

Department of Human Services
Health Services
Office of Mental Health and Addiction Services
Albertina Kerr Youth and Family Center
Site Review Report
December 1 & 2, 2005

Background.

The Department of Human Services, Office of Mental Health and Addiction Services (OMHAS) conducted a site review of the Albertina Kerr Youth and Family Center. 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
- Kathleen Burns, Children's Service Specialist, OMHAS
- Monica Ford, Peer Reviewer, Oregon Association of Treatment Centers
- Vickie Conlee, Peer Reviewer, Children's Array of Psychiatric Programs
- Nancy Winters, MD, Child Psychiatrist, Oregon Health Sciences 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.

OAR 309-034-0150 through 309-034-0320 "Medicaid Payment for Child/Adolescent Residential Psychiatric Treatment Services." Effective date July 5, 2001.

Findings.

The review of the Albertina Kerr Youth and Family Center included a review of clinical records, program policies, and documents. The review team interviewed Albertina Kerr Youth and Family Center administrative and treatment staff, community representatives, board members, and family representatives. The review team also observed treatment review meetings and classroom and milieu activities.

The review team identified 5 areas of non-compliance with applicable OARs requiring corrective action. 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 milieu staff are dedicated and integrated in the children's treatment. They have access to the clinical staff members and are included in the quality improvement process of the agency. Staff members are cross-trained in the continuum of care and can "float" from one unit or milieu to another as needed.
2. Families are involved in the decision making for their kids. Ally Linfoot is advocating for families by training staff and supporting families.
3. There is extensive involvement by Dr. Godby and the team of psychiatrists to cover the required 24-hour, 7-days a week psychiatric treatment standards. Psychiatry is well integrated with the therapists and the work that they do.
4. There is a documented decrease in the use of restraints and seclusion since the last review. Staff members are respectful with the children. The program is embracing Oregon Intervention System protocols.

5. Staff members have created, and the administration and children have supported a new gender-specific curriculum for the girl's residential program on campus.
6. The teaching staff members are well integrated in the classroom with the children's mental health treatment.
7. The basic facilities and location is good and there are visible attempts to increase the kid-friendly environment with the addition of colorful paints, furniture, and activity spaces.
8. The program is admitting children who need this level of care, the children are assessed as getting better, and the treatment is medically appropriate.

Required Actions.

1. OAR 309-032-1190 Special Treatment Procedures

(7) Application for the use of seclusion. Any facility or program in which the use of seclusion occurs shall be authorized by the Division for this purpose and shall meet the following requirements:

(a) A facility or program seeking authorization shall submit a written application to the Division;

(b) Application shall include a comprehensive plan for the need for and use of seclusion of admitted children and copies of the facility's policies and procedures for the utilization and monitoring of seclusion including a statistical analysis of the facility's actual use of seclusion, physical space, staff training, staff authorization, record keeping and quality management practices;

(c) The Division shall review the application and, after a determination that the written application is complete and satisfies all applicable requirements, shall provide for a review of the facility by authorized Division staff;

(d) The Division shall have access to the records of the facility's clients, the physical plant of the facility, the employees of the facility, the professional credentials of employees, and shall have the opportunity to observe fully the treatment and seclusion practices employed by the facility;

(e) After the review, the Assistant Administrator or designee shall approve or disapprove the facility's application and if, approved, shall certify the facility based on the determination of the facility's compliance with all applicable requirements for the seclusion of children;

(f) If disapproved the facility shall be provided with specific recommendations and have the right of appeal to the Division; and

(g) Certification of a facility shall be effective for a maximum of three years and may be renewed thereafter upon approval of a renewal application.

(8) Structural and physical requirements for seclusion. Any facility or program in which the use of seclusion occurs shall be certified by the Division for this purpose. A provider seeking this certification under these rules shall have available at least one room that meets the following specifications and requirements:

(c) The room shall contain no protruding, exposed, or sharp objects;

(f) There shall be no exposed pipes or electrical wiring in the room. Electrical outlets shall be permanently capped or covered with a metal shield secured by tamper-proof screws. Ceiling and wall lights shall be recessed and covered with safety glass or unbreakable plastic. Any cover, cap or shield shall be secured by tamper-proof screws;

(g) The room shall meet State Fire Marshal fire, safety, and health standards. If sprinklers are installed, they shall be recessed and covered with fine mesh screening. If pop-down type, sprinklers must have breakaway strength of under 80 pounds. In lieu of sprinklers, combined smoke and heat detector shall be used with similar protective design or installation;

Finding #1: The seclusion room on the girl's unit has exposed, sharp edges, non-tamperproof screws in the ceiling fixtures, and a wire cage over the sprinkler fixture that can be a hanging hazard. All seclusion rooms are in need of re-certification from OMHAS.

Required Action #1: Albertina Kerr Youth and Family Center shall provide OMHAS with evidence that the seclusion rooms have been inspected for safety concerns and has had sharp edges, exposed screws, and other hazards removed. Albertina Kerr Youth and Family Center shall provide OMHAS with a written application for the certification of all seclusion rooms. **Due Date: April 17, 2006**

2. OAR309-032-1110 Definitions As used in these rules:

(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.

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.

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

Finding #2: The Albertina Kerr Youth and Family Center's grievance policy does not include a provision for oral complaints. 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 #2: Albertina Kerr Youth and Family Center shall provide OMHAS with evidence that the grievance policy includes the right to file an oral formal complaint. Albertina Kerr Youth and Family 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. **Due Date: April 17, 2006**

Note: This is a repeat finding from the 2003 site review.

3. OAR 309-032-1160 Establishing and Maintaining Clinical Records

(7) The child's parent or guardian, or the child if legally emancipated, must give informed consent in writing to treatment including specific informed consent to the initial administration of any medication, or to a subsequent change in the class of the medication. Each informed consent shall state the information in writing, signed and dated by the person giving consent, and placed in the child's clinical record.

Finding #3: Although it appeared in the clinical records that the psychiatrists are having informed discussions with the families about medications, there was not evidence that the families were able to provide written informed consent other than when the child was initially admitted into the program.

Required Action # 3: Albertina Kerr Youth and Family Center shall provide OMHAS with evidence that families can give informed consent in writing and that each informed consent is placed in the child's clinical record. **Due Date: April 17, 2006**

4. **OAR 309-032-1110 Definitions** As used in these rules:

(40) *"Individual plan of care" means the written plan developed by a QMHP for active treatment for each child admitted to an intensive treatment service program. The individual plan of care specifies the DSM diagnosis, goals, measurable objectives, and specific treatment modalities and is based on a completed mental health assessment or comprehensive mental health assessment of the child's functioning and the acuity and severity of psychiatric symptoms.*

(65) *"Progress note" means the written documentation of the clinical course of treatment.*

309-032-1160 Establishing and Maintaining Clinical Records

(6) *Providers shall insure that each clinical record includes the following documentation:*

(j) *Progress notes documenting specific treatments, interventions, and activities related to the individual plan of care or have treatment planning implications, and the child's response to the specific treatment or activities;*

Finding #4: Active treatment described in the Individual Plans of Care was not consistently in the progress notes. For example, what "individual therapy" consisted of, or what the child's response to the individual therapy was, was not clarified.

Required Action #4: Albertina Kerr Youth and Family Center shall provide OMHAS with evidence that specific treatment modalities outlined in the Individual Plans of Care, are documented in the clinical record. **Due Date: April 17, 2006**

Note: This is a repeat finding from the 2003 site review.

5. OAR 309-032-1130 General Treatment Requirements

(4) Active Treatment and Individual Plans of Care.

(b) The individual plan of care shall clinically support the level of care to be provided and shall:

(A) Be developed and implemented no later than 14 treatment days after admission by an interdisciplinary team in consultation with the child, the parent(s) or guardian and the provider to which the child will be discharged;

(B) Be based on a mental health assessment of the child's functioning, the acuity and severity of the child's psychiatric symptoms, diagnosis, and the biological, medical, psychological and sociocultural factors that influence the child's development and functioning;

(F) Be signed and dated by the psychiatrist and other members of the interdisciplinary team including the child's guardian, and when appropriate the child.

Finding #5: The Individual Plans of Care do not show that they are developed by the interdisciplinary team or are based on a mental health assessment.

Required Action #5: Albertina Kerr Youth and Family Center shall provide OMHAS with evidence that the Individual Plans of Care are developed by the interdisciplinary team and are based on the mental health assessments. **Due Date:**
April 17, 2006

Summary.

The Albertina Kerr Youth and Family 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 5 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 Albertina Kerr Youth and Family Center is contingent upon completion and proven compliance of the corrective action requirements described in this report.