CARF Accreditation Report

for

China Spring Youth Camp

Three-Year Accreditation

Contents

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 a 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 Number

137389

Survey Date(s)

May 24, 2021–May 25, 2021

Surveyor(s)

Marie I. Dennis Cooter, MS, MSW, DESS Administrative
Marielande Emile, LCSW, DESS Program

Program(s)/Service(s) Surveyed

Residential Treatment (Juvenile Justice)

Previous Survey

January 18, 2018–January 19, 2018
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: January 31, 2024

Executive Summary

This report contains the findings of CARF's site survey of China Spring Youth Camp conducted May 24, 2021–May 25, 2021. 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 Youth Camp (CSYC) is a resourceful, flexible, thoughtful, clinically sound organization that provides 24-hour residential treatment services to youth ages 12 to 18 years on 140 acres of land in western Nevada. The organization serves at-risk youth with involvement in the juvenile justice system, many of whom come from troubled homes or have experience with multiple placements. The grounds presently consist of a girls' dormitory, boys' dormitory, school, dining hall, hatchery, well, water treatment facilities, vocational technology buildings, gymnasium, challenge courses, administrative building, greenhouse, ponds, maintained roads, and more. The facility places a premium on safety and security. The program offers individual counseling, group counseling/classes, 24-hour medical care/services, physical fitness and recreation, psychological services, educational services, family integration, and social development and coping skills. The serene atmosphere is conducive to healing, learning, and experiences that promote health and resiliency. The organization's philosophy is one of honor, trust, and accountability. Leadership promotes a positive work culture that prioritizes a healthy, safe, and therapeutic environment for youth and staff members. During the COVID-19 pandemic, CSYC rose to the occasion by instituting guidelines to safeguard and monitor health and safety of the youth, staff members, and visitors. Youth are empowered to discover their strengths and develop life skills in order to improve their lives when they return to their homes. Youth, family members, the advisory board, and other stakeholders reported that the youth are benefiting from the services they receive. It is clear that CSYC utilizes the CARF standards in its day-to-day service delivery practices, business operations, and continuous quality improvement. The few areas for improvement identified in the recommendations in this report are scattered throughout the sections. The areas for improvement include performance measurement and management, performance improvement, the staff onboarding process, and the individualized plan for the youth served. The receptivity of the leadership and staff members to the consultation and other feedback proved during this survey instills confidence that CSYC possesses the willingness and ability to bring it into full conformance to the CARF standards.

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):

- Marie I. Dennis Cooter, MS, MSW, DESS Administrative

- Marielande Emile, LCSW, DESS 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 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:

- CSYC is a value-driven organization. The organization demonstrates a deep commitment to the youth served, to the staff members, and to meeting the needs of the youth served. It undertakes creative and innovative efforts to ensure that quality, meaningful, and respectful services are provided to help the youth become productive members of their families and communities.

- The leadership has long tenure with the organization, providing stability and continuity of care. The leadership is committed to CSYC's long-term sustainability, operations, programs, personnel, and youth served. The leadership has fostered collaborative relationships with state and local governments, and it is well respected by the state and local stakeholders and staff members.

- The administrative team members are conscientious, diligent, and creative as they tackle their many job duties and responsibilities. They understand and appreciate that they are there to support the array of services provided to the youth. Despite the unpredictable times and the uncertain economy due to the COVID-19 pandemic, leadership has not lost its focus that youth and their families always come first, and it has stayed true to the mission.

- Funding and referral sources consistently reported that CSYC establishes positive relationships and connections with the youth served. They reported that CSYC provides services to youth for the right reasons and that the organization has a long-established history and an excellent, well-deserved reputation across the state of Nevada for responding to the complex needs of the youth and their families.

- The golf tournament is the organization's way of raising money to buy things that a youth might need that the general accounts do not support. The proceeds from the golf tournament have been used to set up the youth in schools/colleges, work, and housing. Donations are also used to fund the fly fishing program, knitting, chess, wilderness activities, picnics, challenge courses, and many other leisure activities that support drug-free living. The monies may also be used to assist families in need with transportation costs incurred when visiting a resident (such as gas, food, and hotel stays).

- CSYC has two African gray parrots, Bella and Bochi. The youth help care for Bella and Bochi, who have taught the youth to be gentle, caring, and consistent. The birds are part of the CSYC family. Their whistling is expressive and lightens up the day. The youth served expressed gratitude for having them reside in their dorms.

- The administrative plans and annual reports are thoughtful, meaningful, and user-friendly and reflect the areas of performance improvement. The use of photography, charts, and graphs enhance the understanding of the data and information.

- The relationship that CSYC has with the county is unique and has several beneficial aspects. These resources save CSYC money and allow for a more robust and compliance-driven environment. The resources that the organization accesses through cost allocation consist of financial resources (such as vendors, invoicing, budgeting, auditing, and compliance), human resources, technology (court technology, repair, replacement, and monitoring of equipment), a building department, motor pool and fleet service, and a public information officer.

- It is evident that training is valued as an integral part of the quality of services. Onboarding activities and ongoing training curricula are rigorous and competency based, which enhances the skills and experience of all staff members in the organization. Staff members expressed appreciation for the in-person, hands-on learning and the opportunities to take online or in-person classes.

- Teamwork, mutual respect, cooperation, and open communication are evident throughout the organization. Many staff members reported that they feel supported by senior leadership team members, managers, and colleagues.

- The compound is a beautiful, spacious location. It appears to be a warm and welcoming place to work and receive services. The dormitories, office, kitchen facilities, recreation areas, rope course, etc., all appear to be youth-friendly, and the well-decorated facilities offer a safe and healthy environment for the youth, staff members, and visitors.

- The organization employs highly credentialed, knowledgeable, and dedicated treatment providers who prioritize consistency in clinical training, performance improvement, quality assurance, and service delivery. Consequently, this provides the youth and their families with quality evidence-based treatment and continuity of care.

- CSYC uses the youth development system based on psychological principles of adolescent growth. The youth development system is designed to help residents learn, grow, and experience progress. The organization's approach to treatment is well received by the residents and their families. Families expressed appreciation for the opportunity for their loved ones to participate and receive services in a safe, supportive, and creative environment.

- Residents reported that the staff members treat them with respect.

- Case management and youth counselors/mentors are dedicated and knowledgeable in providing encouragement to residents and their support systems. The families served expressed appreciation for and confidence in the program staff members. They value the quality of the services received and expressed gratitude.

- The organization teaches many skills to the youth served, including financial literacy and employability skills. These lifelong, invaluable skills teach the residents to be "fisherman for a lifetime." The residents receive the reward of applying for on-campus jobs, the opportunity to grow and sell items at the local farmers' market, and participation in adding to the organization's discretionary funding. This brings a sense of pride while teaching the residents healthy ways of personal sustainability. The youth, in addition to continuing their education with their on-site schooling, are also able to gain several opportunities to become certified in CPR, first aid, and food preparation safety.

- The treatment model continues to nurture and evolve through the great efforts and compassion of the staff members. The organization remains committed to the prioritization of eliminating barriers for the residents.

- The Parent Project is a program that is an activity-based curriculum designed to empower parents with the skills necessary to transform destructive behaviors and to teach behavior management techniques. There is no cost to parents, and all materials necessary to complete the course are provided.

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 and 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 and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

1.A.7.b.
It is recommended that the organization demonstrate corporate compliance through implementation of written procedures that address exclusion of individuals and entities from federally funded healthcare programs.

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

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

1.C.3.a.
The strategic plan should be shared with the youth served, as relevant to the needs of that specific group. The organization might consider posting a brief summary of the strategic plan in the residence, on the website, or in a newsletter.

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

- Collection of input
- Integration of input into business practices and planning

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 obligations
- Response to legal action
- Confidentiality and security of records

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

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

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

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

1.G.1.a.(6)
The risk management plan should consistently include reporting results of actions taken to reduce risks.

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

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

1.H.10.e.
1.H.10.f.(13)
The written procedures regarding critical incidents should also include timely debriefings conducted following critical incidents and include unauthorized use and possession of legal or illegal substances.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of background/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

1.I.5.a.(4)
1.I.5.a.(5)
1.I.5.a.(6)
Onboarding and engagement activities should include orientation that addresses CSYC's performance measurement and management system, risk management plan, and strategic plan.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

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

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

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

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

1.M.2.f.

The organization should identify gaps and opportunities in preparation for the development or review of a performance measurement and management plan, including consideration of communication of performance information.

1.M.3.a.(2)(c)
1.M.3.a.(3)(d)
1.M.3.a.(7)
1.M.3.a.(8)(b)
1.M.3.a.(9)(e)

The organization should implement a performance measurement and management plan that addresses identification of measures for service delivery objectives for each program/service seeking accreditation, including experience of services and other feedback from other stakeholders. The plan should also address the collection of data about the youth served at point(s) in time following services, extenuating and influencing factors that may impact results, timeframes for the communication of results, and how performance information is communicated.

1.M.4.a.
1.M.4.b.(5)

To measure its results achieved for the youth served (effectiveness), the program/service seeking accreditation should consistently document an objective(s) and a performance indicator(s), including a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.5.a.
1.M.5.b.(5)

To measure experience of services received and other feedback from the youth served, the program/service seeking accreditation should document an objective(s) and a performance indicator(s), including a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.6.a.
1.M.6.b.(1)
1.M.6.b.(2)
1.M.6.b.(3)
1.M.6.b.(4)
1.M.6.b.(5)

To measure experience of services and other feedback from other stakeholders, the program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.9.a.
1.M.9.b.(1)
1.M.9.b.(2)
1.M.9.b.(3)
1.M.9.b.(4)
1.M.9.b.(5)
To measure its business function, the organization should document objectives in priority areas determined by the organization and, for each objective, document a performance indicator(s), including to what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or that is based on an industry benchmark.

1.M.10.
Personnel should be provided with documented education and training in accordance with their roles and responsibilities for performance measurement and management.

1.N. Performance Improvement

Description
CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed
- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

1.N.1.c.(1)
1.N.1.c.(2)
1.N.1.c.(3)
1.N.1.c.(4)
1.N.1.c.(5)
1.N.1.f.(2)
1.N.1.f.(3)
1.N.1.f.(4)
The organization's annual report documents service delivery performance improvement in a few areas; however, it does not establish or analyze measurable indicators and targets. It is recommended that an analysis of service delivery performance address service delivery indicators for the program/service seeking accreditation, including results achieved for the youth served (effectiveness), experience of services received and other feedback from the youth served, experience of services and other feedback from other stakeholders, resources used to achieve results for the youth served (efficiency), and service access. It is further recommended that the analysis of service delivery performance be used to develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

1.N.2.c.
1.N.2.f.(1)
1.N.2.f.(2)
1.N.2.f.(3)
1.N.2.f.(4)
The analysis of business function performance should consistently address priority business function indicators determined by the organization. It is recommended that the analysis of business function performance be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the action taken accomplished the intended results.

1.N.3.c.
The results of performance analysis should be used to guide changes to the performance measurement and management plan.

1.N.4.a.(1)
1.N.4.a.(2)
In accordance with the performance measurement and management plan, the organization should communicate accurate performance information to personnel and the youth served.

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/youth 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(s) 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/youth 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/youth 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

There are no recommendations in this area.

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 the person's 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, the person's family or significant others, and external resources.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.C. Individualized Plan

Description

Each person served is actively involved in and has a significant role in the individual planning process and 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 potential solutions. Individualized plans consider the significance of traumatic events. The individualized plan may also be referred to as a person-centered plan, service plan, treatment plan, case plan, or plan of care. In programs that serve young children, or families as a unit, the plan is often family focused rather than focused on a specific child.

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.2.b.(5)
2.C.2.b.(7)
It is recommended that the individualized plan consistently include specific service objectives that are measurable and time specific. It suggested that the program utilize the concept of SMART (specific, measurable, achievable, relevant, and time specific) goals as a guide throughout the service planning process.

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 (planned or unplanned) and includes information about the person's progress while in the program, including the completion of 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 program takes a proactive approach to follow-up with persons served after discharge to gather information related to their post discharge status and to assist in determining the effectiveness of services and whether additional services were or are currently needed.

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 controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. 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, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose 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/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

Recommendations

There are no recommendations in this area.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self-direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities,

redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, 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.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space 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 only if freedom to leave the segregated room or space is denied.

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 as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
- Briefly holding a person served, without undue force, for the purpose of comforting the individual or to prevent self-injurious behavior or injury to others.
- Holding a person's hand or arm to safely guide the individual from one area to another or away from another person.
- Security doors designed to prevent elopement or wandering.
- Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

- Policy addressing how the program will respond to unsafe behaviors of persons served
- Competency-based training for direct service personnel on the prevention of unsafe behaviors
- Policies on the program's use of seclusion and restraint, if applicable
- Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
- Plan for elimination of the use of seclusion and restraint, if applicable
- Written procedures regarding orders for and the use of seclusion and restraint, if applicable
- Review and analysis of the use of seclusion and restraint, if applicable

Recommendations

There are no recommendations in this area.

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

There are no recommendations in this area.

Section 4. Core Residential Program Standards

4.E. 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 psychiatric residential treatment facilities, therapeutic boarding schools, therapeutic wilderness programs, 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
- Services in a correctional setting
- Personnel training
- 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)