



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

**Licensee:** Hearts with a Mission

**Chief Executive Director:** Kevin Lamson

**Shelter Manager:** Bill Hague

**Chief Program Officer:** Sharon Rush

**Board President:** Eric Fraenkel

**Date of site visit:** 11/23/2021

**Licensing Coordinator:** Mary Torres

**Other Regulatory or Accrediting Agencies:** State of Oregon Department of Human Services (ODHS) Child Welfare Treatment Services

**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:** The program's mission statement states the following: Hearts with a Mission (HWAM) serves runaway, homeless, and transitional youth in crisis by providing shelter, educational support, counseling, mentoring, family reunification and transition planning with a faith-based approach.

**Program type and services:** As summarized by the program, Hearts with a Mission is an emergency youth shelter that provides 24/7 overnight accommodations, basic needs, assessment, and service planning, mentoring educational support, individual, group, and family counseling as well as transitional planning for youth.

**Capacity and Age Range:** 15 youth, ages 10 – 17 years old.

**Funding sources:** Oregon Department of Human Services Treatment Services and Self Sufficiency Program Design Runaway and Homeless Youth, Family and Youth Services Bureau, foundations, private donations, and fundraisers.

**Contracts and sources for referrals:** Oregon Department of Human Services, community, schools, self-referrals, law enforcement, and hospitals.

**Average length of stay:** 22 days

**Average daily population served:** 8 youth

**Number of children served annually:** 121 youth

**Interviews, Observations:** Entry interviews were held with the program's Clinical Director/Shelter Manager, Bill Hague, Administrative Director, Karen Holt, Chief Program Officer, Sharon Rush and Lead Case Manager, Bryan Wenzel. In conversation the following information was shared. There are currently 9 youth in the program. The majority of the youth are attending school off site. Staff provide transportation to and from school. Referrals from school sources remain low due to COVID and the youth being referred by ODHS Child Welfare are youth with high needs. The program has two current staff vacancies. The program utilizes Indeed and an employee referral program to find new employees. Swing shift has proven to be a difficult position to fill. Management spoke positively about their staff members and the variety of positions within the program to include Family Advocate/Counselor, Adventure Therapist, Meal Coordinator, Lead Caseworkers, and Educational Consultant. Hearts with a Mission appreciates the tremendous community support that has showered their program. The shelter building and most of the furnishings were donated, evening dinner meals are donated daily by local families. When youth leave the program, they are asked to complete an exit survey. The program receives approximately 70% of those surveys back.

One youth who was on the premises was interviewed. The youth shared feeling safe within the program and expressed no outstanding safety concerns for self or others. The staff are described as "nice" and take active steps to prevent peer conflict from escalating into anything physical. The youth shared having a specific food allergy that the program is able to accommodate with alternative food options. Dinner meals that are donated come with a list of all food ingredients so staff and youth know exactly what is included in their meals. Strengths of the program include staff working with youth, supervised outings in the community and a feeling that youth accepted into HWAM are a good fit for the program. When asked, the youth could not identify any areas of improvement. Family contact occurs daily.

One staff member was interviewed and reports being with the program over 3 years. When questioned about training, the staff member shared initial and ongoing training related to Collaborative Problem Solving, Crisis Prevention Institute (CPI), suicide prevention, de-escalation solutions, and mandatory reporting. One on one repair work with youth was identified as a strength as well as the great community support.

**Program Strengths:** The program documents its' strengths as follows: Hearts with a Mission (HWAM) has nearly 12 years of experiencing providing comprehensive quality services to run away, homeless, transitional, and street youth under age 18. We have the organizational capacity to fulfill our role(s) and functions(s) effectively. HWAM has strong community supports, collaborative relationships and connections throughout Jackson/Josephine counties, including schools, non-profits, medical providers, mental health providers, law enforcement, state agencies,

businesses and faith communities that only benefit the fulfillment of this proposal. Our program design is centered around TIC, Collaborative Problem Solving, Positive Youth Development, 40 Developmental Assets, Non-Violent Crisis Intervention, Prudent Parenting, and the Adverse Childhood Experiences study (ACEs). HWAM is diligent in providing staff training and practical opportunities to practice these skills and has its own in-house expert trainers for most topics. HWAM has the proven ability to obtain and maintain the resources – including human resources – to carry out our program design. All of our program activities are purposefully designed to prevent and end youth homelessness by following best practices and employing evidence-based models.

**Program Challenges:** Hearts with a Mission reports; The greatest program challenge over the past two years has been dealing with COVID-19. Impacts include significant changes to cleaning and safety protocols, limitations on youth outings and family visits, and providing for educational needs inside the shelter. Youth also had restricted access to mental health and medical services. COVID-19 also impacted our staffing levels. Staff recruitment and retention are areas our Board and Leadership continue to monitor and work to improve.

**Changes that have occurred in the last 2 years:** As summarized by the program; HWAM Board and Leadership made the decision to convert the Grants Pass shelter to a transitional living program for young adults, ages 18-22 years. This was due to a lack of funding and a decrease in the number of referrals for youth ages 10-17 years. We continue to serve Josephine County youth in our Medford shelter. We also had a change in shelter manager since our last audit. Bill Hague took over the position in February 2021. Bill has extensive experience working with youth and families.

**Lawsuits:** None as per the program.

**Grievances and complaints filed in the last two years:** None as per the program.

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

Within 45 days of receipt of this report **Hearts with a Mission** 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 **Mary Torres** at [mary.torres@dhsosha.state.or.us](mailto:mary.torres@dhsosha.state.or.us) or sent by regular mail to the following address:

Department of Human Services, Children's Care Licensing Program

**Attn: Mary Torres**

201 High St SE, Suite 500

Salem, OR 97301

**Exceptions:** There were no exceptions over this last licensing period (2019-2021).

**Changes in License:** In February of 2021, the program's license was modified, removing the Grants Pass location.

<b>Summary of Review</b>					
<b>Program and Services</b> 413-215-0011(2)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
Program and services are in scope of license	X				
<b>Governance of the Agency</b> 413-215-0021	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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				
(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				
<b>Executive Director or Program Director</b> 413-215-0021	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	X				
(3)(g) Approval from BCU	X				
<b>Discipline, Behavior Management, and Suicide Prevention</b> 413-215-0076	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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				
<b>Contractors</b> (if applicable) 413-215-0061(6)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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		
<b>Supplemental Information Provided by CCA</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
Documents as indicated on the form titled "Renewal Licensing Required Documents"		X		The program is missing proof of fire, auto, and liability insurance  <b>Corrective Action:</b> Submit proof of insurance	
Documents as indicated on form titled "Required Financial Documents and Information"		X		The program is missing a completed Tax Compliance Certificate  <b>Corrective Action:</b> Submit Tax Compliance Certificate once processed and completed by the Department of Revenue	
All required policies and procedures as identified in the "Umbrella Rules"		X		The program's Suicide Ideation Policy is missing some required information  Corrective Action: Modify current existing Suicide Ideation Policy to include the following missing components as per the following Licensing Rule:  <b>413-215-0076</b> <b>Licensing Umbrella Rules: Discipline, Behavior Management &amp; Training, and Suicide Prevention (Excluding Adoption Agencies)</b> (4) Suicide Prevention. The policy must include the following: (b) Warning signs of suicide;	

				(d) Training requirements for staff, including suicide prevention training and suicide risk assessment tool training (e) Procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions (g) Documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff; (h) A process for tracking suicide behavioral patterns; and (i) A "post-intervention" plan with identified resources	
All required policies and procedures as identified in "Agency Type Specific Rules"	X				
<b>Staffing Requirements</b> 413-215-0721	Yes	No	N/A	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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: 1:7 Evenings: 1:7 Sleeping: 1:10	X				
<b>Grouping</b> 413-215-0756	Yes	No	N/A	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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				
<b>Service Planning-</b> Establish & maintain links with community agencies that provide: 413-215-0736	Yes	No	N/A	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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				
<b>Physical Plant</b>	Yes	No	N/A	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>

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				
<b>Safety - Transporting Children in Care</b> 413-215-0761(3)(a)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(A) Vehicle is registered	X			<p>Hyundai Elantra– does not have 1<sup>st</sup> aid kit in vehicle. This vehicle's first aid kit is pulled from the office when the vehicle is in use.</p> <p><b>Corrective Action:</b> Provide this vehicle with its' own first aid kit</p> <p>Eleven Passenger Ford Van – fire extinguisher is close to expiring.</p> <p><b>Corrective Action:</b> Monitor the fire extinguisher. Service or purchase new fire extinguisher</p>	
(B) Vehicle is insured	X				
(C) Maintained in safe condition	X				
(D) Equipped with first aid kit		X			
(E) Fire extinguisher - secured		X			
<b>Safety - Building Requirements</b> 413-215-0761(6)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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				
<b>Safety - Bathrooms</b> 413-215-0761(6)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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				

<b>Client Rights</b> 413-215-0716	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(2) Nutritional needs are met as appropriate for each child in care	X				
<b>Medication Storage and Dispensing</b> 413-215-0746	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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				

<b>Personnel Files</b> 413-215-0061	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
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				



<b>New Employee Orientation (30 days)</b> 413-215-0061(4)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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				
<b>Staffing Requirements</b> 413-215-0721	<b>Yes</b>	<b>No</b>	<b>N/A</b>		<b>Corrective Actions/Comments</b>
Staff (at least one for each shift) has been trained in non-violent crisis intervention	X				
<b>Initial Training</b> (Must be completed before staff is alone with youth) 413-215-0726 (1)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(a) Completion of agency's orientation	X			Personnel files reviewed did not reflect documentation of Sanitation Procedure training  <b>Corrective Action:</b> Ensure that newly hired staff are trained in this area moving forward and that this information is documented in their respective personnel files	
(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				
<b>Ongoing Training (Staff &amp; Volunteers)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
413-215-0726(2)(a) Confidentiality	X			Two out of the five files reviewed did not reflect completion or documentation of Universal Precautions	
413-215-0726(2)(b) Universal precautions		X			

413-215-0726(2)(c) Discipline and behavior management	X			<b>Corrective Action:</b> Ensure that annual training of Universal Precautions is completed and documented in all personnel files from this point forward.	
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 (current driver's license, and training for 15+ passenger vans if applicable)	X				
Comments:					

<b>Child Records</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
413-215-0741(2)					
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) & 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				
<b>Assessment</b> 413-215-0741(2)(f) &	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
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				
<b>Service Planning</b> 413-215-0741(2)(g) &	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
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				
<b>Records and Documentation</b> 413-215-0071	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(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			Youth files are electronic and very well detailed.	
(7) Permanent registry for each child includes: Name Gender Birth date	X				

Names, addresses of parents or guardians				
Dates of admission				
Placement upon discharge				
Comments:				

Licensing Coordinator's Signature:  Date: 12/22/2021

Manager Review:  Date: 12/22/21