Department of Human Services
Health Services
Addictions and Mental Health Division
Olalla Center for Children and Families
Site Review Report
February 14 & 15, 2008

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 Olalla Center for Children and Families as authorized by Oregon Revised Statute 430.640. The AMH review was conducted to assess compliance with applicable Oregon Administrative Rules (OAR). The AMH site review team consisted of the following individuals:

- Jeannine Beatrice, children's quality improvement coordinator, AMH
- Rita McMillan, children's mental health specialist, AMH
- Les Busch, peer reviewer, Oregon Association of Treatment Centers
- Robert McKelvey, MD, child psychiatrist, Oregon Health and Science University

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 Olalla Center for Children and Families included a review of clinical records, program policies, and documents. The review team interviewed Olalla Center for Children and Families 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 five areas of non-compliance with applicable OARs requiring corrective action and two 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 Olalla Center for Children and Families enjoys a revived Board of Directors who is accessible and active in the support of the program. The Board of Directors report that they want to be kept well informed of the program's activities and that they want to be a part of the big picture.

2. The Olalla Center for Children and Families continues to support and be supported by long-standing relationships with Dr. Jack Kazmerak, Dr. Dennis Reynolds, and John Arnold. All contribute their vision of the program and provide the staff members with psychiatric and psychological consultation.

3. The Olalla Center for Children and Families has an active and diverse Quality Management Committee membership; members review, monitor and follow-up on quality management activities. Currently, the committee is looking to add a tracking mechanism for measuring the children's academic advances in the early childhood program called TYKES.

4. The reviewers found the Comprehensive Mental Health Assessments to be thorough and timely.

5. The Individualized Plans of Care documented the strengths and challenges that the children came into the program with. Changes to the plans were documented over time.

6. The building and space has much improved since the last AMH review; the building has a new roof, newer carpeting, and the space is age-appropriate and welcoming to kids and families.

7. The Olalla Center for Children and Families employs hard-working people who appear to enjoy their work and like the children. They are calm and skilled with the children and families, and the kids appear to know what their goals are.

8. The program and education staff members work well together to create seamless therapeutic and educational services on-site. The educational staff members are invited to participate in program trainings and treatment meetings.

9. The Olalla Center for Children and Families' Executive Director acts as a community advocate for the community's children and their families.

10. Community members, program staff members, families, and board members all report a shared vision to expand the program's services to reach children and families in schools and in other communities.

Required Actions.

1. **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:

(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.

OAR 309-032-1110 Definitions

(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 #1: The complaint log does not have documentation of the complaint resolution and the date of the resolution.

Required Action #1: The Olalla Center for Children and Families shall provide AMH with evidence that the complaint log includes the complaint resolution and the date of the resolution. **Due Date: July 28, 2008**

2. **OAR 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 #2: The Individualized Plans of Care (IPOC) document goals that match the challenges that the children come to the program with. However, the individual, family, and group therapy notes do not reflect the child or family's progress in treatment.

Required Action #2: The Olalla Center for Children and Families shall provide AMH with evidence that treatment modalities and the child's responses are documented in the clinical record. **Due Date: July 28, 2008**

3. **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;

Finding #3: The Special Treatment Procedures Committee is supposed to meet monthly and provide a written quarterly report to the Quality Management Committee. The Special Treatment Procedures Committee does not submit a written quarterly report to the Quality Management Committee.

Required Action #3: The Olalla Center for Children and Families shall provide AMH with evidence that the Special Treatment Procedures Committee submits a written quarterly report to the Quality Management Committee. **Due Date: July 28, 2008**

4. **OAR 309-032-1180 Behavior Management**

(2) Individual behavior management interventions will be developed, implemented, and reviewed for each child, review shall occur minimally at each individual plan of care review.

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;
(d) A child shall be manually restrained or secluded only when clinically indicated and alternatives are not sufficient to protect the child or others as determined by the interdisciplinary team responsible for the child's individual care plan;
(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;

Finding #4: Individual behavior management interventions are not documented as being developed, reviewed, or revised at the monthly plan of care meetings. Additionally, the behavior management and special treatment procedures policies indicate that restraints can be done absent of an emergency. Documentation on restraints when they occur is missing a description of less restrictive interventions that are tried and descriptions of the precipitating events that were occurring before the restraint was employed.

Required Action #4: The Olalla Center for Children and Families shall provide AMH with evidence that individual behavior management interventions are documented as being developed, reviewed, or revised at the

monthly plan of care meetings. The Olalla Center for Children and Families shall provide AMH with evidence that the behavior management policy and the special treatment procedures meet the standards of the rule. These policies are to be reviewed and revised if needed, on an annual basis. **Due Date: July 28, 2008**

5. **<u>OAR 309-032-1140 General Staffing and Personnel Requirements</u>**
(1) Providers of children's intensive mental health treatment services shall have the clinical leadership and sufficient QMHP, QMHA and other staff to meet the 24-hour, seven days per week treatment needs of admitted children and shall establish policies, contracts and practices to assure:
(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;

<u>Finding #5:</u> Clinical records at the Olalla Center for Children and Families showed each child receiving clinical assessments. However, time gaps between consultations with the program's psychiatrists have occurred. For one child, although his prescribing physician in the community saw him, clinical documentation on clinical care by the Olalla Center's psychiatrist was 10-months old. Of concern was that there was a therapist's progress note identifying concern about the prescribed medications, but no documentation noting the psychiatric follow-up.

<u>Required Action#5:</u> The Olalla Center for Children and Families shall provide AMH with evidence that there is a follow-up mechanism ensuring that the program's psychiatrist sees each child as needed and in a timely manner. **Due Date: July 28, 2008**

Recommendations.

Recommendation #1: It is recommended that the Olalla Center for Children and Families employ a procedure to audit the clinical records on a regular basis to ensure that signatures are dated, that treatment modalities are documented correctly, and that documentation is filed in a uniform manner.

Recommendation #2: It is recommended that the Olalla Center for Children and Families ensure that the children's growth charts are completed every six months at a minimum.

Summary.

The Olalla Center for Children and Families was found to be in "Substantial Compliance" with applicable OARs as defined by OAR 309-012-0130 through 309-012-0220. A total of five 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 Olalla Center for Children and Families is contingent upon completion and proven compliance of the corrective action requirements described in this report.