

Department of Human Services  
Health Services  
Addictions and Mental Health Division  
Jasper Mountain and SAFE Center  
Site Review Report  
March 3, 4, & 5, 2008

**Background.**

The Addictions and Mental Health Division (AMH) of the Department of Human Services conducted a site review of the Jasper Mountain and the SAFE Center. The AMH site review was conducted as authorized by Oregon Revised Statute 430.640 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
- Kathleen Burns, children's mental health specialist, AMH
- Rita McMillan, children's mental health specialist, AMH
- Bill Bouska, children's treatment system manager, AMH
- Philip Blea, peer reviewer, Children's Array of Psychiatric Programs
- Darcy Martin, MD, child psychiatrist consultant to AMH

**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 Jasper Mountain and SAFE Center included a review of clinical records, program policies, and documents. The review team interviewed Jasper Mountain and SAFE Center 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 three areas of non-compliance with applicable OARs requiring corrective action and one area with a 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 Jasper Mountain and SAFE Center ascribe to a holistic view of the children receiving treatment. For example, Jasper Mountain and SAFE Center staff members attend to the child's physical health including nutrition, physical exercise, and relaxation.
2. The Individualized Plans of Care are descriptive with specific behaviors and measurable goals. The Plans are comprehensive and are monitored regularly.
3. The Board of Directors is observed as being very dedicated, caring, and engaged in the programs that Jasper Mountain offers. The Board meets monthly and is focused on the operations of every program.
4. The clinical records are complete.
5. Each child has a behavior management plan and thorough assessments that are tied into the Individualized Plans of Care. The progress notes match the treatment goals in the Individualized Plans of Care.
6. Activities and play are age-appropriate and the staff members are engaging with the children. There are play and activity areas outdoors and indoors at both the programs.

7. Jasper Mountain and the SAFE Center employ the services of a family advocate who helps families keep connected with the center. The family advocate is available to families to call anytime and helps the program conduct the family satisfaction surveys.
8. The teaching staff and the program staff are engaging with one another and the children in school. School and program staff members participate in on going shadowing and coaching creating a uniform purpose and shared vision of the treatment work they are doing.

### **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:*

*(a) Have written procedures for accepting, processing and responding to oral or written formal complaints. The written procedures must include:*

*(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.*

Finding #1: The written procedures for accepting, processing, and responding to a complaint do not include timelines for processing an oral or written complaint or a notification of the appeals process.

Required Action #1: Jasper Mountain and SAFE Center shall provide AMH with evidence that the written procedures for accepting, processing, and responding to a complaint meet the rule. **Due Date: July 28, 2008**

#### **2. 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.*

Finding #2: The complaint log doesn't identify the complaint resolution or the date of resolution.

Required Action #2: Jasper Mountain and SAFE Center shall provide AMH with evidence that how and when a complaint was resolved is documented in the program's complaint log. **Due Date: July 28, 2008**

### **3. OAR 309-032-1100 Purpose and Statutory Authority**

*(1) Purpose. These rules prescribe standards and procedures for intensive mental health treatment services for children within a comprehensive system of care. The goal of these services is to maintain the child in the community in the least restrictive treatment setting appropriate to the acuity of the child's disorder. The system of care shall be child and family-centered and community-based with the needs of the child and family determining the types and mix of services provided. These services may be as intensive, frequent and individualized as is medically appropriate to sustain the child in treatment in the community.*

### **OAR 309-032-1150 System of Care**

*(1) General Requirements. All ITS providers described in this section shall meet the following general requirements:*

*(c) ITS providers shall maintain linkages with primary care physicians, CMHPs and MHOs and the child's parent(s) or guardian to plan for necessary continuing care resources for the child.*

### **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:*

*(6) Demonstrate family involvement and participation in all phases of assessment, treatment planning and the child's treatment by documentation in the clinical record*

### **OAR 309-032-1200 Quality Management**

*(4) The Quality Management Plan shall include:*

*(d) Provisions which require activities to evaluate and recommend improvements as necessary in the following domains:*

*(B) Integration and coordination of services between the provider and other entities associated with the child and family;*

Finding #3: Documentation about a child's continuing care resources was missing in the clinical records. The clinical records do not include documentation about linkages with a child's primary care physician, the Community Mental Health Program, the Child and Family Teams or when applicable, the Mental Health Organizations. The clinical records do not reflect family involvement including foster families. One family member reported that her child was placed on a "black-out" time for three weeks; the family and child were not allowed phone or other contact during that time. The purpose of this intervention was not reflected in the child's Individualized Plan of Care. Of concern is that the program's philosophy of creating the child's "new" Jasper Mountain family can isolate the child's existing resources.

Required Action #3: Jasper Mountain and SAFE Center shall provide AMH with evidence that there are policies and protocols in place that guide staff members to maintain linkages with the child's community resources as outlined in the rule. Jasper Mountain and SAFE Center shall provide AMH with evidence that the policies and protocols about a child and family's access to one another will not be restricted. **Due Date: July 28, 2008**

Recommendation #1: It is recommended that Jasper Mountain employ their Quality Management Process to monitor how the agency integrates and coordinates services with the child's and family's resources.

**Summary.**

The Jasper Mountain and SAFE 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 three areas of non-compliance were identified which require corrective action. The Certificates of Approval issued to Jasper Mountain and the SAFE Center is contingent upon completion and proven compliance of the corrective action requirements described in this report.