

Department of Human Services
Health Services
Office of Mental Health and Addiction Services
Trillium Family Services
Secure Children's Inpatient Program
Site Review Report
December 16, 2005

Background.

The Department of Human Services, Office of Mental Health and Addiction Services (OMHAS) conducted a site review of Trillium Family Service's Secured Children's Inpatient Program (SCIP). 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
- Derek Wehr, LCSW, children's Mental Health Specialist, OMHAS
- Jim McRae, Peer Reviewer, Children's Association of Residential Psychiatric Programs
- Nancy Winters, 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 SCIP included a review of clinical records, program policies, and documents. The review team interviewed SCIP 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 2 areas of non-compliance with applicable OARs requiring corrective action. 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. SCIP data demonstrates that the average length of stay for the children is below 150-days; this remains an improvement over what the children's average lengths of stay were at the Oregon State Hospital.
2. SCIP's policy and practices restrict the use of mechanical or chemical restraints.
3. Trillium Family Service's medical director, Dr. Keith Cheng provides leadership and is well respected in his field. Dr. Jeffery provides extensive and complete documentation, is thoughtful in his approach, and provides trainings and support in weekly staff meetings.
4. Admissions for SCIP are collaborative with OMHAS and goes through internal screening before going through the community coordination committee so that the appropriate children are being considered.
5. Trillium Family Services has been very flexible in their response to the Children's System Change Initiative, even while undergoing significant leadership and staffing changes.

6. SCIP holds weekly discharge/disposition meetings with the interdisciplinary team to discuss what community services need to be in place.

Required Actions.

1. 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 309-032-1110 Definitions As used in these rules:

(33) "Family" means the parent(s), legal guardian, siblings, grandparents, spouse and other primary relations of the child whether by blood, adoption, legal or social relationship.

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;

(19) Develop policies and procedures for orientation of the incoming child and family that consider pre-admission orientation times convenient for the family and that facilitate adequate staff program and child and family preparation prior to admission.

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.

Finding #1: There continues to be a lack of documentation that the treatment children are receiving at SCIP is family oriented and family-driven. The clinical records do not hold documentation that the families and the program staff are collaborating to get the children ready for a less restrictive, possibly community-based placement. Strengths of the family were not evident in the documentation.

Required Action #1: Trillium Family Services shall provide OMHAS with evidence that family integration is occurring in all phases of a child's treatment. Trillium Family Services shall provide OMHAS with evidence that staff members are being trained to work in a system of care that is child and family-centered. **Due Date: April 20, 2006**

Note: This is a related finding from the 2003 and 2004 site reviews.

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

(20) *"Continued stay criteria" means the diagnostic, behavioral and functional indicators documented in the child's plan of care by the interdisciplinary team to provide the clinical rationale for a child to remain in an intensive mental health treatment service.*

OAR 309-032-1130 General Treatment Requirements

(4) *Active Treatment and Individual Plans of Care. (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;*

(6) *Discharge Planning and Coordination.*

(a) *Providers shall establish written policies and practices for identifying, planning and coordinating discharge to after-care resources. At a minimum, the provider's interdisciplinary team shall:*

(A) *Integrate discharge planning into ongoing treatment planning and documentation from the time of admission, and specify the discharge criteria that will indicate resolution of the symptoms and behaviors that justified the admission;*

(B) *Review and, if needed, modify the discharge plan every 30 days;*

(C) *Include the parent, guardian and provider to which the child will be discharged in discharge planning and reflect their needs and desires to the extent clinically indicated;*

(D) *Finalize the discharge plan prior to discharge and identify in the plan the continuum of services and the type and frequency of follow-up contacts*

recommended by the provider to assist in the child's successful transition to the next appropriate level of care; and

(E) Assure that appropriate medical care and medication management will be provided to clients who leave through a planned discharge. The discharging provider's interdisciplinary team shall identify the medical personnel who will provide continuing care and shall also arrange an initial appointment with that provider.

(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.

(c) Providers shall notify the child's parent(s) or guardian and the provider to which the child will be discharged of the anticipated discharge dates at the time of admission and when the discharge plan is changed.

Finding #2: The rationale for discharge was not indicated clearly in the clinical records. Information that was lacking included what worked and what didn't work for the child and his/her family, recommended services, where s/he was going to and why, and the rationale for the recommended course of treatment.

Required Action #2: Trillium Family Services shall provide OMHAS with evidence that the discharge planning and coordination to a child's after-care resource is documented in the clinical records. **Due Date: April 20, 2006**

Note: This is a repeat finding from the 2004 site review.

Summary.

Trillium Family Service's Secured Children's Inpatient Program 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 SCIP is contingent upon completion and proven compliance of the corrective action requirements described in this report.