treatment procedures with individual children. The committee shall:
(a) Meet at least monthly and shall report in writing to the provider's Quality Management Committee at least quarterly regarding the committee's activities, findings and recommendations;

(e) Review and update special treatment procedures policies and procedures minimally annually.

OAR 309-032-1110(79) *"Special treatment procedures" means seclusion; manual restraint; staff directed isolation for more than five hours in five days or a single episode of two hours; and experimental practices and research projects that involve risk to a child.*

Finding #3: Mid-Columbia Child and Family Center's Special Treatment Procedures Committee does not provide a quarterly report to the Quality Management Committee regarding activities, findings, and recommendations. There was not evidence that the Special Treatment Procedures and policies are reviewed and updated annually.

Required Action #3: Mid-Columbia Child and Family Center will provide AMH with evidence that the Special Treatment Procedures Committee prepares a report to the Quality Management Committee regarding activities, findings, and recommendations on a quarterly basis and that the policies are reviewed and updated annually. **Due Date: August 14, 2007**

4. **OAR 309-032-1190 Special Treatment Procedures**
(6) General Conditions of Manual Restraint and Seclusion.
(A) Manual Restraint:
(i) Each incident of manual restraint shall be documented in the clinical record. The documentation shall specify less restrictive methods attempted prior to the manual restraint, the required authorization, length of time the manual restraint was used, the events precipitating the manual restraint, assessment of appropriateness of the manual restraint based on threat of harm to self or others, assessment of physical injury, and the child's response to the intervention;
(ii) A minimum of two staff shall implement a manual restraint. If in the event of an emergency a single staff manual restraint has occurred, the provider's on-call administrator shall immediately review the intervention;

Finding #4: Mid-Columbia Child and Family Center's restraint documentation is missing a description of what less restrictive methods were tried with the children prior to using physical restraints and what the children's response to the intervention is. The documentation is also missing descriptions of how the incident was reviewed if less than 2 staff members were placing the child in the physical restraint.

Required Action #4: Mid-Columbia Child and Family Center will provide AMH with evidence that documentation of special treatment procedures meet the standards of the rule. **Due Date: August 14, 2007**

5. **OAR 309-032-1140 General Staffing and Personnel Requirements**
(4) Providers shall maintain a personnel file for each employee, that contains:
(a) The employment application;
(b) Verification of a criminal history check as required by ORS 181.536 - 181.537;
(c) A written job description;
(d) Documentation and copies of relevant licensure and/or certification that the employee meets applicable professional standards;
(e) Annual performance appraisals;
(f) Annual staff development and training activities;
(g) Employee incident reports;
(h) Disciplinary actions;
(i) Commendations; and
(j) Reference checks.

OAR 309-032-1120 General Conditions of Participation for Children's Intensive Mental Health Treatment Services Providers
(15) Maintain policies and procedures to ensure the safety and emergency needs of children, families, staff and visitors including:
(a) First aid and cardiopulmonary resuscitation training for staff who are assigned to provide direct service to children;

Finding #5: Personnel files reviewed were incomplete. For example, one personnel file was missing the employment application, one was missing their criminal history, three were missing job descriptions and two had performance evaluations that were out of date. The personnel files lacked evidence that first aid and CPR training is current.

Required Action #5: The Mid-Columbia Child and Family Center shall provide AMH with evidence that any missing standards have a scheduled date for completion. The Mid-Columbia Child and Family Center shall provide AMH with evidence that the personnel files are monitored through the quality management system for compliance. **Due Date: August 14, 2007**

6. **OAR 309-032-1130 General Treatment Requirements**
(3) Assessment.
(c) The comprehensive assessment shall be revised and updated annually.

OAR 309-032-1110(16) *"Comprehensive mental health assessment" means the written documentation by a QMHP of the child's presenting mental health problem(s) and mental status; and emotional, cognitive, family, substance use, behavioral, social, physical, nutritional, school or vocational, recreational and cultural functioning; and developmental, medical and legal history. A comprehensive mental health assessment is collected through interview with the child, family and other relevant persons; review of previous treatment records; observation; and psychological and neuropsychological testing when indicated. The comprehensive mental health assessment concludes with a completed DSM five axis diagnosis, clinical formulation, prognosis for treatment, and treatment recommendations. The comprehensive mental health assessment is used to document the need for mental health services and to develop or update the child's individual plan of care.*

Finding #6: The Comprehensive Mental Health Assessments for some children who receive ITS day treatment services for over one year were missing.

Required Action #6: Mid-Columbia Child and Family Center will provide AMH with evidence that annual Comprehensive Mental Health Assessments are completed for those children who receive ITS services for over a year. **Due Date: August 14, 2007**

Note: this is a repeat finding from the 2002 AMH review.

7. **OAR 309-032-1200 Quality Management**
Providers shall have a planned, systematic and ongoing process for monitoring, evaluating and improving the quality and appropriateness of services provided to children and families. The Quality Management system shall include a Quality Management Committee and a Quality Management Plan which together implement a continuous cycle of assessment and improvement of clinical outcomes based on measurement and input from service providers and representatives of the children and families served.
(1) Providers shall have a continuous quality management process that:
(a) Establishes and reviews expectations about quality and outcomes; and

(2) The overall scope of the Quality Management process is described in a written plan which identifies mechanisms, committees or other means of assigning responsibility for carrying out and coordinating the Quality Management process activities, and which includes:
(a) Indicators of quality;
(b) Methods of monitoring;
(c) Reporting of results; and
(d) Follow-up mechanisms.

Finding #7: Mid-Columbia Child and Family Center's Quality Management Plan lacks several domains listed in the rule. For example, Mid-Columbia Child and Family Center has not established outcomes that they want to monitor for quality or how they would monitor those outcomes. The Quality Management plan does not appear to be reviewed annually.

Required Action #7: Mid-Columbia Child and Family Center will provide AMH with evidence that the program's Quality Management Plan includes all domains and standards outlined in the rule. **Due Date: August 14, 2007**

Note: This is a repeat finding from the 2002 AMH review

8. **OAR 309-032-1150 System of Care**
(1) General Requirements. All ITS providers described in this section shall meet the following general requirements: (c) ITS providers shall maintain linkages with primary care physicians,

OAR 309-032-1160 Establishing and Maintaining Clinical Records
(5) Organization of clinical records. Each clinical record shall be uniform in organization, readily identifiable and accessible, and contain all of the content required by these rules in a current and complete manner within required timelines. (f) Completed medical history including current prescribed medications and allergies;
(h) A medication service record of all medications administered;

Finding #8: The child's medical and medication history and tracking while under care at the Mid-Columbia Child and Family Center is not easily found in the record or is incomplete. This includes communications between Dr. Godby and the children's primary care physicians that he consults with, and medication dispensation.

Required Action #8: Mid-Columbia Child and Family Center shall provide AMH with evidence that all children have their medical and medication histories monitored and documented in the clinical record and that communications with primary care physicians are documented in the clinical record.

Recommendations.

Recommended Action #1: Medications remain behind only one locked door (including C2 prescriptions). Access to the med cabinet is available to numerous staff members without documented monitors or controls. It is recommended that Mid-Columbia Child and Family Center provide locked and secured storage of the medications with a means to monitor and control access.

Note: This is a repeat area of concern and recommendation from the 2002 AMH review

Recommended Action # 2: Mid-Columbia Child and Family Center has voiced caution to partner with the local Community Mental Health Program (CMHP) to establish psychiatric services other than "all-inclusive" day treatment services. The Director worries that stretching outside of ITS day treatment will weaken the day treatment foundation if funding for alternative services, which appear popular at the moment, ever disappear. Shorter lengths of service, school-based day treatment, skills training, before and after-school services, partial day treatment days, respite services, and individual services are voiced desires from the CMHP and the local schools. It is recommended that Mid-Columbia Child and Family Center administration and board members, and the CMHP, Clackamas County Mental Health Organization, and the local school district convene to discuss what Mid-Columbia Child and Family Center services are desired in the community.

Summary.

The Mid-Columbia Child and Family Center was found to be in "Substantial Compliance" with applicable OAR as defined by OAR 309-012-0130 through 309-012-0220. A total of 8 areas of non-compliance were identified which require corrective action. As specified by OAR 309-12-0200(1), the Department may place conditions on approval of a provider because of failure to substantially comply with applicable rules as described in OAR 309-012-0210(2). The Certificate of Approval issued to Mid-Columbia Child and Family Center is contingent upon completion and proven compliance of the corrective action requirements described in this report.