



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

Licensee: Cascadia - Firefly

Board Chairperson: Steve Jagers

Executive Director: Derald Walker

Date of site visit: March 3rd, 2021

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 413-215-0001 to 413-215-0131, Licensing Umbrella Rules, and OAR 413-215-0701 to 413-215-0766, 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): Cascadia Firefly reports the following description of their program. 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 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 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)

Program type and services: Young Adult Transitional Living Shelter

Capacity and age-range: 5, ages 17-24

Funding sources: Oregon Health Authority

Contracts and sources for referrals: Oregon Health Authority

Average length of stay: 6-18 months

Average daily population served: 5 transitional aged youth or young adults in transition

Number of children served annually: 6-7 transitional aged youth or young adults in transition

Interviews, Observations: I had an entrance interview and exit debrief with Donald Hice (Clinical Director) and Robert Nicholas (Program Manager). I met with Julie Houston (Program Coordinator). I received a tour of the building with Robert Nicholas. During the tour I noted the program has replaced windows, siding, roof, and new exterior paint since the last renewal review. In addition, the backyard has a new garden space for residents to garden.

I interviewed 3 residents. At time of the review Cascadia – Firefly had a total of 5 residents. All three residents reported that they feel safe in the program. Residents reported staff to be, “Awesome”, “Respectful”, and “pretty ok”. Food was reported as plenty to eat and good. Residents reported they are responsible for their own cooking. Residents reported enjoying the cooking groups. One resident reported enjoying cooking and baking and likes to help other residents with teaching “tricks to cooking”. On a scale from (0-10) (0 indicates worst program in State and 10 indicates best program in State) resident’s reported Cascadia – Firefly on that scale to be a: 10, 10, and 6. One of the residents reported there should be more programs like this in the State. The resident that reported a 6 reported the program is not helping much but is accepting and openminded. They also reported program offers moral support and resources.

The other two residents reported services to be helpful. Those services include therapy, groups and hikes. Residents reported program has games, video games, Wi-Fi and that residents go on outings. This has been limited with Covid-19. One resident spoke of a recent hike at Mt. Tabor. One of the residents currently has a job, while the other two are in the process of becoming employed. All were able to articulate their goals in moving towards independence.

Program Strengths: Cascadia – Firefly reports the following program strengths:

- Cascadia is adequately staffed with 2 staff members each shift, allowing program to provide individualized and group services on a consistent basis.
- Cascadia as a whole and the Firefly program specifically utilize trauma informed, harm reduction, person centered, and person drive care models, which supports and encourages independence while striving to maintain safety.
- Program leadership (Clinical Director, Case Manager, and Program Manager) have remained consistent and stable over the past 2 years.

- Ability to get connected to other services and resources through Cascadia, such as primary care and substance use treatment.
- Successfully transitioned 4 residents to lower levels of care / more independence during past year. This is noteworthy given various barriers to transition and the current global pandemic.
- Cascadia leadership has done a fantastic job of developing Covid-19 protocols and obtaining PPE and other needed resources / supplies. In particular, Donald and Robert spoke highly of the Cascadia Executive Team and Chief Medical Officer.

Program Challenges: Cascadia – Firefly reports the following program challenges:

- Most of the residents at Firefly do not have benefits such as Social Security, which can be a challenge in acquiring mental health treatment services.
- After intake into the program, developing rapport and trust with individuals in a new setting can be a challenge. This is especially true given the age and experience level of the population served.
- A lack of motivation and drive to engage in treatment services is a challenge in all shelter treatment settings but can be more pronounced with population served.
- Individuals coming into the program often have not spent a lot of time engaged with and / or receiving mental health treatment services, which in part contributes to inaccurate diagnoses and challenges with initial assessment, service plan formulation and figuring out necessary supports and services.
- Lack of housing options, especially in the Portland metropolitan area, presents a challenge for transition planning and transitioning to more independent settings.

Changes that have occurred in the last 2 years: Cascadia – Firefly reports no significant changes to program over the past two years. There has been resident and staff turnover, but this wasn't unexpected.

Lawsuits: None reported

Grievances and complaints filed in the last two years: 3 formal grievances filed by clients over past year. Grievances and responses have been sent to DHS CCLP during the renewal review.

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

Within 45 days of receipt of this report Cascadia - Firefly 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@dhsola.state.or.us or sent by regular mail to the following address:

Due to Covid-19 pandemic and working remotely the preferred method is to send directly to Ed Wyller at his email address.

Department of Human Services
 Children's Care Licensing Program
 Attn: Ed Wyller
 201 High St. SE Suite 500
 Salem, OR 97301

| Summary of Review | | | | | |
|--|------------|-----------|------------|---------------------------|------------------------------------|
| Program and Services 413-215-0011(2) | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| Program and services are in scope of license | x | | | | |
| Governance of the Agency 413-215-0021 | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| (1)(a) Minimum of 5 board members 413-215-0711 (1) Composed of a cross-section of the community, parents, employees, children in care. | x | | | | |
| (2)(f) Formally evaluate the exec. Director's performance annually | x | | | | |
| (2)(g) Approves annual budget | x | | | | |

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|---|------------|-----------|------------|--|------------------------------------|
| (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 | Corrective Action Completed |
| (3)(a) knowledge of requirements for providing care and treatment appropriate to programs | x | | | <ul style="list-style-type: none"> Cascadia – Firefly had submitted to Orchards / BCU both Donald Hice Clinical Director and Robert Nicholas Program Director background checks. At this time Cascadia is waiting for the review to be completed. The program must submit documentation of completed BCU approval when available. | |
| (3)(g) Approval from BCU | | x | | | |
| Discipline, Behavior Management, and Suicide Prevention 413-215-0076 | Yes | No | N/A | 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 | | |
| (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 | | <ul style="list-style-type: none"> Policy simply lists what is required in 413-215-0021 and does not give direction or how it applies to Cascadia – Firefly in providing guidance to employees. Cascadia will need to develop their own suicide policy and Suicide Prevention Plan. | |
| Staffing Requirements 413-215-0721 | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| (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: | x | | | | |

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|---|------------|-----------|------------|---------------------------|------------------------------------|
| Sleeping: | | | | | |
| Grouping 413-215-0756 | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| (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- Establish & maintain links with community agencies that provide: 413-215-0736 | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| (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 | 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 | | | | |
| 413-215-0091(12) License is posted in common area at each facility | x | | | | |
| 413-215-0001(5)(d) Adequate furnishings and personal items | x | | | | |
| 413-215-0746(2) Medication is kept in locked storage and inaccessible to children in care | x | | | | |
| Safety - Transporting Children in Care 413-215-0761(3)(a) | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| (A) Vehicle is registered | x | | | | |
| (B) Vehicle is insured | x | | | | |
| (C) Maintained in safe condition | x | | | | |
| (D) Equipped with first aid kit | x | | | | |
| (E) Fire extinguisher - secured | x | | | | |
| Safety - Building Requirements 413-215-0761(6) | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| (b)(A) Smoke free | x | | | | |
| (b)(B) Clean and in good repair | x | | | | |
| (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 413-215-0761(6) | Yes | No | N/A | | Corrective Actions | Corrective Action Completed |
| (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 | | | | | |
| (c)(A)(vi) adequate ventilation | x | | | | | |
| Client Rights 413-215-0716 | Yes | No | N/A | | Corrective Actions | Corrective Action Completed |
| (2) Nutritional needs are met as appropriate for each child in care | x | | | | | |
| Medication Storage and Dispensing 413-215-0746 | Yes | No | N/A | | Corrective Actions | Corrective Action Completed |
| (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 | | | | | |

| Supplemental Information Provided by CCA | Yes | No | N/A | Comments | Corrective Action Completed |
|--|------------|-----------|------------|-----------------|------------------------------------|
| Documents as indicated on the form titled "Renewal Licensing Required Documents" | x | | | | |
| Documents as indicated on form titled "Required Financial Documents and Information" | x | | | | |

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|--|---|--|--|--|--|
| 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 | | | | |

| Personnel Files 413-215-0061 | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
|---|------------|-----------|------------|---------------------------|------------------------------------|
| 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 | | | | |
| (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) 413-215-0061(4) | Yes | No | N/A | Corrective Actions | 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 | | | | |

| Staffing Requirements 413-215-0721 | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
|---|------------|-----------|------------|---------------------------|------------------------------------|
| 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) 413-215-0726 (1) | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| (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 | | | | |
| (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 | | | | |
| Ongoing Training (Staff & Volunteers) | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| 413-215-0726(2)(a) Confidentiality | x | | | | |
| 413-215-0726(2)(b) Universal precautions | x | | | | |
| 413-215-0726(2)(c) Discipline and behavior management | x | | | | |
| 413-215-0726(3) Training in CPR/First Aid sufficient to retain current certification | x | | | | |
| 413-215-0726(4) Staff working with food must possess a food handler's card | x | | | | |
| 413-215-0061(5) 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 | | | | |
| 413-215-0761(3)(b) Employees transporting children meet the driver requirements | x | | | | |

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|---|------------|-----------|------------|---------------------------|------------------------------------|
| (current driver's license, and training for 15+ passenger vans if applicable) | | | | | |
| Contractors (if applicable) 413-215-0061(6) | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| (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 | | |
| Comments: | | | | | |

| Child Records 413-215-0741(2) | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
|---|------------|-----------|------------|---------------------------|------------------------------------|
| 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) & 413-215-0731(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 413-215-0741(2)(f) & | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
|--|------------|-----------|------------|---------------------------|------------------------------------|
| 413-215-0731 Assessment (2)(a)-(c) Includes family history, health history, mental health history (including diagnoses and current prescriptions). (3) Statement as to whether child meets eligibility requirements to be admitted to program. | x | | | | |
| Service Planning 413-215-0741(2)(g) & | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| 413-215-0736(2)(a) Includes family, staff & other interested parties | x | | | | |
| (2)(b) Monthly review | x | | | | |
| (2)(c) Addresses physical and medical needs, behavior management issues, mental health treatment, education, and special needs | x | | | | |
| 413-215-0736 (3) Reasonable effort to involve family within 72 hours when possible | x | | | | |
| 413-215-0746 (4) Medication logs | x | | | | |
| 413-215-0736 (6) Discharge summary (summary, results of evaluations, condition of child, compliance with program, recommendations and discharge destination) | x | | | | |
| Records and Documentation 413-215-0071 | Yes | No | N/A | Corrective Actions | Corrective Action Completed |
| (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 | x | | | | |

Placement upon discharge

Additional Finding:

- Cascadia – Firefly has not received from the Oregon Department of Revenue their completed Tax Compliance Certification. Cascadia had submitted necessary information to Oregon Department of Revenue just prior to the onsite licensing renewal review.

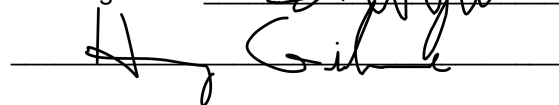
Licensing Coordinator's Signature:



Date:

3-16-21

Manager Review:



Date:

3-11-2020