DHS
Oregon Department
of Human Services

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

Licensee: New Avenues for Youth

Board Chairperson: Vanessa Sturgeon

Executive Director: Sean Suib

Date of site visit: 05/02/2023

Program Director: Deonza Watson

Licensing Coordinator: Jeff Minden, Aubrey Kelly

Other Regulatory or Accrediting Agencies: Multnomah County Youth and Family Services 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): Alba House

Program type and services: Emergency Housing for runaway and homeless youth

Capacity and Age Range: up to 4 youth ages 9-17

Funding sources: Multnomah County, Family and Youth Services Bureau, Oregon Department of Education

Contracts and sources for referrals: Youth Stabilization and Homeless Prevention, Basic Centers Program, Community Investment Re-investment Grants. School, parents,self-referral, community partners and law enforcement.

Average length of stay: 1-2 days

Average daily population served: 1

Number of children served annually: 24 youth with 34 placements

Interviews, Observations: A walk through was conducted as a part of the licensing review. Alba House was noted to be extremely clean and well organized. The program looked as good as it did prior to opening, which Program Manager Deonza Watson credits to her staff being very involved and engaged in keeping the program clean and organized. Youth bedrooms were appropriately laid out and there are several spaces for youth to use for recreation. Additionally, the program has extensive storage available. One staff was interviewed during the review process, as there was only 1 staff working at the time. Staff had worked for Robinswood prior to working for Alba house and reported having a good experience there but being very happy at Alba House. Staff reported that supervisor James is very supportive and "the best supervisor ever." Staff reported having a lot of training and that incidents are used as opportunities to learn. Staff has no concerns about Alba house and reported it was "the best job in the world."

2 youth were receiving services from Alba House at the time of the review. Both youth declined to be interviewed so no client interviews were able to be conducted. 1 staff was interviewed as a part of the review, as only 1 line staff was working at the time of the review.

Program Strengths (as identified by the program): Alba is a dynamic, voluntary and low barrier program, providing 24/7 drop in basic needs services as well as assessment and intake for short-term emergency housing placement for youth ages 9-17 in Multnomah County. In addition to emergency housing at the Youth Opportunity Center, we link to a variety of additional short-term and other transitional housing programs. Any youth provided emergency housing are offered family mediation and on-going mentorship in community following placement end.

Program Challenges (as identified by the program): Fast growth has meant iterations of re-aligning and updating processes, procedures, etc. Due to shift in programming and expectations growing especially amidst COVID-19 pandemic, staff transition at various junctures has followed.

Changes that have occurred in the last 2 years (as identified by the program): The Alba program has significantly expanded in the last two years after launching in February of 2020. The drop-in center opened in early 2021 thanks to grants obtained in Fall 2020, and Alba House was able to open late 2022 after additional funding was secured.

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 (insert name of agency) 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 (Licensing Coordinator and email address).

Recommendations: N/A

Exceptions: N/A

Changes in License: N/A

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**	**These requirements were not re-reviewed for this 6 month review, as New Avenues was found to be in compliance during their bi-annual licensing review in August 2022.**
(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 419-400-0040	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs			**x**	**These requirements were not re-reviewed for this 6 month review, as New Avenues was found to be in compliance during their bi-annual licensing review in August 2022.**
(3)(g) Approval from BCU			**x**	
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	**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**	**Agency does not utilize time-out space**
(3)(e) Agency uses seclusion appropriately/consistent with policy			**x**	**Agency does not utilize seclusion**
(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**		**Reports have been submitted to the agency. The agency website does not currently have the reports posted, instead it has a link to the DHS reports web page, which does not meet the requirement.**
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	**New Avenues Financial Review was completed as a part of the August 2022 Bi-Annual review**
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: Evenings: Sleeping:	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 program 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			**Facility was in exceptionally clean condition.**
(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	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 (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**			
(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**		**Staff in one of the reviewed files did not complete orientation training during their 2-month employment. Alba Staff noted that during that time frame Foundations Training (Which includes initial required trainings) was not being conducted due to COVID-19 related scheduling issues. The program has since been completing Foundations Trainings on a monthly basis.**
(b) Understanding of supervision structure	**x**			
(c) Understanding of behavior management policies	**x**			
(d) Understanding of presenting issues of the youth served	**x**			
(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 (B) May be valid for no more than two years with recertification			X	
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			

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	x			
Date of Admission	x			
(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	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**

419-450-0050				
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**	**Youth are not in the program long enough for a monthly review**
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**		**Intake documentation did not include confirmation of program information being made available to family. Intake documentation was updated during the review to meet this standard moving forward.**
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 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.	**x**			

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			
Information provided to children in care 419-400-0190(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Each child in care receiving services from a child-caring agency must be given the following: (a) Instruction regarding how a child in care may report suspected inappropriate use of restraint or involuntary seclusion. (b) Assurance that the child in care will not experience retaliation for reporting suspected inappropriate uses of restraint or involuntary seclusion. The telephone number for the toll-free child abuse hotline described in ORS 417.805 and the telephone numbers and electronic mail addresses for the program's licensing agency, the child in care's caseworker and attorney, the child in care's court appointed special advocate and Disability Rights Oregon.		x		**Instructions about abuse reporting and contact information were included in Child files, however a statement of assurance about no retaliation was not located. Documentation was updated during the course of the review to include this assurance moving forward.**
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		**Notice regarding accessing quarterly reports was not included in the child documentation.**
419-400-0190(1) Information provided to children in care relating to Restraint & Involuntary Seclusion	x			

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: Jeff Minden Date: 5-9-2023

Manager Review: _____ Date: 5-9-2023