



Licensed Child Caring Agency Initial Walk-through Licensing Report Homeless/Runaway/Transitional Living Shelters

Licensee: Community Counseling Solutions, New Roads

Board Chairperson: Mark Lemmon

Executive Director: Kimberly Lindsay

Date of site visit: 9-12-22

Program Director: Stephanie Cronein

Licensing Coordinator: Irvin Minten

Other Regulatory or Accrediting Agencies: Oregon Youth Authority

Program Description, type and services: New Roads serves young adults in transition who have a primary diagnosis of serious and persistent mental illness. The program provides housing and a hybrid of intensive mental health and community integration services for young adults. Treatment includes residential services and rehabilitative services provided in the facility and in the community by staff, including psychiatric treatment, individual and group therapy, medication management, skills training, peer support, and supported employment and education services. Staff work with each person, building upon their strengths and interests, and identifying areas where they may need extra support, such as skill development, goal focus, and problem-solving, including how to access and utilize the tools and resources available to them.

New Roads was operated for many years by Columbia Care Services. Community Counseling Services reports they took over the contract for New Roads after being contacted by Columbia Care in July 2022 and asked if they were willing to assume the contract. CCS management states they agreed to take the contract over since they have significant experience successfully providing mental health and drug and alcohol services in Eastern Oregon. CCS assumed the contract on 9-16-2022. CCS reports they are not making any changes to the program's design and services and that they are also maintaining the same policies and procedures for the program.

Capacity and Age Range: 5, ages 17-24

Funding sources: Oregon Health Plan personal care funds, rent and fee for service billing as prescribed in service plan.

Contracts and sources for referrals: No contracts. Referrals by the Oregon Youth Authority and Oregon Department of Human Services.

Average length of stay: 12-18 months

Average daily population served: 5

Number of children served annually: NA. Unknown at the time of the initial walkthrough.

Interviews, Observations: During the initial walkthrough, a walkthrough of the entire inside and outside of the program was completed. A great deal of conversation also took place with Tom Bailor, Program Administrator (who also served in the same role while the program was under contract with Columbia Care), and Matt Bergstrom, CCS Chief Financial Officer. It was discussed that CCS was taking over the contract from Columbia Care Services and that CCS was not planning to make any changes to the program's design or service delivery, and that they were also not going to be making any changes to the program's required policies and procedures. We also discussed the program's intake, behavior management, suicide prevention, medication administration, and medication disposal procedures.

During the initial walkthrough, child and staff interviews were not completed. Child and employee files were also not reviewed. However, at the 6-Month Review, individual and randomly selected child and staff interviews will be completed. In addition, child and employee files will be reviewed to ensure that all licensing requirements are met.

During walkthrough of the program, the program's main living spaces were found to be in very good repair and were also found to be nicely and colorfully painted and well decorated. The bathrooms and bedrooms were also found to be in good repair and clean. In addition, the exterior of the program was found to be sufficiently maintained and the yard was mowed.

Program Strengths: NA

Program Challenges: NA

Changes that have occurred in the last 2 years: NA

Lawsuits: NA

Grievances and complaints filed in the last two years: NA

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

Within 45 days of receipt of this report Community Counseling Solutions 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 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

Summary of Review					
Program and Services 413-215-0011(2)	Yes	No	N/A	Corrective Actions/Comments	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/Comments	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			<ul style="list-style-type: none"> ○ The areas listed as NA in this section were not reviewed during the initial walkthrough. 	
(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		
Executive Director or Program Director 413-215-0021	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs		X		<ul style="list-style-type: none"> Since the New Roads contract is now being operated under a different corporation, the Children's Care Licensing Unit is requiring that CCS ensure that all employees of New Roads be submitted for a new BCU check. As of 9-15-22, it was reported by Mr. Bergstrom, CCS Chief Financial Officer, that BCU checks for all New Roads employees had recently been submitted through the Orchards system and, at that time, about 60% of the employee checks had already been completed, received, and approved for employment. All employees of New Roads must have a completed and approved BCU check and New Roads must notify CCLP as soon as all New Roads employees have a newly approved BCU check. (Please note that Mr. Bergstrom reports that, in the past year, all current employees of the program already had a completed and approved BCU check while either working for Columbia Care or CCS. For this reason, the CCS was allowed to open the program on 9-16-22. 	
(3)(g) Approval from BCU	X				
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	Yes	No	N/A	Corrective Actions/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	<ul style="list-style-type: none"> The program does not have a time out room. 	
(3)(e) Agency uses seclusion appropriately/consistent with policy			X	<ul style="list-style-type: none"> The program does not use seclusion or restraint. 	

(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	X			o The program's suicide prevention policy meets all statute requirements.	
Contractors (if applicable) 413-215-0061(6)	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215			X	o The program will not utilize any contractors.	
(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		
Supplemental Information Provided by CCA	Yes	No	N/A	Corrective Actions/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	o The Agency's financial documents were not reviewed during the initial walkthrough.	
All required policies and procedures as identified in the "Umbrella Rules"	X			o All the program's policies and procedures were reviewed during this review process and at the time of the program's opening on 9-16-22, all were found to be in compliance with statute requirements.	
All required policies and procedures as identified in "Agency Type Specific Rules"	X				
Staffing Requirements 413-215-0721	Yes	No	N/A	Corrective Actions/Comments	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: Sleeping:	X				
Grouping 413-215-0756	Yes	No	N/A	Corrective Actions/Comments	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/Comments	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/Comments	Corrective Action Completed
413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)	X			<ul style="list-style-type: none"> ○ The program's medications are kept in a locked storage area which is inaccessible to the youth in the program. 	
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/Comments	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/Comments	Corrective Action Completed
(b)(A) Smoke free	X			<ul style="list-style-type: none"> ○ During the initial walkthrough, the living areas of the building were found to be well furnished and in good repair. The living areas were also nicely and colorfully painted and decorated. 	
(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/Comments	Corrective Action Completed

(c)(A)(i) 1:8 ratio for toilet and sink	X			○ During the initial walkthrough, the program's bathrooms were found to be in good repair and clean.	
(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/Comments	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/Comments	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				

Personnel Files 413-215-0061	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
Staff Name/Position			X	○ Personnel files were not reviewed as a part of the initial walkthrough.	
(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		
New Employee Orientation (30 days) 413-215-0061(4)	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
(a) Agency policies and procedures			X	<ul style="list-style-type: none"> Staff training requirements were not reviewed as a part of the initial walkthrough. 	
(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/Comments	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/Comments	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/Comments	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 (current driver's license, and training for 15+ passenger vans if applicable)			X		
Comments:					

Child Records 413-215-0741(2)	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
Name of Child			X	<ul style="list-style-type: none"> Children's records were not reviewed as a part of the initial walkthrough. 	
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		
Assessment 413-215-0741(2)(f) &	Yes	No	N/A	Corrective Actions/Comments	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/Comments	Corrective Action Completed
413-215-0736(2)(a) Includes family, staff & other interested parties			X	<ul style="list-style-type: none"> ○ The children's service planning was not reviewed as a part of the initial walkthrough. 	
(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/Comments	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:			X		

Name Gender Birth date Names, addresses of parents or guardians Dates of admission Placement upon discharge				
Comments: 				

Licensing Coordinator's Signature: _____ Date: _____

Manager Review: *ZH* *Gib* Date: 9-17-2022