

Department of Human Services
Health Services
Addictions and Mental Health Division
Polk Adolescent Day Treatment Center, Inc.
Site Review Report
February 21 & 22, 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 Polk Adolescent Day Treatment Center, Inc. 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
- Hope Shaw, peer reviewer, Oregon Association of Treatment Centers
- Darcy Martin, 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 Polk Adolescent Day Treatment Center, Inc. included a review of clinical records, program policies, and documents. The review team interviewed Polk Adolescent Day Treatment Center, Inc. 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 four 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. Polk Adolescent Day Treatment Center, Inc. continues to support and be supported by a long-standing relationship with Dr. Dennis Reynolds who has provided the staff members and primary care physicians with psychiatric consultation.
2. Polk Adolescent Day Treatment Center, Inc. has an active and diverse Quality Management Committee membership; members review and monitor quality management activities.
3. The reviewers found the Comprehensive Mental Health Assessments to be thorough and timely.
4. The Individualized Plans of Care documents the strengths and challenges of the children that come into the program. Changes to the plans are documented over time.
5. Polk Adolescent Day Treatment Center, Inc. employs hard-working people who appear to enjoy their work and like the children. Many staff members have worked there for over 10-years. They are calm and skilled with the children and families, and participate in continued education activities.
6. 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.
7. The community partners, including education partners, report that children and families are visibly doing well and functioning well after they transition from the program.

8. The Polk Adolescent Day Treatment Center is located in a building that provides teenagers, families, and staff members ample space for many activities.

Required Actions.

1. 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 #1: The Individualized Plans of Care (IPOC) documents goals that match the challenges of the children that 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 #1: Polk Adolescent Day Treatment Center, Inc. shall provide AMH with evidence that treatment modalities and the child's responses are documented in the clinical record. **Due Date: June 30, 2008**

2. 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:

(a) Establish a framework, which assures consistent behavior management practices throughout the program and articulates a rationale consistent with the provider's philosophy of treatment;

(b) Require the provider to obtain informed consent upon admission from the parent(s) or guardian in the use of behavior management practices and communicate both verbally and in writing the information to the parent(s) or guardian and the child in a developmentally appropriate manner;

(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.

(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.

(3) Each staff directed behavior management intervention that isolates a child for more than 15 minutes shall be noted in the child's clinical record:

(a) The cumulative data shall be reviewed by the child's interdisciplinary team and be reported in the next required individual plan of care review summary;

(b) The individual plan of care shall outline use of this procedure, therapeutic alternatives, and methods to reduce its use; and

(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.

Stat. Auth.: ORS 430.041, 430.640(1)(h) & ORS 743.556

Stats. Implemented: ORS 430.630

Hist.: MHD 6-2000, f. & cert. ef. 2-15-00

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.

(2) Chemical restraint shall not be used. Medication shall not be used as a restraint, but shall be prescribed and administered according to acceptable nursing, medical, and pharmaceutical practices to treat symptoms of serious emotional disorders.

(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.

(5) Obtain informed consent upon admission from the parent(s) or guardian in the use of special treatment procedures. Communicate both verbally and in writing the information to the parent(s) or guardian and the child in a developmentally appropriate manner.

(6) General Conditions of Manual Restraint and Seclusion.

(a) There shall be a systematic approach, documented in written policies and procedures to the treatment of children which employs individualized, preplanned alternatives to 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;

- (c) Any use of manual restraint and seclusion shall respect the dignity and civil rights of the child;*
- (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;*
- (e) The use of manual restraint and seclusion shall be directly related to the child's individual symptoms and behaviors and the acuity of the symptoms and behaviors. Manual restraint and seclusion shall not be used as punishment, discipline, or for the convenience of staff;*
- (f) Manual restraint and seclusion shall only be used for the length of time necessary for the child to resume self-control and prevent harm to the child or others;*
- (g) If manual restraint and seclusion are considered as part of the child's individualized safety needs, then alternatives to manual restraint and seclusion shall be identified and made a part of the child's individual plan of care. The individual plan of care shall outline use of this procedure, and goals addressing therapeutic alternatives and interventions to reduce its use; and*
- (h) Each incident of manual restraint and seclusion shall be referred to the Special Treatment Procedures Committee.*
- (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;*
- (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; and*
- (iv) A designated individual with clinical leadership responsibilities shall review the manual restraint documentation prior to the end of the shift in which the intervention occurred.*
- (v) If incidents of manual restraint used with an individual child cumulatively exceed five hours in five days or a single episode of one hour, the psychiatrist or designee shall within 24 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/or 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.

Finding #2: Most domains listed in the program's Behavior Management Policies and the Special Treatment Procedures policies do not meet the standards in the rule. The Special Treatment Procedures are not reviewed annually; the Behavior Management Policies are not reviewed annually; the incident reports are missing domains; the use of time-outs appear to be used coercively; time-outs also appear to be employed for everyone and is not tied to individualized plans; the use of physical assists are not documented as being used consistently, and are possibly restraints; and the crisis intervention and prevention training is not described. The Special Treatment Procedures Committee does not submit a written quarterly report to the Quality Management Committee.

Required Action #2: Polk Adolescent Day Treatment Center, Inc. shall provide AMH with evidence that the Behavior Management Policies and the Special Treatment Procedures meet the standards of the rule. These policies are to be reviewed and if needed revised, on an annual basis. It is recommended that the Polk Adolescent Day Treatment Center involve an external consultant who can provide professional advice on the program's behavior support system and to involve family members and adolescents in the policy and procedure reviews.

Due Date: June 30, 2008

3. 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
(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:

(d) Follow-up mechanisms.

(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.

(5) The provider shall have a Quality Management Committee that meets at least quarterly. The Quality Management Committee shall be composed of:

(b) A representative or representatives of the children and families served;

Finding #3: The quality management process gathers data on several areas of interest such as attendance and utilization of restraints. However, the process does not include documenting the areas that the program is currently focusing on to improve, or how the program plans to improve in that area. The process is also lacking an annual report for the board to review and the committee is lacking a family representative.

Required Action #3: Polk Adolescent Day Treatment Center, Inc. shall provide AMH with evidence that the Quality Management Committee seeks to correct any observed deficiencies identified through its quality management process, carries out and coordinates follow-up mechanisms, completes annual reports, and includes a representative of the children and families served. **Due Date: June 30, 2008**

4. 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:

(9) Inform the Division and the legal guardian within one working day of reportable incidents.

(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 #4: Polk Adolescent Day Treatment Center, Inc. maintains a reportable incident log. However, reportable incidents were not reported to AMH as outlined in the rule.

Required Action #4: Polk Adolescent Day Treatment Center, Inc. shall provide AMH with evidence that AMH will be informed about reportable incidents within one working day. **Due Date: June 30, 2008**

Recommendations.

Recommendation #1: It is recommended that the Polk Adolescent Day Treatment Center, Inc. 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 discharge instructions and summaries are completed.

Recommendation #2: Family members who were interviewed reported that the after-hours crisis system through one of the Community Mental Health Programs (CMHP) was inaccessible. They were eventually able to attain crisis assistance through the Polk Adolescent Day Treatment Center, even though that was not the family's crisis plan with the CMHP. The family discussed how the crisis system was still confusing to them. It is recommended that the Polk Adolescent Day Treatment Center, Inc. review their after-hours crisis policies and procedures and the local CMHP's after-hours crisis policies and procedures to ensure that the adolescents, families, and staff members are clear about the process. It is also recommended that family members, adolescents, and CMHP representatives be involved in the policy review.

Summary.

Polk Adolescent Day Treatment Center, Inc. was found to be in "Substantial Compliance" with applicable OARs as defined by OAR 309-012-0130 through 309-012-0220. A total of four 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 Polk Adolescent Day Treatment Center, Inc. is contingent upon completion and proven compliance of the corrective action requirements described in this report.

