Licensed Child Caring Agency Site Visit 6-Month Review 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: 9-8-22
Licensing Coordinator: Irvin Minten and Jeff Minden

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 youth served in 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: During the 6-month review, individual and randomly selected interviews with 3 youth and 2 staff of the program were completed. A great deal of conversation also took place with Program Director, Melanie Kelly and The Next Door Manager, Dan Foster. In addition, a walkthrough of the program was completed and the program's medication administration practices, medication storage, and the youth's MARs were discussed and observed.

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 proctor parents, and that the program's staff and program's proctor parents were sufficiently trained. The youth also reported that they felt safe in the program and that they felt as though staff treated them respectfully and cared about them. The youth also stated the food was pretty good and that they got enough to eat. All the youth also reported that they could call their caseworker whenever they wanted. In addition, all youth interviewed stated the program was a hands-off program and that the program did not use seclusion or restraint. One of the youth stated he enjoyed attending the culinary and gardening classes which the program offered. Another youth stated they did not like the program's level system. Finally, one youth stated that some of the program's rules can be irritating at times, citing the program's boundary and no hugging rule as an example.

During interviews with the program's staff, all reported that they received adequate training to effectively work with the youth and that if they wanted to attend a specific training related to their job, the program management would most always support their enrollment and attendance. One of the staff reported the program's milieu was most always calm, and that the staff supported each other and stressed that each staff needed to take care of their own mental health and to do what was needed to prevent burn out. Both staff interviewed also reported a positive and supportive agency culture. Both staff also reported they felt supported by their supervisor and that program management was always available for staffing an issue. Both staff also were well versed on the program's suicide prevention and behavior management policies and procedures.

Program Strengths: The program staff consistently reported that the program is trauma informed. It was also consistently reported by staff 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. It was also reported that the program's staff turnover is low, and that the program's supervisors and managers are available and supportive. It was also reported that the program management supported on-going staff training, learning, and continuing education. In addition, the program's management reported some creative approaches in their attempts to recruit and retain foster parents.

During the walkthrough, it was observed that the program was well maintained and decorated, and the program's milieu was calm. The program's kitchen was also found to be clean and well-furnished with healthy foods. There were also healthy snacks and water available to the youth in their main classroom. Several youth were also observed to be assisting the program's cook in food preparation.

Program Challenges: The program's managers and one of the program's staff talked of how they wished the program was able to recruit and better retain more proctor foster parents, as this would allow the program to serve more youth. Foster parent recruitment and retention has been an ongoing issue with the program for about 8 years. Finally, one of the program's staff also reported that the COVID-19 Pandemic has presented the program with significant challenges, as many of the community activities have dried up.

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 6 months. 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: After some discussion, it became clear that the program was providing their new staff with new employee orientation training on Attributes of Population Served. However, this training was not noted on the program's staff training log. As a result, it is recommended that the program clearly note on their training log that they are providing new employee orientation training on Attributes of Population Served to their individual staff.

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 were not assessed during the 6-Month Review.	
(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 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**	▪ 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**			▪ The program's suicide prevention protocol was discussed in detail during this review. All managers and staff interviewed were well versed on the program's protocol.	
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**	▪ The program does not utilize any contractors.	
(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**	▪ All the supplemental documents noted in this section, other than "Required Financial Documents and Information" were closely reviewed at the time of the program's initial CCLP licensing but they were not reviewed as a part of this 6-month review. The program's management also reported prior	

				to this review that they have not made any changes to the program's policies and procedures since initial CCLP licensing.	
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 Accrediting body: Department of Education	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**	▪ The program does not launder the youth's clothes. If a 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	

(b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes.	**X**			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 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, as there was only 1 drill in the past 6 months. The program must complete monthly evacuation drills. • The program's current evacuation drill log does not contain all the statute requirements. The program will need to create an evacuation drill log which contains all the statute requirements.	
(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**			▪ Both program's vans were observed, and both were found to meet all statute requirements.	
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**	▪ None of the youth currently enrolled in the program are prescribed medication.	

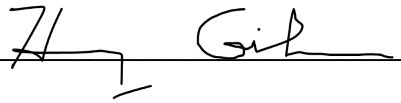
				• The program's nonprescription medications were being kept in a room which was not locked, and the nonprescription medications were accessible to youth in the program. The program must ensure that all medication is kept in locked storage.	
(5) Medications are kept in locked storage		**X**			
(6) Medications 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____1:8_____	**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			▪ The program has a cook and all other employees of the program do not handle food. The program's cook maintains a valid food handlers card.	
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**	▪ The program is not utilizing contractors.	
(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**				
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**				
(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**			▪ The program's child and staff files are electronic.	
(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: 9-14-2022

Manager Review:  Date: 9-12-2022