DHS
Oregon Department
of Human Services

Licensed Child Caring Agency Site Visit Report
Homeless/Runaway/Transitional Living Shelters

Licensee: Cascadia Health - Firefly

Board Chairperson: Steve Jaggers

Executive Director: Derald Walker

Date of site visit: February 22nd, 2023

Program Director: Robert Nicholas

Licensing Coordinator: Ed Wyller

Other Regulatory or Accrediting Agencies: Oregon Health Authority and Multnomah County Behavioral Division

Program Compliance: The program was found to be compliant or will be compliant with OAR 419-400-0005 to 419-400-0310, Licensing Umbrella Rules, and OAR 419-450-0010 to 419-450-0120, Licensing Homeless, Runaway, and Transitional Living Shelters Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): Firefly reports the following: "Firefly is a transitional aged youth residential treatment home located in outer Northeast Portland. The 5-bed program serves young adults (aged 17-24) with mental health challenges and other complex needs who are moving out of the children's mental health system into adult mental health services, transitioning to a lower level of care, and who are needing a more supportive residential environment prior to fully independent/less-supported living. The program is designed to help young adults make the often-difficult transition into independent adulthood by providing developmental-age appropriate, person-centered treatment in a setting with peers in the same age-group. The goal of the program is to assist individuals in becoming as independent as possible while reaching developmental milestones such as independent housing, education, employment, the development of social relationships, accessing various community resources, and managing instrumental activities of daily living.
Services are provided both in the facility and out in the community by residential counselors/skills trainers along with the support of case management, medication management, therapy, and program administration. The program is double staffed 24 hours a day, 7 days a week and uses the collaborative problem solving and trauma informed care models to individualize treatment for each resident. Additionally, the program uses hands off, non-violent crisis intervention techniques (Pro-ACT - Professional Assault-Crisis Training https://proacttraining.com)"

Program type and services: Young Adult Transitional Living Shelter

Capacity and Age Range: 5, ages 17-24

Funding sources: Oregon Health Authority, and Multnomah County

Contracts and sources for referrals: Oregon Health Authority, and Multnomah County

Average length of stay: 6-18 months

Average daily population served: 5

Number of children served annually: 5-7 depending on transition/turnover of youth

Interviews, Observations: I interviewed two residents on site at Cascadia Firefly. Both residents reported feeling safe at Cascadia Firefly. On a scale from 0-10 (0=worst program, 10=best program) residents rated Firefly to be an 8, and 8.5 on that scale. Residents reported learning the following at Firefly: coping with mental illness, how to use mass transit, how to open and use a bank account, how to set up doctor appointments, how to grocery shop, and personal health. Residents spoke of the on-site groups in learning many of the above. In addition, there is a community group. Residents purchase their own food and cook their own food. Program purchases food so there is always food for the residents.

Residents reported for fun they will walk the loop at the public golf course across from the program. Also reported going to movies, hikes, and Saturday Market. On-site youth watch TV, play games and video games. Both residents mentioned that the Wi-Fi was slow but believe it is fixed now. Staff were described as “really great” “easy to talk to”, and “staff try their best”. Residents did report that program is low on staff and are soon to have a new manager and psychiatrist.

Cascadia Health has made the shift from behavioral health to a holistic integrated health care model to help its clients. This has allowed Firefly to take advantage of its integrated health care system. Benefits include pharmacy delivery to Firefly. Narcan is now on-stie at Firefly for use in the event of an overdose emergency. Firefly uses a holistic approach and harm reduction model. Cascadia also has received a large grant to start gardening programs at their programs. Firefly is eager and excited for this opportunity this spring. Staff members interviewed reported they like working at Firefly, and the training prepared them for working there.

Program Strengths: Firefly reports the following:

- "The program has successfully supported individuals in becoming as independent as possible while reaching developmental milestones such as independent housing, education, employment, the development of social relationships, accessing various community resources, and managing instrumental activities of daily living. This has continued with success even during a global pandemic."
- "The program is designed and structured to promote independence, autonomy, and self-determination in all that we do."
- "Being a part of Cascadia Health is a huge benefit and strength of the program as we can more easily connect people with internal primary care and substance use services, as well as share resources; we have access to as a very large organization. Our expansion into more primary care has benefited several Firefly clients."
- "Cascadia and Firefly embrace trauma informed, person-centered, and harm reduction treatment approaches with all residents."

Program Challenges: Firefly reports the following:

- "Individuals entering Firefly sometimes do not have much experience with formal mental health treatment services, and thus diagnoses can be inaccurate or incomplete, or may need to be adjusted based on actual service/treatment needs."

- "Individuals often enter the Firefly program without a source of income or funding, resulting in the need to utilize other sources of funding such as State general funds and Multnomah County treatment funds of which portions are set aside to support our clients with monthly room and board and personal incidental funds. Additionally, the challenges presented by the social security disability and supplemental security income application processes present challenges as well."

- "Firefly program supports and promotes clients to engage with outside supports, which, while positive overall, can result in challenges in terms of consistent engagement. Prolonged periods of time outside of the program tends to impact the program financially in a negative manner."

Changes that have occurred in the last 2 years: Firefly reports the following:

- "Over the past two years program has continued to deal with challenges presented by the Covid-19 pandemic, which has significantly impacted staffing and program operations. As a result, we were required to change the amount and frequency of treatment services we offer to residents out of the facility, as well as with group services, to limit exposure to Covid-19. Fortunately, we have been able to gradually peel back those restrictions, but some changes have remained in place to better ensure safety for residents and staff."

- "Program has seen significant staff turnover in the past two years, including with leadership moving to higher positions and changes to members of the clinical team."

Lawsuits: Firefly reports no lawsuits in the past two years.

Grievances and complaints filed in the last two years: Firefly reports, "No formal grievances in the last two years. Informal grievances have been filed and have been responded to by program leadership."

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

Within 45 days of receipt of this report Cascadia Health 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 Ed Wyller Edward.Wyller@dhsoha.state.or.us

Exceptions: N/A

Changes in License: Expiration of license to be changed to September 31, 2024, to be in alignment with OHA.

Summary of Review				
Program and Services 419-400-0020 (2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Program and services are in scope of license	**x**			
Governance of the Agency 419-400-0040	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(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**		• Awaiting financial records to review
(2)(h) Obtain and review an annual independent financial review or audit of financial records.		**x**		• Awaiting financial records to review
(2)(k) Written quality improvement program	**x**			
(2)(l) Meeting minutes	**x**			
Executive Director or Program Director 419-400-0040	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	**x**			

(3)(g) Approval from BCU		x		• Cascadia – Firefly has submitted to the ODHS Background Check Unit (BCU) both Robert Nicholas, Clinical Director and Acting Program Director, and Derald Walker, Executive Director, background check requests. At this time, Cascadia is waiting for the review and fitness determinations to be completed. The program must submit documentation of completed BCU approval when available.
Discipline, Behavior Management, and Suicide Prevention 419-400-0150	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(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) 419-400-0120(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(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**	
Restraints and Involuntary Seclusion 419-400-0180	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**

(11)(d) Each child caring agency that submits a report under this section shall make its quarterly report available to the public upon request at the Child Caring Agency's main office and on the child caring agency's website if applicable.	**x**			
Supplemental Information Provided by CCA	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Documents as indicated on the form titled "Renewal Licensing Required Documents"	**x**			
Documents as indicated on form titled "Required Financial Documents and Information"		**x**		• Cascadia Firefly has not sent the required financial documents at this time. Program reports they will submit required forms when they have received.
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**			
Staffing Requirements 419-450-0030	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(1) Has and follows a written plan for minimum staffing	**x**			
(2) One staff for each shift is trained in non-violent crisis intervention	**x**			
(3) Staffing ratio is sufficient for adequate supervision Days: 2:5 Evenings: 2:5 Sleeping: 2:5	**x**			
Grouping 419-450-0100	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(1) & (2) Has and follows policies for grouping children that meets requirements (age, developmental level, maturity, behavior, medical...)	**x**			
(4) Care was taken to assess and minimize risk for children placed with emancipated children or adults	**x**			
Service Planning 419-450-0060 Establish & maintain links with community agencies that provide:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(5)(a) Alternative living arrangements	**x**			
(5)(b) Medical services	**x**			

(5)(c) Mental health services	x			
(5)(d) Educational services	x			
(5)(e) Independent living services	x			
(5)(f) Other assistance required	x			
Physical Plant	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-400-0090(3)(a)Foster Rights Posted (if children in DHS custody)	x			
419-400-0100(1) Sufficient safe space, equipment, and office equipment	x			
419-400-0230(12) License is posted in common area at each facility	x			
419-450-0080(2) Medication is kept in locked storage and inaccessible to children in care	x			
Umbrella Safety 419-400-0200	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(1)(b)(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)(b)(A) Each vehicle used to transport a child in care must be: properly registered, covered by an insurance policy in full force and effect, maintained in safe operating condition, and smoke-free.	x			
(3) If a child-caring agency has a swimming pool on the premises that is accessible to children in care or if a child-caring agency plans to have children in care engage in swimming, the child-caring agency must have and adhere to policies and procedures that address, at a minimum, providing disclosures and obtaining consents, assessing swimming ability of children in care, and ensuring the safety of pool access.			x	
(4)(a) The school protects children from potentially harmful items and materials.	x			
(4)(b) Direct supervision of children who do not have the ability to adjust and control water temperature	x			
(4)(c) Light fixtures have protective covers unless designed to be used without one	x			

Safety - Building Requirements 419-450-0110(4)(b)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(b)(A) Smoke free	**x**			
(b)(B) Clean and in good repair		**x**		• Bedroom 1 had closet door off its track. Closet door that was off its track was propped up on the other two closet doors. Door could fall and is a hazard.
(b)(C)(i) continuous supply of hot and cold water	**x**			
(b)(D) room temps are w/in normal range, ventilated and free from odors	**x**			
Safety - Bathrooms 419-450-0110(4)(c)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(c)(A)(i) 1:8 ratio for toilet and sink	**x**			
(c)(A)(ii) If self-closing metered faucet –15 sec.	**x**			
(c)(A)(iv) 1:10 ratio for bathtub or shower	**x**			
(c)(A)(v) individual privacy	**x**			
(c)(A)(vi) window covering	**x**			
(c)(A)(vii) permanently wired light fixtures	**x**			
(c)(A)(viii) mirror affixed at eye level	**x**			
Client Rights 419-450-0020	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(2) Nutritional needs are met as appropriate for each child in care	**x**			
Medication Storage and Dispensing 419-450-0080	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(2) Medication is locked and inaccessible to children	**x**			
(3) Medication is self-administered after children have requested their medication at prescribed times	**x**			
(4) Written record of administration of medication includes (name, description, date and time dispensed, dosage, staff who dispensed)	**x**			
(5) Written record of disposal by 2 staff and includes when and how the medication was disposed	**x**			

Personnel Files 419-400-0120	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**

Staff Name/Position				
(3)(g) Date of Hire				
(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		• Employees were missing performance evaluations for the year 2022.
(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 (30 days) 419-400-0120(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(a) Agency policies and procedures	x			
(b) Ethical and professional guidelines	x			
(c) Suicide prevention and intervention	x			
(d) Attributes of population served		x		• New employee training was missing training on attributes of population being served.
(e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse in ORS 418.257 and 419B.005 (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			
Staffing Requirements 419-450-0040	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Staff (at least one for each shift) has been trained in non-violent crisis intervention	x			
Initial Training (Must be completed before staff is alone with youth) 419-450-0040(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(a) Completion of agency's orientation	x			
(b) Understanding of supervision structure	x			

(c) Understanding of behavior management policies	x			
(d) Understanding of presenting issues of the youth served		x		• Initial training is missing instruction on understanding of presenting issues of the youth served.
(e) Safety procedures	x			
(f) Sanitation procedures	x			
(g) First aid kit contents and use	x			
(h) Report writing	x			
(i) CPR and First Aid	x			
(j) Crisis intervention training	x			
Crisis Intervention Training Standards and Certification 419-400-0160(4) **(as applicable)**	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(a)Complete a minimum of 12 hours of initial training in person from a certified instructor, including but not limited to a minimum of six hours of training focused on positive behavior support, nonviolent crisis intervention and other methods of nonphysical intervention to support children in care during a crisis			x	
(d) Receive a certificate that states: (A) The dates during which the certification is current (B) The type of restraint which the individual is certified to perform if applicable (C) The type of training the individual is certified to conduct if applicable (D) Any special endorsements earned by the individual (E) The level of training (F) The name of the certified instructor who conducted the training and administered the assessment of proficiency.			x	
(e) A certification issued: (A) Must be personal to the individual certified by the training provider			x	

(B) May be valid for no more than two years with recertification				
Ongoing Training (Staff & Volunteers)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-450-0040(2)(a) Confidentiality	**x**			
419-450-0040(2)(b) Universal precautions	**x**			
419-450-0040(2)(c) Discipline and behavior management		**x**		• Ongoing training was missing ProAct training for the year of 2022
419-450-0040(3) Training in CPR/First Aid sufficient to retain current certification	**x**			
419-450-0040(4) Staff working with food must possess a food handler's card			**x**	
419-400-0120(5) Mandatory reporting that includes: (a) legal definition of child abuse in ORS 418.257 and 419B.005 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	**x**			
419-400-0160(4)(b) Receive continuing education (as applicable on crisis intervention training) from a certified instructor on an annual basis			**x**	
Comments:				

Child Records 419-450-0070(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Name of Child				
Date of Admission				
(a) Sufficient information about the child's family or legal guardian to enable staff to contact them at any time	**x**			
(b) & 419-450-0050(2) Custody status	**x**			

(c) authorization for medical treatment	x			
(d) Consent to treat the child with interventions in use at the program	x			
(e) Signed acknowledgment that child is responsible for requesting medication at prescribed times	x			
(h) Documentation of child's illness and injuries and follow up by program	x			
Assessment 419-450-0050	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-450-0050(2) Assessment includes family history, health history (substance abuse history/current use of prescription and OTC medication), mental health history (including diagnoses and treatment history), and who has custody of the child.	x			
419-450-0050(3) Statement as to whether child meets eligibility requirements to be admitted to program.	x			
Service Planning 419-450-0060	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-450-0060(2)(a) Includes family, staff & other interested parties	x			
419-450-0060(2)(b) Monthly review		x		• Resident charts were missing monthly reviews.
419-450-0060(2)(c) Addresses physical and medical needs, behavior management issues, mental health treatment, education, and special needs	x			
419-450-0060(3)(a) Reasonable effort to involve family within 72 hours when possible	x			
419-450-0060(3)(b) Make a program orientation available to the child in care's family.	x			
419-450-0060(4) Directly or through referral, the agency must make available individual, group, and family counseling by a qualified professional.	x			
419-450-0060(5) The child-caring agency must establish and maintain links to community agencies and individuals who can provide required services to children in care or their families that may not be directly	x			

available from the program. These services must include: (a)Alternative living arrangements. (b)Medical services. (c)Mental health services. (d)Educational services. (e)Independent living services. (f) Other assistance required by children in care or their families.				
419-450-0060(6) Discharge summary (summary, results of evaluations, condition of child, compliance with program, recommendations, and discharge destination)	**x**			
Medication Storage and Dispensing 419-450-0080	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(4) Documentation	**x**			
Records Relating to Restraint & Involuntary Seclusion	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-400-0180 (12) Records	**x**			
419-400-0180(13)(e) Each child caring agency shall provide notice regarding how to access the quarterly reports to the parents or guardians of children in care in the program. The child caring agency shall provide the notice upon the child in care's admission and at least two times each year thereafter.		**x**		• Cascadia Firefly is missing documentation of notice to parents/guardians at time of admission, and at least two times each year thereafter, of how to access the program's quarterly restraint& seclusion reports.
419-400-0190(1) Information provided to children in care relating to Restraint & Involuntary Seclusion		**x**		• Cascadia Firefly is not currently providing residents in care instructions on how a child in care may report suspected inappropriate use of restraint or involuntary seclusion and written assurance that the child in care will not experience retaliation for reporting suspected inappropriate uses of restraint or seclusion.
Records and Documentation 419-400-0140	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(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: 3/14/23

Manager Review: _____ Date: 3-14-2023