

Department of Human Services  
Addictions and Mental Health Division  
LifeWorks NW  
Site Review Report  
June 19, 20, and 21, 2007

**Background.**

The Addictions and Mental Health Division (AMH) of the Department of Human Services conducted a site review of the Child and Adolescent Day Treatment Programs located at the Tigard site and the Adolescent Day Treatment Program located at the Nickerson Center in Portland. 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
- Rita McMillan, Children’s Mental Health Specialist, AMH
- Matthew Pearl, Children’s Mental Health Specialist, AMH
- Ray Burleigh, 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, “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.

## **Findings.**

The review of the Psychiatric Day Treatment Services with LifeWorks NW included a review of clinical records, program policies, and documents. The review team interviewed LifeWorks NW administrative and treatment staff, community representatives, board members, and family representatives. However, the family members interviewed with the Child and Adolescent Day Treatment Programs in Tigard were referred by the school district and were not representative of families receiving services through their Mental Health Organization or the Community Mental health program. It should also be noted that only one Board of Director member attended the interview. The review team also observed treatment review meetings and classroom and milieu activities.

The review team identified eight 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. LifeWorks NW attempts to be responsive to the community and the mental health system when considering what programs and services to develop and enhance.
2. The LifeWorks NW personnel files were well organized and complete.
3. Community partners have identified contact people at the Child and Adolescent Day Treatment Programs located at the Tigard site and the Adolescent Day Treatment Program located at the Nickerson Center in Portland that are approachable, accessible, and helpful.
4. Community partners appreciate that LifeWorks NW services aim to be community-based and flexible. Services were described as being provided in schools and homes when needed.
5. The therapists are integrated in the milieu and the morning preparation meetings include teachers, therapists, and counselors. Education and treatment services are integrated in the classroom and in the documentation.

6. The Adolescent Day Treatment Program located at the Nickerson Center is a culturally responsive program that has created a space for students and their families to receive services. Maintaining a culturally specific and responsive program appears to be a value of LifeWorks NW.
7. The Adolescent Day Treatment Program located at the Nickerson Center benefits from the work of the Education Chairperson who monitors the educational needs of the students and advocates for Individualized Education Plans when needed.
8. The Child and Adolescent Day Treatment Programs located at the Tigard site have play and movement space for the students. This location has a gym-space as well.

### **Required Actions.**

#### **1. 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:*

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

*(A) The process for registering an oral or written formal complaint;*

*(B) The time lines for processing an oral or written formal complaint; and*

*(d) Have written procedures for processing an expedited formal complaint request if it is believed the child's health is at risk.*

#### **OAR 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.*

**Finding # 1:** The complaint policy and procedures do not meet the standards of the rule. Oral complaints are taken but are not considered formal, time lines are unclear, and an expedited complaint process is not outlined.

**Required Action #1:** LifeWorks NW shall provide AMH with evidence that the complaint and grievance policy and procedures meet the rule. LifeWorks NW shall provide AMH with evidence that the same complaint policy and

procedures are used for both the Intensive Treatment Services and the Intensive Community-Based Treatment and Support Services. **Due Date: November 9, 2007**

## **2. OAR 309-032-1150 System of Care**

*(1) General Requirements. All ITS providers described in this section shall meet the following general requirements:*

*(b) ITS facilities shall meet all applicable licensing, certification and accreditation/or standards for plant technology, safety management, professional staffing, therapeutic environment, performance measurement, quality management and utilization review.*

Finding # 2: LifeWorks NW did not notify AMH when they were planning to relocate the Adolescent Day Treatment Program located at the Nickerson Center from the Lombard location to the new N. Albina location. AMH also learned that the licensing unit with the Children, Adults and Families Division of DHS was also not informed of the program relocation until late in the planning stage. The Adolescent Day Treatment Program located at the Nickerson Center held invalid licenses and certificates of approvals from the time that the program moved until the two divisions were notified.

Required Action #2: There are no required actions for this finding.

## **3. OAR 309-032-1190 Special Treatment Procedures**

*(6) General Conditions of Manual Restraint and Seclusion.*

*(A) Manual Restraint:*

*(i) Each incident of manual restraint shall be documented in the clinical record. The documentation shall specify less restrictive methods attempted prior to the manual restraint, the required authorization, length of time the manual restraint was used, the events precipitating the manual restraint, assessment of appropriateness of the manual restraint based on threat of harm to self or others, assessment of physical injury, and the child's response to the intervention;*

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

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

*(k) Special treatment procedures notations in a separate section or in a separate format documenting each incident of manual restraint, seclusion, or mechanical, signed and dated by the staff directing the intervention and if required by the psychiatrist and/or clinical supervisor authorizing the intervention;*

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

(49) *"Manual restraint" means the act of involuntarily restricting a child's movement by holding the whole or a portion of a child's body in order to protect the child or others from injury. The momentary periods of physical restriction by direct contact with the child, without the aid of material or mechanical devices, accomplished with limited force, that prevent the child from completing an act that would result in potential physical harm to the child or others are not considered to be restraint.*

Finding # 3: Each incident of manual restraint is not documented in the clinical record as outlined in the rule. The documentation is either not in a separate section of the clinical record or is not in a different format.

Required Action #3: LifeWorks NW shall provide AMH with evidence that each incident of manual restraint is documented in the clinical record as outlined in the rule. **Due Date: November 9, 2007**

**4. OAR 309-032-1180 Behavior Management**

(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.*

Finding # 4: Individual behavior management interventions are not documented or are not documented as being reviewed in the Individualized Plan of Care meetings.

Required Action #4: LifeWorks NW shall provide AMH with evidence that each child has individual behavior management interventions documented in the child's clinical record as being reviewed with the Individual Plan of Care meetings. **Due Date: November 9, 2007**

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

(45) *"Isolation" means the staff-directed placement of a child in a room or other space in which the child is alone and without ongoing verbal or visual contact with others. Periodic visual or verbal contact by staff does not prevent the child from being considered to be in isolation. A child who is placed in his or her bedroom at*

*the child's normal bedtime or otherwise has a routine separation unrelated to behavior or conduct is not considered to be isolation.*

*(77) "Seclusion" means the involuntary confinement of a child alone in a specifically designed room from which the child is physically prevented from leaving.*

**Finding # 5:** The reviewers found at both program sites, through interviews and documentation, that some time-outs or isolations appeared to be seclusions. The Psychiatric Day Treatment Services with LifeWorks NW does not have certification by AMH to use seclusions as a behavior management intervention at either location. Additionally, the Adolescent Day Treatment Program located at the Nickerson Center has very small rooms with doors that have no windows and the doors open inward. Children would not be supervised while they are in the rooms alone, yet children should also not be in the small rooms alone with a staff member out of line-of-site of other staff members. It is imperative that the policies and procedures are clear about the use of time-outs and isolations.

**Required Action #5:** LifeWorks NW shall provide AMH with evidence that there are policies and procedures at the two program sites regarding the use of seclusion, and that behavior interventions such as isolations and time-outs are clearly defined for their use. LifeWorks NW shall provide AMH with assurance and evidence that the small rooms located in the Adolescent Day Treatment Program located at the Nickerson Center are not used for seclusion or other behavior management interventions that place the child at risk of harm. **Due Date: November 9, 2007**

## **6. 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:*

*(7) Report suspected child abuse as required in Oregon Revised Statutes (ORS) 419B.010*

*(8) Maintain reportable incident files including:*

*(a) Child abuse reports made by the provider to law enforcement or the State Office for Services to Children and Families child protective services documenting the dates of the incident the persons involved and, if known, the outcome of such reports;*

Finding # 6: Oregon Revised Statute (ORS) 419B.010 (1) states that suspected child abuse must be reported to Child Protective Services or law enforcement. One clinical record reviewed at the Child and Adolescent Day Treatment Programs located at the Tigard site had an example of suspected child abuse, yet the incident was not documented as reported. Another clinical record from the Adolescent Day Treatment Program located at the Nickerson Center had unclear documentation about whether or not an incident was reported. Staff members at both locations, when asked, did not know the laws about reporting or where to document within the clinical record when a report was made.

Required Action #6: LifeWorks NW shall provide AMH with evidence that agency employees are trained about, and understand Oregon child abuse reporting laws as required in ORS 419B.010. LifeWorks NW shall provide AMH with evidence that child abuse reports are documented in the child's clinical record and maintained in the program's reportable incident file. **Due Date: November 9, 2007**

## **7. 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:*

*(E) Include a discharge plan to ensure continuity of care with the child's family, school, and community upon discharge; and*

*(F) Be signed and dated by the psychiatrist and other members of the interdisciplinary team including the child's guardian, and when appropriate the child.*

*(5) Individual Plan of Care Review. A written summary of each individual plan of care review shall be filed in the child's clinical record. Revisions shall be implemented as necessary based on each child's individualized response to the treatment interventions.*

*(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:*

*(B) Review and, if needed, modify the discharge plan every 30 days;*

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

*(40) "Individual plan of care" means the written plan developed by a QMHP for active treatment for each child admitted to an intensive treatment service program.*

*The individual plan of care specifies the DSM diagnosis, goals, measurable objectives, and specific treatment modalities and is based on a completed mental health assessment or comprehensive mental health assessment of the child's functioning and the acuity and severity of psychiatric symptoms.*

*(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 # 7:** Reviewers found Individualized Plans of Care that did not include specific discharge planning at the Child and Adolescent Day Treatment Programs located at the Tigard site. Reviewers found Individualized Plans of Care that were not consistently signed and dated by the psychiatrist or the Interdisciplinary Team. Revisions of the Individualized Plan of Care were not documented with new goals or objectives. For example, one clinical record listed the objective for the child to “identify two positive things about yourself” for over a year. Seven of the eight family objectives were also unchanged in over a year.

**Required Action #7:** LifeWorks NW shall provide AMH with evidence that discharge planning is included in the Individualized Plans of Care are that the plans are updated with specific discharge planning. LifeWorks NW shall provide AMH with evidence that the Individualized Plans of Care are consistently signed and dated by the Interdisciplinary Team. **Due Date: November 9, 2007**

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

- (13) Establish systematic and objective methods to accomplish the following:*  
*(b) Identify and seek to resolve problems in access to, or provision of, services;*

#### **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; and*

*(C) Participate in the provider's interdisciplinary team and Quality Management process.*

### **OAR 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:*

*(C) Review of problems with the administration or prescription of medications.*

*(6) Quality Management activities are conducted with representation of those who have knowledge or ability to effect continuous quality improvement.*

*(8) The provider has a participatory process whereby all personnel contribute to and recommend changes in the Quality Management process.*

*(9) The provider assures that the psychiatrist participates and is involved in quality management activities and is recognized within the staff organization as a member of the quality management committee with responsibilities described in the provider's quality management plan.*

**Finding # 8:** By interview and in documentation, psychiatrists are consulting on medications and treatment under challenging conditions. For example, they may or may not have access to past records, may or may not have met the family or done a complete assessment, and in some cases, don't have access to their own notes for months. Office and supervision support for the psychiatry staff is unclear. This is a quality management issue that

potentially affects the quality of care for children and poses liability issues for the agency.

Required Action #8: LifeWorks NW shall provide AMH with evidence that administration is using the Agency's quality management process to assess, evaluate, monitor and improve psychiatric quality management concerns.

**Due Date: November 9, 2007**

### **Summary.**

The Child and Adolescent Day Treatment Programs located at the Tigard site and the Adolescent Day Treatment Program located at the Nickerson Center in Portland were 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 eight areas of non-compliance were identified which require corrective action. The Certificates of Approval issued to The Child and Adolescent Day Treatment Programs located at the Tigard site and the Adolescent Day Treatment Program located at the Nickerson Center in Portland are contingent upon completion and proven compliance of the corrective action requirements described in this report.