

**CARF Accreditation Report**  
**for**  
**Alternative Youth Services, Inc.**  
**dba StepStone Family &**  
**Youth Services**

**Three-Year Accreditation**



# Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Program\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

## 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**

Alternative Youth Services, Inc. dba StepStone Family & Youth Services  
120 Freeman Drive  
Lewisburg, TN 37091

**Organizational Leadership**

Anita Bean, Senior Director of Quality Support  
Darian Lyons, DHA, MS, Executive Director

**Survey Number**

175397

**Survey Date(s)**

December 4, 2023–December 5, 2023

**Surveyor(s)**

Kari A. Klinski, MA, Administrative  
Jeane P. Chapman, EdS, SPE/HSP, Program

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

Specialized or Treatment Foster Care (Children and Adolescents)

**Previous Survey**

April 22, 2021–April 23, 2021  
Three-Year Accreditation

**Accreditation Decision**

**Three-Year Accreditation**  
**Expiration: November 30, 2026**

# Executive Summary

This report contains the findings of CARF’s site survey of Alternative Youth Services, Inc. dba StepStone Family & Youth Services conducted December 4, 2023–December 5, 2023. 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, Alternative Youth Services, Inc. dba StepStone Family & Youth Services demonstrated substantial conformance to the standards. StepStone provides treatment foster care services within multiple counties in Tennessee. Services are delivered with a focus on trauma-informed care in order to provide safe and nurturing homes for children and youth and to facilitate growth and permanency within each of their lives. The organization’s leadership and staff members demonstrate dignity and respect for persons served, colleagues, external stakeholders, and visitors. Staff members at all levels are engaged in providing quality care to children and youth. The organization’s leaders are involved in community outreach activities and approach systemic issues with a solution-focused lens. Areas for improvement noted in the recommendations in this report include health and safety, critical incidents, program/service structure, screening and access to services, individualized planning for clients, and records review. The organization seems to have the capability and desire to address these recommendations.

Alternative Youth Services, Inc. dba StepStone Family & Youth Services appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Alternative Youth Services, Inc. dba StepStone Family & Youth Services is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

**Alternative Youth Services, Inc. dba StepStone Family & Youth Services 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 Alternative Youth Services, Inc. dba StepStone Family & Youth Services was conducted by the following CARF surveyor(s):

- Kari A. Klinski, MA, Administrative
- Jeane P. Chapman, EdS, SPE/HSP, 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 Alternative Youth Services, Inc. dba StepStone Family & Youth Services 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):

- Specialized or Treatment Foster Care (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 Alternative Youth Services, Inc. dba StepStone Family & Youth Services demonstrated the following strengths:

- Personnel throughout the organization value their roles and prioritize building relationships, developing new programs to meet the needs of the community, and working to cultivate safe and nurturing treatment foster care homes for children and youth. The organization's leadership works as a strong team, demonstrating care, concern, and appreciation for the personnel and supporting flexible work-life balance for all personnel.
- The personnel participate in community activities and are seen as a valuable part of the community, offering collaborative partnerships with many individuals and local businesses. Advocacy and education on foster care services are provided to external stakeholders to assist with recruitment of potential foster homes and to increase general knowledge of the child welfare system. Value is placed on long-term partnerships and providing services that can fill a void in the community.

- Personnel at the organization are proud of the services they provide. Personnel said, “We are professional and provide a valuable service,” “I’m proud of our team and our kids’ success,” and “I’m proud of how we communicate as part of a team.” The persons served feel the respect, responsibility, and care demonstrated by everyone on staff.
- The organization’s leadership has worked hard to demonstrate appreciation for personnel and to foster a work environment that is friendly and fair and offers opportunities for staff members to be involved in program operation, development, and deployment. At all levels, the leadership looks for ways to engage staff, to promote from within, and to offer career ladders.
- The organization has clean and well-maintained facilities for personnel, foster parents, children, and external guests. Communication boards provide community news and event updates. At the Lewisburg office, there are private office spaces, an area for small children to play and read, and a large gathering area for group meetings. There is also a protected outdoor area for enjoying the weather or holding a private conversation.
- The diverse training and experiences of the program staff members and leaders create a support network for foster parents and biological parents to ensure healthy and safe homes for the children served. StepStone’s Nashville offices are homelike and designed to positively engage staff members, parents/foster families, and the children served.
- In addition to the direct services provided by StepStone, there is evidence of skill in creative child/family advocacy within the organization. For example, one of the program providers has used professional experiences, advanced training, and life experiences as a parent to publish colorful and engaging children’s books designed to educate and empower families, teachers, and child services providers. This contributes to the organization’s overall impact in its community.
- Stakeholders expressed satisfaction with the staff’s responsiveness to identified concerns, timely problem solving, effective collaboration and coordination as members of the child-family teams, and facilitation of quality care.
- Foster parents praised the organization’s leaders and case managers for the intensity of available supports. Some of the parents expressed gratitude to the staff for the opportunity to become a parent. Foster parents also applauded the organization’s ability to efficiently complete home-study assessments, to provide specialized training to prepare them for foster parenting, and to maintain effective communication to empower them in meeting the needs of the children served.
- The organization has developed accessible, productive strategies to reach those interested in becoming foster parents, resulting in more than 30 inquiries from recruitment yard signs strategically placed throughout the area served.

## 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**

There are no recommendations in this area.

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

### Recommendations

There are no recommendations in this area.

### Consultation

- The organization is encouraged to consider setting up a suggestion box at its office site and providing notecards during foster parent trainings or other meetings for participants to ask questions or make comments anonymously.

## 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
- 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

**1.H.4.a.(1)**

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

**1.H.4.a.(5)**

**1.H.4.a.(6)**

**1.H.4.b.(1)**

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

**1.H.4.b.(5)**

**1.H.4.b.(6)**

The organization has an orientation program that includes competency-based training in many areas. Personnel should also receive documented competency-based training at orientation and at least annually in the areas of health and safety practices, identification of unsafe environmental factors, and identification and reporting of critical incidents.

**1.H.7.a.(1)**

**1.H.7.a.(2)**

**1.H.7.b.**

**1.H.7.c.(1)**

**1.H.7.c.(2)**

**1.H.7.c.(3)**

**1.H.7.c.(4)**

**1.H.7.c.(5)**

**1.H.7.d.**

Although the organization conducts unannounced tests of its emergency procedures for fire, utility failures, and bomb threats, it does not conduct tests of its emergency procedures for natural disasters, medical emergencies, and violent or other threatening situations. It is recommended that an unannounced test of each emergency procedure be conducted at least annually on each shift at each location; include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill; be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results; and be evidence in writing, including the analysis.

**1.H.9.c.**

It is recommended that there be ready access to first aid supplies. This could be achieved by consistently checking for expiration dates on medication in the first aid kits and properly disposing of any items that have expired so that all of the items are safe and effective.

**1.H.10.a.(5)**

**1.H.10.a.(8)**

**1.H.10.a.(12)**

**1.H.10.a.(13)**

**1.H.10.b.(1)**

**1.H.10.b.(2)**

**1.H.10.b.(3)**

**1.H.10.b.(4)**

**1.H.10.b.(5)**

Although the organization has written procedures on many critical incidents, it is recommended that written procedures regarding critical incidents also specify communicable disease, the use and unauthorized possession of weapons, biohazardous accidents, and the unauthorized use and possession of legal or illegal substances. Written procedures regarding critical incidents should also include prevention, reporting, documentation, remedial action, and timely debriefings conducted following critical incidents.

#### **1.H.11.b.(8)**

#### **1.H.11.b.(10)**

It is recommended that the written analysis of all critical incidents address prevention of recurrence and external reporting requirements.

#### **1.H.14.a.**

#### **1.H.14.b.(1)**

#### **1.H.14.b.(2)**

#### **1.H.14.b.(3)**

Although the organization has a mechanism in place to complete comprehensive health and safety self-inspections, comprehensive health and safety self-inspections should be conducted at least semiannually on each shift and result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

## **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.

## **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

## **Recommendations**

There are no recommendations in this area.

# **1.K. Rights of Persons Served**

## **Description**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

# **1.L. Accessibility**

## **Description**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

# **1.M. Performance Measurement and Management**

## **Description**

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

The foundation for successful performance measurement and management includes:

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

### **Key Areas Addressed**

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

### **Recommendations**

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

The guiding principles include:

- Services that are child/youth and family driven.
- Promotion of resiliency.
- Cultural and linguistic competence.
- Strengths-based approach.
- Focus on whole person in context of family and community.
- Trauma-informed.

### 2.A. Program/Service Structure

#### Description

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

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

Child- and family-centered care includes the following:

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

#### Key Areas Addressed

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

- Services relevant to diversity
- Qualifications and competency of direct service staff
- Family participation
- Relevant education
- Collaborative partnerships
- Child/youth/family role in decision making
- Supervision
- Assistance with advocacy and support groups
- Effective information sharing
- Arrangement or provision of appropriate services
- Gathering customer satisfaction information
- Residential/overnight program requirements
- Peer Support

## **Recommendations**

### **2.A.10.c.**

StepStone has developed and implemented a policy on control and administering of medications. It is recommended that the organization also implement a policy that identifies for each program the scope of medication services, including whether or not it directly provides medication prescribing.

### **2.A.17.a.**

### **2.A.17.b.**

Although case managers collect feedback using written surveys from clients and foster parents, the content and methods for soliciting feedback do not reflect the age of the clients or their developmental levels. It is recommended that surveys used to gather information on experience of services received and other feedback be age appropriate and appropriate to the person's developmental level. It is suggested that pictures or other child-friendly formats be used to ensure that clients are able to provide effective feedback.

### **2.A.29.a.**

### **2.A.29.b.**

### **2.A.29.c.**

### **2.A.29.d.**

### **2.A.29.e.**

### **2.A.29.f.(1)**

### **2.A.29.f.(2)**

### **2.A.29.f.(3)**

### **2.A.29.f.(4)**

### **2.A.29.f.(5)**

### **2.A.29.f.(6)**

### **2.A.29.g.**

### **2.A.29.h.**

Although supervisors provide supervision to direct care staff during team meetings, individual sessions, and home visits, the supervision is not documented. Documented ongoing supervision of direct service personnel should include the provision of feedback that enhances knowledge and/or skills in the areas of accuracy of assessment skills, when applicable; ability to recognize risk factors for suicide and other dangerous behaviors and take appropriate actions according to their role; proficiency of referral skills, when applicable; the appropriateness of the services or supports selected relative to the specific needs of each person served; service/treatment effectiveness as reflected by the persons served meeting their individual goals; issues related to ethics, legal requirements, boundaries, self-care, secondary trauma, and cultural competency; service documentation issues identified through ongoing records review; and model fidelity, when implementing evidence-based practices.



## 2.B. Screening and Access to Services

### Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, the person's family or significant others, and external sources.

### Key Areas Addressed

- Policies and procedures defining access
- Assessment(s)
- Waiting list criteria
- Interpretive summary
- Orientation to services
- Access and screening
- Admission criteria and process
- Ineligibility/exclusionary criteria

### Recommendations

#### 2.B.11.a.(6)

#### 2.B.11.a.(9)

#### 2.B.11.a.(10)

It is recommended that the assessment process also gather and record information about the client's preferences, gender identity/expression, and sexual orientation.

## 2.C. Individualized Planning

### Description

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

The individualized planning process can result in a document that may also be referred to as a person-centered plan, service plan, treatment plan, case plan, or plan of care. In programs that serve young children, or families as a unit, the plan is often family focused rather than focused on a specific child.

### Key Areas Addressed

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

## **Recommendations**

### **2.C.1.c.(4)**

It is recommended that the individualized planning process also be based on the client's preferences.

### **2.C.2.a.(1)**

### **2.C.2.a.(5)(d)**

### **2.C.2.b.(5)**

The individualized plan should include goals that are expressed in the words of the client and based upon the client's preferences and include specific service objectives that are measurable.

## **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 after they are discharged. The transition process is planned with the active participation of each person served. Transition may include planned or unplanned discharge, movement to a different level or intensity of services or movement to community-based services.

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

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

Just as the assessment is critical to the success of treatment, transition services are critical for the safety and support of the individual's ongoing well-being. The program takes a proactive approach to follow-up with persons served after discharge to gather information related to their post-discharge status and to assist in determining the effectiveness of services and whether additional services were or are currently needed.

### **Key Areas Addressed**

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

### **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.G. Records of the Person Served

### Description

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.H. Quality Records Review**

### **Description**

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

### **Key Areas Addressed**

- Focus of quarterly review
- Use of information from quarterly review
- Record selection for review

### **Recommendations**

#### **2.H.1.b.(4)**

It is recommended that the organization conduct a documented review of the services provided that addresses, as evidenced by the record of the client, model fidelity (when an evidence-based practice is identified).

#### **2.H.2.c.(2)**

The current form used for quality records facilitates a review but asks the reviewer to add anecdotal notes regarding the quality aspect of the record. Records of active clients are reviewed, and results are documented on the records review form, which primarily addresses timeliness and completeness of open records. It is recommended that the quarterly review also include closed records.

#### **2.H.4.c.(4)(a)**

#### **2.H.4.c.(4)(b)**

The systematic review of records should also consider whether risk factors were adequately assessed and resulted in safety plans, when appropriate.

## Section 4. Core Residential Program Standards

### 4.F. Specialized or Treatment Foster Care

#### Description

Specialized or treatment foster care programs use a community-based treatment approach for children/youth with emotional and/or behavioral issues. Children/youth who participate in the program may also have documented reports of maltreatment, involvement with juvenile justice, and/or co-occurring disorders. Intensive, clinically based treatment that is child/youth centered and family focused is delivered through an integrated team approach that individualizes services for each child/youth. Treatment foster parents are trained, supervised, and supported by program personnel and they fulfill a primary role in therapeutic interventions. Program personnel monitor the child's/youth's progress in treatment and provide adjunctive services in accordance with the individualized plan and program design. The program's goal is to provide clinically effective treatment to children/youth so they may return to their family or alternative community placement and avoid being removed from a community setting or placed in an inpatient or residential treatment setting.

The program may also be called intensive foster care, therapeutic family services, or therapeutic foster care.

#### Key Areas Addressed

- Training of specialized providers
- Matching children/youth to families able to meet their needs
- Written agreements with families
- Organization responsibilities
- Clinical supervision

#### Recommendations

There are no recommendations in this area.

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

## **Alternative Youth Services, Inc. dba StepStone Family & Youth Services**

120 Freeman Drive  
Lewisburg, TN 37091

Specialized or Treatment Foster Care (Children and Adolescents)

## **Alternative Youth Services**

1321 Murfreesboro Pike, Suite 100  
Nashville, TN 37217

Specialized or Treatment Foster Care (Children and Adolescents)