

Department of Human Services
Health Services
Office of Mental Health and Addiction Services
Klamath Youth Development Center
Site Review Report
November 15 & 16, 2005

Background.

The Department of Human Services, Office of Mental Health and Addiction Services (OMHAS) conducted a site review of the psychiatric day treatment program at the Klamath Youth Development Center (KYDC) as authorized by Oregon Revised Statute 430.640. The OMHAS review was conducted 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
- John Baldi, Peer Reviewer, Oregon Association of Treatment Centers
- Robert McKelvey, MD, Child Psychiatrist, Oregon Health Sciences 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 KYDC included a review of clinical records, program policies, and documents. The review team interviewed KYDC 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 building is spacious and clean and offers plenty of child space and staff space.
2. Personnel records are complete and organized.
3. The clinical and school staff members demonstrate a team approach, passion about their work, and cohesion between the principles of education and treatment.
4. The community partners use both formal and informal communication systems to ensure that the children's needs are identified; children were discussed as the community's children, not KYDC children or child welfare children.
5. Families described being satisfied overall with the services they receive at KYDC.
6. The Psychiatric Mental Health Nurse Practitioner is engaging with the children in the milieu and is accessible to families and staff members.

Required Actions.

1. **OAR 309-032-1110 Definitions** As used in these rules:
(77) "Seclusion" means the involuntary confinement of a child alone in a specifically designed room from which the child is physically prevented from leaving.

(79) "Special treatment procedures" means seclusion; manual restraint; staff directed isolation for more than five hours in five days or a single episode of two hours; and experimental practices and research projects that involve risk to a child.

(80) "Special Treatment Procedures Committee" means the committee established or designated by the provider to review special treatment procedures.

OAR 309-032--1190 Special Treatment Procedures

(B) Seclusion: (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:

Finding #1: The intended use of the "time-out" rooms is to support children to de-escalate without being secluded, and as a place for children to go to assist a child to collect his or her thoughts. However, the physical state of the time-out room is of concern; the doors give the rooms the appearance that a child can be secluded in the room involuntarily and there are screw heads that are exposed. The time-out room is not certified under these rules to be used as a seclusion room.

Required Action #1: KYDC shall provide OMHAS with evidence that the time-out room has been inspected for safety concerns and has had sharp edges and exposed screws removed. It is recommended that the time out rooms be renovated to reflect a more comfortable and safe space, and that the doors be removed to decrease the possibility of inadvertently using the space as a seclusion room. **Due Date: April 20, 2006**

2. OAR 309-032-1190 Special Treatment Procedures

(5) Obtain informed consent upon admission from the parent(s) or guardian in the use of special treatment procedures. Communicate both verbally and in writing the information to the parent(s) or guardian and the child in a developmentally appropriate manner.

(6) General Conditions of Manual Restraint and Seclusion.

(b) Manual restraint and seclusion shall only be used in an emergency to prevent immediate injury to a child who is in danger of physically harming him or her self

or others in situations such as the occurrence of, or serious threat of violence, personal injury or attempted suicide;

Finding #2: The informed consent form that KYDC uses for special treatment procedures lists property destruction as a justification for restraint.

Required Action #2: KYDC shall provide OMHAS with evidence that the policies, procedures, and related forms reflect the special treatment procedure standards.

Due Date: April 20, 2006

3. OAR 309-032-309-032-1210 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:

(d) Have written procedures for processing an expedited formal complaint request if it is believed the child's health is at risk. A request for expedited formal complaint must be filed by the child or the person consenting to the child's treatment and must include the following:

(A) A statement requesting an expedited formal complaint;

(B) An explanation of the urgency of resolving the issue; and

(C) A description of the consequences of following the regular formal complaint process.

Finding #3: The grievance policy lacks a time line for expediting the grievance process.

Required Action #3: KYDC shall provide OMHAS with evidence that the grievance policy includes timelines to expedite the grievance process. **Due Date:**

April 20, 2006

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

(24) "Diagnosis" means the primary mental disorder listed in the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), that is the medically appropriate reason for clinical care and the main focus of treatment. The primary diagnosis is determined through the mental health assessment and any examinations, tests, procedures or consultations suggested by the assessment. A DSM "V" code condition, substance use disorder or mental retardation is not considered the primary diagnosis covered under these rules

although these conditions or disorders may co-occur with the diagnosable mental disorder.

(52) "Medically appropriate" means services which are required for prevention (including preventing a relapse), diagnosis or treatment of mental health conditions and which are appropriate and consistent with the diagnosis; consistent with treating the symptoms of a mental illness or treatment of a mental condition; appropriate with regard to standards of good practice and generally recognized by the relevant scientific community as effective; not solely for the convenience of the provider of the services, child or family; and the most cost effective of the alternative levels of medically appropriate services which can be safely and effectively provided to the child and family in the LMP's judgement.

(68) "Psychiatric Day Treatment" means the comprehensive, interdisciplinary, non-residential community based program certified under this rule consisting of psychiatric treatment, family treatment and therapeutic activities integrated with an accredited education program.

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:

(2) Maintain the organizational capacity and interdisciplinary treatment capability to deliver clinically and developmentally appropriate services in the medically appropriate amount, intensity and duration for each admitted child specific to the child's diagnosis, level of functioning and the acuity and severity of the child's psychiatric symptoms;

(4) Deliver active psychiatric treatment in the least restrictive, least intensive setting appropriate to each admitted child's treatment history, diagnosis, development, level of functioning and degree of impairment, current symptoms and the extent of family and other supports;

OAR 309-032-1130 General Treatment Requirements

(4) Active Treatment and Individual Plans of Care.

(a) Providers shall fully inform the child in developmentally appropriate language and obtain informed consent from the child's parent(s) or guardian about the proposed care and shall document in the child's clinical record that the following information has been reviewed, discussed, and agreed to by the participants:

(A) Active treatment and other interventions to be undertaken;

(B) Alternative treatments or interventions available, if any;

(C) Projected time to complete the treatment process;

- (D) Indicators by which progress will be measured;*
- (E) Benefits which can reasonably be expected;*
- (F) Risks of treatment, if any;*
- (G) Prognosis for treatment; and*
- (b) The individual plan of care shall clinically support the level of care to be provided and shall:*
 - (B) Be based on a mental health assessment of the child's functioning, the acuity and severity of the child's psychiatric symptoms, diagnosis, and the biological, medical, psychological and sociocultural factors that influence the child's development and functioning;*

OAR 309-032-1140 General Staffing and Personnel Requirements

(1) Providers of children's intensive mental health treatment services shall have the clinical leadership and sufficient QMHP, QMHA and other staff to meet the 24-hour, seven days per week treatment needs of admitted children and shall establish policies, contracts and practices to assure:

(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 309-032-1150 System of Care

(9) Psychiatric Day Treatment. Psychiatric Day Treatment services are delivered by providers certified by the Division under these rules to provide Psychiatric Day Treatment services. Psychiatric Day Treatment services shall be provided to children who can be maintained at home by a parent, guardian or foster parent by qualified mental health professionals and qualified mental health associates in consultation with the psychiatrist. An education program is provided and admitted children shall have, or have been screened for, an Individual Education Plan, Personal Education Plan or Individual Family Service Plan.

Finding #4: The rationale for initial and changed medications and diagnoses were not sufficiently documented in the clinical records. For example, how the diagnosis

was determined through assessments, examinations, or other means, was not documented in the clinical records. Subsequently, how the treatment modalities, including medications were decided on, was difficult to discern. The clinical aspects of care and the assessment for the child's medication and treatment needs were not consistently found in the documentation.

Required Action #4: KYDC shall provide OMHAS with evidence that KYDC documents the medically appropriate reason for clinical care and that the primary diagnosis is determined through the mental health assessment and any examinations, tests, procedures or consultations suggested by the assessment. KYDC shall provide OMHAS with evidence that treatment modalities, including initial or changed medication decisions are documented in the clinical records. **Due Date: April 20, 2006**

5. **OAR 309-032-1110 Definitions** As used in these rules: (17) *"Consent to treatment" means the informed, voluntary, written agreement as required in ORS 430.210(d) between the provider and the child's custodial parent or guardian, or the child if legally emancipated, for the child to receive prescribed treatment for a specific diagnosis.*

(7) The child's parent or guardian, or the child if legally emancipated, must give informed consent in writing to treatment including specific informed consent to the initial administration of any medication, or to a subsequent change in the class of the medication. Each informed consent shall state the information in writing, signed and dated by the person giving consent, and placed in the child's clinical record.

Finding #5: Written informed consent to the administration of medication was not documented in the clinical records.

Required Action #5: KYDC shall provide OMHAS with evidence that the children's parent or guardian give informed consent in writing to the administration of medications. **OMHAS recognizes medications that are first administered by the agency (meaning the medications that a child might come to the program with) as the initial administration of any medication. All initially or newly administered medication must have an accompanying informed consent in writing. Due Date: April 20, 2006**

6. **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.

Finding #6: The author of the Mental Health Assessments is not consistently identified nor are the assessments consistently signed and dated.

Required Action #6: KYDC shall provide OMHAS with evidence that the QMHP authors are signing and dating the Mental Health Assessment. KYDC shall provide OMHAS with evidence that the clinical record audits are included in the quality management process. **Due Date: April 20, 2006**

Summary.

The Klamath Youth Development Center was found to be in “Substantial Compliance” with applicable OARs as defined by OAR 309-012-0130 through 309-012-0220. 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 KYDC is contingent upon completion and proven compliance of the corrective action requirements described in this report.