



## **Licensed Child Caring Agency 6-Month Site Review Licensing Report Homeless/Runaway/Transitional Living Shelters**

**Licensee:** New Avenues for Youth, Alba Collaborative

**Board Chairperson:** Vanessa Sturgeon

**Executive Director:** Sean Suib

**Date of site visit:** 12-20-21

**Program Director:** Sarah Nedeau

**Licensing Coordinator:** Irvin Minten

**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 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):** The program opened on June 1, 2021 and has continued to provide outreach and supportive services to youth, ages 9 through the age of 17, who are at-risk of or who are experiencing homelessness. Services include: Mentoring and advocacy; Access and/or referrals to emergency and transitional housing options; Food, clothing, hygiene items, bus tickets/public transportation support; Information and support with street safety; Referral, support and access of health insurance, crisis management, medical care, and recreation activities. The program also provides resources and referrals for gang affected youth, youth with alcohol and drug addictions, sexually trafficked youth, and they refer LGBTQ youth to LGBTQ specific programs and support. The program also provides access and/or referrals to alternative education options as well as access to employment programs and services. In addition, the program allows youth who come to the program in the evening hours and who request housing and treatment services, to remain at and sleep at the program until the next day, when they can be successfully screened and enrolled in short term therapeutic foster care services through a collaborative agreement with Youth Progress Association.

Program management report that since the program's opening, they are most excited about the program's growth in the total number of youth served each day, which continues to increase. Currently, 1-2 youth sleep at the program each week after coming to the program late in the evening to request housing and treatment services, and 5-6 youth come to the program each day to request and/or receive services. In addition, program management report the program is averaging 8 short term foster care placements per month in their collaboration with YPA. Since opening, the program has also received funding to employ one full time Educational Specialist. Program management also report that the program has especially served more youth since Harry's Mother closed unexpectedly in August 2021. Harry's Mother was a program near downtown Portland which provided services to youth who were also at-risk of or currently experiencing homelessness.

**Program type and services:** The program is licensed as homeless and runaway. The program's services are described above.

**Capacity and Age Range:** The program's capacity is 4 youth, ages 9 through 17.

**Funding sources:** The program's funding sources include a Basic Center Grant and funding through the Oregon Department of Education and the ODHS Self Sufficiency Program.

**Contracts and sources for referrals:** Schools, counselors, parents, and self-referrals.

**Average length of stay:** The average length of stay in the foster care program is 4.6 days. Youth who do not enter the foster care program can receive services for as long as they continue to want to be enrolled and need them.

**Average daily population served:** The program averages a little more than 1 overnight stay per week.

**Number of children served annually:** Since opening, the program has provided about 40 youth with overnight services and 200 youth with case management and other supportive services.

**Interviews, Observations:** During the 6-month review, a walkthrough of the program was completed. During the walkthrough, the program's locked medication cabinet and medication security processes were observed and discussed. In addition, during the walkthrough, the program's suicide prevention protocol and medication administration process was discussed, and the program's medication administration records (MARs) were observed. We also discussed the program's intake and assessment process and the program's service array. In addition, during the review, 3 randomly selected employee and child files were reviewed for compliance.

During the walkthrough, it was observed that the program was inviting and nicely furnished. The walls were colorful, and the building was well maintained. Youth were provided the opportunity to do their laundry in the program's nicely furnished laundry area, and youth also had access to healthy food and snacks.

Since there were not any children present at the time of the 6-month review, there were not any children interviewed as a part of this review. An individual interview was held with the 1-line staff present at the time of the review. This staff had been working at the program for about 3 months and reported they very much enjoyed the program's mission and the fact that the program's services positively impacted youth and their families. They also stated they felt well trained, and they very much appreciated how staff interacted and supported one another. They also reported that agency allowed for much opportunity and growth.

**Program Strengths:** The program's managers reported the program meets youth where they are at, is supportive and respectful of each youth's unique qualities, and is flexible and adaptive in meeting each youth's needs. The program also builds safe, supportive, and trauma informed relationships with the youth and families they serve. Since the program owns a large van, they are also able to meet with youth experiencing homelessness in the community where they are residing, and they are able to provide these youth with much needed preventative services and essentials such as tents, food, clothing, phones, and coats. The program is also able to provide ongoing and community-based case management services to youth and their family systems. In addition, the program's management reports that due to their agency's wide service array, outreach, and professional relationships with other community service providers, they are able to connect and/or enroll youth and their families in a wide range of valuable services. Finally, the program's management reports they intentionally hire staff from diverse backgrounds and experiences, and this allows the program to better understand, engage, and meet youth's needs.

**Program Challenges:** The program's managers' report that since the program has a lean staffing structure, it can be a challenge at times to meet the program's coverage and staffing needs. The COVID-19 pandemic has also placed a great deal of stress on the program's staff and the families and children served by the program.

**Changes that have occurred in the last 2 years:** NA

**Lawsuits:** There have not been any lawsuits since the program opened.

**Grievances and complaints filed in the last two years:** There have not been any grievances or formal complaints since the program opened.

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

Within 45 days of receipt of this report New Avenues for Youth, Alba Collective, 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 Irvin Minten at [Irvin.minten@dhsosha.state.or.us](mailto:Irvin.minten@dhsosha.state.or.us) or sent by regular mail to the following address:

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

**Recommendations:** NA

**Exceptions:** NA

**Changes in License:** NA

<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	-The agency's compliance with governance requirements was not reviewed as a part of this 6-month review. New Avenues for youth has a good record of compliance in this area.	
(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	-The agency's compliance with executive director requirements was not reviewed as a part of this 6-month review. New Avenues for youth has a good record of compliance in this area.	
(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	-Since the program's policies and procedures were closely reviewed shortly before the program's opening, the program's policies and procedures were not reviewed as a part of this review. Financial documents of the program were also not reviewed. However, the program has created a couple new policies and procedures since opening, and these were reviewed as a part of this review.	
Documents as indicated on form titled "Required Financial Documents and Information"			X		
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		
<b>Staffing Requirements</b> 413-215-0721	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<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: Evenings: Sleeping:	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	-On any given night, if more than one youth is staying overnight at the program, each youth will sleep in a separate room and there is a staff always present to ensure safety and supervision.	
(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)	Yes	No	N/A	<b>Corrective Actions/Comments</b>	<b>Corrective Action Completed</b>
(A) Vehicle is registered			X	-The program does not transport children. If children require transport, the child's support system is engaged, or taxi services are secured.	
(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)	Yes	No	N/A	<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)	Yes	No	N/A	<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	Yes	No	N/A	<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	Yes	No	N/A	<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	Yes	No	N/A	<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>	<b>Corrective Action Completed</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				
(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				
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 (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			<ul style="list-style-type: none"> <li>The program's child files do not contain an authorization for medical treatment. The program's child files must contain an authorization for medical treatment.</li> </ul>	
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				

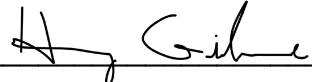
(b) & 413-215-0731(2) Custody status	X		
(c) authorization for medical treatment		X	
(d) Consent to treat the child with interventions in use at the program	X		
(e) Signed acknowledgment that child is responsible for requesting medication at prescribed times		X	
(h) Documentation of child's illness and injuries and follow up by program	X		
<b>Assessment</b> 413-215-0741(2)(f) &	Yes	No	N/A
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) &	Yes	No	N/A
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	Yes	No	N/A
(1) Stored safely and are available for inspection by Dept.	X		
(2) Permanent, legible, dated, and signed	X		

- The program's child files do not contain a signed acknowledgement that the child is responsible for requesting their medication at the prescribed times. The program's child files must contain a signed acknowledgement that the child is responsible for requesting their medication at the prescribed times.

<b>Corrective Actions/Comments</b>
<b>Corrective Action Completed</b>
<b>Corrective Actions/Comments</b>
<b>Corrective Action Completed</b>
<b>Corrective Actions/Comments</b>
<b>Corrective Action Completed</b>

(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:  Date: 12/29/2021

Manager Review:  Date: 12-22-2021