



Three-Year Accreditation

CARF Survey Report for AGAPE

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Three-Year Accreditation

Organization

AGAPE
4555 Trousdale Drive
Nashville, TN 37204

Organizational Leadership

Chandler Means, Executive Director
Judy Rister, LCSW, Director of Social Services

Survey Dates

September 11-12, 2014

Survey Team

Debbie J. Sirk, M.P.A., Administrative Surveyor
Catherine G. Griffin, RN, MHP, SAP, Program Surveyor

Programs/Services Surveyed

Adoption (Children and Adolescents)
Foster Family and Kinship Care (Children and Adolescents)
Governance Standards Applied

Survey Outcome

Three-Year Accreditation
Expiration: September 2017

SURVEY SUMMARY

AGAPE has strengths in many areas.

- For decades, AGAPE has been a trusted source for building strong families. Adoption, foster care, and family preservation have been the cornerstones of the organization's existence since 1967. Today, AGAPE is also held in high esteem as the largest faith-based professional counseling and psychological services organization in Tennessee, with satellite or affiliate counseling offices in approximately eleven counties. The organization serves children, adolescents, and adults with guidance through depression; anxiety; divorce; grief; and many other emotional, behavioral, and relationship-related challenges.
- Strong leadership is provided by a capable executive director and management team. The effective, visionary director is involved as needed at every level of managing the organization, is sensitive to the needs of staff, children, and families served; is assertive in advocating for the needs of the persons served; and is the anchor of the organization. The executive director knows what is needed to have an organization that runs smoothly and effectively and has accomplished a well-run organization. The CEO is committed to AGAPE, and this commitment is the driving force to ensure that persons served will have AGAPE's services for years to come. This level of professionalism is appreciated by the persons served, their families, and the staff and is very contagious throughout the entire organization. The executive director is experienced; competent; responsive to community needs; and committed to the success of the programs, services, personnel, and persons served and their families. He has an open-door policy and is recognized for prioritizing the delivery of services. He is a well-respected community leader and is highly effective at public speaking and fundraising.
- The leadership team members are competent and compassionate as they effectively manage their many functions and responsibilities. The management team members work to ensure that the most critical services have the required resources. They are committed to improving the quality of services.
- The leadership serves as a source of inspiration to personnel in shaping a programmatic culture of compassion and respect for persons served and professional excellence, which strengthens the programs.
- The organization subscribes to the philosophy that every child has a right to a home of his or her own and that separation from parents should be used as a last resort. This philosophy has led to the organization involving the child's family to the greatest extent possible in planning for the child's care and treatment and working toward reuniting the family whenever possible.
- AGAPE has been very successful in recruiting and maintaining a cadre of foster parents to support its foster program. The foster parents are specially recruited, screened, and trained in the Parents As Tender Healers (PATH) model to provide an environment with sufficient structure and treatment to help children achieve their individualized treatment goals.

- AGAPE hosts a large vintage market once a year to raise money so that the organization might continue to serve Middle Tennessee children and families in need of crisis care, maternity counseling, and adoption. The fundraiser, Bella Rustica, will be held in October and celebrates the civil war. The affair will feature actors in period clothing telling stories, a petting zoo, and hay forts for children. The annual fundraiser continues to be successful and all proceeds benefit the children and families served by AGAPE. The organization participates in other community activities, such as the Nashville Walk for Adoption.
- Education on abuse prevention is provided through very colorful, easy-to-understand workbooks and activity books for children and youth served. The booklets are meant to teach them how to be safe and to take care of themselves and include titles such as, “Your Body Belongs to You” and “We Can Keep Our Bodies Safe.”
- AGAPE case managers work to support, encourage, and mentor resource parents as they assume a parenting role with the children placed in their homes.
- The organization’s motto through the years has been “Strengthening Families.” According to persons interviewed, the organization meets its mission statement which is, “To serve the needs of families and children in Middle Tennessee through adoption, foster care, unplanned pregnancy support, Christian counseling, and related services with unconditional love.”
- Although not included in the accreditation process, the Counseling and Related Services staff includes professionals who are licensed psychologists, counseling psychologists, senior psychological examiners, marital and family therapists, clinical social workers, and therapists who are in the process of becoming licensed in these areas. These counselors provide important services to youth and families served.
- Providing opportunities for the development of counseling professionals, AGAPE’s Counseling and Related Services offers internships for graduate students and operates the Counselor Training Institute to further equip counselors with skills needed to be effective. An annual conference, Caring Connections, provides continuing education for counselors and ongoing training and support for those in pastoral care roles.
- AGAPE believes that every child deserves a family and a place to belong and dedicates a great deal of resources to recruit, prepare, and assess potential foster and adoptive families (resource families) for these children. AGAPE’s case managers provide PATH training for prospective resource parents through a five-week course, followed by training in medication administration, CPR, and first aid.
- Those who only wish to adopt infants are required to attend infant adoption preparation training, a three-session course designed to educate participants on adoption issues and to prepare them for decisions that they will make along their journey to parenthood. Issues such as respectful adoption language, legal processes, openness in adoption relationships, seven core issues in adoptions, developmental stages of adoption, prevention of abuse, and positive discipline are presented.
- The leadership team is aware of the trends and needs in its area and has positioned itself to be the provider of choice for funders, referral sources, the persons served, families, and agencies.

- The board of directors provides a strong leadership function and works in concert with the organization's leadership team. Together they ensure that the processes designed to assess, improve, and maintain the organization's performance are carried out in the governance, management, clinical, and financial areas. The board is composed of a group of community professionals who support the organization's philosophy.
- The board of directors and staff have a strong commitment to the persons served and are also committed to the values of the organization's mission statement. The board members spoke of feeling honored to be on the board of AGAPE. They highlighted the organization's culture of professionalism, strong commitment to quality service, and fiscal responsibility.
- The commitment and passion of the management and the board of directors along with the dedication, compassion, enthusiasm, and skills of the staff members are trademarks of the organization that are practiced throughout every level.
- The consistent, well-organized process of obtaining input from the persons served, family members, and community resources provides an ongoing form of self-evaluation and feedback for the organization.
- The management team and CEO know what will be needed to have an organization that runs smoothly and effectively and that they will be the driving force in ensuring that the persons in need of AGAPE's services will have these services in the years to come. This level of commitment is appreciated and becomes contagious throughout the entire organization.
- The organization's management and staff members are committed to actualizing the mission. They have devoted their skills and expertise to maintaining and building on the quality of the services delivered.
- The organization's strong leadership is mission driven, proactive in addressing patient trends that impact the organization, and committed to the accreditation process. The CEO and management team demonstrate a clear interest and investment in the well-being of the person served and in the positive impact the programs and services have for the persons served.
- Recently AGAPE contacted the Department of Children's Services (DCS) regarding a partnership in which the organization will use its resources to identify homes and train individuals to receive children and youth who need placement. AGAPE is willing to identify the homes and conduct the training free of charge. The DCS state employee noted this as an example of the organization's commitment to children.

AGAPE should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, AGAPE has made a dedicated effort to obtain international accreditation and demonstrate substantial conformance to the CARF standards in its programs. The organization provides adoption and foster family and kinship services that are needed and valued. The staff is dedicated to meeting the needs of individuals and families in the Nashville area. It is clear that the persons served and the community recognize the value of the organization and the benefit of its services. Persons interviewed are highly complementary of the organization's educated, passionate, and well-qualified staff members, who often go above and beyond. There are opportunities for improvement in training, education, and development. Specific areas for improvement include enhancing the organization's written technology plan, conducting unannounced tests of emergency

procedures, and expanding the record review process. The organization demonstrates significant conformance to many key areas, and the leadership has a very positive attitude and demonstrated receptivity to consultation, suggestions, and recommendations. The health, welfare, and safety needs of the persons served are being met, and those served are benefitting from the services provided by AGAPE. The organization is urged to use the CARF standards and seek out additional supports and resources associated with the accreditation process.

AGAPE has earned a Three-Year Accreditation. The leadership and staff members are acknowledged for their efforts. They are encouraged to continue to use the accreditation process as a framework upon which to build operational structures and supports to achieve continuous operational and service delivery improvement.

SECTION 1. ASPIRE TO EXCELLENCE[®]

A. Leadership

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

B. Governance

Principle Statement

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
 - Board composition, selection, orientation, development, assessment, and succession
 - Board leadership, organizational structure, meeting planning, and management
 - Linkage between governance and executive leadership
 - Corporate and executive leadership performance review and development
 - Executive compensation
-

Recommendations

B.2.a.(3)

It is recommended that the governance policies address the exit process for board members.

C. Strategic Planning

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Although AGAPE has a strategic plan, management might want to consider incorporating some of the priority goals from the program areas into its strategic plan. This could include improving the quality, access, and value of its programming. The plan might also consider staff retention and other personnel issues. These might assist with future funding and planning if and when needed.
-

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization consider using satisfaction surveys with personnel at different intervals and at the time of exiting the organization. This could enable the organization to obtain valuable information from its personnel to ensure that leadership has an overall picture of the organization and possible ways of improvement.

- It is suggested that AGAPE obtain input from its board of directors through board minutes. It could also consider using a survey tool, such as SurveyMonkey[®], on its website to gather other stakeholder information from its funders, referral sources, etc.
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E. Legal Requirements

Principle Statement

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

G. Risk Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

H. Health and Safety

Principle Statement

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

Key Areas Addressed

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

Recommendations

H.7.a. through H.7.d.

All emergency procedures should be tested at least once a year on each shift at each location. The tests should be unannounced and include actual or simulated physical evacuation drills, when applicable. The tests should be analyzed for performance that addresses areas needing improvement, actions to be taken, the results improvement plans, and necessary education and training of personnel. The tests should be evidenced in writing.

H.9.f.(2)

H.9.f.(3)

H.9.f.(6)

H.9.f.(8)

H.9.f.(12)

It is recommended that the organization's written procedures regarding critical incidents also include the use of seclusion, the use of restraint, infection control, the use and unauthorized possession of weapons, and biohazardous accidents.

I. Human Resources

Principle Statement

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

Key Areas Addressed

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

Recommendations

I.5.a.(1)

I.5.a.(2)

I.5.b.(3)

I.5.b.(6)

I.5.b.(7)

I.5.b.(11)

It is recommended that the organization also provide documented personnel training at orientation and regular intervals that addresses, at a minimum, customer service, promoting wellness of persons served, person-centered practice, and unique needs of persons served.

I.6.b.(4)(a)

It is recommended that performance evaluations for all personnel directly employed by the organization assess performance related to objectives established in the last evaluation period.

Consultation

- It is suggested that the organization follow through on developing a matrix to address overall organization training requirements and streamline the documents supporting this effort. The organization could consider what other means of documenting the basic training requirements of all personnel it has and how to make this as easy as possible to track and review.

J. Technology

Principle Statement

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

Key Areas Addressed

- Written technology and system plan

Recommendations

J.1.a.(2) through J.1.b.(2)(b)

Although the organization has an extensive technology policy, it is recommended that the organization implement a technology and system plan that includes software, security, confidentiality, backup policies, assistive technology, disaster recovery preparedness, and virus protection. The plan should support information management and performance improvement activities for program and service delivery and business functions.

K. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

L. Accessibility

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization continue to enhance its performance measurement and management system by reviewing performance indicators for business improvement, service delivery improvement, and other areas to ensure that the data being collected enhance the overall performance of the program areas. This could also ensure that the data being collected and analyzed are valid and reliable.
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N. Performance Improvement

Principle Statement

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

Key Areas Addressed

- Proactive performance improvement
 - Performance information shared with all stakeholders
-

Recommendations

There are no recommendations in this area.

SECTION 2. CHILD AND YOUTH SERVICES GENERAL PROGRAM STANDARDS

Principle Statement

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

A. Program/Service Structure

Principle Statement

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

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

Child- and family-centered care includes the following:

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

Key Areas Addressed

- Written plan that guides service delivery
 - Team member responsibilities
 - Developmentally appropriate surroundings and equipment
 - Crisis intervention provided
 - Medical consultation
 - Services relevant to diversity
 - Collaborative partnerships
 - Child/youth/family role in decision making
 - Policies and procedures that facilitate collaboration
 - Qualifications and competency of direct service staff
 - Family participation
 - Team composition/duties
 - Relevant education
 - Clinical supervision
 - Assistance with advocacy and support groups
 - Effective information sharing
 - Arrangement of provision of appropriate services
 - Gathering customer satisfaction information
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization consider using foster peers in some of its trainings and supports for youth in foster care.
 - It is suggested that the organization consider using its website to gather input regarding service satisfaction information from the persons served and referral sources.
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B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed 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 strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telehealth, or from external resources.

Key Areas Addressed

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

Recommendations

B.11.a.(24)(b)

It is recommended that the primary assessment include information about the efficacy of medications used.

C. Individualized Plan

Principle Statement

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

Key Areas Addressed

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

Recommendations

C.12.b.(1)(a)

C.12.b.(1)(b)

C.12.b.(3)

The organization is urged to develop progress notes that consistently identify progress toward the achievement of identified goals and objectives, the delivery of services, and specific interventions that support the individualized plan.

D. Transition/Discharge

Principle Statement

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

The transition plan is a supportive document that includes information about the person's progress and describes the completion of goals and the efficacy of services provided. It is prepared to ensure a seamless transition to another level of care, another component of care, or an after care program.

A discharge summary, identifying reasons for discharge, is completed when the person leaves services for any reason (planned discharge, against medical advice, no show, infringement of program rules, aging out, etc.).

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

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

Key Areas Addressed

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

Recommendations

D.11.i.

It is recommended that the written discharge plan include information on medications prescribed or administered, when applicable.

E. Medication Use

Principle Statement

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

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

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Although the foster parents receive medication monitoring twice a year, it is suggested that they receive the training more frequently. Some prescription logs reveal mistakes are made that are not being identified as such. Another suggestion might be to expand the case managers' review of foster homes to include reviewing of prescription logs and to encourage foster parents to document errors correctly. If they make an error or mistake in a record of a person served, white-out is not to be used and multiple cross-outs to the error are not to be made. The best way to correct an error is to make a single black line through the error, date and initial next to the line, and write in the correct information above or next to the line.
 - It is suggested that foster parents obtain copies of all physician's prescriptions. This allows them to check medications received from the pharmacy against the physician's orders to ensure that the pharmacy has filled the orders correctly.
 - It is suggested that the medication policies and training for foster parents include that medications requiring refrigeration will be maintained at a temperature between 36 to 40 degrees.
 - It is suggested that foster parents consistently document the effectiveness, or lack of effectiveness, of as-needed (prn) medications.
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F. Nonviolent Practices

Principle Statement

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

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

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

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

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

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

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

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

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

Key Areas Addressed

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

There are no recommendations in this area.

G. Records of the Person Served

Principle Statement

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.

Recommendations

There are no recommendations in this area.

H. Quality Records Review

Principle Statement

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

Key Areas Addressed

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

H.3.a.(1) through H.3.d.(1)(b)

H.3.h.

The organization's record review process should also include whether the person served was provided with a complete orientation; whether the person was actively involved in making informed choices regarding the services received; whether confidential information was released according to applicable law/regulations; whether the assessments were thorough, complete, and timely; whether the goals and service objectives were based on the results of the assessments and the input of the persons served; whether goals and service objectives were revised when indicated; and whether services were documented in accordance with the organization's policy.

SECTION 3. CHILD AND YOUTH SERVICES CORE PROGRAM STANDARDS

A. Adoption

Principle Statement

Adoption programs are inclusive of open, closed, customary, and international adoptions as well as other permanent custody or care arrangements and provide children/youths with legal and social stability. Customary adoption is a traditional indigenous practice recognized by the community that gives a child/youth a permanent parent-child relationship with someone other than the child's/youth's birth parent(s). Adoption programs ideally provide continuity of life-long relationships and maintain cultural identity.

The adoption program promotes the active participation of all affected by the permanent placement, including the foster family, birth family, extended family, adoptive family, child/youth, advocate, caregivers, members of indigenous or other communities of origin, or other individuals who are significant to the child/youth. Services are based on the best interest of the child/youth.

Programs can be delivered by public or indigenous child/youth welfare authorities, private licensed agencies, or licensed individuals.

Signatories to the UN Convention on the Rights of the Child must meet the identified requirements. These organizations must ensure the child's/youth's fundamental right to identity, family, and culture is addressed. When applicable, programs must also conform to the requirements of the Indian Child Welfare Act, Adoption and Safe Families Act, Multi-Ethnic Placement Act, Interethnic Adoption Provisions Act, Fostering Connections, Hague Convention, and the Act to Promote Safe and Stable Families, as well as all other applicable regulatory requirements.

Key Areas Addressed

- Promotion of the active participation of birth, foster, and adoptive families and of the children and youth served
 - Recruitment practices for adoptive families
 - Placement and matching for the child/youth served with adoptive family
 - Assessments for selection of adoptive families
 - Training for adoptive families
 - Post adoption services
-

Recommendations

A.10.b.(5)

A.10.b.(7)

A.10.b.(8)

It is recommended that the training provided to adoptive parents be expanded to include the possibility of mental illness issues and potential resources, child and youth growth and development, and brain development.

R. Foster Care

Foster Family and Kinship Care

Principle Statement

Foster/kinship care is provided under a contract or agreement for the placement of a child/youth in a family setting outside the birth or adoptive family home. Foster/kinship care is provided to a family to establish and maintain a home for the child/youth. The courts may be involved in establishing this relationship.

Foster/kinship care is comprehensive and establishes a system of supports and services for the child/youth, the family of origin, and the foster/kinship family. Programs assist foster and/or kinship families to recognize their strengths and abilities to effect change for the child/youth and family in order to establish stability in the life of the child/youth. Foster/kinship care may include relative care, preadoption placements, or care in parent/counselor homes. In Canada this would include such programs as out of care options and general foster care homes.

Key Areas Addressed

- Advocacy
 - Permanency planning
 - Foster family requirements
 - Provider training
 - Needs of child/youth
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Recommendations

There are no recommendations in this area.
