

**CARF Accreditation Report
for
China Spring Youth Camp
Three-Year Accreditation**



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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

China Spring Youth Camp
225 China Spring Road
Gardnerville, NV 89410

Organizational Leadership

Wendy C. Garrison, Director

Survey Date(s)

January 18, 2018–January 19, 2018

Surveyor(s)

Deanna L. Cornett, M.S., Administrative
Sandra M. Manzardo, Program

Program(s)/Service(s) Surveyed

Residential Treatment (Juvenile Justice)

Accreditation Decision

Three-Year Accreditation

Expiration: January 31, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of China Spring Youth Camp conducted January 18, 2018–January 19, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, China Spring Youth Camp demonstrated substantial conformance to the standards. China Spring provides effective residential services and is dedicated to ongoing quality improvement. The organization is respected by probation officers and local and state government officials as a provider of a much-needed service diverting youth from juvenile detention/locked settings. It provides services to court-ordered adolescents all over the state, and it has developed a program that youth express appreciation about. The camp has modern, clean, welcoming facilities, including an on-site school, gymnasium, weight room, greenhouse, and two ropes courses. The facility places a premium on safety and has done an exceptional job managing behaviors. It utilizes surveillance video in a proactive fashion to conduct retrospective reviews of incidents, grievances, and issues, and incorporates the findings into training. The leadership is clearly committed to the accreditation process and ways it can be used to strengthen its operations. Although the organization has opportunities for improvement noted in this report, including developing a cultural diversity plan, a risk management plan, and an accessibility plan; testing all emergency plans annually; fully developing and using a performance improvement system; documentation of supervision of direct services staff members; and implementing a quality record review process, it appears to have the ability and willingness to address the recommendations. The organization demonstrates a dedicated commitment to improving the quality of the services by voluntarily choosing to obtain CARF accreditation and by embracing the consultation provided during the CARF survey.

China Spring Youth Camp appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. China Spring Youth Camp is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

China Spring Youth Camp has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.

- Maintain ongoing conformance to CARF’s standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of China Spring Youth Camp was conducted by the following CARF surveyor(s):

- Deanna L. Cornett, M.S., Administrative
- Sandra M. Manzardo, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization’s leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of China Spring Youth Camp and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization’s operations and service delivery practices.
- Observation of the organization’s location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Residential Treatment (Juvenile Justice)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that China Spring Youth Camp demonstrated the following strengths:

- China Spring is well respected across the state of Nevada as a trusted youth residential treatment program that will try to do everything to meet the needs and ensure the safety of the residents. It puts the residents' care and treatment at the forefront, which shows across its integrated programs and services.
- The organization follows rigorous staff screening, training, retention, and promotion practices. This has promoted the development of a competent workforce at every level.
- Staff members report a high degree of satisfaction at being a part of a strong team and having the ability to provide input into how the organization's services can be improved and responsive to the needs of residents and the local community.
- The organization has developed its own electronic health record and information management system to enable it to easily adapt to an ever-changing environment and regulatory expectations. The system is web based and extremely user-friendly.

- China Spring has developed highly effective use of its surveillance equipment by utilizing the videos for assessment of incidents, review of grievances, observation of medication administration, employee training, and performance improvement.
- China Spring promotes community awareness and raises program funds by hosting an annual golf tournament.
- The director is a highly skilled leader who has been able to guide the organization in the development of innovative programs and collaborative relationships with county governments throughout the state.
- China Spring has dedicated and qualified program professionals who are responsive to the needs of the residents. There is a noticeable commitment to providing quality care and treatment.
- The resident dorms at China Spring are very well maintained, and it is clear that the importance of the living space being safe is paramount to the organization. China Spring is on a beautiful property and offers many indoor and outdoor activities, including a Challenge Course with both high and low elements, a full-sized gymnasium with weight room, and on-site access to all therapy and schooling.
- As a step-up pre-county custody program, youth who enter China Spring describe the program as "much better than I expected." They are happy to be able to concentrate on their personal goals and to be given the tools to make better choices going forward. Residents appreciate that staff members are committed to helping them and know there is "always someone to talk to" whenever they need to.
- China Spring consistently gives back to the local community and includes the residents in the process, allowing them to complete mandated and volunteer service hours through working on projects such as Project Santa Cause, which involved the repair, restoration, and donation of bikes to others in the Carson Valley community. In addition, the Greenhouse Project involves residents planting and cultivating plants at low cost to anyone in the community, including those hanging in downtown Minden every summer.
- Residents express that they love having Bella and Bochi, two African grey birds, reside in their dorms. Residents help to care for Bella and Bochi, who teach the residents to be gentle, assertive, consistent, and persistent.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather an assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

1.A.3.k.

It is recommended that the leadership ensure that a review of the organization's policies is completed at least annually.

1.A.5.a.(1)

1.A.5.a.(2)

1.A.5.a.(3)

1.A.5.b.(1)

1.A.5.b.(2)

1.A.5.b.(3)

1.A.5.b.(4)

1.A.5.b.(5)

1.A.5.b.(6)

1.A.5.b.(7)

1.A.5.c.

1.A.5.d.

China Spring has developed a cultural competency and diversity policy, and it has had each employee complete a self-assessment. It is recommended that the organization implement a cultural competency and diversity plan that addresses persons served, personnel, and other stakeholders. The cultural competency and diversity plan should consider culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. The plan should be reviewed at least annually for relevance and updated as needed.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

1.C.3.a.

1.C.3.b.

1.C.3.c.

It is recommended that the strategic plan be shared with persons served, personnel, and other stakeholders as relevant to their needs.

Consultation

- The organization is part of county government and functions under the strategic plan developed by Douglas County. It is suggested that the organization develop an additional strategic plan or addendum that is more specific to China Spring.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations

1.G.1.a.(1)

1.G.1.a.(2)

1.G.1.a.(3)

1.G.1.a.(4)

1.G.1.a.(5)

1.G.1.a.(6)

1.G.1.a.(7)

1.G.1.b.(1)

1.G.1.b.(2)

China Spring has a policy established by the county regarding risk management. It is recommended that the organization implement a risk management plan that includes identification of loss exposures, analysis of loss exposures, identification of how to rectify identified exposures, implementation of actions to reduce risk, monitoring

of actions to reduce risk, reporting results of actions taken to reduce risks, and inclusion of risk reduction in performance improvement activities. The plan should be reviewed at least annually for relevance and updated as needed.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.d.

China Spring should conduct unannounced annual tests of all emergency procedures on each shift at each location. Tests should include actual or simulated physical evacuation drills. Tests should be evidenced in writing and analyzed in writing for performance, addressing areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel.

1.H.9.a.

1.H.9.d.

It is recommended that the organization expand its written procedures regarding critical incidents to include incident prevention and remedial action.

Consultation

- The organization analyzes critical incidents monthly. It is suggested that it use the monthly analysis to conduct an annual analysis so as to obtain a more aggregate picture of trends.

1.I. Human Resources

Description

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

1.I.5.b.(4)

1.I.5.b.(7)

It is recommended that the organization provide documented personnel training in diversity and person-centered practice.

1.I.6.b.(1)(a)

1.I.6.b.(2)

It is recommended that performance evaluations for all personnel be based on job functions and consistently evident in personnel files.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization has a technology and system plan that is developed and implemented by Douglas County, it is suggested that it develop an addendum that more specifically addresses the technology needs of China Spring.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Communication of rights
- Policies that promote rights
- Complaint, grievance, and appeals policy
- Annual review of complaints

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
- Requests for reasonable accommodations

Recommendations

1.L.1.b.(1)

1.L.1.b.(2)

1.L.1.b.(3)

1.L.1.b.(4)

1.L.1.b.(5)

1.L.1.b.(6)

1.L.1.b.(7)

1.L.1.b.(8)

1.L.1.b.(10)(a)

1.L.1.b.(10)(b)

1.L.1.b.(10)(c)

China Spring is urged to implement an ongoing process to identify barriers in architecture, environment, attitudes, finances, employment, communication, technology, and transportation, and any other barriers identified by the persons served, personnel, and other stakeholders.

1.L.2.a.(1)

1.L.2.a.(2)

1.L.2.b.(1)

1.L.2.b.(2)

1.L.2.c.

It is recommended that the organization implement an accessibility plan that includes for all identified barriers actions to be taken and timelines; is reviewed at least annually for relevance, including progress made in the removal of identified barriers and areas needing improvement; and is updated as needed.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

1.M.3.d.(1)(a)

1.M.3.d.(1)(b)

1.M.3.d.(1)(c)

1.M.3.d.(2)(a)

1.M.3.d.(2)(b)

1.M.3.d.(2)(c)

It is recommended that China Spring utilize the data it collects to develop written business function and service delivery objectives, performance indicators, and performance targets.

1.M.6.a.

1.M.6.b.(1)

1.M.6.b.(2)

1.M.6.b.(3)

1.M.6.b.(4)(a)

1.M.6.b.(4)(b)

It is recommended that the organization measure business function indicators as well as service delivery performance indicators for each program/service seeking accreditation for effectiveness of services, the efficiency of services, service access, and satisfaction and other feedback from the persons served and other stakeholders.

1.M.7.a.

1.M.7.b.

1.M.7.c.

1.M.7.d.

For each service delivery indicator, the data collection system should determine to whom the indicator will be applied; the person(s) responsible for collecting the data; the source from which data will be collected; and a performance target based on an industry benchmark, based on the organization's performance history, or established by the organization or other stakeholder.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

1.N.1.a.

1.N.1.b.(1)

1.N.1.b.(2)(a)

1.N.1.b.(2)(b)

1.N.1.b.(2)(c)

1.N.1.b.(2)(d)(i)

1.N.1.b.(2)(d)(ii)

1.N.1.b.(3)

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

At least annually, China Spring should complete a written performance analysis that analyzes performance indicators in relation to performance targets for business functions; service delivery for each program seeking accreditation, including the effectiveness of services, the efficiency of services, service access, and satisfaction and other feedback from the persons served and other stakeholders; and extenuating/influencing factors. The annual performance analysis should identify areas needing performance improvement, result in an action plan to address the improvements needed to reach established or revised performance targets, and outline actions taken or changes made to improve performance.

1.N.2.a.(1)

1.N.2.a.(2)

1.N.2.b.

1.N.2.c.

1.N.2.d.

Performance analysis should be used to review the implementation of the mission and core values of the organization, improve the quality of programs and services, facilitate organizational decision making, and review or update the organization's strategic plan.

1.N.3.a.(1)

1.N.3.a.(2)

1.N.3.a.(3)

1.N.3.b.(1)

1.N.3.b.(2)

1.N.3.b.(3)

1.N.3.c.

Once the analysis is completed, the organization should communicate accurate performance information to the persons served, personnel, and other stakeholders according to the needs of the specific group, including the format, the content, and the timeliness of the information communicated.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated. Children/youths and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served. The persons served have the opportunity to transition easily through a system of care.

The guiding principles include:

- Child/youth and family driven services.
- Promotion of resiliency.
- Cultural and linguistic competence.
- Strengths-based approach.
- Focus on whole person in context of family and community.
- Trauma-informed, where applicable.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

The organization, where appropriate, provides information to the child/youth served and in collaboration with the parent and/or legal representative.

Child- and family-centered care includes the following:

- Recognition that, when possible, the family is the constant in the child's/youth's life, while the service systems and personnel within those systems fluctuate.
- Facilitation of family-professional collaboration at all levels of care.
- Sharing of unbiased and complete information about a child's/youth's care on an ongoing basis, in an appropriate and supportive manner.
- Implementation of appropriate policies and programs that are comprehensive and provide necessary support to meet the needs of children/youths and families.
- Recognition of child/youth and family strengths and individuality and respect for different methods of coping.
- Understanding and incorporating the developmental needs of children/youths and families into service systems.
- Assurance that the design of health and social service delivery systems is flexible, accessible, and responsive to the needs of children/youth and families.

Key Areas Addressed

- Written plan that guides service delivery
- Team member responsibilities
- Developmentally appropriate surroundings and equipment
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity

- Collaborative partnerships
- Child/youth/family role in decision making
- Policies and procedures that facilitate collaboration
- Coordination of services for child/youth
- Qualifications and competency of direct service staff
- Family participation
- Team composition/duties
- Relevant education
- Clinical supervision
- Assistance with advocacy and support groups
- Effective information sharing
- Arrangement or provision of appropriate services
- Gathering customer satisfaction information

Recommendations

2.A.20.

It is recommended that China Spring implement a policy and written procedures for the supervision of all individuals providing direct services in all programs.

2.A.21.a.

2.A.21.b.

2.A.21.c.

2.A.21.d.

2.A.21.e.

2.A.21.f.

2.A.21.g.(1)

2.A.21.g.(2)

2.A.21.g.(3)

2.A.21.g.(4)

2.A.21.g.(5)

2.A.21.h.

2.A.21.i.

2.A.21.j.

It is recommended that the organization's documented ongoing supervision of direct service personnel address accuracy of assessment skills, when applicable; ability to recognize risk factors for suicide and other dangerous behaviors and take appropriate actions according to their role; proficiency of referral skills, when applicable; the appropriateness of the services or supports selected relative to the specific needs of each person served; service effectiveness as reflected by the persons served meeting their individual goals; the provision of feedback that enhances the skills of direct service personnel; issues of ethics, legal requirements, boundaries, self-care, and secondary trauma; service documentation issues identified through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs,

abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, his or her family or significant others, or from external resources.

Key Areas Addressed

- Policies and procedures defining access
- Waiting list criteria
- Orientation to services
- Primary assessment
- Interpretive summary

Recommendations

2.B.8.e.(5)(a)

It is recommended that documentation of orientation consistently indicate that each resident admitted to services receives an orientation that includes the program's policies regarding the use of seclusion or restraint. It is suggested that the current orientation material use wording that is understandable to youth, such as *hands-off* policy, and include how youth will be supported before and after incidents of restraint.

2.B.14.b.(1)

2.B.14.b.(2)

Although each program area completes a primary assessment, it is recommended that this assessment result in the preparation of an interpretive summary that is based on the assessment data and used in the development of the individualized plan.

2.C. Individualized Plan

Description

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of the individualized plan. The individualized plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served, as well as identified challenges and problems. Individualized plans may consider the significance of traumatic events.

Key Areas Addressed

- Participation of child/youth in preparation of individual plan
- Components of individual plan
- Co-occurring disabilities/disorders
- Content of program notes

Recommendations

2.C.1.b.(2)

It is recommended that the individualized plan be prepared using the information from the interpretive summary. This could be accomplished through documentation of the results of the initial case management team at which each program reviews the findings of the assessment.

2.C.2.a.(1)

2.C.2.b.(5)

2.C.2.b.(7)

The individualized plan should include goals that are expressed in the words of the resident as well as specific service objectives that are measurable and time specific.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, reunification, re-entry in a juvenile justice system, or transition to adulthood.

The transition plan is a document that is developed in collaboration with and for the person served, family, and other interested persons who have participated with the individual in services. It is meant to be a plan that the person served uses when leaving the program to identify important supports and actions to prevent the need to return to the program or other higher level of care.

A discharge summary is a document written by the program when the person leaves the program and includes information about the person's progress while in the program, including the completion of his or her goals. It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, transition services are critical for the support of the individual's ongoing well-being. The organization proactively attempts to contact the person served after formal transition or discharge to gather needed information related to his or her postdischarge status.

The transition plan and/or discharge summary may be included in a combined document or as part of the individualized plan as long as it is clear whether the information relates to a transition or discharge planning.

Key Areas Addressed

- Transition/discharge planning
- Components of transition plan
- Follow-up after program participation

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self-administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self-administered by the person served.

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and closely observing the person served self-administering the medication.

Self-administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time. These standards are applied regardless of whether the prescriber is employed directly by the organization or works under contract.

Key Areas Addressed

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

2.F. Nonviolent Practices

Description

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environment, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in child and youth services, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to others, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.

Key Areas Addressed

- Training and procedures supporting nonviolent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

Recommendations

2.F.4.a.

2.F.4.b.

2.F.4.c.

2.F.4.d.(1)

2.F.4.d.(2)

2.F.4.e.

2.F.4.f.

It is recommended that a plan be implemented by the organization to minimize or eliminate the use of restraints and/or seclusion that includes identification of the role of leadership; use of data to inform practice; development of workforce attitudes, skills, and practices that support recovery; identification of specific strategies to prevent crisis and timelines to reduce the use of seclusion and restraint; identification of roles for persons served and advocates in determining if crisis procedures and practices are implemented in a positive and proactive fashion; and a review of the role of the debriefing process in supporting the reduction of the use of seclusion or restraint.

2.G. Records of the Person Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Authorization for release of information
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Review

Description

The program has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the program in improving the quality of services provided to each person served.

Key Areas Addressed

- Focus of quarterly review
- Use of information from quarterly review

Recommendations

2.H.1.a.

2.H.1.b.(1)

2.H.1.b.(2)

2.H.1.b.(3)

2.H.1.b.(4)

Although China Spring provides for some oversight and ongoing examination of file entries, it is recommended that the program conduct a documented review of the services provided at least quarterly that addresses, as evidenced by the record of the residents, the quality of service delivery; appropriateness of services; patterns of service utilization; and model fidelity, when an evidence-based practice is identified.

2.H.2.a.

2.H.2.b.

2.H.2.c.

2.H.2.d.(1)

2.H.2.d.(2)

It is recommended that the quarterly review be performed in accordance with an established review process by personnel who are trained and qualified on a representative sample of records from persons served from each program, including current records and closed records.

2.H.4.a.(1)

2.H.4.a.(2)

2.H.4.b.

2.H.4.c.(1)

2.H.4.c.(2)

2.H.4.c.(3)

2.H.4.d.(1)

2.H.4.d.(2)

2.H.4.e.(1)(a)

2.H.4.e.(1)(b)

2.H.4.e.(2)

2.H.4.f.

2.H.4.g.(1)

2.H.4.g.(2)

2.H.4.h.(1)

2.H.4.h.(2)

2.H.4.i.

2.H.4.j.

It is recommended that the review address whether the persons served were provided with an appropriate orientation and actively involved in making informed choices regarding the services they received; confidential information was released according to applicable laws/regulations; the assessments of the persons served were thorough, complete, and timely; risk factors were adequately addressed and resulted in safety plans, as appropriate; the goals and service/treatment objectives of the persons served were based on the results of the assessments and the input of the person served and revised when indicated; the actual services were related to the goals and objectives in the person's plan; the actual services reflect appropriate level of care and reasonable duration; the person-centered plan was reviewed and updated in accordance with the organization's policy; when applicable, the transition plan and discharge summary have been completed; and services were documented in accordance with the organization's policy.

- 2.H.5.a.
- 2.H.5.b.
- 2.H.5.c.

The organization should demonstrate that the information collected from its established review process is used to improve the quality of services through performance improvement activities, used to identify personnel training needs, and reported to personnel.

Section 4. Core Residential Program Standards

4.F. Residential Treatment

Description

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Key Areas Addressed

- Interdisciplinary services
- Creation of natural supports
- Education on wellness, recovery, and resiliency
- Community reintegration

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designations

5.A. Juvenile Justice

Description

Juvenile justice programs serve a specific population of adjudicated juveniles referred by the court or from within the juvenile justice system. Services can be provided through courts, through probation and parole agencies, or in community-based or institutional settings. Institutional settings may include juvenile detention centers, jails, prisons, or other delinquency-focused settings. The services are designed to maximize the youth's ability to function effectively in the family, school, and community. The juvenile justice mandates include community safety needs in all judicial decisions and require that child and youth services programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Juvenile justice educational programs may include either community-based or institution-based educational, training, or employment services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/OWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Key Areas Addressed

- Service team
- Personnel training
- Services in a correctional setting
- Assessment of child/youth

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

China Spring Youth Camp

225 China Spring Road
Gardnerville, NV 89410

Residential Treatment (Juvenile Justice)