CARF Accreditation Report

for

Keystone Continuum, LLC dba Mountain Youth 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 an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

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

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

Organization

Keystone Continuum, LLC dba Mountain Youth Academy
332 Hospital Road
Mountain City, TN 37683

Organizational Leadership

Kathy M. Smith, M.B.A., PHR, Director of Human Resources/ Compliance

Survey Date(s)

February 20, 2019–February 22, 2019

Surveyor(s)

Cesar Dumelod, LMFT, BCPC, Administrative and Program

Program(s)/Service(s) Surveyed

Residential Treatment: Mental Health (Children and Adolescents)

Previous Survey

Three-Year Accreditation
January 11, 2016–January 12, 2016

Accreditation Decision

Three-Year Accreditation
Expiration: March 31, 2022

Executive Summary

This report contains the findings of CARF's on-site survey of Keystone Continuum, LLC dba Mountain Youth Academy conducted February 20, 2019–February 22, 2019. 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, Keystone Continuum, LLC dba Mountain Youth Academy demonstrated substantial conformance to the standards. The leadership and staff members of Mountain Youth Academy have shown dedication and positivity in fully implementing the CARF standards as their guide for business practices and treatment implementation, supporting the organization as a provider of efficient and effective quality services. Mountain Youth Academy, including its executive leadership, management, and staff members, adheres to high ethical standards and loyalty. The leadership is committed and visionary, which has allowed ample growth in the last 10 years. Mountain Youth Academy has strategically implemented services that impact the lives of its students and the community. The executive leadership, line staff, middle and upper management, clinicians, and direct care staff at Mountain Youth Academy are committed to conforming to CARF standards in all areas of the organization's administrative and program services and indicate that they will continue along this path in their aspirations to achieve excellence.

Keystone Continuum, LLC dba Mountain Youth Academy appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement.

Keystone Continuum, LLC dba Mountain Youth 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 Keystone Continuum, LLC dba Mountain Youth Academy was conducted by the following CARF surveyor(s):

- Cesar Dumelod, LMFT, BCPC, 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 Keystone Continuum, LLC dba Mountain Youth 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: 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 on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

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

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

Areas of Strength

CARF found that Keystone Continuum, LLC dba Mountain Youth Academy demonstrated the following strengths:

- Mountain Youth Academy's strategically implemented services to the community have impacted the lives of its students. Strategic planning is conducted with stakeholders and personnel and addresses reduced barriers to implementing services. Mountain Youth Academy is valued as an integral part of the community and is highly regarded as a provider of services to persons with mental and behavioral health problems. The organization has dedicated and supportive leadership that is committed to quality delivery of services that are efficient and effective. The organization respects and protects the rights and privacy of its students, as reflected by the personnel's handling of the students' records.

- The residential treatment program at Mountain Youth Academy greatly impacts the lives of students and their families. Mountain Youth Academy's facility is conducive to treating individuals with mental health and behavioral problems. It is well kept, clean, and maintained. The residential program offers many opportunities to the students in the program. Phase appropriate students are integrated into community activities as they continue to work on established goals. The residential program at Mountain Youth Academy annually provides a prom for its students to attend and a luau for both parents and students. Santa Claus also makes an annual visit. Weekly activities are considered the norm at Mountain Youth Academy.

- The students are grateful for the caring, sincere, and nonjudgmental approach of the organization's staff members and the clinicians. The students expressed a high level of satisfaction with services provided by the organization. Mountain Youth Academy evidences a great focus in ensuring that the student population culture is one of reward and benefit and not one that is punitive or adversarial. The reworking of the previous level system to a phase system based on stages of change further evidences the organization's commitment to assisting the youth to heal and grow rather than being behaviorally focused. By focusing on the underlying needs of the youth and promoting positive interactions, the behaviors get addressed as needs are met. The only prolonged consequences are for those students exhibiting unsafe behaviors. All other behaviors are addressed through learning and development-focused engagements.

- The organization's clinicians and staff members are well respected by the students because of their patience, sincerity, and compassion. The staff members are experienced, enthusiastic, knowledgeable, and dedicated. The clinical team at Mountain Youth Academy continues to provide best practices services to students. The longevity of the clinical team members contributes to the success of the students.

- The organization's leadership employs a variety of employment retention efforts that are supported by middle and upper management personnel. These include monthly fun activities, increased benefits contributing to a reduction in insurance costs, competition activities, and a variety of other activities offered to enhance employee engagement.

- Mountain Youth Academy has an innovative rope course that empowers and instills trust values in the students that carry over into all aspects of their lives. These activities that foster motivation for change to students include equine therapy, animal therapy, and a theater project. Education activities that enhance the learning needs of the students are science, technology, engineering, math (STEM); an Educational Learning Program (ELP); response to intervention (RTI); technology (Discovery Education Techbook™ digital textbooks, Promethean® Boards, a Promethean Table); and certification training.

- The residential treatment program for children and adolescents addresses mental and behavioral health disorders and utilizes many evidence-based practices, including motivational interviewing; cognitive-behavioral therapy (CBT); neurofeedback intervention; eye movement desensitization and reprocessing (EMDR); trauma-focused care, including trauma-focused cognitive behavioral therapy; and Seeking Safety. It also provides psychoeducational and skill-building approaches. The children who receive school-based outpatient services also can be eligible for Mountain Youth Academy after treatment programs where their treatment can continue with activities and job placement included. It was evident in interviews with staff members and students that these practices lead to significant changes in the students' lives. Students report being able to be more assertive and indicate that they feel listened to and understood by staff. They are able to receive and become stable on appropriate and helpful medications.

- Staff members are excited about their work. Many are long-term, well-qualified employees that bring a multidisciplinary approach to the program. They expressed their appreciation for the open-door policy of the executive leadership and enjoyed working with the students they serve and helping the students' families.

- The organization's leadership has developed a strategy to reach out and communicate to community stakeholders. A newsletter will be implemented and distributed to inform individuals about the program, innovations, and services of Mountain Youth Academy.

- Mountain Youth Academy continues to recognize that its employees are its greatest strength. The organization offers a four-day work week and attendance and other incentives, and it strives to maintain consistent communication with staff members to help achieve a work/life balance.

- Mountain Youth Academy's leadership has many years of longevity of service. The leadership and management staff members are committed to the success of the students and staff members.

- Mountain Youth Academy offers many opportunities to both students and staff members. Family members participate in an annual Thanksgiving dinner where leadership staff provides service to all who attend.

- Mountain Youth Academy's leadership members serve on many committees in the community. They are recognized for the value that they contribute and continue to seek ways for improvement of quality of services to the students at Mountain Youth Academy and the community as well. The organization is involved with community outreach by being a member of an emergency management committee and is committed to ensuring that students do not age out of the system without necessary services.

- Employees at Mountain Youth Academy indicated their satisfaction with the organization as an employer. Employee engagement scores revealed that staff members feel that teamwork at the organization ranks as one of the highest areas. When surveyed, staff members indicated that "they were proud to work for Mountain Youth."

- The nursing department at Mountain Youth Academy helps students understand their medications. Nursing staff periodically tests the students by asking them what medications they are taking and what the medication is for. Knowledge of their prescribed medications is indicated on a satisfaction survey.

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. Keystone Continuum, LLC dba Mountain Youth Academy received no recommendations from this survey. This accomplishment is achieved on approximately 3 percent of CARF surveys.

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

There are no recommendations in this area.

Consultation

▪ The organization has a comprehensive cultural competency and diversity plan. To meet the diversity challenges in 2019 and years to come, it is suggested that the organization create a training program regarding diversity, thus creating an atmosphere in which different personnel, students, and personnel can thrive and succeed.

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

There are no recommendations in this area.

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

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

■ 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

There are no recommendations in this area.

Consultation

▪ The transportation vehicles utilized by the organization to transport students have safety equipment, first aid kits, and emergency procedures. It is suggested that fire extinguishers be easily accessible just in case of an emergency. It is also suggested that car seats also be readily available if needed.

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

There are no recommendations in this area.

Consultation

- Human resource development is now an integral part of workforce development and management. The organization is encouraged to shift from human resource development to workforce development and management to meet the current general trends and challenges of workforce development and management.

1.J. Technology

Description

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

Key Areas Addressed

- Technology and system plan implementation and periodic review
- 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.

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

Key Areas Addressed

■ Data collection
■ Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

■ Analysis of performance indicators in relation to performance targets
■ Use of performance analysis for quality improvement and organizational decision making
■ 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
■ Team composition/duties
■ Crisis intervention provided
■ Relevant education
■ Medical consultation
■ Clinical supervision
■ Services relevant to diversity
■ Family participation encouraged
■ Assistance with advocacy and support groups

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.C. Person-Centered Plan

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of his or her 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

- Development of person-centered plan
- Co-occurring disabilities/disorders
- Person-centered plan goals and objectives
- Designated person coordinates services

Recommendations

There are no recommendations in this area.

Consultation

- For all verified diagnoses, it is suggested that the codes for the tenth revision of the International Classification for Diseases (ICD-10) be noted in the goals developed and also be identified in the progress notes pertaining to the goals addressed.

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 person served when he or she moves 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
■ Unplanned discharge referrals
■ Active participation of persons served
■ Plan addresses strengths, needs, abilities, preferences
■ Transition planning at earliest point
■ 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 his/her 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.

Consultation

▪ The nursing department provides tests to students about the medications they are taking. It is suggested that the tests be conducted at the initial onset of taking medication, during the treatment process, and at discharge.

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 him or her or to prevent self-injurious behavior or injury to others.
■ Holding a person's hand or arm to safely guide him or her 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.

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

▪ As the result of interviews with personnel and students, it is suggested that the residential program add activities such as music lessons (e.g., piano, guitar, ukulele) or teach students how to train animals, such as dogs, as long as the safety of the students is not compromised.

Section 5. Specific Population Designation Standards

5.D. 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

Keystone Continuum, LLC dba Mountain Youth Academy

332 Hospital Road
Mountain City, TN 37683

Residential Treatment: Mental Health (Children and Adolescents)