Department of Human Services
Health Services
Office of Mental Health and Addiction Services
Trillium Family Services
Children's Farm Home
Site Review Report
February 21, 23, & 24, 2006

Background

The Department of Human Services, Office of Mental Health and Addiction Services (OMHAS) conducted a site review of Trillium Family Service's Children's Farm Home (CFH). 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 and Adolescent Mental Health Program Specialist, OMHAS
- Tracey Robichaud, MS, MHO Quality Improvement Coordinator, OMHAS
- Judy Rinkin, Family Partnership Specialist, OMHAS
- Dave Ziegler, Ph.D., Peer Reviewer, Children's Array of Psychiatric Programs
- Frank Kennedy, LPC, Peer Reviewer, Children's Array of Psychiatric Programs
- Michelle Robertson, MA, Peer Reviewer, Children's Array of Psychiatric Programs
- Robert McKelvey, 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.

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 Children's Farm Home included a review of clinical records, program policies, and documents. The review team interviewed Children's Farm Home administrative and treatment staff, community representatives, and family representatives. The review team also observed treatment review meetings, and classroom and milieu activities.

The review team identified 6 areas of non-compliance with applicable OARs requiring corrective action, and 3 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. CFH has formalized communication systems set up to facilitate information flow to and from the cottages, administration, and the clinical leaders.

2. CFH has evidence of collaboration between the school staff and the cottage staff. The cottage staff work as coaches in the classrooms and add consistency between the school and the cottage.

3. CFH measures many indicators and can quickly aggregate them or break them down into specifics, allowing for focused quality improvement

activities. Data is constantly gathered, is timely, and is available to all employees. The collected data is turned into information, leading to Quality Improvement activities.

4. Trillium Family Services created an alternative long-term care placement for the adolescents who previously would be placed at the Oregon State Hospital. Since the Secure Adolescent Inpatient Program (SAIP) opened in March 2005, 26% of the youths were admitted with a psychotic disorder diagnosis. For the 23 youths that were discharged in 2005, the average length of stay was 97-days. (OMPRO Annual Report, 2005)

5. The SAIP has a lead Registered Nurse who is a QMHP, and who directly supervises the nurses on the SAIP team. The nurses meet with Dr. Smith daily, provide "1st dose response" and other clinical monitoring on the TIER computerized clinical record system. Nurses follow standard protocols for ordering lab work prior to or in conjunction with medications.

6. CFH demonstrates gender responsiveness by sustaining a girls-only program steeped in the use of Dialectical Behavioral Therapy under the direction of Dr. Smith. This strength also demonstrates a commitment to the use of evidence-based practices.

7. Trillium Family Services hired Margaret Pucket, Family Partner, who is establishing a family program with the goal of integrating families in both treatment and program design. She has outlined and organized steps on how staff members will be educated, and families will be supported in this area.

8. The CFH campus is well maintained and there are visual efforts to make the campus comfortable for children and families.

9. The staff members at the CFH obviously work hard and maintain a youthful and energetic attitude towards intensive childcare work.

10. Psychiatric assessments and psychiatric progress notes are well done. Clinical decisions are clearly documented. The psychiatrists are approachable and available to all staff and are integrated into the whole organization.

11. By administrative report, CFH programs are moving away from level and point systems and are engaging in coaching and strength-based treatment models.

Required Actions

1. **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.
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:
(14) Demonstrate education service integration in all phases of assessment, treatment planning, active treatment, and discharge planning by documentation in the clinical record;

Finding #1: By report, clinical record review, and OMPRO data, members of the school staff are not attending the Individual Plan of Care meetings about 80% of the time (A&E, SAIP, & PRTS). The educational treatment coordination is not documented in the TIER, nor was it located in the "hard charts."

Required Action #1: Trillium Family Services shall provide OMHAS with evidence that education coordination is occurring and is documented in the child's clinical record. **Due date: July 24, 2006**

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

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

309-032-1190 Special Treatment Procedures

(6) General Conditions of Manual Restraint and Seclusion.
(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;
(B) Seclusion:
(i) Each episode of seclusion shall be authorized immediately after initiation of the episode in the child's clinical record by the psychiatrist. A general order for the use of seclusion is not sufficient. The psychiatrist may delegate the authority to authorize seclusion to QMHP staff who have satisfactorily completed a Division-approved crisis intervention training program;

Finding #2: By report, Registered Nurses who do not hold a Bachelor’s degree or higher, are ordering restraints and seclusions. Registered Nurses, who hold less than a bachelor’s degree, even if they are licensed in the State of Oregon, are not recognized as Qualified Mental Health Professionals (QMHPs) and therefore, cannot order restraints or seclusions.

Required Action #2: Trillium Family Services shall provide OMHAS with a current list of all staff members who are authorized to order, monitor, and evaluate the use of personal restraint and seclusion on the CFH campus. The list shall include the names of the authorized employees, their degree, and shall specify either their QMHP license or Children’s Emergency Safety Intervention Specialist

license. Trillium Family Services shall provide OMHAS with evidence that non-QMHP staff members are not authorized to order the use of personal restraints or seclusions. **Due date: July 24, 2006**

3. **309-032-1130 General Treatment Requirements**

(2) Prior to admission for planned admissions or within 14 days following an emergency admission, providers shall determine that a child is eligible for intensive treatment services. Admissions shall be based on the provider's clinical review of the child's functioning, of the severity and acuity of the child's psychiatric symptoms, and of documentation of the following:
(a) A completed five-axis diagnosis current within 60 days of the admission date;
(b) Pertinent biological, psychological and sociocultural factors influencing the child's development and functioning;
(c) The acuity and severity of the child's psychiatric symptoms as scored on measures established by the Division;
(d) The child's functioning as scored on measures established by the Division; and
(e) Attempts to effectively treat the child in a less restrictive level of care.

309-032-1150 System of Care

(6) Residential Psychiatric Treatment Program.
(a) Admission:
(A) A psychiatric or psychological evaluation including a completed 5-axis diagnosis current within 60 days of the application date. The child shall have a primary diagnosis on Axis I of a completed 5-Axis DSM diagnosis. The referral information shall have been reviewed by an independent psychiatric review process established by the Division to certify the need for services based on the following criteria:
(B) Ambulatory resources available in the community do not meet the child's treatment needs;
(C) Proper treatment of the child's psychiatric condition requires services on a 24-hour intensive treatment basis under the direction of a psychiatrist;
(D) The services can reasonably be expected to improve the child's condition or prevent further regression so that the current level of care is no longer necessary;
(E) Providers shall accept an emergency admission only under unusual and extreme circumstances. Emergency admissions shall be retrospectively reviewed by the Division or its designated external review organization.

Finding #3: By OMPRO report, CFH did not have an approved Certificate of Need for 11 admissions (10%) to their residential psychiatric treatment programs (Mallet, FE, Hawthorne, Northpoint) in 2005.

Required Action # 3: Trillium Family Services shall provide OMHAS with evidence that the admission policy and procedures meet the OAR and that the Quality Management Plan includes an indicator to monitor adherence to the policy. **Due date: July 24, 2006**

4. **OAR 309-032-1110 Definitions** As used in these rules:
(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.
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:
(8) Maintain reportable incident files including:
(b) Reportable incident information documenting the date of the incident, the persons involved, the quality and performance actions taken to initiate investigation of the incident, and correct any identified deficiencies.

Finding #4: CFH does not maintain a "reportable incident" file with information about admitted children who are believed to have been abused, endangered, or significantly harmed while in the program. CFH is able to easily produce a log outlined in OAR 309-032-1120(8)(a) which includes child abuse reports made to law enforcement or child protective services.

Required Action #4: Trillium Family Services shall provide OMHAS with evidence that a Reportable Incident file is maintained. **Due date: July 24, 2006**

5. **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.

309-032-1130 General Treatment Requirements

(3) Assessment.

(a) On admission the child shall have an initial plan of care based on a mental health assessment completed by a QMHP.

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

Finding Action #5: The Comprehensive Mental Health Assessments are organized in pieces in the TIER computerized clinical records system. Separate members of the multi-disciplinary team complete the pieces, or domains. It does not appear, however, that the assessments are then pieced together by a QMHP.

Required Action #5: Trillium Family Services shall provide OMHAS with evidence that the Comprehensive Mental Health Assessments are completed by a QMHP. **Due date: July 24, 2006**

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

(28) "Discharge instructions" means a brief document which transmits information about the child's ongoing care and treatment needs. Discharge instructions include current medication and medical information, diagnosis and current treatment intervention strategies to manage the child prior to receiving a discharge summary. Discharge instructions shall be part of the information given to the parent or guardian upon or prior to discharge.

(29) "Discharge summary" means written documentation of the last service contact with the child; the diagnosis at admission; and a summary statement that describes the effectiveness of treatment modalities and progress, or lack of progress, toward treatment objectives while in service. The discharge summary also includes the reason for discharge, changes in diagnosis during treatment, current level of functioning and prognosis and recommendations for further treatment.

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:

(14) Demonstrate education service integration in all phases of assessment, treatment planning, active treatment, and discharge planning by documentation in the clinical record;

309-032-1130 General Treatment Requirements

(4) Active Treatment and Individual Plans of Care.
(a) Providers shall fully inform the child in developmentally appropriate language and obtain informed consent from the child's parent(s) or guardian about the proposed care and shall document in the child's clinical record that the following information has been reviewed, discussed, and agreed to by the participants:
(A) Active treatment and other interventions to be undertaken;
(B) Alternative treatments or interventions available, if any;
(C) Projected time to complete the treatment process;
(D) Indicators by which progress will be measured;
(E) Benefits which can reasonably be expected;
(F) Risks of treatment, if any;
(G) Prognosis for treatment; and
(H) Discharge plan.
(b) The individual plan of care shall clinically support the level of care to be provided and shall:
(E) Include a discharge plan to ensure continuity of care with the child's family, school, and community upon discharge; and
(6) Discharge Planning and Coordination.
(b) Providers shall give written discharge instructions to the child's parent(s) or guardian, or the provider of the next level of care on the date of discharge.

Finding #6: Reviewers were unable to locate the discharge instructions that are to be given to the discharge placement resource on the day of discharge. Reviewers were unable to locate recommendations in the discharge summary. Reviewers were unable to locate the documentation that the child's prognosis for treatment, indicators by which progress will be measured, and the discharge plan has been reviewed, discussed, and agreed to by the child and their parents or guardian.

Required Action #6: Trillium Family Services shall provide OMHAS with evidence that the all the standards of discharge planning and coordination are documented in the clinical records. **Due date: July 24, 2006**

Recommendations

Recommendation # 1: CFH staff members are receiving conflicting messages about the use of prone physical restraint positions. Philosophically, CFH has reported that they would like to eliminate their use of prone restraints and therefore, minimize its training. However, staff are opting to use prone physical

restraints when other manual restraint positions fail them. It is recommended that CFH explore alternative manual hold positions for staff members to use to replace the prone hold.

Recommendation #2: The TIER computerized clinical records system performs as a good data collection tool. However, it remains difficult to ascertain if the computerized system holds the documentation required by OARs or other regulations. This is a repeat concern for Trillium Family Services. As one reviewer stated, "Tier appears to put more emphasis on 'filling in the blank'." It is recommended that Trillium Family Services continue the plan to improve the clinical record system that allows the data to be synthesized into information that is accessible.

Recommendation #3: The Governing Board of Trustees for Trillium Family Services does not have a standardized method of evaluating the president, Kim Scott. OAR 309-32-1140(4)(e) states that the personnel files need to include an annual appraisal. Since Mr. Scott's personnel file is not located at the Children's Farm Home campus, but is located in Portland, it was not reviewed at this site-review. However, by report, a discussion by the Board and Mr. Scott occurs in place of a documented and standardized appraisal. Trillium Family Services is required to maintain Mr. Scott's documented appraisal in his personnel file and it is recommended that the appraisal be a standardized format.

Summary.

The Children's Farm Home 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 6 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 Children's Farm Home is contingent upon completion and proven compliance of the corrective action requirements described in this report.

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