

Department of Human Services  
Addictions and Mental Health Division  
Southern Oregon Child Study and Treatment Center  
Site Review Report  
October 2, 3, & 4, 2006

**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 Southern Oregon Child Study and Treatment Center (SOCSTC) 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
- Matthew Pearl, LCSW, Children’s Mental Health Specialist, AMH
- Les Busch, LPC, 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 SOCSTC included a review of clinical records, program policies, and documents. The review team interviewed SOCSTC 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 two areas of non-compliance with applicable OARs requiring corrective action and one area with recommendations. 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. SOCSTC's clinical records are orderly, organized, and gives a good clinical story of the child and their family.
2. Clinical documentation meets and exceeds the standards of the rules. Forms are created to help complete plans and assessments. Comprehensive Mental Health Assessments are complete and on time. Behavior descriptors in the progress notes are excellent. Clinical treatment modalities were appropriate and measurable.
3. SOCSTC's leadership is involved and enthused about psychiatric day treatment services for children. SOCSTC's leadership involves the community partners in program planning and fosters relationships with the five school districts, Jackson County Mental Health, and Jefferson Behavioral Health.
4. Good communication between Jackson County Mental Health and Dr. Collier is documented in the children's clinical records. For example, Dr. Collier sent Jackson County Mental Health a request for services to be set up for a family member of a child, and Jackson County Mental Health sent medication management notes and lab results to SOCSTC.

5. Strengths of the children and their families are integrated in the documentation including evaluations, assessments, treatment plans, progress notes and discharge plans.
6. The direct care staff is involved in program planning, agency decisions, and treatment. The staff members demonstrated that they are oriented in agency policy and expectations, and have representation on safety and special treatment procedures committees. The direct care staff members and education staff members work closely together.
7. Therapists are providing family therapy outside of the center when needed. Reportedly, they are averaging 50% of their weekly and bi-weekly sessions outside of the center. Family members reported that they appreciate SOCSTC's services.
8. SOCSTC is a growing and evolving agency with plans and visions to meet the needs of the community. Community members voiced that they want more of SOCSTC and for SOCSTC to be a model program.

### **Required Actions.**

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

*(35) "Formal complaint" means the expression in a manner appropriate to the child or family/guardian of dissatisfaction or concern about the provision or denial of services that is the responsibility of the provider under these rules. The formal complaint can be expressed by a child or by the child's representative.*

#### **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:*

*(a) Have written procedures for accepting, processing and responding to oral or written formal complaints. The written procedures must include:*

*(C) Notification of the appeals process, including time lines for a formal complaint and the provision of the appropriate appeal forms.*

**Finding #1:** SOCSTC's formal complaint policy includes an appeal process for service denials, but not for general formal complaints.

Required Action #1: SOCSTC shall provide AMH with evidence that the formal complaint policy meets the rule. **Due Date: February 20, 2006**

**2. 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:*

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

**309-032-1190 Special Treatment Procedures**

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

*(4) The provider shall establish a Special Treatment Procedures Committee or designate this function to an already established Quality Management Committee. Committee membership shall minimally include a staff person with designated clinical leadership responsibilities, the person responsible for staff training in crisis intervention procedures, and other clinical personnel not directly responsible for authorizing the use of special treatment procedures with individual children. The committee shall:*

*(e) Review and update special treatment procedures policies and procedures minimally annually.*

Finding #2: The behavior management policies and the special treatment procedures are not dated to indicate that the policies, procedures, and practices are reviewed annually.

Required Action #2: SOCSTC shall provide AMH with evidence that the behavior management and special treatment procedure policies are reviewed and updated annually. **Due Date: February 20, 2006**

## **Recommendations.**

**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 #3:** SOCSTC contracts with Dr. Collier, a child psychiatrist, to provide SOCSTC with overall program consultation and oversight. In addition to Dr. Collier's consultation services, SOCSTC started this year to work with two child psychiatrists through Jackson County Mental Health. The two psychiatrists are the primary prescribers for many of the children receiving services at SOCSTC. To make this arrangement work, Dr. Collier, SOCSTC clinical staff members, the two prescribing psychiatrists, and any other medical staff members must exchange information and documentation constantly.

**Recommended Action # 1:** With the potentially numerous sources of prescribers, it is recommended that SOCSTC track and monitor diagnosis and medication trends. It is also recommended that SOCSTC create policies and agreements with outside medical professionals to cover protocols for when there is a disagreement in diagnosis, treatment modality recommendations, or medication management practices.

## **Summary.**

The Southern Oregon Child Study and Treatment 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 two 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 SOCSTC is contingent upon completion and proven compliance of the corrective action requirements described in this report.

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