

Department of Human Services
Addictions and Mental Health Division
Hand in Hand Early Childhood Programs
Morrison Child and Family Services
Site Review Report
April 17 & 18, 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 Hand in Hand Early Childhood Program 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
- Kathy Seubert, children's mental health specialist, AMH
- Ray Burleigh, 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 psychiatric day treatment at the Hand in Hand Early Childhood Program included a review of clinical records, program policies, and documents. The review team interviewed Hand in Hand Early Childhood administrative and treatment staff, community representatives, a board member, 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. Hand in Hand Early Childhood Programs improved their Family Plans of Care to model the Family Support Plans, which has the domains used in Wraparound services. These plans aim to reflect the concerns of the family from the family's point of view.
2. Hand in Hand Early Childhood Programs partners with Albertina Kerr to share a Family Involvement Coordinator.
3. The child development therapists provide behavioral skill building with the families and children enrolled with the day treatment services. At times these skills training services are provided in the child's home.
4. The 2007 annual quality improvement report for Morrison Child and Family Services, clearly documents the ITS and Intensive Community-Based Treatment and Support Services quality indicators for the Hand in Hand Early Childhood Programs.
5. Reviewers observed family members being involved in the plan of care meetings. The meetings were thorough and inclusive of the team.
6. The staffing ratio and the constant attention to the children is excellent. The staff members are united, energetic, engaging, and versed in early childhood development. Teachers, child development therapists, family therapists, and specialists seamlessly coordinate child-care and treatment.
7. The front office is comfortable for families and offers community information, including information for people needing language interpretation.

8. The two classrooms offer plenty of activities and separated spaces. The children appeared comfortable and engaging. There is an outside garden and play area.
9. The program's consulting psychiatrist, Dr. Sack, meets with the Hand in Hand Early Childhood Program team on Mondays. This meeting allows staff access to Dr. Sack and to further discuss the children.

Required Actions.

1. OAR 309-032-1210 Formal Complaint

(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 Hand in Hand Early Childhood Programs shall provide AMH with evidence that the complaint log includes the complaint resolution and the date of the resolution. **Due Date: August 5, 2008**

Recommendation #1: It is recommended that the Hand in Hand Early Childhood Programs review and revise the form and policy that is used for filing a complaint. An incorrect phone number is listed for AMH in the policy and the form implies that the complaint must be written to initiate the complaint resolution process.

2. OAR 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:

(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

Finding #2: Hand in Hand Early Childhood Programs does not use a crisis intervention program that is approved by AMH. The Behavior Management policy does not adequately explain how the staff members are trained to manage aggressive or assaultive behavior.

Required Action #2: Hand in Hand Early Childhood Programs shall provide AMH with evidence that their crisis intervention methods are approved by AMH. At least one of the three methods that are currently approved by AMH has the capacity to tailor training and interventions to accommodate the younger and smaller children served in Hand in Hand Early Childhood Programs. **Due Date: August 5, 2008**

3. OAR 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.

Finding #3: The Special Treatment Procedure Committee member who is responsible for staff training in crisis intervention procedures is not identified.

Required Action #3: Hand in Hand Early Childhood Programs shall provide AMH with evidence that the Special Treatment Procedures Committee has a

member who is responsible for staff training in crisis intervention procedures. **Due Date: August 5, 2008**

4. OAR 309-032-1190 Special Treatment Procedures

(6) General Conditions of Manual Restraint and Seclusion.

(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;

(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.

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Finding #4: When a manual restraint does occur, the documentation does not indicate that an individual with clinical leadership responsibilities is reviewing the manual restraint documentation prior to the end of the shift. The assessment of any injuries is also not consistently documented with each special treatment procedure.

Required Action #4: Hand in Hand Early Childhood Programs shall provide AMH with evidence that a staff member with clinical leadership responsibilities is reviewing the manual restraint documentation and that injuries are assessed and being documented. **Due Date: August 5, 2008**

Recommendations.

OAR 309-032-1110 Definitions

(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.

(54) "Mental health assessment" means the written documentation by a QMHP of the child's presenting mental health problem(s) and relevant child and family history, mental status examination and DSM 5-axis diagnosis or provisional diagnosis.

Recommendation # 2: Hand in Hand Early Childhood Programs provides outpatient services to children as a sub-contractor to Community Mental Health Programs. At times, an outpatient child is referred to and approved for their ITS psychiatric day treatment services. In these cases, reviewers were not able to determine if the child's Individual Plans of Care, which are due 14-days after admission, is based on a completed mental health assessment. It is recommended that Hand in Hand Early Childhood Programs create a protocol for those children who are transitioning from their outpatient program into ITS, ICTS, or both.

Summary.

The Morrison Child and Family Services, Hand in Hand Early Childhood Programs, 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 Hand in Hand Early Childhood Programs is contingent upon completion and proven compliance of the corrective action requirements described in this report.