



# Kids Helping Kids

*Teen drug treatment that works.*

February 11, 2000

RECEIVED

FEB 17 2000

ODADAS  
Contract Compliance Unit

Ms. Barbara A. Pavichevich, LISW  
Certification Coordinator  
Division of Quality Improvement  
ODADAS  
Two Nationwide Plaza, 12<sup>th</sup> Floor  
Columbus, OH 43215-2537

RE: Correction Report  
Kids Helping Kids #03234

Dear Barbara:

On the following deficiencies identified in our site survey:

1. The program actually does have an affiliation agreement with a hospital/medical center for emergency medical services as required by OAX 3793:2-1-05. That is with Bethesda North Hospital. I have also contacted Mercy Hospital and in the process of contracting with them for psychiatric admissions. I believe this should be accomplished by March 15<sup>th</sup>. I am waiting on a response.
2. I have also contracted with Nutrition Access, a consulting firm of dietitians, sent them our policies as they are now written. She will review these policies and menus to determine their appropriateness for our normal population as well as write procedures for special diets. These should be completed by March 1<sup>st</sup>.
3. After receiving information from the Health Department I have written dietary policies on the procurement of food. Completed.
4. Training for those crisis intervention service providers who are not now current on CPR, First Aid and De-escalation have been scheduled, the first of those, De-escalation to be done Thursday, February 17<sup>th</sup>. All should be completed by April 15<sup>th</sup>.

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Penny Walker, MS, CCDC III

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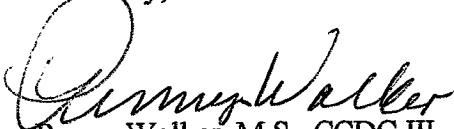
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We also have revised our progress notes and taken advantage of some of your suggestions for documentation. I also think I mailed you a packet of the forms we will now be using.

Thanks for your help.

Sincerely,

  
Penny Walker, M.S., CCDC III  
Executive Director

Kids Helping Kids

Teen Drug Treatment that Works!

P.O. Box 42398  
Cincinnati, OH 45242  
513 / 575-7300

 **Fax**

**To:** Barbara Pavichevich, LISW  
**Fax:** (614) 752-8645  
**Phone:** (614) 644-9102  
**Re:** Policy Corrections

**From:** Penny Walker  
**Pages:** 4  
**Date:** January 4, 2000  
**CC:** [Click here and type name]

Urgent

For Review

Please Comment

Please Reply

● **Comments:**

Barbara,

Here are those policies. Thanks for your help.

Penny

*Barbara, see # 2 regarding  
admissions.*

*P*

## **SECTION 3. ACCESSIBILITY, HEALTH AND SAFETY, AND TRANSPORTATION**

### **A. ACCESSIBILITY AND DIVERSITY**

1. Kids Helping Kids facility will be maintained free of architectural barriers that would impede access by handicapped personnel or clients. The building is one story, has a designated handicap parking space, wheel chair ramp and restrooms that have been modified to accommodate the disabled.
2. With regard to employment, Board recruitment, outreach activities, admission and treatment of clients, there will be no discrimination due to race, creed, religion, national origin, sexual orientation, handicap or other developmental disability, HIV infection, AIDS related complex or AIDS. There will be no distinction in treatment planning of client or family members between clients who pay the full program fee and those who are scholarshipped.
3. The program will strive to have Board members and staff who reflect the racial mix and represent the community and population served by KHK, including the chemically dependent and their family members. Recovering chemically dependent adolescents are recruited to join our staff after they have successfully completed our program. Their parents and people from the Alcoholics Anonymous community are recruited for our Board.
4. Money will be available for cultural sensitivity training of staff and culturally specific and relevant programming for minorities. Money will be made available for services required by the blind, deaf or hearing impaired, people who speak a language other than English and other handicapped clients.
5. KHK educates professionals, adolescents and the community at large on the disease of chemical dependency. Our clients and their family members are encouraged to share with others their own experiences demonstrating that anyone can develop this disease, thus removing the stereotypes and stigma of alcoholism and other drug addiction.
6. From the initial phone call to the preadmission meeting, if it is determined that a client does not meet the KHK admissions criteria, referrals are made to service providers more appropriate for that particular client. If space is unavailable for an appropriate client, s/he is placed on a waiting list or referred to another treatment program, whichever the situation warrants. The Admissions Coordinator makes periodic contact with the family until the client can be admitted to treatment.

## **E. RECORDS**

**A permanent Client Case File must be established and maintained for each client/family entering the Kids Helping Kids program. All relevant and required clinical; program, and administrative information must be maintained within the file and files must be kept current and in order. The files must be kept securely locked and only staff (including paraprofessional staff) may have access to client case files. All files removed from the file cabinet must be returned prior to the day's closing. If file is removed for longer period of time, a dummy file folder with the name of the file removed, the time of the person checking out the file, the date and time, must be inserted in the file's space.**

**The following information must be completed, filed, updated, and maintained within the Client Case File.**

- 1. Client/Family Pre-screen data (Before admission)**
- 2. The Treatment Agreement (Day of admission)**
- 3. Court documents and legal records**
- 4. Non-Interference Agreement (if applicable)**
- 5. Intake Summary (Day of admission)**
- 6. Pertinent history, diagnosis, functional limitations, goals and prognosis**
- 7. Notification of:**
  - a. Program Rules or Client expectations**
  - b. Client's Rights**
  - c. Client Grievance procedure.**
  - d. Written summary of the federal laws that indicate the confidentiality of alcohol and drug abuse client records are protected as required by 42 CFR Part B. Paragraph 2.22, Confidentiality of Alcohol and Drug Abuse patient Records.**
- 8. Medical Examination/lab reports (within one week of admission)**
- 9. Individual Treatment Plans (within ten days ) and integrated progress notes (2 days)**
- 10. Biopsychosocial - (one month)**
- 11. Family Conference Summaries (2 days)**
- 12. Incident Reports (same day)**
- 13. School/Employment documents and reports**
- 14. Record of referral to community agencies**
- 15. Release Forms**
- 16. Psychological test information and information that comes in from other agencies**
- 17. Progress notes**
- 18. Termination Summaries (30 days)**

**Financial Agreements and Requests for Scholarship/Financial Aid are kept by the Administrative Assistant with financial records in a locked file cabinet, accessible only by her and the Executive Director.**

**Records will be maintained in a locked, metal file cabinet for at least five years after**

client leaves treatment. If records are disposed of after five years they will be shredded. After clients have completed treatment they may review their records in the presence of a staff person. An appointment must be made in advance.

A records review committee will review a representative sample of the records of persons served monthly to measure their adequacy and fulfillment of record keeping requirements. That committee will also review the policies and procedures concerning records of persons served and report at least annually with recommendations which will be considered by the chief executive.

## **Confidentiality**

1. Kids Helping Kids protects clients confidentiality in compliance with federal regulations 42 CFR Part 2. Generally, the program will not say to a person outside the program that a patient attends Kids Helping Kids, or disclose any information identifying a patient as an alcohol and drug abuser unless:

- (a) The patient consents in writing
- (b) The disclosure is allowed by a court order; or
- (c) The disclosure is made to medical personnel in a medical emergency or
- (d) qualified personnel for research, audit, or program evaluation.

2. Violation of the Federal laws and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

3. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

4. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

5. See 42 U.S.C., 290 DD-3 And 42 U.S.C. 290 EE-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations.

All records are locked and shared only with written permission from client, if 18, and client's parent or legal guardian if client is underage. The release of information will specify what information is to be released, to whom, the period of time the release is in effect, and the purpose of the information.

Each disclosure made with the patient's written consent will be accompanied by the following written statement: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Kids Helping Kids**

**Teen Drug Treatment that Works!**



P.O. Box 42398  
Cincinnati, OH 45242  
513 / 575-7300

**To:** Parbara Pavichevich, LISW  
**Fax:** (614) 644-5169  
**Phone:** [Click here and type phone number]  
**Re:** Dietary Policies & Documentation

**From:** Penny Walker  
**Pages:** 5  
**Date:** January 14, 2000  
**CC:**

**Urgent**       **For Review**       **Please Comment**       **Please Reply**

● **Comments:**

Barbara,

Here is a copy of the revised Dietary Policies and also minutes of documentation meetings and a sample copy of a new progress note form. Actually, there will be a different form to correspond with schedules for each day and they do change according to the day of the week.

I would welcome your thoughts on this approach.

I have not received a copy of your report but I think this will take care of the deficiencies. Let me know if there is anything else.

Thanks for your help.

Penny Walker



## **E. DIETARY SERVICES**

Lunch, dinner and a snack are provided clients by KHK. **Repeating menus are approved and based on nutrition policies written by a licensed dietitian (Page 45a).** These policies meet the nutritional needs of clients in accordance with the current recommended daily allowances. The program is licensed by the Clermont County Health Department to serve food.

Lunch is a light meal, usually of soup or salad, sandwich, fruit and low fat milk. Prepared foods are purchased for lunch requiring minimal preparation. Dinner is catered by a licensed caterer and brought into the facility between 4:30 and 5:00 p.m. in containers designed to control temperature. When a **special diet** is ordered for client by a physician, caterer is called the day the order is received. Caterer prepares special meal and delivers with the main meal.

Food served for lunch and snacks are **procured** according to Health Department Standards. Food is purchased from reputable purveyors and manufacturers. Food is inspected when delivered for unsafe packaging. Broken boxes, leaky packages, or dented cans are rejected. All foods are labeled with the date they were delivered and the use by date. **Stored** foods are sealed and stored in a dry area and rotated to insure timely use.

The person responsible for dietary services is a dietetic technician who has received training by the Clermont County Health Department in Food Safety and Sanitation and Principles in Food Preparation. Lunch is prepared by this person. All meals and snacks are served by clients on disposable paper plates, cups, utensils, etc.

Kitchen, eating and storage areas are kept in a sanitary condition. The kitchen is cleaned after every meal with a disinfectant. Floors are mopped 2 - 3 times a day with a disinfectant. The facility is sprayed monthly for pest control. Garbage is emptied twice daily and stored in dumpster until pick up by disposal company.

## Documentation Committee Meeting Summary

January 05, 2000

### Present:

Penny Walker  
Michelle Hoehn  
Sean Smith

### Details:

Above members formed Documentation committee in response to recent program audit identifying group documentation as an area of needed improvement. Discussed and brain-stormed possible changes to present procedures to address this area. Decided on revision of current progress note form to include documentation of every group and each client participation in that group. Identified necessary components of this form.

### Plan:

1. Sean Smith will develop initial rough draft of committee census on format of progress note.
2. Committee to meet next on January 11 to evaluate rough draft.

## Documentation Committee Meeting Summary

January 11, 2000

### Present:

Penny Walker  
Scott Stacy  
Michelle Hoehn  
Sean Smith

### Details:

Reviewed the rough draft of a new progress note submitted by Sean Smith.  
Discussed format and changes that might be made.  
Made adjustments for changes in daily schedule.  
Added music group and shortened rules group space.  
Identified need for both structured and unstructured groups at this point in time.  
Will use SOAP format for structure of notes.  
Need to develop weekly summary progress note for documentation of phone contacts, individual and family sessions, special staffing, homes reports, and parent ed. groups.

### Plan:

1. Each clinician will monitor a group and document client participation using this new format to experience effectiveness and problems.
2. Clinicians will meet January 27, 2000 to discuss experience and make necessary adjustments to form and format.
3. Peer staff will document of daily schedule the topics of groups being lead from January 11 to January 27. This information to be evaluated to determine what topics are being stressed and what topics might be left out.
4. Peer staff will be trained in PT group on January 27, 2000 on new documentation format. This will take effect by February 1, 2000.

KIDS HELPING KIDS

Client Name: \_\_\_\_\_

Med #: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_ Group Topic: \_\_\_\_\_  
Observed Behavior: Appropriate Disruptive Participated Uninvolved Motivated  
Observed Emotion: Content Aggitated Anxious Withdrawn Other \_\_\_\_\_

(sig)

Time: \_\_\_\_\_ Group Topic: \_\_\_\_\_  
Observed Behavior: Appropriate Disruptive Participated Uninvolved Motivated  
Observed Emotion: Content Aggitated Anxious Withdrawn Other \_\_\_\_\_

(sig)

Time: \_\_\_\_\_ Group Topic: \_\_\_\_\_  
Observed Behavior: Appropriate Disruptive Participated Uninvolved Motivated  
Observed Emotion: Content Aggitated Anxious Withdrawn Other \_\_\_\_\_

(sig)

Time: \_\_\_\_\_ Group Topic: \_\_\_\_\_  
Observed Behavior: Appropriate Disruptive Participated Uninvolved Motivated  
Observed Emotion: Content Aggitated Anxious Withdrawn Other \_\_\_\_\_

(sig)

Time: \_\_\_\_\_ Group Topic: \_\_\_\_\_  
Observed Behavior: Appropriate Disruptive Participated Uninvolved Motivated  
Observed Emotion: Content Aggitated Anxious Withdrawn Other \_\_\_\_\_

(sig)