

Department of Human Services
Addictions and Mental Health Division
ChristieCare
Site Review Report
August 7 & 8, 2006

Background.

The Addictions and Mental Health Division (AMH) of the Department of Human Services conducted a site review of ChristieCare. In addition to the regularly scheduled site review for the Residential Psychiatric Treatment and the Assessment and Evaluation programs on the Christie School's Marylhurst campus, ChristieCare requested that AMH review the Christie School's Marylhurst campus for certification to provide Sub-Acute Psychiatric Care, the Christie Family Services in Lincoln City for treatment foster care in a Substitute Care Setting, and the Clackamas River Site for Residential Psychiatric Treatment and Assessment & Evaluation programs. AMH also reviewed ChristieCare for continued certification as a provider of Intensive Community-Based Treatment and Support Services (ICTS). 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
- Tracey Robichaud, MS, Mental Health Organization Quality Improvement Coordinator, AMH
- Rita McMillan, LCSW, Children's Mental Health Specialist, AMH
- Kathleen Burns, MS, Children's Mental Health Specialist, AMH
- Sandy McSkimming, 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.

OAR 309-032-1240 through 309-032-1305, “Standards for Children’s Intensive Community-Based Treatment and Support Services.” Effective date July 1, 2005.

Findings.

The review of ChristieCare included a review of clinical records, program policies, and documents. The review team interviewed ChristieCare 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 six areas of non-compliance with applicable OARs requiring corrective action and one 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. Family members report that staff members at all levels are accessible and helpful; questions are answered and calls are returned. Therapists and families voice that families are involved in treatment and discharge planning. The direct-care staff members report that families are welcome to visit at any time.

2. The electronic clinical record (TIER) is easy to use for staff and reviewers; it is manageable to navigate and gives a good clinical picture of the children being served here. The medical documentation is also maintained on the TIER system allowing for efficient review of a child's medical record.
3. The Quality Management process, including the health and safety subcommittee, involves direct care staff. The system provides avenues for teachers and counselors to address working conditions directly.
4. A full group and recreational activity schedule was observed at the Clark cottage. Staff members were engaged with the children.
5. The "re-education" philosophy and framework is visible; the board of directors and family members mentioned it and embraced the practice.
6. The leadership at ChristieCare is actively involved in statewide activities relating to the children's mental health system.
7. Community partners experience excellent access to ChristieCare services.
8. The psychiatric documentation was clear and the assessments are excellent and timely. Excellent psychiatric and psychological notes were observed.
9. The nursing staff at ChristieCare complete health assessments within 24 hours of a child's admission, manage medication administration records, manage lab orders and vital signs, and provide necessary communication between the psychiatrists, other medically trained staff, program staff, and families.
10. ChristieCare is a growing agency looking to expand to include a fuller range of services and service intensities. ChristieCare reaches out to other agencies to assist them in their vision of providing continuity in support and treatment to children and families in the least restrictive manner.

Required Actions.

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

(3) Providers shall assure through documentation in personnel files that all supervisory and clinical staff meet all applicable professional licensing and/or certification, and QMHP or QMHA competencies.

(4) Providers shall maintain a personnel file for each employee, that contains:

(d) Documentation and copies of relevant licensure and/or certification that the employee meets applicable professional standards;

(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;

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 #1: Personnel files reviewed were incomplete. Most files were missing job descriptions. Current annual staff development and training activities were not found in the personnel files for two employees.

Required Action #1: ChristieCare shall provide AMH with evidence that any expired standards have been completed or have a scheduled date for completion. ChristieCare shall provide AMH with evidence that the personnel files are monitored through the quality management system for compliance. **Due Date: January 29, 2007.**

2. 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.

309-032-1200 Quality Management

Providers shall have a planned, systematic and ongoing process for monitoring, evaluating and improving the quality and appropriateness of services provided to children and families. The Quality Management system shall include a Quality Management Committee and a Quality Management Plan which together implement a continuous cycle of assessment and improvement of clinical outcomes based on measurement and input from service providers and representatives of the children and families served.

(4) The Quality Management Plan shall include:

(e) The requirements that the following review activities are conducted and integrated into the overall Quality Management process:

(B) Review of grievances, formal complaints, incidents or accidents;

Finding #2: By report, complaints and grievances are usually handled by the Executive Director without tracking, trending, or monitoring them. Reviewing grievances and formal complaints by rule must be a part of the quality management process. The quality improvement committee reported that the committee does not review cumulative outcomes or trends of complaints.

Required Action # 2: ChristieCare shall provide AMH with evidence that a staff person is designated to coordinate formal complaint information and enter formal complaint information into a log. ChristieCare shall provide AMH with evidence that reviewing grievances and formal complaints is integrated into the quality management process. **Due Date: January 29, 2007.**

3. OAR 309-032-1190 Special Treatment Procedures

(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. A provider seeking this certification under these rules shall have available at least one room that meets the following specifications and requirements:

(b) The door must open outward and contain a port of shatterproof glass or plastic through which the entire room may be viewed from outside;

Finding #3: Two seclusion rooms located in the Babson cottage (Marylhurst campus), have doors that open inward. The seclusion room door at the Clackamas River campus does not contain a port of shatterproof glass or plastic and remains an uncertified seclusion room.

Required Action #3: Babson cottage is one of the cottages undergoing renovations on the ChristieCare's Marylhurst campus. The residential cottages at the Clackamas River campus are also being renovated. ChristieCare shall provide AMH with a written update of the status of the two seclusion rooms in the Babson cottage and the seclusion room at the Clackamas River campus. **Due Date: January 29, 2007.**

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

(16) "Comprehensive mental health assessment" means the written documentation by a QMHP [Quality Mental Health Professional] 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.

Finding #4: The reviewers found that not all of the domains in the Comprehensive Mental Health Assessment were covered. The reviewers noted that the physical, nutrition, school, vocation, recreation, medical, prognosis, and treatment recommendations were not consistently documented as being assessed.

Required Action #4: ChristieCare shall provide AMH with evidence that Quality Mental Health Professionals are assessing and documenting all domains of the Comprehensive Mental Health Assessment. **Due Date: January 29, 2007.**

5. OAR 309-032-1130 General Treatment Requirements

(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;

Finding #5: The reviewers found objectives in the Individual Plans of Care that were not measurable and were not age appropriate.

Required Action #5: ChristieCare shall provide AMH with evidence that objectives in the Individual Plans of Care are measurable, meaningful, and appropriate for the youth they serve. ChristieCare shall provide AMH with evidence that clinical documents are monitored through the quality management process. **Due Date: January 29, 2007.**

Recommended Actions.

Finding #6: The physical and cosmetic state of the cottages on the Marylhurst campus appeared in need. The floors, walls, and windows were dirty, drains in the seclusion rooms and bathroom floors were clogged, and lighting in the hallways was dark. This is a finding that was also noted in the DHS (Children, Adult and Families Division) 2004 site visit re-licensing documentation.

Recommendation # 1: ChristieCare administration provided the review team with a list of projects that will address the state of the current facilities. Funding has been allocated to replace or repair flooring, paint the walls, brighten the lighting, repair or replace doors, and renovate the bathrooms. It is recommended that ChristieCare provide AMH with an update on the status of the repairs and the timeline for completion.

Summary.

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

\STAFF\beatricej\PROGRAMS\Christie\restx review rpt2006.doc