



**OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES
DIVISION OF PROGRAM DEVELOPMENT**

PROGRAM CERTIFICATION INSPECTION REPORT

Date of Inspection: November 15, 1995

Name of Inspector: Janice C. Jones

PROGRAM OWNER

Tri-State Drug Rehabilitation
and Counseling Program Inc.
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
County: Clermont
(513) 575-7300

PROGRAM SITE

3234

Kids Helping Kids
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
County: Clermont
(513) 575-7300

PREVIOUS CERTIFICATES:

954-064T Outpatient Expiration: 1/31/96

SCOPE AND PURPOSE OF REVIEW

The purpose of this review was to compare the program's documentation and practices for compliance with the Ohio Department of Alcohol and Drug Addiction Services' Standards for treatment certification. The Standards are identified as follows: rules 3793:2-1-01 through 3793:2-1-17 and rules 3793:2-01 of the Ohio Administrative Code.

On October 7, 1995, Kids Helping Kids submitted an "Application for Treatment Program Certification". The application was reviewed, determined to be complete, and a certification site visit was scheduled for the purpose of re-certification.

PROGRAM DESCRIPTION

Kids Helping Kids is a long term, highly structured, intensive outpatient/day treatment program for adolescent chemical dependency. Clients are assigned to a "temporary home" and live at night under the "adult supervision" of "host home parents" during the first phase of treatment. The program places primary emphasis on group therapy and family involvement in the treatment process.

The program provides: Assessment, Individual and Group Counseling, Crisis Intervention, Intensive Outpatient and Medical/Somatic services.

The participants in the review were Penny Walker, Executive Director; and Michele Walton, Program Director.

ORGANIZATIONAL ADMINISTRATION

Tri-State Drug Rehabilitation and Counseling Inc. is a not-for-profit corporation licensed out of Kentucky. (came into Ohio 6/25/81) The License # is 577084.

Tri-State Drug Rehabilitation and Counseling Program Inc. is a Kentucky corporation licensed to do business in Ohio.

Penny Walker, is the Executive Director of the organization.

The program has a Governing Authority known as the Board of Directors. Eric Steinman is currently the Chairperson of the Governing Authority.

There are written policies, code of regulations and/or by-laws for the Governing Authority that are in essential compliance with the requirements of the Standards.

The program has a Table of Organization that depicts the Governing Authority-Program Director interaction and illustrates the lines of authority for all positions within the program.

Minutes of the Governing authority document the Governing Authority's approval of the program's annual plan (8/95).

The program has written policies, regulations and/or by-laws for the governing authority's selection of the program director, and for establishing his/her duties and responsibilities.

The Executive Director's job description shows that she is responsible to the Governing Authority. The job description is in essential compliance with the requirements of the Standards. There was one exception noted:

- The Executive Director's job description does not show that she is responsible for keeping the Governing Authority informed of QA activities and findings.

The program has written policies, regulations, and/or by-laws for establishing, approving and revising program policies and procedures.

The program has policies and procedures for planning that indicate the purpose, goals and objectives of the program, and the treatment services to be provided.

FISCAL ADMINISTRATION

The agency has board approved fiscal policies and/or procedures that are in essential compliance with the requirements of the Standards.

The fiscal policies and procedures included procedures for recording receipts, for billing, and for collecting client fees.

Fiscal policies and procedures stat that the accounting method being used by the program is the accrual method.

The program prepares, and brings to the attention of the governing authority, monthly financial statements.

Fiscal policies and procedures include a policy requiring an independent fiscal audit by a certified public accountant.

PERSONNEL MANAGEMENT

The program has written personnel management policies and procedures which are in compliance with federal, state, and local statutes.

The program maintains a personnel file on all employees.

The program's personnel policies and procedures include assurances of non-discrimination against any person or group in the recruitment, selection, promotion, evaluation, and/or retention of employees or volunteers.

The program's personnel policies and procedures include provisions for providing cultural sensitivity training to the program's staff.

The program's personnel policies and procedures address the employment recruitment and selection process. The process does not specify how they recruit (internal posting, local papers, etc.) It was recommended that they revise their policy to reflect their means of advertising positions.

The program's personnel policies and procedures include provisions for annual performance evaluations for staff, and for staff development.

The program's personnel policies and procedures include a policy for ensuring that a copy of the personnel policies and procedures are available to each employee. The policies and procedures do not include:

- Procedures for notifying employees of changes in the personnel policies and procedures.

The program's personnel policies and procedures include a policy and procedure for staff review of his/her file.

The program's personnel policies and procedures includes a procedure stating that employment applicants will be informed that the program follows the rules and regulations governing fair employment practices, that the program respects the applicant's right to privacy, and, that all inquiries will be treated in confidence.

Four (4) personnel files were reviewed. The files were in substantial compliance with the requirements of the Standards. One exception was noted:

- Personnel files did not contain documentation reflecting that the staff member(participating in the delivery of Crisis Intervention Services) has received training in First Aid.

CLIENT ABUSE AND STAFF NEGLECT

The program has a policy and/or procedure on Client Abuse and Staff Neglect. The policy combines the reporting of child abuse with client abuse/neglect by staff. This causes some confusion in reporting to the appropriate agencies/regulatory boards. The policy did not contain reporting cases of client abuse/staff neglect to law enforcement agencies.

MANAGEMENT INFORMATION

The program has a Client Information System and a financial management system.

PROGRAM EVALUATION

The program has an evaluation plan, policy/procedure for annually evaluating the performance of the program's goals and objectives. The program evaluation plan includes:

- A mechanism for obtaining/assessing client satisfaction
- A statement of the goals and objectives to be evaluated & the mechanisms to be used

PHYSICAL PLANT AND SAFETY

The program has on file a copy of the initial or renewed building inspection report.

The program has on file a current copy of the annual fire inspection report.

The program has a fire evacuation plan and fire evacuation routes posted at the program site.

The program site is maintained in a clean and orderly manner and there is sufficient office space to allow for privacy between the client and counselor.

The program's services are handicap accessible.

The program's designated Safety Officer is Scott Stacey.

QUALITY ASSURANCE

The program has a written plan, policies and/or procedures for conducting Quality Assurance activities that requires at least monthly Utilization, Peer, and Completeness-of-records reviews.

The program's Quality Assurance plan, policies, and/or, procedures states the purpose of Utilization review, Peer review, and of the Completeness of records review.

The program's Quality Assurance plan requires that documentation be maintained for Utilization, Peer, and Completeness-of-records reviews.

The program has written procedures and criteria for conducting Utilization review, Peer review and Completeness-of-records review.

The program's Quality Assurance plan is in substantial compliance with the requirements of the Standards. The following exceptions were noted:

- The program's QA plan does not include provisions for informing the Governing Authority of the findings of the QA activities.
- The program's QA plan does not contain a conflict of interest statement indicating that service-providers cannot review their own cases for QA activities.

CLINICAL MANAGEMENT

The program has admissions criteria and admissions procedures.

The program has procedures for persons determined to be inappropriate for admission.

The program has documentation reflecting that the Governing Authority has authorized each service being provided

The program has written policies and /or procedures for making referrals to other organizations.

The program has an affiliation agreement with Bethesda Hospital for emergency medical services.

The program has a written policy stating that credentialed persons shall not provide services outside of their scope of practice.

The program has written policies and/or procedures for client education on HIV infection, AIDS-related complex (ARC), and AIDS.

CLIENT RECORDS

The program has written policies and procedures for maintaining a uniform client records system which includes a confidentiality of client records policy/procedure, and provisions for storage and destruction of client records.

The client records are maintained in a secure room, in locked filing cabinets in accordance with 42 CFR Part 2.

The program's policy and/or procedures for maintaining a uniform client records system includes:

- Access to client records by staff, clients, and others
- Releasing of client information
- Locating client records removed from the central filing area
- Provisions for storage and destruction of client records

The Components of Client Records policy/procedure contained all of the requirements of the Standards, with the following exceptions:

- Notification of program rules/client expectations.
- Notification of Client Rights.
- Notification of Grievance Procedures.
- Notification of Receipt of written summary of federal laws/regulations regarding confidentiality of client records (42CFR Part 2).

The client files contained all of the above notifications, although the Components of Client Records policy did not contain the above requirements. It was recommended that the above requirements be added to the Components of Client Records policy.

Three (3) client files were reviewed, and determined to be in essential compliance with the requirements of the Standards. The files contained adequate general information and client history. The client records did contain a consent to treatment, verification that the client has received a copy of the Client Rights policy and a copy of the client grievance procedure. The records did not contain the client's method of payment for services or the name of third party payor(s). This information is kept in separate files. The client records did not contain client's major source of income. The forms have been revised to include socio-economic information.

CLIENT RIGHTS AND GRIEVANCES

The program has developed a Client Rights policy that is in essential compliance with the requirements of the Standards.

The Client Rights policy is posted in a place accessible to clients at the program site.

The program's written Client Rights policy includes a Client Grievance procedure.

The program's Client Grievance procedure is in essential compliance with the requirements of the Standards.

The Client Grievance procedure is posted in a place accessible to clients at each program site.

A procedure has been established for providing each client with a copy of the program's Client Rights policy and the Client Grievance procedure.

TREATMENT SERVICES

Kids Helping Kids provides the following treatment services:

- Assessment
- Individual & Group Counseling
- Crisis Intervention
- Intensive Outpatient
- Medical/Somatic

Assessment Services: The program provides assessment services. Services are provided by qualified individuals. Michele Walton, CCDC III, provides clinical oversight for the service-providers, and for the service component.

Individual & Group Counseling: The program provides individual and group counseling services. Service providers are appropriately credentialed and/or licensed to provide counseling, or they are registered candidates (in the process). The service-providers and the service component are both supervised by Michele Walton, CCDC III.

Crisis Intervention Services: The program provides Crisis Intervention services that are in essential compliance with the requirements of the Standards. All crisis intervention service-providers have documentation of current training in CPR, First Aid and De-Escalation techniques. Crisis Intervention services are under the clinical supervision of program staff qualified as service-provider supervisor.

Intensive Outpatient Services: The program provides Intensive Outpatient services that include assessment, individual/group counseling, crisis intervention and alcohol/drug addiction education. Services and activities are provided by qualified individuals. Michelle Walton, CCDC III, provides supervision of the IOP services. The IOP services staff to client ratio is 1:10 or less. The program's written description includes the hours of operation and a description of the staffing patterns for maintaining the required staff to client ratio. Intensive Outpatient services are provided at least three (3) hours per day, three (3) days per week, as required by the standards.

Medical/Somatic Services: The program provides Medical/Somatic services in a manner to ensure privacy. Services are provided by qualified individuals. The service component is supervised by Richard Heyman, MD.

DEFICIENCIES:

1. The Program Director's job description does not show that she is responsible for keeping the Governing Authority informed of QA activities and findings, as required by OAC 3793:2-1-03 (D)(5).

CORRECTIVE ACTION: The Executive Director said that the job description will be revised to meet the requirements of the Standards.

2. The program's personnel policies and procedures do not include procedures for notifying employees of changes in the personnel policies and procedures, as required by OAC 3793:2-1-03 (K)(14).

CORRECTIVE ACTION: The Executive Director said that a procedure will be developed to meet the requirements of the Standards.

3. The Client Abuse and Staff Neglect policy and/or procedure for managing cases of client abuse and staff neglect by staff does not include notifying appropriate regulatory boards and law enforcement authorities, as required by OAC 3793:2-1-03 (P)(1,2).

CORRECTIVE ACTION: The Executive Director said that the policy will be revised to reflect the specific requirements of the Standards.

4. The program's QA plan, policies, and/or, procedures does not have provisions for informing the Governing Authority of the findings of the QA activities, as required by OAC 3793:2-1-04 (D)(2). The QA plan, policies, and/or, procedures does not contain a confidentiality statement, as required by OAC 3793:2-1-04 (D)(8).

CORRECTIVE ACTION: The Executive Director said that the QA plan will be revised to meet the requirements of the Standards.

5. The program does not have a written policy and/or procedure for terminating client services, as required by OAC 3793:2-1-05 (D)(7).

CORRECTIVE ACTION: The Executive Director said that a policy will be written to meet the requirements of the Standards.


6. Personnel files did not contain documentation reflecting that the staff member (participating in the delivery of Crisis Intervention Services) has received training in First Aid, as required by OAC 3793:2-1-09 (G)(2).

CORRECTIVE ACTION: The Executive Director said that the proper documentation will be placed in the personnel files, as required by the Standards.

7. The program's written policies and procedures do not include a list and description of the intensive outpatient services, as required by OAC 3793:2-1-17 (K)(1).

CORRECTIVE ACTION: The Executive Director said that the policies/procedures will be revised to meet the requirements of the Standards.

The program is in compliance with the administrative rules regarding: Program Certification Process, Governing authority, Program Administration, Quality Assurance, Clinical Management, Client Records, and Client Rights and Grievance Procedures.


Janice C. Jones, M.Ed
Program Standards Administrator
Division of Program Standards

Date: 11-30-95

Ohio Department of Alcohol and Drug Addiction Services

George V. Voinovich
Governor



Luceille Fleming
Director

CERTIFICATE TO OPERATE AN ALCOHOL AND DRUG ADDICTION OUTPATIENT TREATMENT PROGRAM

is issued to:

Owner/Operator:

Name: Tri-State Rehabilitation
and Counseling Program, Inc.

Street Address: 6074 Branch Hill-Guinea Pike
City: Milford
State: OH Zip Code: 45150
County: Clermont

Program Site:

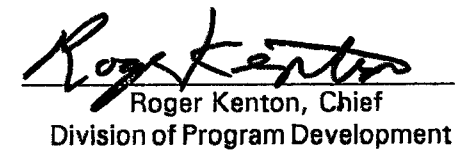
Name: Kids Helping Kids

Street Address: 6074 Branch Hill-Guinea Pike
City: Milford
State: OH Zip Code: 45150
County: Clermont

in accordance with section 3793.06 of the Ohio Revised Code and Chapters 3793:2-1-01 through 17, and 3793:2-2-01 of the Ohio Administrative Code. This certificate is not assignable or transferable to any operator or program site other than those listed hereon.

Certificate No. 95-405T Effective Date: 02/01/96 Expiration Date: 01/31/98


Luceille Fleming
Director


Roger Kenton, Chief
Division of Program Development