Oregon Department of Human Services

Licensed Child Caring Agency Site Visit Report
Day Treatment

Licensee: The Next Door, Klahre House Day Treatment Program
Executive Director: Janet Hamada
Program Director: Melanie Kelly

Board Chairperson: Ann Harris
Date of site visit: 2-10-22 (Walkthrough for initial 6-month license)
Licensing Coordinator: Irvin Minten

Other Regulatory or Accrediting Agencies: Oregon Health Authority (OHA)

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): The Next Door's Day Treatment Program (Klahre House) is housed within the program's Treatment Services Unit and the program provides education and mental health services for youth in Oregon's foster care system, as well as children and families on Medicaid. The Klahre House Day Treatment Program offers coursework in the areas of literature, writing, math, social studies, science, health, art and computer technology. Teachers use lecture, discussion, media, groups, individual projects, and guest speakers and artists to achieve a range of educational goals. The Klahre House program includes mental health and counseling services along with individual, group and family therapy, psychological and behavioral skill development, medication management, addiction and sex offender treatment, and psychiatric services and consultation.

Capacity and Age Range: The capacity of the program is 15 and the ages of the program are 13-18.

Funding sources: The Coordinated Care Organization (CCO) Pacific Source.

Contracts and sources for referrals: Referrals come from Oregon Youth Authority (OYA) and Oregon Department of Human Services (ODHS). The program is contracted with Pacific Source.

Average length of stay: The average length of stay in the program is 9 months.

Average daily population served: The program's ADP is 7.

Number of children served annually: The program serves about 20 youth per year.

Interviews, Observations: Note that, unbeknownst to the Children's Care Licensing Unit, this program has been in operation for several years and during the course of this time has been licensed by OHA. The ODHS Children's Care Licensing Program (CCLP) only recently became aware of the program's existence, and prior to this time, The Next Door wasn't aware of the requirement for ODHS to license the day treatment program. Since the program has been operating for several years, during the program's initial walkthrough, I was able to conduct individual and randomly selected interviews with 3 youth and 6 staff of the program. However, since the program was not aware of all of the CCLP Licensing expectations, staff training and child files were not reviewed during the course of the walkthrough. These will be closely reviewed at the time of the program's 6-month licensing review.

During interviews with the youth, all the youth reported they enjoyed being at the program and that they felt they were gaining important skills due to their enrollment. All the youth also reported that they enjoyed living at the program's foster homes, that they felt well cared for by their parents, and that their foster parents were sufficiently trained to successfully help them in resolving their presenting issues. All the youth also stated they felt the staff of the day treatment program were well trained, that they were able to help them with the presenting issues which led to their enrollment, and that they treated them fairly and respectfully. The youth also all reported they got enough to eat in the day treatment program and that the food was pretty good.

During interviews with the staff (I completed random and individual interviews with 2 teachers, 1 line staff, the program's therapist, and the program's cook and director), all reported they felt they received adequate training to effectively work with the youth. They also all reported a culture which was supportive and positive, and which allowed staff to introduce new ideas and to request trainings when they felt the need. They also all reported they believed that the program was making a positive change in the lives of the youth and that the program was teaching the youth valuable skills. Almost all the staff interviewed also talked of how the program was very trauma informed and effectively taught the youth how to regulate their emotions and behaviors and to better talk about and resolve and regulate their feelings and emotions. All the staff interviewed were also able to effectively describe the program's suicide prevention policy and procedure.

Program Strengths: The program staff consistently reported that the program provides youth the skills to feel safe and that the program provides significant wrap around services in addressing the youth's issues, which often includes past trauma, sexual offending behaviors, and drug addiction. The program also has multiple staff who have been employed at the program for more than several years. The staff consistently reported the management staff foster a positive and supportive culture and that they receive regular feedback on performance from the program's management. Some of the staff also reported the program fosters and supports employee academic growth and learning, and the program's current therapist was employed previously as a case manager prior to accepting the program's therapist job after receiving her MSW degree.

During the walkthrough, it was observed that the program was well maintained and that the staff seemed to enjoy working there. The staff also consistently talked about how the program was making a difference in the lives of youth.

Program Challenges: The program's managers and some of the program's staff talked of how they wished the program was able to recruit and better retain more foster parents, as this would allow the program to serve more youth. The program's staff also consistently reported that the COVID-19 Pandemic has presented the program with significant challenges, although they were all doing their best to effectively address the challenges. No other challenges were identified.

Changes that have occurred in the last 2 years: The program's management reports the program has not had any changed in the past 2 years.

Lawsuits: The program's management reports they have not had any lawsuits since opening.

Grievances and complaints filed in the last two years: The program's management reports there have not been any significant grievances filed in the past couple years. If a grievance is filed, the grievance is discussed at the program's all staff meeting for resolution. If this does not resolve the issue, the program's director, Melanie Kelly, meets with the individual to discuss and resolve the issue. If the issue is still not resolved, the program's executive director, Janet Hamada, would meet with the individual to resolve the issue.

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

Within 45 days of receipt of this report The Next Door, Klahre Day Treatment Program, 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 Irvin Minten at Irvin.minten@dhsoha.state.or.us or sent by regular mail to the following address:

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

Recommendations: NA

Exceptions: NA

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			• The statute requirements listed as NA in this area and other areas noted in this report, were not assessed during this initial walkthrough as the program has not been previously licensed by CCLU. Additional notation in the relevant area has been added if the NA notation was the result of observation and discussion.	
(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				
(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	X				

nationally recognized non-violent crisis intervention					
(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	• The program does not utilize time out and does not have a time out room.	
(3)(e) Agency uses seclusion appropriately/consistent with policy			X	• The program does not utilize seclusion.	
(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 (vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability			X		
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		
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	X				

Accrediting body: Department of Education					
(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	• The program does not launder the youth's clothes. If the youth's clothes become soiled, they are allowed to pick out new clothing from the program's clothing closet, which has a good selection of clothing that has been donated by the community. • The program does not have a time out room.	
(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			• The program's food preparation and food storage areas are nicely furnished and have more than adequate space. Most of the program's food is purchased from and delivered by Sysco. Some of the program's fruit is purchased in the community.	
(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			• The program is not conducting monthly evacuation drills. The program will need to complete and document monthly evacuation drills, as prescribed in the statute.	
(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		• 1 of the program's 2 vans does not have a mounted fire extinguisher. The program must ensure that all their vans in which they transport children have a fire extinguisher which is mounted.	
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	• Although medication administration, storage, and disposal was discussed during this walkthrough, individual child MARs and medication disposal documentation were not observed.	
(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			X		

(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					
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____1:8_______________	**X**				
413-215-0001(5)(f) Ensures safety and adequate supervision					
413-215-0001(5)(c) Engages in and applies appropriate behavior management techniques					

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Name			**X**	• Personnel files were not observed during this initial walkthrough. • All employees of the day treatment program have been cleared by the BCU as having the appropriate and required background check.	
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	• Employee training files were not observed during this initial walkthrough.	
(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		
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	• Contractors were not discussed during this initial walkthrough.	
(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		
Comments/Corrective Actions:					

Children's Records	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
Name of Child			X	• Child files were not observed during this initial walkthrough.	
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	• Child files and child records were not observed during this initial walkthrough.	
(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			X		

	Yes	No	N/A		
continuing evaluation of the ability of the child to self-administer medication					
(8) Medication record					
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**		
Comments:					

Licensing Coordinator's Signature: ____________ Date: 02/28/2022

Manager Review: ____________ Date: 2-28-2022