

Department of Human Services
Health Services
Office of Mental Health and Addiction Services
Pendleton Academies
Site Review Report
June 21, 22, & 23, 2006

Background.

The Department of Human Services, Office of Mental Health and Addiction Services (OMHAS) conducted a site review of the Pendleton Academies. 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
- Hazel Barrett, 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 Pendleton Academies included a review of clinical records, program policies, and documents. The review team interviewed Pendleton Academies' 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 6 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. The overall approach to treating and supporting the children is built around what the child needs to succeed. Everyone who works with the children appear to have a “what does this child need” approach.
2. The medical and medication histories of the children are thorough; some children had exceptional nutritional charts with food and drug reaction indicators. The nurse tracks vitals and body-mass indexes on the children when ordered by the doctors.
3. The Comprehensive Mental Health Assessments and Discharge Summaries are thorough, on time, complete, and very informative
4. Clinical and psychiatric oversight and assessments are excellent and timely. Excellent psychiatric and psychological notes were observed.
5. The facility is well maintained and there is a good amount of indoor and outdoor space for the children and staff.
6. The proctor families are committed. The program maintains enough families to allow for children to move if needed. The proctor model is unique in the state and appears to promote a shorter length of stay while offering children a family-like setting in which to work on treatment.

7. The Native American component of Pendleton Academies includes prayer group and focuses on the well being of the child.
8. Pendleton Academies has a Quality Management process that ensures that quality improvement occurs. In addition to using quality assurance indicators, all staff can access the committee to identify where quality improvement is needed.
9. Pendleton Academies is increasing the involvement of families with a new partnership with the Oregon Family Support Network.
10. The children are encouraged to be involved in their treatment planning meetings.
11. The children love the Equine Assistance Program and the staff members are proud of the program that offers lessons in empathy, socialization, and trust.

Required Actions.

1. OAR 309-032-1140 General Staffing and Personnel Requirements

- (4) Providers shall maintain a personnel file for each employee, that contains:*
- (e) Annual performance appraisals;*
- (f) Annual staff development and training activities;*

OAR 309-032-1120 General Conditions of Participation for Children's Intensive Mental Health Treatment Services Providers

- (15) Maintain policies and procedures to ensure the safety and emergency needs of children, families, staff and visitors including:*
- (a) First aid and cardiopulmonary resuscitation training for staff who are assigned to provide direct service to children;*

Finding #1: Personnel files were incomplete. For example, several personnel files lacked evidence that first aid and CPR training and annual crisis intervention training is occurring or up to date. Files were also missing updated evaluations. Some evaluations might have been updated, but this was indiscernible because the evaluations were not dated. To add to the confusion, some staff members had three separate personnel files, located in two separate locations.

Required Action #1: Pendleton Academies shall provide OMHAS with evidence that the personnel files have been audited and that the incomplete personnel files have been corrected. The evidence shall include the list of incomplete personnel files and the date that the discrepancies were corrected or will be corrected. Include the date of the first-aid class and certification expiration, the date of their CPR class and certification expiration, the date of their last crisis intervention training, and the date of their last performance appraisal. Pendleton Academies shall provide OMHAS with evidence that any expired standards have a scheduled date for completion. Pendleton Academies shall provide OMHAS with evidence that the personnel files are monitored through the quality management system for compliance. **Due Date: October 30, 2006**

2. OAR 309-032-1200 Quality Management

(5) The provider shall have a Quality Management Committee that meets at least quarterly. The Quality Management Committee shall be composed of:

(d) A representative of external agencies.

(7) The Quality Management process is conducted with input from children, families, and community stakeholders.

Finding #2: The Quality Management process is conducted without the input from community stakeholders and without the participation of a psychiatrist.

Required Action #2: Pendleton Academies shall provide OMHAS with a member list of the committee responsible for the quality management process and shall provide evidence that community stakeholders, representatives of external agencies, and a psychiatrist are involved in the quality management process. **Due Date: October 30, 2006**

3. 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:

(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 #3: The complaint log was found to be incomplete. The log was missing complaints from last year, including those that OMHAS were involved in. This same concern was listed in a letter from OMHAS dated August 1, 2005 and in the March 13 & 14, 2003 site review.

Required Action #3: Pendleton Academies shall provide OMHAS with evidence that the complaint log will include all complaints. As discussed, specific information about the complaints, especially to assure confidentiality for children, families, and staff members, does not need to be included in the log. **Due Date: October 30, 2006**

4. OAR 309-032-1160 Establishing and Maintaining Clinical Records

(10) The child has the right to confidentiality when referenced in another child's clinical record.

Finding #4: E-mailed “scoops,” which are shift-to-shift updates, have the names of other children and their treatment information and were found in clinical files. The names were restricted to first names and a last name initial, however, since these records can be offered to outside entities, a child’s right to confidentiality is not well ensured.

Required Action #4: Pendleton Academies shall provide OMHAS with evidence that a child’s right to confidentiality when referenced in another child’s clinical record is maintained. Pendleton Academies shall provide OMHAS with evidence that the quality management process is monitoring clinical records for requirements. **Due Date: October 30, 2006**

5. OAR 309-032-1190 Special Treatment Procedures

(1) Providers shall have policies and procedures and a quality management system to:

(a) Monitor the use of special treatment procedures to assure that children are safeguarded and their rights are always protected;

(B) Seclusion:

(iii) Visual monitoring of a child in seclusion shall occur and be documented at least every fifteen minutes or more often as clinically indicated;

(iv) The child's right to retain personal possessions and personal articles of clothing may be suspended during a seclusion only when necessary to ensure the

safety of the child or others. Articles that a child might use to inflict self-injury must be removed;

(8) Structural and physical requirements for seclusion. Any facility or program in which the use of seclusion occurs shall be certified by the Division for this purpose.

(c) The room shall contain no protruding, exposed, or sharp objects;

42CFR483.352 Definitions

Seclusion means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

42CFR483.364 Monitoring of the resident in and immediately after seclusion

(a) Clinical staff, trained in the use of emergency safety interventions, must be physically present in or immediately outside the seclusion room, continually assessing, monitoring, and evaluating the physical and psychological well-being of the resident in seclusion. Video monitoring does not meet this requirement.

Finding #5: The seclusion room doors have hinges on the inside creating a possible safety hazard. The risk for harm may be decreased since children are constantly supervised while in these rooms, however the hinges pose an exposed hazard.

Required Action #5: Pendleton Academies shall provide OMHAS with evidence that the seclusion room meets the physical requirements and contain no exposed hazards. **Due Date: October 30, 2006**

6. 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 309-032-1120 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 309-032-1130 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:

(C) State treatment goals and measurable and observable objectives;

(D) Prescribe an integrated program of therapies, activities, interventions and experiences designed to meet the goals;

(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;

Finding #6: Family involvement in the treatment planning and in the provision of treatment is not evident in the clinical records. Treatment modalities were rarely noted in the Individualized Plans of Care. For example, therapy, skills training, or interventions involving families, were not mentioned although children were receiving these interventions. Family therapy was rarely mentioned as a treatment modality in the Individual Plans of Care. The Individualized Plans of Care have a domain for discharge planning, however, the planning reads more like discharge criteria, that is, what the child needs to look like before discharge. The criterion listed in this section is not changed from month to month although in other sections of the child's clinical record, there are indications that the discharge planning has changed.

Required Action #6: Pendleton Academies shall provide OMHAS with evidence that the IPOCs include treatment modalities. Pendleton Academies shall provide OMHAS with evidence that families, when clinically appropriate, are involved in the treatment planning and provision of treatment. Pendleton Academies shall provide OMHAS with evidence that the IPOCs include discharge planning and updates on the discharge plans. Pendleton Academies shall provide OMHAS with

three samples of Individual Plans of Care by three different QMHPs. **Due Date: October 30, 2006**

Summary.

Pendleton Academies 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 Pendleton Academies is contingent upon completion and proven compliance of the corrective action requirements described in this report.

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