Oregon Department of Human Services

Licensed Child Caring Agency Site Visit Report
Day Treatment

Licensee: Olalla Center
Executive Director: Denise Leonard
Program Director: Jessica Denio

Date of site visit: February 8, 2022
Licensing Coordinator: Aubrey Kelly

Other Regulatory or Accrediting Agencies: Oregon Health Authority; InterCommunity Health Network.

Program Compliance: The program is or will be compliant with OAR 413-215-0001 to 413-215-0131, Licensing Umbrella Rules, and OAR 413-215-0801 to 413-215-0856, Licensing Day Treatment Agencies. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): This non-profit year-round intensive psychiatric day treatment program was originally licensed in January of 1978. The Agency started providing Day Treatment and they now offer a large variety of other outpatient services to serve children and families in Lincoln County. Their day treatment program is for children requiring a more restrictive environment than the public school system can offer. Overseen by a Licensed Child Psychiatrist, the program offers children primarily between the ages of 6-13 a structured setting that combines education and therapy through:

- Special Education
- Milieu Therapy
- Group Therapy
- Individual Therapy
- Family Therapy
- Parenting Classes

The program is primarily funded by the InterCommunity Health Network (IHN). They utilize Collaborative Problem Solving and Nonviolent Crisis Intervention (NCI). The ultimate goal of the program is to help maintain mentally and emotionally healthy children with their families and return them to their mainstream school. The Olalla Center averages 8 children per day, and they serve 15-20 children per year. The average length of stay is 9-12 months and they do provide aftercare services. School hours are from 8:30 – 2.

Capacity and Age Range: 10 and 6-13 years of age.

Funding sources: Samaritan Choice Plans and Samaritan Health Services, Tri-Care, IHN, Moda, Pacific Source, Providence Blue Cross Blue Shield and Tri- West, UMR and United Healthcare.

Contracts and sources for referrals: Lincoln County Wraparound Services.

Average length of stay: 9 months

Average daily population served: 8

Number of children served annually: 11

Interviews, Observations:
Client #1: They have been at the program for a few months. They like it here, they like to hang out with friends. Favorite staff is Darron and Sandy. Darron has cool toys and Sandy is funny. They feel safe here.
Client #2: They have been at the program for a while. Their favorite staff is Ms. Ames, she is really cool. They argue with the other clients a lot. Staff helps calm them when there is arguing. Staff will take him to take a break when he gets upset.

Program Strengths: Program staff are compassionate individuals who work to provide a collaborative learning environment for clients. The program has a multidisciplinary team, including experienced teachers through the Lincoln County School District, as well as psychiatrists and behavior specialists to provide support to families. On a daily basis, staff have a pre-brief and debrief to provide positive open communication within the team. Staffing occurs weekly to discuss concerns and ideas for treatment. The program has a high staff to client ratio allowing for increased 1:1 time for clients. The program is part of the greater Olalla Center Agency, which allows the program to coordinate client's transition through levels of care as the agency provides outpatient, day treatment, relief nursery, support groups and activity therapy. The program works closely with the larger community to facilitate field trips and demonstration opportunities for clients. The program works with Lincoln County Wrap services as team members to support treatment planning and client's access to community support services.

Program Challenges:
The program experiences challenges with aftercare placement, especially with higher levels of care. Oregon currently has a significant shortage of residential beds available for clients exceeding the day treatment level of care. The Covid-19 pandemic has increased the staffing shortages, and several placements have closed their doors. The program has done well managing clients that that are exceeding levels of care but struggle with options of placement. Another challenge the program faces is the scope of practice. We serve all of Lincoln County. Clients often have long commutes to and from school due to the location of the program. Getting transportation services in place when clients are on opposite sides of the county has been difficult.

Changes that have occurred in the last 2 years:
Over the last 2 years, the program has undergone significant changes due to the Covid-19 pandemic. The program closed for a period of 10 weeks in March 2020 and began a phased reopening ending in July of 2020. Upon returning the program limited capacity due to the Covid-19 concerns and spacing. The program made changes to routines which include distancing, masks and increased hand washing. The program has marked 6ft

spots and has used other means to maintain distance in groups and play activities. The Day Treatment cafeteria moved to a larger space to accommodate the 6ft distance requirements for eating. The program has had some personnel changes including two new behavioral specialists, a new program manager and new executive director.

Lawsuits: None

Grievances and complaints filed in the last two years: None

Corrective Actions and Timeframes: Please submit the following to verify compliance.

Within 45 days of receipt of this report Olalla Center must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to Aubrey Kelly at Aubrey.J.Kelly@dhsoha.state.or.us or sent by regular mail to the following address:

Department of Human Services, Children's Care Licensing Program
Attn: Aubrey Kelly
201 High St SE, Suite 500
Salem, OR 97301

Recommendations: None

Exceptions: None

Changes in License: None

Summary of Review					
Program and Services 413-215-0011(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Program and services are in scope of license	**X**				
Governance – Board Responsibilities 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(a) Minimum of 5 board members	**X**				
(2)(f) Formally evaluate the exec. Director's performance annually	**X**				
(2)(g) Approves annual budget	**X**				

(2)(h) Obtain and review an annual independent financial review or audit of financial records.	X				
(2)(k) Written quality improvement program	X				
(2)(l) Meeting minutes	X				
Executive Director or Program Director 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	X			An updated background check for the Executive Director has been submitted to the background check unit. The program shall ensure an approved background check is submitted to Licensing once it has been approved.	
(3)(g) Approval from BCU		X			
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	X				
(3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)	X				
(3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable	X				
(3)(e) Agency uses seclusion appropriately/consistent with policy	X				
(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	X				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215			X		
(b)(B) Contract includes the following: (i) Services provided (ii) Contractor fees (iii) Disclosure of information from contractor to agency (iv) Lines of authority (v) Adherence to rules, including background check			X		

(vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability					
Supplemental Information Provided by CCA	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Documents as indicated on the form titled "Renewal Licensing Required Documents"	X				
Documents as indicated on form titled "Required Financial Documents and Information"		X		The program submitted a tax compliance certificate, however it was not readable. The program shall submit a tax compliance certificate that is clear and able to be read.	
All required policies and procedures as identified in the "Umbrella Rules"	X				
All required policies and procedures as identified in "Agency Type Specific Rules"	X				
Educational Services 413-215-0856	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
School is accredited Accrediting body _____	X				
(2) 1:15 ratio for qualified teacher/children	X				
(4) Secondary schools – verification provided that meets academic standards to obtain admission to higher education and receive high school diploma or GED			X		
Physical Plant	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)	X				
413-215-0051(1) Sufficient safe space, equipment, and office equipment.	X				
413-215-0816(8)(e) Adequate in size and arrangement for programs offered	X				
413-215-0091(12) License is posted in common area at each facility	X				
413-215-0001(5)(d) & 0816(9)(a)&(b) Adequate furnishings and personal items; storage for personal items	X				
413-215-0816(2) Buildings are smoke free, clean and in good repair	X				
413-215-0816(3) Rooms are free of harmful drafts, odors, and excessive noise	X				
413-215-0816(4) Rooms are adequate in size and arrangement	X				

413-215-0816(5) System provides a continuous supply of hot and cold water	X				
413-215-0816(7) Building is well ventilated and room temperature is within a normal comfort range	X				
Bathrooms 413-215-0816(8)(a)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(A) 1:15 ratio for toilets	X				
(B) 1:2 ratio for sinks to toilets. Hand-washing sink not used for food prep	X				
(C) Hot and cold running water, soap, and approved hand drying options	X				
(D) Individual privacy	X				
(E) Permanently wired fixtures	X				
(F) Window covering	X				
(G) Mirror, permanently affixed	X				
(H) Adequate ventilation	X				
Room and Space Requirements 413-215-0816	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(8)(A)(B) Laundry is separate from food storage, kitchen and dining	X				
(8)(c) Separate storage areas are provided for food, kitchen supplies, utensils, clean linens, soiled linens and clothing, cleaning supplies and equip, poisons, chemicals, outdoor recreational and maintenance equipment	X				
(8)(g) Recreational activity area is protected from vehicles and other hazards and of a size and availability appropriate to the age and needs of children in care	X				
(8)(f) Time out rooms have adequate space, heat, light and ventilation and is not capable of locking	X				
Food Service area 413-215-0816(8)(d)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(A) Areas used for storage, food preparation, and dish washing are separate from child-caring areas	X				
(B) Walls, floors are easily cleanable	X				
(C) Equipment and utensils are easily cleanable, durable, nontoxic, and kept clean	X				
(D) Equipment is easy to clean beneath, between and behind	X				

Food Services 413-215-0831	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation	X				
(b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes.	X				
(b) Menus are maintained for at least 6 months	X				
(c) Drinking water is freely available	X				
(2)(a) Food is stored, prepared & served in a sanitary manner	X				
(2)(c) & (d) Food products are obtained from commercial suppliers (exception of fruits & vegetables), unpasteurized juice is prohibited, and only Grade A pasteurized and fortified milk in appropriate container.	X				
(2)(e) Children are supervised when in the food-preparation area	X				
Safety 413-215-0836	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2)(a) Written emergency plan	X				
(2)(b) Telephone numbers for local police and fire are posted near all telephones	X				
(2)(c) Operative flashlights sufficient in number are readily available to staff	X				
(3)(a) Evacuation drill occurs monthly under varying conditions, is retained 2 years and contains; (A) identity of person conducting drill (B) date & time (C) notification method (D) staff participating (E) # of children & staff evacuated (F) special conditions simulated (G) problems encountered (H) time to complete	X				
Safety – Transportation 413-215-0836(5)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC	X				

Medication 413-215-0846	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
(2)&(5)(e) Medications have a prescription and are stored in the original container with prescription label	X				
(5) Medications are kept in locked storage	X				
(6) Medications are disposed in accordance with state and federal law	X				
(7) Written record of the disposal of medications is maintained (description, name, reason, method, staff & witness signature)	X				
(8) Written record of the administration of medication includes: (a) name (b) description (c) dates & times (d) missed doses (e) medication disposed (f) method of administration (g) ID of person administering (h) possible adverse reactions (i) medication taken outside facility	X				
Staff Qualifications and Minimum Staffing Requirements 413-215-0811	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
(1) Teachers are licensed in accordance with Teachers Standards and Practices Commission	X				
(2) A qualified clinical supervisor directs the clinical program and supervises clinical staff	X				
(3) Mental health service delivery staff meet the qualifications in OAR 309-022-0125	X				
(4) Sufficient QMHP and other staff to meet the severity and acuity of children served. Does not exceed 1:12 QMHP Current Ratios_____	X				
413-215-0001(5)(f) Ensures safety and adequate supervision	X				
413-215-0001(5)(c) Engages in and applies appropriate behavior management techniques	X				

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Name	X				
Position	X				
(3)(g) Date of Hire	X				
(3)(a) record of education, training and previous employment	X				
(1)(b) & (3)(b) reference checks complete and documented	X				
(1)(a) & (3)(c) Background check was completed and documented	X				
(3)(d) Annual performance evaluations	X				
(3)(f) Record of personnel actions	X				
(3)(g) Termination date, reason for termination	X				
(3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description	X				
New Employee Orientation- Umbrella Requirements (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Agency policies and procedures	X				
(b) Ethical and professional guidelines	X				
(c) Organizational lines of authority		X			
(d) Attributes of population served	X				
(e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X				
(f) Privacy laws	X				
(g) Emergency procedures	X				
Ongoing Training	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
413-215-0831(2)(b) Employees who handle food served to children have a valid food handler's card	X				

Staff personnel files did not all contain documentation confirming that orientation trainings on organizational lines of authority were completed within 30 days of hire. The program shall ensure all staff complete all orientation trainings within 30 days of hire.

413-215-0061(5) Mandatory reporting (annually) that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X				
413-215-0836(5)(a) Employees transporting children meet the driver requirements (current driver's license, insurance, trained in emergency procedures & behavior management, and training for 15+ passenger vans if applicable)	X				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215			X		
(b)(B) Contract includes the following: (i) Services provided (ii) Contractor fees (iii) Disclosure of information from contractor to agency (iv) Lines of authority (v) Adherence to rules, including background check (vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability			X		

Children's Records	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Name of Child	X				
Date of admission	X				
Medication 413-215-0846	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3) Medical treatments, special diets, physical therapy, physical aides or limitations have a written order signed by a physician or qualified medical professional.	X			There are currently no clients in the program that are on medications while at school.	

(4) Self-administration is approved in writing by Physician, recommended by agency, and monitored by staff or guardian. (9) *If applicable*, there is documentation of the continuing evaluation of the ability of the child to self-administer medication			X		
(8) Medication record			X		
Records and Documentation 413-215-0071	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Stored safely and are available for inspection by Dept.	X				
(2) Permanent, legible, dated, and signed	X				
(3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out.	X				
(7) Permanent registry for each child includes: Name Gender Birth date Names, addresses of parents or guardians Dates of admission Placement upon discharge	X				

Licensing Coordinator's Signature: Amy Kelly Date: 03.10.2022

Manager Review: Hayley Gilmore Date: 03-01-2022