

Department of Human Services  
Addictions and Mental Health Division  
Old Mill Center for Children and Families  
Site Review Report  
April 9 & 10, and May 30, 2007

**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 Old Mill Center for Children and Families 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
- Jean Ingram, Quality Assurance Specialist, AMH
- Diane Nerby, Residential Licensing, AMH
- John Baldi, Peer Reviewer, Oregon Association of Treatment Centers
- Robert McKelvey, MD, Child Psychiatrist, Oregon Health and Science University

**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 Old Mill Center for Children and Families included a review of clinical records, program policies, and documents. The review team interviewed Old Mill Center for Children and Families 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 four 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 Director is actively involved in local activities promoting children's mental health, education, safety, and welfare. The Old Mill Center for Children and Families benefit from strong community integration and fundraising.
2. Family members report that they like the access that they have to the staff by phone and at the center. The families also reported that the staff members support them throughout stages of treatment. It is evident that the program staff members do not just focus on the children, but include the families as well. Documentation in the clinical records demonstrate a high degree of respect for families.
3. The Old Mill Center for Children and Families create an "All About Me" brochure for each child who is transitioning from the center into a new school or classroom setting. These user-friendly brochures have useful and strengths-based information.
4. Each child and family has a communication log that goes between the teacher, staff, and family to communicate daily happenings and goings on.
5. The Old Mill Center for Children and Families is located in a building that provides developmentally appropriate spaces and activities for learning, treatment and play. The outside play area includes play structures, tricycles, and toys.

6. The program has maintained a long-standing relationship with Dr. Leon Harrington. This relationship has provided long-term psychiatric leadership, expertise, and consistency.
7. Staff members appear to like working with the children, are engaging, and are professional. The classroom of children was well supervised and the staffing ratios were appropriate. The combination of education and treatment appears seamless.
8. The Old Mill Center for Children and Families is on course to eliminate the use of physical restraint as a method of managing behavior.
9. The Old Mill Center for Children and Families benefits from a valuable working relationship with the school district. Of particular value, is the commitment of the educational liaison and the center's educational staff to focus on successful transitions of children to the new classroom settings.

### **Required Actions.**

#### **1. OAR 309-032-1130 General Treatment Requirements**

*(6) Discharge Planning and Coordination.*

*(e) A discharge summary reflecting the active course of treatment shall be completed and placed in the chart within 15 treatment days following discharge.*

#### **OAR 309-032-1160 Establishing and Maintaining Clinical Records**

*(4) Signature of authors. All documentation required in this rule must be signed by the person providing the service and making the entry. Signature must include the person's academic degree or professional credential and the date signed.*

*Documentation that is dictated shall also include the date of dictation and date signed.*

**OAR 309-032-1110 Definitions** *(29) "Discharge summary" means written documentation of the last service contact with the child; the diagnosis at admission; and a summary statement that describes the effectiveness of treatment modalities and progress, or lack of progress, toward treatment objectives while in service. The discharge summary also includes the reason for discharge, changes in*

*diagnosis during treatment, current level of functioning and prognosis and recommendations for further treatment.*

Finding #1: The discharge summary documentation was incomplete; several domains were missing. These documents were not signed and dated.

Required Action #1: The Old Mill Center for Children and Families shall provide AMH with evidence that discharge summaries include all domains outlined in the rule. **Due Date: September 18, 2007**

## **2. OAR 309-032-1130 General Treatment Requirements**

### (3) Assessment

- (b) A comprehensive mental health assessment shall be conducted by the provider's interdisciplinary team and be completed within 30 treatment days after admission.
- (c) The comprehensive assessment shall be revised and updated annually.

**OAR 309-032-1110 Definitions** (16) *"Comprehensive mental health assessment" means the written documentation by a QMHP 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.*

(44) *"Interdisciplinary team" means a team of qualified treatment and education professionals including a child and adolescent psychiatrist or LMP and the child's parent or guardian responsible for assessment and evaluation, the development and oversight of individual plans of care, and the provision of treatment for children admitted to an intensive treatment services program.*

Finding #2: The Comprehensive Mental Health Assessments are the responsibility of a Qualified Mental Health Professional, with input by the interdisciplinary team.

It was difficult to determine which document acted as the Comprehensive Mental Health Assessment. No document in the clinical record completely matched the definition or timeline of the Comprehensive Mental Health Assessment.

Required Action #2: The Old Mill Center for Children and Families shall provide AMH with evidence that the Comprehensive Mental Health Assessments meet the standards of the rule. **Due Date: September 18, 2007**

**3. OAR 309-032-309-032-1160 Establishing and Maintaining Clinical Records**

*(1) Individual record. A single, separate and individualized clinical record shall be maintained for each child served by the provider.*

*(6) Providers shall insure that each clinical record includes the following documentation:*

*(f) Completed medical history including current prescribed medications and allergies;*

*(h) A medication service record of all medications administered;*

**OAR 309-032-1140 General Staffing and Personnel Requirements**

*(a) Availability of psychiatric services to meet the following requirements:*

*(A) Provide medical oversight of the clinical aspects of care in nationally accredited sub-acute, assessment and evaluation programs and residential psychiatric treatment programs and provide 24-hour, seven days per week psychiatric on-call coverage; or consult on clinical care and treatment in psychiatric day treatment, partial hospitalization, therapeutic group homes and treatment foster care programs;*

*(B) Assess each child's medication and treatment needs, prescribe medicine or otherwise assure that case management and consultation services are provided to obtain prescriptions, and prescribe therapeutic modalities to achieve the child's individual plan of care goals;*

**OAR 309-032-1110 Definitions** *(53) "Medication service record" means the documentation of written or verbal orders for medication, laboratory and other medical procedures issued by a Licensed Medical Practitioner employed by, or under contract with, the provider and acting within the scope of his or her license. The provision of medication services is documented in written progress notes and/or medication administration records and placed in the client's record.*

Finding #3: Complete medication service records were not located in the clinical records. Reviewers located limited or fragmented documentation for medication orders, laboratory orders or results, or other medical information in the child's clinical record. For one child, orders and other medication management notes were located in an outpatient record. Not all children receiving services at the Old Mill Center for Children and Families are administered medications through the center. However, the medication regimes, medication service records, administration and dispensation activities need to be documented in the clinical record.

Required Action #3: The Old Mill Center for Children and Families shall provide AMH with evidence that a Medication Service Record is being maintained for each child receiving psychiatric day treatment services. **Due Date: September 18, 2007**

#### **4. 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:*

*(a) Establish a framework, which assures consistent behavior management practices throughout the program and articulates a rationale consistent with the provider's philosophy of treatment;*

*(b) Require the provider to obtain informed consent upon admission from the parent(s) or guardian in the use of behavior management practices and communicate both verbally and in writing the information to the parent(s) or guardian and the child in a developmentally appropriate manner;*

*(c) Establish thresholds and tracking mechanisms of behavior management interventions that will activate clinical review and which shall be relevant to the acuity and severity of symptoms, and developmental functioning of the population served by the provider;*

*(d) Require that when thresholds established in the policy are exceeded that the child's individual plan of care be reviewed and revised if necessary within no more than 24 hours and specifies the individual(s) in the program with designated clinical leadership responsibilities who must participate in the review, and specify that the review be documented in the child's clinical record;*

*(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; and*

*(f) Require that the provider review and update behavior management policies, procedures, and practices, minimally annually.*

*(2) Individual behavior management interventions will be developed, implemented, and reviewed for each child, review shall occur minimally at each individual plan of care review.*

**OAR 309-032-1110 Definitions** (6) *"Behavior management policy" means the written policies and procedures adopted by the provider that describe the behavioral interventions to be used by the provider to manage maladaptive or problem behavior of an admitted child.*

**Finding #4:** The Old Mill Center for Children and Families has a Behavior Support policy that discusses behavior support interventions, behavior support practices, behavior support procedures, behavior support plans, and a behavior plan. The policy mentions physical restraints and a crisis intervention training program. However, individual behavior intervention plans were not located for the children. The Professional Assault Response Training program (PRO-ACT), the crisis intervention training program, is outdated.

**Required Action #4:** The Old Mill Center for Children and Families shall provide AMH with evidence that the Behavior Support policy is reviewed and updated to meet the standards of the rule, that each child has individual behavior management interventions developed, and that the crisis intervention training program regime is current with the trainer and staff members. **Due Date: September 18, 2007**

### **Summary.**

The Old Mill Center for Children and Families 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 to the Old Mill Center for Children and Families is contingent upon completion and proven compliance of the corrective action requirements described in this report.

I:\AMH-SHARED\STAFF\beatricej\PROGRAMS\Old Mill\Old Mill daytx review rpt2007.doc