# CARF Accreditation Report

# for

# Young Star Academy

# 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](http://www.carf.org/contact-us).

**Organization**

Young Star Academy
1012 ODNR Mohican Road 51
Perrysville, OH 44864

**Organizational Leadership**

Dawn Maneese, Business Development and Intake Director
Nicole Fuhrhop, LISW-S, ACTP, CTRT, Clinical Director
Olga Starr, MBA, ChFC, CFBS, QBHS, Executive Director

**Survey Number**

147227

**Survey Date(s)**

July 14, 2021–July 16, 2021

**Surveyor(s)**

Thurston S. Smith, MPA, CCS, LAC, CADC, Administrative and Program

**Program(s)/Service(s) Surveyed**

Residential Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

# Accreditation Decision

**Three-Year Accreditation**
**Expiration: August 31, 2024**

# Executive Summary

This report contains the findings of CARF's site survey of Young Star Academy conducted July 14, 2021–July 16, 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, Young Star Academy demonstrated substantial conformance to the standards. Young Star Academy delivers comprehensive child and youth services in an environment that is secure, spacious, and beautifully decorated. The organization's leadership is a dedicated cadre of executives, administrators, and clinical practitioners who are devoted to ameliorating the debilitating effects of substance use disorders, trauma, and other conditions. Young Star Academy has established an impressive reputation throughout its catchment area and the state of Ohio, and its funding and referral sources view the organization as a highly reliable and efficient behavioral health provider. The organization's physical plant, office space, cottages, and external environment are tranquil, inviting, and aesthetically tailored to the therapeutic needs of the youth served and their families. Administrative operations and fiscal practices are sound, and each reflects a strong commitment to the highest standards of leadership and professionalism. The program demonstrates an unwavering commitment to establishing resiliency and restoring wellness in the youth served. Services are executed by a group of social workers, counselors, medical personnel, and other healthcare practitioners whose number one priority is providing optimal care to the youth served. Young Star Academy's residential treatment program is noted for its robust application of evidence-based practices and outcomes-driven clinical interventions. To reduce recidivism and ensure that the youth served have every possible chance of success, the organization has established a family counseling program rooted in empirically driven clinical approaches. Youth served and their families spoke highly of the staff members and their compassionate delivery of services. Although the organization has some opportunities for improvement noted in the recommendations in this report, including developing its ethical codes of conduct, complaint procedures, clinical documentation, and corporate compliance policies, Young Star Academy appears to be well positioned to provide optimal care into the future.

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

**Young Star Academy 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 Young Star Academy was conducted by the following CARF surveyor(s):

- Thurston S. Smith, MPA, CCS, LAC, CADC, Administrative and 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 Young Star Academy 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: Integrated: SUD/Mental Health (Children and Adolescents)

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 Young Star Academy demonstrated the following strengths:

- Young Star Academy provides efficient behavioral healthcare services to youth and their families in an environment that is safe, accessible, and highly therapeutic. The organization's infrastructure, grounds, and internal accommodations are thoughtfully tailored to meet the needs of its target population.

- The organization's programs and operations are governed by a competent and compassionate group of senior executives and managers who are dedicated to the care of the youth served. Young Star Academy has established an advisory board replete with highly skilled professional advocates.

- The organization has established a favorable reputation among its funding sources, referral sources, and the general community. External stakeholders spoke very positively about the services delivered and are very pleased with the responsiveness and professionalism of the staff members. The organization is also recognized by its internal and external stakeholders for its person-centered approach.

- The executive leadership and senior managers display an unwavering commitment to the organization's sustainability and to sound fiscal and administrative practices. Young Star Academy has been frequently recognized by the public and throughout the community it serves for its efforts to reduce stigma and promote the value of its child and adolescent programming.

- The organization employs a highly competent group of addiction therapists, social workers, professional counselors, and other direct service personnel who go above and beyond to assist the youth and families served. The direct service staff members pride themselves in the use of robust, trauma-informed treatment interventions and other evidence-based interventions.

- The living quarters provide a homelike environment where the youth served feel safe, welcomed, and valued. Young Star Academy is commended for its effective intervention methods and application of evidence-based approaches. The services are rich in psychoeducational resources and prosocial supports.

- To ensure the long-term success of the youth served, the organization's family therapy program is congratulated for its results-driven, person-centered approach that is strongly devoted to building resiliency among the population served.

- The organization strives to accommodate the needs of its diverse service population, while ensuring that all services are individualized for optimal outcomes. The organization's holistic approach to care is fantastic and rich in health and wellness activities. Youth served attend chaperoned movie events, sports activities, outings, swimming, religious services, and other skill-building activities geared toward the growth and development of each youth.

## 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.3.h.**
**1.A.3.i.**
**1.A.3.j.(2)**
It is recommended that the organization's identified leadership also guide the development and implementation of corporate responsibilities and compliance with all regulatory requirements.

**1.A.6.a.(1)**
**1.A.6.a.(2)**
**1.A.6.a.(3)**
**1.A.6.a.(4)**
**1.A.6.a.(6)(a)(i)**
**1.A.6.a.(6)(a)(ii)**
**1.A.6.a.(6)(a)(iii)**
**1.A.6.a.(6)(b)**
**1.A.6.a.(6)(c)**
**1.A.6.a.(6)(e)**
**1.A.6.a.(8)**
**1.A.6.a.(10)(a)**
**1.A.6.a.(10)(b)**
**1.A.6.a.(10)(c)**
**1.A.6.a.(10)(d)**
**1.A.6.b.(1)**
**1.A.6.e.**
The organization's corporate responsibility efforts should include written ethical codes of conduct in the areas of business; marketing; contractual relationships; conflicts of interest; service delivery (including the exchange of gifts, money, and gratuities; personal fundraising; personal property; and witnessing of legal documents); human resources; and prohibition of waste, fraud, abuse, and other wrongdoing. Corporate responsibility efforts should also include corporate citizenship and written procedures to deal with allegations of ethical codes, including a no-reprisal approach for personnel reporting.

**1.A.7.a.**
**1.A.7.b.**
**1.A.7.c.(1)**
**1.A.7.c.(2)(a)**
**1.A.7.c.(2)(b)**
**1.A.7.c.(2)(c)**
**1.A.7.d.(1)**
**1.A.7.d.(2)**
**1.A.7.e.**
As an organization that receives federal funding, it should demonstrate corporate compliance through implementation of a policy on corporate compliance that has been adopted by the leadership and implementation of written procedures that address exclusion of individuals and entities from federally funded healthcare programs. There also should be documented designation of a staff member to serve as the organization's compliance officer who monitors matters pertaining to corporate compliance, conducts corporate compliance risk assessments, and reports on matters pertaining to corporate compliance. Further, the organization should provide training of personnel on corporate compliance, including the role of the compliance officer and the organization's procedures for allegations of fraud, waste, abuse, and other wrongdoing. The organization should also demonstrate corporate compliance through internal auditing activities.

### Consultation

- To improve the overall efficiency of its operations and services, it is suggested that the organization regularly review its policies, procedures, and other written documents to ensure that all convey a consistent message. The organization is also encouraged to title its policies and other documents according to their intent.

- Given the broad administrative responsibilities of its leadership, it is suggested that the organization consider establishing a deputy director position and/or formal executive leadership team. This could help the organization maximize the effective use of its resources while better utilizing the talent of existing personnel.

- It is suggested that the organization utilize the CARF standards manual when updating its policies and procedures and when drafting new organizational documents. The organization is also encouraged to adopt CARF's terminology.

- It is suggested that the cultural competency and diversity plan provide additional detail as to how the organization addresses cultural-specific needs of the youth served, personnel, and other stakeholders.

## 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.2.c.(2)**
It is recommended that the organization implement a strategic plan that also sets priorities.

## 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 from persons served, personnel, and other stakeholders
■ Integration of input into business practices and planning

### Recommendations

There are no recommendations in this area.

### Consultation

- It is suggested that the organization explore additional alternatives and mechanisms for gathering input from the youth served, personnel, and other stakeholders. This could include the implementation of communitywide surveys, public forums, and other creative ways of capturing external stakeholder feedback.

## 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**

**1.E.1.b.**

Although the organization demonstrates a process to comply with most regulatory obligations, it has not complied with regulations regarding federally funded programs. It is recommended that the organization demonstrate a process that ensures compliance with all regulatory obligations.

# 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
■ Review/audit of financial statements
■ Safeguarding funds of persons served, if applicable

## 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

There are no recommendations in this area.

# 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**

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

**Recommendations**

There are no recommendations in this area.

**Consultation**

- The organization is encouraged to make its health and safety supplies more accessible throughout its program areas and living quarters. In ensuring its compliance with state requirements for youth having access to first aid supplies, the organization might also enhance how it trains the youth served on responding to emergencies that require the use of first aid.

# 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 backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

**Recommendations**

There are no recommendations in this area.

**Consultation**

- It is suggested that the organization explore as many alternatives as possible to ensure adequate coverage within its programs. As this is directly related to its succession planning activities, the organization might also consider including the counselors within its identified key positions, establishing a more robust volunteer/intern program, and enhancing its overall retention efforts.

# 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, including input from stakeholders
- 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
- Provision of information related to ICT, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

## Recommendations

**1.J.2.b.(1)**
**1.J.2.b.(2)**
**1.J.2.b.(6)**
**1.J.2.b.(7)**
It is recommended that the organization implement a technology and system plan that includes goals, priorities, resources to accomplish the goals, and timeframes.

# 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**

**1.K.3.a.(1)**
**1.K.3.a.(4)**
**1.K.3.a.(7)**
**1.K.3.a.(8)**
It is recommended that the organization's policies and written procedures by which persons served may formally complain to the organization also specify its definition of a formal complaint. As the organization uses the terms "grievance" and "complaint" interchangeably, it is suggested that the organization explain the use of these terms within its definition of a formal complaint. Although the organization's written policies and procedures on complaints include the availability of an external review, it does not adequately describe the levels of review. It is recommended that the organization's written policies and procedures specify levels of review. Further, although the current policies and procedures on complaints make general assertions as to the rights and responsibilities of each party involved in the complaint process, these assertions do not meet the full intent of the standards. It is recommended that the policies and written procedures by which persons served may formally complain to the organization also specify the rights and responsibilities of each party. It is suggested that the organization revise its written policies and procedures on complaints to include an informal stage, as this could help resolve complaints at the lowest level and reduce administrative time in complaint management.

**Consultation**

- It is suggested that the organization's written policies and procedures on complaints more clearly describe the time, expectations, and conditions for when formal complaints may be submitted and the time expectations for complaint resolution.

# 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**

**1.L.2.a.(1)**
**1.L.2.a.(2)**
It is recommended that the organization implement an accessibility plan that includes, for all identified barriers, actions to be taken and timelines.

**Consultation**

- It is suggested that the organization define its barriers to services and areas requiring improvement in clear and concise terms.

## 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

There are no recommendations in this area.

## 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**

There are no recommendations in this area.

# Section 2. General Program Standards

**Description**

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served 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 persons served. The persons served have the opportunity to transition easily through a system of care.

## 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.

**Key Areas Addressed**

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

**Recommendations**

**2.A.3.b.**

Based on the scope of each program/service provided, it is recommended that the organization document its transition criteria, if applicable.

**Consultation**

- Although the organization has two documents that describe its entry criteria, it is suggested that the documents reflect the entry criteria in a consistent manner.

- The organization describes its discharge planning procedures in more than one document. It is suggested that the organization describe these procedures in a consistent manner across all documents and more clearly list the discharge criteria.

## 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, family or significant others, or from external resources.

**Key Areas Addressed**

■ Screening process described in policies and procedures
■ Ineligibility for services
■ Admission criteria
■ Orientation information provided regarding rights, grievances, services, fees, etc.
■ Waiting list
■ Primary and ongoing assessments
■ Reassessments

**Recommendations**

**2.B.13.b.**
**2.B.13.c.**
**2.B.13.d.**
**2.B.13.e.**
**2.B.13.g.**
It is recommended that the assessment process consistently gather and record information about the person's personal strengths, individual needs, abilities and/or interests, preferences, and mental status.

**Consultation**

▪ The organization uses a standardized risk assessment tool that generates numeric outcomes on a scale from zero to five. It is suggested that all clinical personnel be trained on the use of this tool and that all psychosocial assessments provide comprehensive information regarding the results of the risk assessments that are conducted.

## 2.C. Person-Centered Plans

**Description**

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

**Key Areas Addressed**
- ■ Person-centered planning process
- ■ Co-occurring disabilities/disorders
- ■ Person-centered goals and objectives
- ■ Designated person coordinates services

**Recommendations**

**2.C.1.c.(1)**
**2.C.1.c.(2)**
**2.C.1.c.(3)**
**2.C.1.c.(4)**
It is recommended that the person-centered planning process be consistently based upon the person's strengths, needs, preferences, and abilities.

# 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, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). 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, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

**Key Areas Addressed**

■ Referral or transition to other services
■ Active participation of persons served
■ Transition planning at earliest point
■ Unplanned discharge referrals
■ Plan addresses strengths, needs, abilities, preferences
■ Follow-up for persons discharged for aggressiveness

**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 Persons 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**

■ Confidentiality
■ Timeframes for entries to records
■ Individual record requirements
■ Duplicate records

**Recommendations**

There are no recommendations in this area.

**Consultation**

- ▪ The organization utilizes an electronic clinical records system. It is suggested that the system's templates be adjusted to provide space for additional clinical information and that the organization not rely exclusively on the templates' preformatted data capturing mechanisms.

## 2.H. Quality Records Management

**Description**

The organization implements 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 organization in improving the quality of services provided to each person served.

**Key Areas Addressed**

- ■ Quarterly professional review
- ■ Review current and closed records
- ■ Items addressed in quarterly review
- ■ Use of information to improve quality of services

**Recommendations**

There are no recommendations in this area.

# Section 3. Core Treatment Program Standards

**Description**

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

## 3.Q. Residential Treatment (RT)

**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.

**Consultation**

- The organization is encouraged to utilize local 12-step programs (e.g., Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous) as psychoeducational support and adjunct community resources. As 12-step groups have hospital and institution committees, the organization could arrange for them to visit the program and/or transport the youth served directly to community meetings.

# Section 5. Specific Population Designation Standards

## 5.C. Children and Adolescents (CA)

**Description**

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

**Key Areas Addressed**

■ Comprehensive assessments
■ Services based on needs of child
■ Criminal background checks for staff providing direct services

**Recommendations**

There are no recommendations in this area.

# Program(s)/Service(s) by Location

**Young Star Academy**

1012 ODNR Mohican Road 51
Perrysville, OH 44864

Residential Treatment: Integrated: SUD/Mental Health (Children and Adolescents)