

Department of Human Services
Health Services
Office of Mental Health and Addiction Services
Southern Oregon Adolescent Study and Treatment Center
Site Review Report
July 19, 20, & 21, 2006

Background.

The Department of Human Services, Office of Mental Health and Addiction Services (OMHAS) conducted a site review of Southern Oregon Adolescent Study and Treatment Center (SOASTC). In addition to the regularly scheduled site review for the Assessment and Evaluation Program and the Residential Psychiatric Treatment Program, SOASTC requested that OMHAS review SOASTC for certification to provide community-based intensive mental health treatment services in a Substitute Care Setting, treatment foster care. OMHAS also reviewed SOASTC for continued certification as a provider of Intensive Community-Based Treatment and Support Services (ICTS). 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
- Matthew Pearl, LCSW, Child Mental Health Specialist, OMHAS
- Kerry Blum, MA, Peer Reviewer, Children's Array of Psychiatric Programs
- Robert McKelvey, MD, Child Psychiatrist, Oregon Health and Science University
- Anthony Kahaly, Quality Improvement Coordinator, Jefferson Behavioral Health

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.

OAR 309-032-1240 through 309-032-1305, “Standards for Children’s Intensive Community-Based Treatment and Support Services.” Effective date July 1, 2005.

Findings.

The review of SOASTC included a review of clinical records, program policies, and documents. The review team interviewed SOASTC’s 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 two areas of non-compliance with applicable OARs requiring corrective action and one recommendation. 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 members of the governing board are linked to local community resources and provide good oversight of the workings of the program. The board is supportive of the treatment philosophy, of the children’s system changes, and has an established mechanism to annually evaluate the Executive Director.

2. The psychiatrist, Dr. Hughes-Kuda, is connected with families, clients, and the staff. Dr. Hughes-Kuda is approachable to the team and documents youth progress, interventions and medication management in the clinical record.
3. The clinical records made available to reviewers were well organized. The TIER system design makes it easy to follow the care of the child as well as access data on the program.
4. The center's director is actively involved in statewide activities relating to the children's mental health system. The leadership of SOASTC has been moving the care teams towards trauma-informed and community-based treatment.
5. Personnel files were complete, organized, and current.
6. At the Merlin site, children have ample and developmentally appropriate space for class work, treatment work, and play. There is pleasant art work in both the Ramsey and the Merlin locations, including in the calm rooms.
7. The program has maintained stability in service delivery despite recent budget fluctuations relating to system changes and reorganization after the loss of key clinical players. SOASTC has also worked to improve relationships with community members and agencies.
8. SOASTC recognizes family representation on advisory councils as important and as a natural part of program development. When the integration is lacking, they notice it and attend to it.
9. Community partners report that SOASTC is a transparent agency, a team player, is creative, and offers community trainings. They are flexible to grow and change to meet system challenges.
10. Families report that they feel respected, integrated in their child's treatment planning, and are kept informed about both challenges and successes of the child.
11. Body Mass Indexes, health vitals, and labs are well monitored and documented.
12. The Initial Plans of Care are strengths-based, well written with many domains, and timely.

13. Each child has a behavior management plan that is reviewed regularly. The behavior management plan is included in the discharge summaries as well.
14. Service coordination plans for Intensive Community-Based Treatment and Support Services cases are complete.

Required Actions.

1. 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.

(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 309-032-1170 Child and Family Rights

(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 #1: SOASTC's written policies and procedures for accepting, processing, or responding to oral complaints are incomplete. The policies and procedures are missing timelines for processing a complaint, processing an expedited complaint, and notification of the appeals process. Children in the program do not have a way to file a written complaint without having to go through the staff for a form.

Required Action #1: SOASTC shall provide OMHAS with a revised Formal Complaint policy that meets the rule. SOASTC 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. 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: December 6, 2006**

2. 309-032-1130 General Treatment Requirements

(3) Assessment.

(b) A comprehensive mental health assessment shall be conducted by the provider's interdisciplinary team and be completed within 30 treatment days after admission.

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

(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 #2: The Comprehensive Mental Health Assessments reviewed in the clinical records were missing the mental status exam.

Required Action #2: SOASTC shall provide OMHAS with evidence that the Comprehensive Mental Health Assessments include all domains outlined in the OAR. **Due Date: December 6, 2006**

Recommendations.

Recommendation #1: The review team observed that at times, focus and documentation of the program's child psychiatrist was observed to be different

than what therapists, care plans, and milieu counselors were focusing on. The child psychiatrist member of the review team documented his concern about the “presence of some unusual diagnoses” and in further review, the reviewers found that the treatment team members differed in how to address symptoms of those diagnosis. It is recommended that SOASTC review clinical records for this pattern observed by the review team, including a review of diagnoses and the processes used to support diagnosis.

Summary.

The Southern Oregon Adolescent Study and Treatment 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 2 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 SOASTC as a provider of Assessment and Evaluation, Residential Psychiatric Treatment, and treatment foster care in a Substitute Care Setting is contingent upon completion and proven compliance of the corrective action requirements described in this report.

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