Department of Human Services
Health Services
Office of Mental Health and Addiction Services
Riverside Center
Site Review Report
May 2, 3, & 4, 2006

Background.

The Department of Human Services, Office of Mental Health and Addiction Services (OMHAS) conducted a site review of the Riverside Center, a psychiatric day treatment program in Winston, Oregon. The OMHAS site review was conducted as authorized by Oregon Revised Statute 430.640 to assess compliance with applicable Oregon Administrative Rules (OAR). The OMHAS site review team consisted of the following individuals:

- Jeannine Beatrice, Children's Quality Improvement Coordinator, OMHAS
- Ray Burleigh, Peer Reviewer, Children's Array of Psychiatric Programs
- Nancy Winters, MD, Child Psychiatrist, Oregon Health and Science University

Applicable Administrative Rules.

OAR 309-012-0130 through 309-012-0220, "Certificate 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 Riverside Center included a review of clinical records, program policies, and documents. The review team interviewed Riverside 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 OARs 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. The facility and location is good. There are attempts to increase the kid-friendly space with the addition of the children's artwork and activity spaces. There is play and workspace and separate space for families to conference if needed.

2. Families indicate satisfaction with the treatment and support that their children are receiving at the center. Families voiced that their child's therapist is available to them for help if needed.

3. The program provides a 12-week Nurturing Parents program to family members, including foster parents of enrolled children.

4. The family therapists are diligent with working with families from a strength-based standpoint.

5. The program reports a low use of manual restraints. The program's crisis prevention and intervention trainer is dedicated to supporting the staff to follow crisis intervention policies and procedures.

6. Members of the Board of Directors are thoughtful, supportive, and planful about services to children in the county.

7. The staff members and the educational staff work calmly with the children, are orderly, are professional, and look like they enjoy working with one another.

Required Actions.

1. OAR 309-032-1190 Special Treatment Procedures

(1) Providers shall have policies and procedures and a quality management system to:
(a) Monitor the use of special treatment procedures to assure that children are safeguarded and their rights are always protected; and
(b) Review and approve experimental practices other than medications that are outside usual and customary clinical practices and research projects. Experimental practices and research require review and approval by the Division Institutional Review Board.
(3) Mechanical restraint shall be used only in a Sub-Acute program specifically authorized for such use in writing by the Division. Sub-Acute programs that are authorized to use mechanical restraint shall adhere to the standards for special treatment procedures as described in this section and other specific conditions as required by the Division.
(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;
(b) Conduct individual and aggregate review of incidents of seclusion and manual restraint;
(c) Conduct individual and aggregate review of incidents of isolation for more than five hours in five days or a single episode of two hours;
(d) Analyze special treatment procedures to determine opportunities to reduce their use, increase the use of alternatives, improve the quality of care of children receiving services, and recommend whether follow up action is needed; and
(e) Review and update special treatment procedures policies and procedures minimally annually.

Finding #1: The Riverside Center does not have policies, procedures, or a quality management system to monitor the use of Special Treatment Procedures monthly. The Riverside Center does not have an established Special Treatment Procedures committee.

Required Action #1: The Riverside Center shall provide OMHAS with their Special Treatment Procedures policies, including a Special Treatment Procedures Committee member list and the schedule of meetings for the next 12-months. The Riverside Center shall provide OMHAS with their next written report that they also provide to the Quality Management Committee quarterly. **Due Date: September 5, 2006**

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

2. OAR 309-032-1180 Behavior Management

(1) Providers shall have a written behavior management policy specifying which behavior management practices and restrictions may be used by staff and the circumstances under which they may be used. The behavior management policy shall:

(c) Establish thresholds and tracking mechanisms of behavior management interventions that will activate clinical review and which shall be relevant to the acuity and severity of symptoms, and developmental functioning of the population served by the provider;

(d) Require that when thresholds established in the policy are exceeded that the child's individual plan of care be reviewed and revised if necessary within no more than 24 hours and specifies the individual(s) in the program with designated clinical leadership responsibilities who must participate in the review, and specify that the review be documented in the child's clinical record;

(e) Describe the manner and regime in which all staff will be trained to manage aggressive, assaultive, maladaptive, or problem behavior and de-escalate volatile situations through a Division approved crisis intervention training program, and require that such training shall occur annually; and

(f) Require that the provider review and update behavior management policies, procedures, and practices, minimally annually.

OAR 309-032-1190 Special Treatment Procedures

(6) General Conditions of Manual Restraint and Seclusion.

(b) Manual restraint and seclusion shall only be used in an emergency to prevent immediate injury to a child who is in danger of physically harming him or her self or others in situations such as the occurrence of, or serious threat of violence, personal injury or attempted suicide;

(A) Manual Restraint:

(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 #2: The Behavior Crisis and Restraint policy has not been updated annually; the last revision noted is May of 2000. The policy appears to distinguish that property destruction or serious program disruption are justifications for implementing a manual restraint. For example, one clinical record noted that a child was physically held for kicking walls. The policy mentions one-person holds without distinguishing when a one-person hold is acceptable. The policy does not include how staff members are to be trained in crisis intervention, thresholds of behavior management interventions that will initiate clinical reviews, or changes in the child's individual plan of care.

Required Action #2: The Riverside Center shall provide OMHAS with a revised Behavior Management policy that meets the OAR. **Due Date: September 5, 2006**

3. OAR 309-032-1170 Child and Family Rights

Providers shall establish written policies and procedures pertaining to child and family rights. The written statement of rights shall be posted prominently in simple, easy to understand language on a form devised by the provider or the Division. This form shall be given by the provider to the person legally giving consent to treatment of the child, at the time of admission. In addition, these rights shall be explained orally at the time of admission to the person giving consent to treatment and to the child, in a manner appropriate to the child's developmental level. If the child is initially served in a crisis situation, these rights shall be explained as soon as clinically practical, but not more than five working days from the initiation of services if the child who received the crisis service remains in service. Statement of Rights shall include the following:
(1) Right to provide consent to treatment in accordance with ORS 109.640 and ORS 109.675.
(2) Right to refuse services.
(4) Right to immediate inspection of the clinical record in accordance with ORS 179.505.
(a) The child, if able, and the custodial parent(s) or guardian of a minor child has the right to immediate inspection of the record.
(b) A copy of the record is to be provided within five working days of a request for it. The person requesting the record is responsible for payment for the cost of duplication, after the first copy.

(c) Identifying and clinical information about the child shall be protected in provider publications such as newsletters and brochures.
(7) Right to participate in treatment planning. The child, to the extent of his or her capability, and the child's parent or guardian, shall have the right to participate in the planning of services, including the right to participate in the development and periodic revision of the child's individual plan of care. The child's attorney or other representative shall also have the right to participate in the planning process, including attending individual plan of care development and review meetings, upon the request of the child or child's parent or guardian.
(8) Right to private and uncensored communications by mail, telephone and visitation.
(a) This right may be restricted only if the treatment provider documents in the child's record that, in the absence of this restriction, significant physical or clinical harm will result to the child or others. The nature of the harm shall be specified in reasonable detail, and any restriction of the right to communicate shall be no broader than necessary to prevent this harm.
(b) The parent or guardian and the child, in a developmentally appropriate manner, shall be given specific written notice of each restriction of the child's right to communicate. The treatment provider shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible and allow for confidential communication, and that space is available for visits. Reasonable times for the use of telephones and visits may be established in writing by the treatment provider.
(c) A child shall have the right to uncensored communication with licensed attorneys at law and the state protection and advocacy agency.
(d) The state protection and advocacy agency shall be permitted access to a child and the child's records consistent with federal and state statutes and regulations governing such access. The child's juvenile court attorney and court appointed special advocate (CASA), if any, shall have access to the child and the child's records in accordance with applicable statutes and administrative rules.
(9) Right to personal possessions.
(a) A child shall have the right to wear his or her own clothing and to keep personal possessions. The provider must provide the child with a reasonable amount of storage space for this purpose.
(b) Possession and use, including reasonable restriction of the time and place of use, of certain classes of property may be restricted by the treatment provider if necessary to prevent the child or others from harm, provided that notice of this restriction is given to all children and their families upon the child's admission.
(c) An individual item not subject to general restriction but substantially likely to cause significant physical or clinical harm to a particular child or others due to

the child's individual clinical condition may be restricted if the harm that would be likely to result is specifically documented in the child's record. The parent or guardian and the child, in a developmentally appropriate manner, shall be given specific written notice of each such restriction.
(10) Right to receive educational services in the least restrictive environment. Including, if the child is eligible, a free appropriate public education under the Individuals with Disabilities Education Act, 20 USC, Secs. 1401 et seq. Section 504 of the Rehabilitation Act of 1973, 29 USC Sec. 794, and related federal and state statutes and regulations.
(11) Right to refuse to perform routine labor tasks for the provider and to receive reasonable compensation for all work performed other than personal housekeeping duties or chores.
(12) Right to be free from unusual or hazardous treatment procedures and to not participate in experimental treatment procedures without voluntary informed consent.
(13) Right to be free from seclusion or restraint unless used in compliance with all applicable statutes and administrative rules.
(14) Right to freely exercise recognized and accepted religious beliefs and other civil rights.
(15) Right to be thoroughly informed of the provider's rules and regulations.
(16) Right to participate regularly in developmentally appropriate indoor and outdoor play and recreation.
(17) Right to make informed consent to fees for services. The amount and payment schedule of any fees to be charged must be disclosed in writing and agreed to by the person consenting to treatment.
(18) Right to consent to disclosure of clinical records. The person consenting to treatment, usually the custodial parent or guardian, has the right to authorize disclosure of the child's clinical record in accordance with ORS 179.505. When a child is admitted for treatment under a voluntary placement agreement with SCF, the parent(s) or guardian shall have the right to authorize disclosure.
(19) Right of assertion of rights. The rights contained in this section may be asserted and exercised by the child (except where the law requires that only the parent or guardian may exercise a particular right), the child's parent or guardian, or any representative of the child.
(20) Right of formal complaint. The child, parent or guardian or child's representative shall have the right to assert formal complaints concerning denial of any rights contained in this section in a fair, timely and impartial formal complaint procedure. There shall be no retaliation or punishment for exercise of any rights contained in this section.

Finding #3: Riverside Center's Child and Family Rights do not include all of the standards listed in the rule. The Child and Family Rights are not posted in any of the three programs or in the reception area.

Required Action # 3: The Riverside Center shall provide OMHAS with revised Child and Family Rights policies and procedures and shall provide OMHAS with evidence that the rights are posted in the program. **Due Date: September 5, 2006**

4. 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;
(c) Have written procedures for informing children and their legal guardian orally and in writing about the provider's formal complaint procedures.
(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:

Finding #4: The Riverside Center does not have written procedures for accepting, processing, or responding to oral complaints. The grievance procedure form revised in March 2006 mentions the guardian's right to file an oral formal complaint, however procedure #1 states, "a grievance should be in writing." The Formal Complaint policies and procedures are also missing timelines for processing an expedited complaint and a means to communicate the formal complaint procedures to the children and their families. Children in the program do not have a way to file a complaint without having to go through the staff for a form.

Required Action #4: The Riverside Center shall provide OMHAS with a revised Formal Complaint policy that meets the rule. The Riverside Center shall provide OMHAS with evidence that children have the means and are informed of their means to file a complaint without having to go through the staff in which they work directly with. The policy as it reads today, uses terms such as "complainant," "alleged to be discriminatory," "equitable resolution." It is recommended that the Formal Complaint policy be reviewed and revised with children and families in

mind or be reviewed by families. It is also recommended that the policy and procedures be posted in the waiting areas, classrooms and meeting rooms. **Due Date: September 5, 2006**

Note: This is a repeat finding from the 2002 OMHAS site review

5. OAR 309-032-1140 General Staffing and Personnel Requirements
(3) Providers shall assure through documentation in personnel files that all supervisory and clinical staff meet all applicable professional licensing and/or certification, and QMHP or QMHA competencies.
(4) Providers shall maintain a personnel file for each employee, that contains:
(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;

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;

OAR 309-032-1180 Behavior Management
(1) Providers shall have a written behavior management policy specifying which behavior management practices and restrictions may be used by staff and the circumstances under which they may be used. The behavior management policy shall:
(e) Describe the manner and regime in which all staff will be trained to manage aggressive, assaultive, maladaptive, or problem behavior and de-escalate volatile situations through a Division approved crisis intervention training program, and require that such training shall occur annually;

Finding #5: Thirteen of the sixteen personnel files reviewed were incomplete. Annual performance appraisals and annual staff development and training activities were not found in the personnel files. For example, the personnel files lacked evidence that first aid and CPR training, and annual crisis intervention

training is occurring. One employee does not have adequate QMHP documentation.

Required Action #5: The Riverside Center shall provide OMHAS with a list of staff members with the date of their first-aid class and certification expiration, the date of their CPR class and certification expiration, the date of their last crisis intervention training, and the date of their last performance appraisal. The Riverside Center shall provide OMHAS with evidence that any expired standards have a scheduled date for completion. The Riverside Center shall provide OMHAS with evidence that the personnel files are monitored through the quality management system for compliance. **Due Date: September 5, 2006**

Note: This is a repeat finding from the 2002 OMHAS site review and the 2004 Children, Adult and Families' Licensed Private Child Caring Agency site visit

6. OAR 309-032-1110 Definitions As used in these rules:
(44) "Interdisciplinary team" means a team of qualified treatment and education professionals including a child and adolescent psychiatrist or LMP and the child's parent or guardian responsible for assessment and evaluation, the development and oversight of individual plans of care, and the provision of treatment for children admitted to an intensive treatment services program.

(48) "Licensed Medical Practitioner" or "LMP" means any person who meets the following minimum qualifications as documented by the provider:
(a) Holds at least one of the following educational degrees and valid licensure:
(A) Physician licensed to practice in the State of Oregon;
(B) Nurse Practitioner licensed to practice in the State of Oregon;
(C) Physician's Assistant licensed to practice in the State of Oregon; and
(b) A Licensed Medical Practitioner contracting or employed for the first time with a provider under these rules after July 1, 2000, shall be a board-certified or board-eligible child and adolescent psychiatrist licensed to practice in the State of Oregon.

(70) "Psychiatrist" means a Licensed Medical Practitioner who is board-eligible or board-certified in child and adolescent psychiatry and licensed to practice in the State of Oregon.

OAR 309-032-1140 General Staffing and Personnel Requirements
(a) Availability of psychiatric services to meet the following requirements:

(A) Provide medical oversight of the clinical aspects of care in nationally accredited sub-acute, assessment and evaluation programs and residential psychiatric treatment programs and provide 24-hour, seven days per week psychiatric on-call coverage; or consult on clinical care and treatment in psychiatric day treatment, partial hospitalization, therapeutic group homes and treatment foster care programs;
(B) Assess each child's medication and treatment needs, prescribe medicine or otherwise assure that case management and consultation services are provided to obtain prescriptions, and prescribe therapeutic modalities to achieve the child's individual plan of care goals; and
(C) Participate in the provider's interdisciplinary team and Quality Management process.

OAR 309-032-1160 Establishing and Maintaining Clinical Records

(6) Providers shall insure that each clinical record includes the following documentation:
(k) Special treatment procedures notations in a separate section or in a separate format documenting each incident of manual restraint, seclusion, or mechanical, signed and dated by the staff directing the intervention and if required by the psychiatrist and/or clinical supervisor authorizing the intervention;

OAR 309-032-1180 Behavior Management

(1) Providers shall have a written behavior management policy specifying which behavior management practices and restrictions may be used by staff and the circumstances under which they may be used. The behavior management policy shall:
(c) Assure that when incidents of isolation for more than five hours in five days or a single episode of two hours the psychiatrist or designee shall within 24 working hours convene by phone or in person individual(s) in the program with designated clinical leadership responsibilities to review the child's individual plan of care and behavior management interventions and make necessary adjustments. This information shall be documented in the child's clinical record and referred to the Special Treatment Procedures Committee.
(A) Manual Restraint:
(iii) A manual restraint intervention that exceeds 30 minutes shall require a documented review and authorization by a QMHP, interventions which exceed one hour shall require a documented review and authorization by a psychiatrist or designee;

Finding #6: The Riverside Center is currently contracting with Dr. Lawrence Hipshman for reportedly 16-hours a week for psychiatric services. Dr. Hipshman was consulting on the clinical care and treatment of those children that he was directly prescribing for, but was not doing so to the same extent for those children that he was not directly prescribing. Dr. Hipshman is not a board-certified or board-eligible child psychiatrist as required by the rule. The Riverside Center has submitted a request for a variance for this standard.

Required Action #6: The Riverside Center shall provide OMHAS with a job description for the consulting psychiatrist that includes the standards outlined in the rule. **Due Date: September 5, 2006**

7. OAR309-032-1200 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

(b) Seeks to correct any observed deficiencies identified through its quality management process.

(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:

(b) Methods of monitoring;

(3) The written Quality Management Plan shall describe the implementation and ongoing operation of the functions performed by the Quality Management Committee.

(a) The plan shall be reviewed and revised annually; and

(b) The provider's board shall review the annual Quality Management report and approve the annual Quality Management plan.

(4) The Quality Management Plan shall include:

(a) A description of the Quality Management Committee's authority to identify and implement clinical and organizational changes;

(b) The composition and tenure of the Quality Management Committee;

(c) The schedule of Quality Management Committee(s) meetings;

(e) The requirements that the following review activities are conducted and integrated into the overall Quality Management process:
(A) Review of the use of special treatment procedures;
(B) Review of grievances, formal complaints, incidents or accidents; and
(C) Review of problems with the administration or prescription of medications.
(6) Quality Management activities are conducted with representation of those who have knowledge or ability to effect continuous quality improvement.
(7) The Quality Management process is conducted with input from children, families, and community stakeholders.
(8) The provider has a participatory process whereby all personnel contribute to and recommend changes in the Quality Management process.
(9) The provider assures that the psychiatrist participates and is involved in quality management activities and is recognized within the staff organization as a member of the quality management committee with responsibilities described in the provider's quality management plan.
(11) Documentation of the pertinent facts and conclusions of each Quality Management Committee meeting shall be maintained and be available for review by the Division.

OAR 309-032-1110 Definitions As used in these rules:
(73) "Quality Management" means a continuous process to simultaneously promote consistency of performance and to promote meaningful change in measurable objectives. The process is used to improve a provider's performance and adjust measurable objectives and benchmarks.

Finding #7: The Quality Assurance policy and procedures developed in 1993 were last reviewed or revised in April 2006. However, the Quality Management Plan does not have a date indicating when it was last reviewed or revised, or if it has been annually reviewed by the Board of Directors. The Quality Management Plan does not include the methods by which the quality indicators will be monitored. It is unclear if the Board of Directors reviews an annual Quality Management report or if the Board of Directors reviews, revises, and approves the Quality Management Plan annually.

Required Action #7: The Riverside Center shall provide OMHAS with a revised Quality Management Plan that meets the rule. The Riverside Center shall provide OMHAS with the last annual Quality Management report and Quality Management plan that was reviewed by the Board of Directors, and the schedule for when the next annual Quality Management report and plan is due to go to the Board of Directors for review and approval. **Due Date: September 5, 2006**

8. <u>OAR 309-032-1110 Definitions</u> As used in these rules:
(71) "Qualified Mental Health Associate" or "QMHA" means a person who delivers services under the direct supervision of a Qualified Mental Health Professional and who meets the following minimum qualifications as documented by the provider:
(a) Has a bachelor's degree in a behavioral sciences field, or a combination of at least three years work, education, training or experience; and
(b) Has the competency necessary to:
(A) Communicate effectively;
(B) Understand mental health assessment, treatment and service terminology and to apply the concepts;
(C) Provide psychosocial skills development; and
(D) Implement interventions as assigned on an individual plan of care.

(72) "Qualified Mental Health Professional" or "QMHP" means a Licensed Medical Practitioner or any other person who meets the following minimum qualifications as documented by the provider:
(a) Holds any of the following educational degrees:
(A) Graduate degree in psychology;
(B) Bachelor's degree in nursing and licensed by the State of Oregon;
(C) Graduate degree in social work;
(D) Graduate degree in a behavioral science field;
(E) Graduate degree in recreational, music, or art therapy;
(F) Bachelor's degree in occupational therapy and licensed by the State of Oregon; and
(b) Whose education and experience demonstrate the competency to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multiaxial DSM diagnosis; write and supervise an individual plan of care; conduct a Comprehensive Mental Health Assessment and provide individual, family and/or group therapy within the scope of their training.

<u>OAR 309-032-1120 General Conditions of Participation for Children's Intensive Mental Health Treatment Services Providers</u>
Providers delivering children's intensive mental health services shall:

(5) Use treatment methods appropriate for children with severe emotional disorders that are based on sound clinical theory and professional standards of care and widely accepted by qualified professionals in the mental health field;

OAR 309-032-1140 General Staffing and Personnel Requirements
(2) Providers of children's intensive mental health services shall have adequate numbers of QMHP, QMHA and other staff whose care specialization is consistent with the duties and requirements of the specific level of care. Professional staff shall operate within the scope of their training and licensure.

Finding #8: The Riverside Center meets the QMHP ratio of one QMHP per 12 families; however, Bachelor level staff members are providing individual therapy, which exceeds their qualifications as a QMHA and is not a standard of care accepted by qualified professionals in the mental health field.

Required Action #8: The Riverside Center shall provide OMHAS with assurance that the QMHA staff members are not providing individual therapy to children in the psychiatric day treatment program. The Riverside Center shall provide OMHAS with position descriptions for the QMHAs. **Due Date: September 5, 2006**

Recommended Actions.

Finding #9: The Riverside Center's policy on Behavioral Crisis and Restraint and the permission form for Behavioral Management of Youths, both refer to calling the police for assistance or law infractions. Neither the policy nor the permission form mentions a requirement that staff first acquire administrative or clinical authorization prior to making a call to the police. By policy and by interview with the center's Director, it appears that any and all staff members are authorized to make a call to the police without any consideration of the child's clinical or treatment needs.

Recommended Action #1: To help to assure the safety of the children engaged at the Riverside Center, it is recommended that policies, procedures, and practices reflect that calls to law enforcement for assistance or law infractions be first authorized by the center's Director or a designee with clinical leadership responsibilities. It is also recommended that if the program is using law enforcement as a behavioral intervention as discussed in the Behavioral Crisis and

Restraint policy, that the intervention be included in the child's Individual Plan of Care and behavioral intervention plan.

Finding #10: The Comprehensive Mental Health Assessments do not consistently report on all of the domains listed in the rule.

Recommended action #2: To assure that all of the Comprehensive Mental Health Assessment domains are covered, it is recommended that the Riverside Center use a Comprehensive Mental Health Assessment template that includes all of the domains listed in the rule.

Note: This is a repeat finding from the 2002 OMHAS site review

Summary.

The Riverside Center was found to be in "Substantial Compliance" with applicable OARs as defined by OAR 309-012-0130 through 309-012-0220 "Certificate of Approval for Mental Health Services." 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 the Riverside Center is contingent upon completion and proven compliance of the corrective action requirements described in this report.