



# Wilderness and Adventure-Based Therapeutic Outdoor Services (WT)

## 2024 Updates for Private Organizations

### Purpose

YouthPeople who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individualtheir capabilities, develop self-confidence and insight, amelioratemanage their symptoms, and improve interpersonal skills and relationshipssocial, emotional, psychological, and family functioning.

### Definition

Wilderness and Adventure-Based Therapeutic Outdoor Services are day or residential programs that provide an intensive, therapeutic experience usingbased on outdoor, educational, clinical, and other activities that involve physical and psychological challenges. Services can include short or extended outdoor expeditions in group settings that combine mental health counseling with time spent in a natural environment and may be provided in wilderness or community settings.

**Note:** WT Standards do not apply to day or overnight ~~summer~~ camps that do not have a strong therapeutic focus.

**Note:** Please see [WT Reference List](#) for the research that informed the development of these standards.

**Note:** For information about changes made in the 2020 Edition, please see the [WT Crosswalk](#).

## WT 1: Person-Centered Logic Model

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

**Note:** Please see the [Logic Model](#) Template for additional guidance on this standard.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• See program description completed during intake</li> <li>• Program logic model that includes a list of <del>client</del> outcomes being measured</li> <li>• <del>Procedures for the use of therapeutic interventions</del></li> <li>• <del>Policy for prohibited interventions</del></li> </ul>	<ul style="list-style-type: none"> <li>• <del>Training curricula that addresses therapeutic interventions</del></li> <li>• <del>Documentation tracking staff completion of training and/or certification related to therapeutic interventions</del></li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include: <ol style="list-style-type: none"> <li>1. Program director</li> <li>2. Relevant personnel</li> </ol> </li> </ul>

## WT 1.01

A program logic model, or equivalent framework, identifies:

- a. needs the program will address;
- b. available human, financial, organizational, and community resources (i.e. inputs);
- c. program activities intended to bring about desired results;
- d. program outputs (i.e. the size and scope of services delivered);
- e. desired outcomes (i.e. the changes you expect to see in ~~persons served~~ ~~service recipients~~); and
- f. expected long-term impact on the organization, community, and/or system.

**Examples:** *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Tool Kit for more information on developing and using program logic models.*

**Examples:** *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

- a. characteristics of the service population;
- a-b. *needs assessments and periodic reassessments;*
- b-c. *risks assessments conducted for specific interventions; and*
- e-d. *the best available evidence of service effectiveness.*

## WT 1.02

The logic model identifies ~~client~~ desired outcomes in at least two of the following areas:

- a. change in clinical status;
- b. change in functional status;
- c. health, welfare, and safety;
- d. permanency of life situation;
- e. quality of life;
- f. achievement of individual service goals; and
- g. other outcomes as appropriate to the program or service population.

**Interpretation:** *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See [PQI 5.02](#) for more information on disaggregating data to track and monitor identified outcomes.*

Fundamental Practice

**WT 1.03**

The organization:

~~ensures personnel are trained on therapeutic interventions prior to coming in contact with the service population;~~

~~monitors the use and effectiveness of therapeutic interventions;~~

~~identifies potential risks associated with therapeutic interventions and takes appropriate steps to minimize risk, when necessary; and~~

~~discontinues an intervention immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.~~

Notes

~~**Note:** *Therapeutic Interventions do not include restrictive behavior management techniques, which are addressed in Behavior Support and Management (BSM). Please see the glossary definition for Therapeutic Interventions for additional guidance on this standard.*~~

Fundamental Practice

**WT 1.04**

Organization policy prohibits:

- ~~a. corporal punishment;~~
- ~~b. the use of aversive stimuli;~~
- ~~c. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;~~
- ~~d. the use of demeaning, shaming, or degrading language or activities;~~
- ~~e. unnecessarily punitive restrictions including cancellation of visits as a disciplinary action;~~
- ~~f. forced physical exercise to eliminate behaviors;~~
- ~~g. unwarranted use of invasive procedures or activities as a disciplinary action;~~
- ~~h. punitive work assignments;~~
- ~~i. punishment by peers; and~~

~~j.—group punishment or discipline for individual behavior.~~

## WT 2: Personnel

Program personnel have the competency and support needed to provide services and meet the needs of ~~individuals and families~~ youth.

**Interpretation:** *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"><li>• List of program personnel that includes:<ul style="list-style-type: none"><li>○ Title</li><li>○ Name</li><li>○ Employee, volunteer, or independent contractor</li><li>○ Degree or other qualifications</li><li>○ Time in current position</li></ul></li><li>• See organizational chart submitted during application</li><li>• Table of contents of training curricula</li></ul>	<ul style="list-style-type: none"><li>• Sample job descriptions from across relevant job categories</li><li>• Training curricula</li><li>• Documentation tracking staff completion of required trainings and/or competencies</li><li>• Caseload size requirements set by policy, regulation, or contract, when applicable</li><li>• Documentation of current caseload size per worker</li></ul>	<ul style="list-style-type: none"><li>• Interviews may include:<ul style="list-style-type: none"><li>a. Program director</li><li>b. Relevant personnel</li></ul></li><li>• Review personnel files</li></ul>

### WT 2.01

All group leaders, instructors, or persons assuming responsibility for individual or group supervision ~~of youth~~ must be at least 21 years of age.

## WT 2.02

Clinical oversight is provided by a professional with:

- an advanced degree in a mental health field, therapeutic or experiential education, or another human service field;
- appropriate licensure; and
- experience in the field of therapeutic, adventure programming.

~~NA The organization does not provide clinical services.~~

## WT 2.03

Individuals responsible for on-site program coordination and supervision of personnel are qualified by at least three years of progressively responsible experience in an outdoor adventure service ~~for at-risk or troubled youth.~~

**Examples:** *On-site program coordination and supervision of personnel can be provided by the individual responsible for clinical oversight.*

## ~~WT 2.04~~

~~Personnel include at least one mental health professional in a management or supervisory role who:~~

- ~~a. provides or arranges for the direct clinical services specified in the service plan; and~~
- ~~b. facilitates collaboration with external service providers.~~

~~NA The organization does not provide clinical services.~~

## <sup>FP</sup>WT 2.045

~~Individuals~~Personnel who assume responsibility for supervision of individuals youth in the field are trained on, or demonstrate competency in:

- a. navigating and operating in a given terrain;
- b. using materials and equipment employed in the field;
- c. interpreting and responding to changes in weather and environmental conditions;
- d. improvising solutions to unanticipated problems and emergencies in the field such as environmental hazards, harmful plants or animals, and extreme weather conditions; and
- e. conducting medical evacuation, when applicable.

## WT 2.056

Group leaders and direct service personnel are trained on, or demonstrate competency in:

- a. providing an appropriate environment for persons served youth to carry out their role in the overall service program;
- a.b. guiding individuals youth in their development and their ability to use service resources;
- b.c. engaging in therapeutic interactions with individuals youth;

- ~~e.d.~~ teaching experientially and serving as effective role models;
- ~~d.e.~~ \_\_\_\_\_ communicating effectively with persons served youth and personnel; ~~and~~
- ~~e.f.~~ facilitating the transfer of learning and developing insight through the therapeutic outdoor experience; ~~and~~
- ~~f.g.~~ promoting environmental stewardship and respect for the cultural significance of the land and traditions of local indigenous people whose land the program operates on.

## **WT 2.067**

Direct service personnel who work with youth are trained on, or demonstrate competency in:

- a. ~~normal adolescent~~ growth and development;
- b. behavioral and emotional ~~needs/problems~~ typical of the service population including risks associated with suicide, eating disorders, self-harm/cutting, and impulsivity;
- c. ~~alcohol and other drug problems~~ substance use;
- d. behavior dynamics and needs of youth who have experienced abuse or neglect;
- e. how to identify youth at risk of being sexually exploited or victimized;
- f. how to manage ~~acting-out behavior of a sexual nature~~ sexually inappropriate behavior; and
- g. the effects of attachment, separation, and loss.

## **WT 2.078**

Individuals responsible for on-site program coordination and supervision of personnel are trained on, or demonstrate competency in:

- a. knowledge of adolescent growth and development, if applicable;
- b. technical competence and safety skills;
- c. problem-solving and leadership skills, sound judgment, and capabilities in interpersonal communication and group facilitation; and
- d. skills in the use of outdoor experiences for therapeutic purposes.

## **FPWT 2.089**

Personnel complete:

- a. 40 hours of orientation and experiential or classroom training and demonstrate competency in all skill sets before assuming primary responsibility for a group;
- b. 40 hours a year of ongoing clinical and therapeutic outdoor training; and
- c. additional training to address specific types of activities and to maintain certification in specific areas, as appropriate to individual responsibilities.

**Interpretation:** *In the absence of state certification requirements, the organization should define criteria for certifying personnel and evaluating level of competence.*

**Interpretation:** *Orientation procedures may additionally include providing realistic job previews and mentoring from current personnel.*

### **FPWT 2.0910**

Before assignment as a group leader or assistant, the organization provides and documents in the personnel record:

- a. supervised field experiences;
- b. competency testing; and
- c. certification in the area of assigned responsibility, when certification is available.

### **FPWT 2.101**

Personnel must receive training at least every two years in first aid and age-appropriate CPR that includes an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor before assuming primary responsibility for a group.

### **WT 2.11**

Organizations that provide wilderness therapy programming in remote, backcountry settings for extended periods of time ensure that at least one staff person on every expedition has a current, wilderness first responder certification.

NA The organization does not provide programming in remote, backcountry settings.

### **WT 2.12**

~~Depending on the needs of youth, the organization provides or arranges for the services of qualified professionals in dentistry, medicine, education, nursing, speech, dietetics, and religion. Qualified professionals and specialists are available to provide services and support depending on the program model, population served, and specialized care needs.~~

**Interpretation:** *Thresholds for such services should be spelled out clearly in the program description, during informed consent, or in the individualized service plan. Consulting services from qualified professionals and specialists can be available on an informal basis or through linkages with community organizations. When the organization uses a consultant, it must ensure that consulting services are coordinated with services provide by the organization.*

*Organizations in remote locations, where certain professional resources are unavailable, can demonstrate implementation of the standard if they make alternative arrangements such as transporting individuals youth or providing access to needed services via telehealth, when appropriate. If an extremely large number of persons served youth have a need, the organization must recruit an employee to meet that need.*

**Examples:** Qualified professionals and specialists may be needed to provide supports and services related to, for example: (1) mental health; (2) substance use; (3) crisis intervention; (4) medicine and dentistry; (5) psychological services, such as testing and evaluation; (6) nursing; (7) education and vocational skill development; (8) speech, occupational, and physical therapy; (9) nutrition; and/or (10) religion and spirituality.

## **WT 2.13**

Employee workloads support the achievement of client desired outcomes and are regularly reviewed.

**Examples:** *Factors that may be considered when determining employee workloads include, but are not limited to:*

- a. the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
- b. the work and time required to accomplish assigned tasks and job responsibilities; and*
- c. service volume, accounting for assessed level of needs of individuals youth.*

## **WT 2.14**

The organization prevents, recognizes, and responds to work-related stress by:

- a. providing personnel with sufficient time-off that considers the number of consecutive days spent in the field;
- b. offering personnel opportunities for feedback from supervisors or peers, recognitions, and ongoing professional development;
- c. allowing for opportunities to diversify work tasks when possible; and
- d. helping personnel recognize and address the development of secondary traumatic stress or other mental health needs.

## WT 3: Access to Service

Services are available to individuals youth with personal, psychosocial, ~~or~~ developmental, or behavioral health needs that can be met through wilderness and adventure-based therapeutic outdoor activities.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• Admission procedures</li> <li>• Policy on prohibited items</li> </ul>	<ul style="list-style-type: none"> <li>• Informational materials provided to <u>individuals, parents/families, youth, and/or</u> placing representatives</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include:               <ol style="list-style-type: none"> <li>1. Program director</li> <li>2. Relevant personnel</li> <li>3. <u>Youth or Individuals or families served</u></li> </ol> </li> <li>• Review case records</li> </ul>

### FPWT 3.01

Prior to providing consent, the individual and, if applicable, the parents or legal guardians and the; referral or placing representatives, ~~and youth, whenever possible,~~ receive information about:

- a. the type of adventure activities the individual youth will undertake;
- b. program activity participation requirements;
- c. educational and/or vocational options; and
- d. any actual or perceived risks.

**Examples:** *Program activity participation requirements can include whether (1) the program has a “challenge by choice” philosophy, (2) ~~youth~~the individual will be required to complete all or most elements of the experience, or (3) alternative activities can be used to accomplish the same goals to ensure that the person granting informed consent understands in advance this feature of the program.*

### WT 3.02

The organization engages youth helps admitted individuals and their families, when appropriate, and/or legal guardians in an prepare for admission by process that includes:

- a. ~~helping youth and their families to understand the reasons for admission;~~

- ~~b. preparing youth to join the program, and providing a pre-admission visit whenever possible;~~
- ~~c. obtaining written, informed consent from parents or legal guardians and, whenever possible, youth; and~~
- a. ensuring they are welcomed and engaged throughout the admission process;
- b. providing the information and support they need to integrate into the program;
- c. providing the opportunity for a pre-admission visit, whenever possible; and
- d. adhering to intake criteria, assessment requirements, and procedures for group integration, whenever admissions are expedited.

### WT 3.03

The organization describes:

- a. personal items ~~individuals~~youth may bring with them, consistent with a safe, therapeutic setting;
- b. items that are discouraged or prohibited; and
- c. any safety procedures the program follows, or consequences that can result, when prohibited items are brought to the program site.

**Interpretation:** ~~Given the rise in information and communication technologies, organizations must specify in their admission materials what electronic devices are permitted and prohibited.~~

**Examples:** ~~Permitted personal items will vary as appropriate to the program's design but can include photos, books, cellphones, computers, other electronics, or clothing.~~

## WT 4: Intake and Assessment

The organization's intake and assessment practices ensure ~~that youth receive~~ prompt and responsive access to appropriate services.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• Screening and intake procedures</li> <li>• Assessment procedures</li> <li>• Copy of assessment tool(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Community resource and referral list</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include:               <ul style="list-style-type: none"> <li>a. Program director</li> <li>b. Relevant personnel</li> <li>c. <u>Youth</u><u>Individuals</u> or families served</li> </ul> </li> </ul>

- |  |  |   |
|--|--|---|
|  |  | <ul style="list-style-type: none"><li>• Review case records</li></ul> |
|--|--|---|

### WT 4.01

Youth Individuals and families are screened and informed about:

- a. how well their request matches the organization's services; and
- b. what services will be available, and when.

**NA** Another organization is responsible for screening, as defined in a contract.

### WT 4.02

The organization works with the individual or family to determines if the service and specific activities are appropriate for each youth based on the following criteria:

- a. physical, social, developmental, and mental health status;
- b. interpersonal relationships and social skills;
- c. prior treatment history and experience with outdoor programming;
- d. the appropriateness of adventure-based therapeutic outdoor services to address the individual's identified needs; and
- e. other significant factors.

**Examples:** Wilderness and Adventure-based Therapeutic Outdoor Services may not be appropriate for individuals who are at imminent risk of suicide, at significant risk of physical or sexual violence towards others, experiencing an active eating disorder, or under twelve.

### FPWT 4.03

Prompt, responsive intake practices:

- a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
- b. give priority to urgent needs and emergency situations;
- c. support timely initiation of services; and
- d. provide for placement on a waiting list or referral to appropriate resources when individuals/youth cannot be served or cannot be served promptly.

**Interpretation:** Vulnerable populations, such as individuals that are lesbian, gay, bisexual, transgender, gender non-confirming, and those who may be questioning their sexual orientation or gender identity (LGBTQ), are at high risk of violence and harassment. The organization should ensure these individuals are safe, welcomed by staff, and are treated with respect by, for example: (1) providing intake forms that allow individuals to self-identify their gender as well as their first name and pronouns; (2) allowing individuals to self-select a treatment group when groups are divided by gender; and (3) promoting family education and support while respecting the individual's comfort level with sharing their identity with others.

## WT 4.04

Youth/Individuals and families participate in an individualized, trauma-informed, culturally and linguistically responsive assessment that is:

- a. completed within established timeframes;
- b. updated as needed based on the needs of the individual or family/youth; ~~and~~
- c. focused on information pertinent for meeting service requests and objectives; and-
- d. supplemented with information and input provided by the referral source, collaborating providers, family members, and/or others involved with the individual and family, when appropriate.

**Interpretation:** *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA Accreditation's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or families or service design.*

## WT 5: Service Planning and Monitoring

Youth/Individuals and families participate in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

**Interpretation:** *Level of family involvement in the service planning process may vary based on the population served, program model/design, and the preferences of individuals. See WT 6 for more information on expectations for family involvement.*

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"><li>• Service planning and monitoring procedures</li></ul>	<i>No Site Visit Evidence</i>	<ul style="list-style-type: none"><li>• Interviews may include:<ol style="list-style-type: none"><li>a. Program director</li><li>b. Relevant personnel</li><li>c. <u>Youth/Individuals</u> or families served</li></ol></li><li>• Review case records</li></ul>

### WT 5.01

An initial service plan is developed ~~with the youth~~, whenever possible, within 2 days of admission and a comprehensive, individualized service plan is developed within 30 days.

## WT 5.02

An interdisciplinary team develops an assessment-based service plan with the full participation of the individualyouth, and their family when appropriate, that includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom;
- ~~c.~~ possibilities for maintaining and strengthening family relationships and other informal social networks;
- ~~c.~~ estimated length of treatments and stay;
- ~~d.~~ \_\_\_\_\_ procedures for expedited service planning when crisis or urgent need is identified; and
- ~~e.~~ signatures from the youth and their parent or legal guardian. documentation of the individual's or family's participation in service planning.

## WT 5.03

The organization addresses permanency planning in the service plan by:

- a. identifying permanency goal(s) and activities or supporting the permanency plan identified by the custodial agency;
- b. reviewing the permanency plan at least quarterly to assess progress towards agreed upon goals;
- c. providing the youth with age-\_\_-appropriate information about theirhis or her parents and progress toward reunification; and
- d. providing parents or the custodial agent with information, resources, and support for reunification.

**Interpretation:** *Public and private agency roles in the permanency planning process are defined by state rules, regulations, or contracts. When the organization is not responsible for facilitating permanency planning, it should document attempts to participate in the process.*

**NA** *The organization does not provide out-of-home care for youth in custody of a public agency.*

## WT 5.04

An interdisciplinary team works in active partnership with individualsyouth and ~~their~~ families to:

- a. assume responsibility for coordinating medical, social, psychological, and other evaluations;
- b. share the service plan with other providers working directly with the individual or familysyouth;
- c. ensure that individuals and familiesyouth receive appropriate advocacy support;
- d. assist with access to the full array of services to which theyyouth are eligible; and
- e. mediate barriers to services within the service delivery system.

## WT 5.05

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly, or more frequently depending on the needs of individuals or familiesyouth, to assess:

- a. service plan implementation;
- b. progress toward achieving goals and desired outcomes; and
- c. the continuing appropriateness of the agreed upon service goals and chosen interventions.

**Interpretation:** *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

## WT 5.06

The worker and the individual or familyyouth, and his or her family when appropriate:

- a. review progress toward achievement of agreed upon goals; and
- b. document~~sign~~ revisions to service goals and plans.

**Examples:** The organization may use the Outcome Questionnaire, Youth Outcome Questionnaire, Adventure Therapy Experience Scale, or another instrument to monitor individual progress.

## WT 5.07

To ensure the organization is prepared to prevent, de-escalate, and manage crises, service plans for individuals with emotional or behavioral challenges identify:

- a. strategies to promote ongoing self-care and support self-regulation;
- b. triggers that may lead to distress or dysregulation;
- c. warning signs that the individual is experiencing distress or dysregulation; and
- d. techniques to help the individual remain calm and/or re-gain control when experiencing distress or dysregulation.

**Note:** See BSM 2.03 for additional expectations regarding the behavior support and management plans that should be developed when organizational policy does not prohibit restrictive behavior management interventions.

## WT 6: Family Connections and Involvement

The youth, family, and organization work together to determine an optimal level of family connection including involvement in treatment activities. The organization works with individuals and families to maintain an optimal level of family involvement, and to prepare the family to support the individual after completion of the program.

**Interpretation:** COA Accreditation recognizes that involving families can be difficult, especially if the program is far from an individual's home community, or if the organization faces funding constraints that make it challenging to work with families. However, organizations should still strive to involve families and implement the practice standards in this core concept to the extent possible, unless family contact is determined to be inappropriate for a particular individual. When the person served is a minor, families should be actively involved to the maximum extent possible unless contraindicated.

If family involvement is limited for any reason (whether due to contraindication, the preferences of the individual, or difficulty engaging a particular family), written justification should be included in the case record.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• Family handbook or other material describing family involvement</li> <li>• Procedures for communicating emergency messages</li> </ul>	<p><i>No Site Visit Evidence</i></p>	<ul style="list-style-type: none"> <li>• Interviews may include:               <ol style="list-style-type: none"> <li>a. Program director</li> <li>b. Relevant personnel</li> <li>c. <u>Youth Individuals</u> or families served</li> </ol> </li> <li>• Review case records</li> </ul>

### **WT 6.01**

The organization encourages and provides opportunities for active family participation, ~~and arranges for family counseling,~~ unless such involvement is contraindicated by the service plan.

### **WT 6.02**

The organization either provides or refers family members to educational and/or therapeutic services that help them develop the skills and strategies needed to:

- a. understand and support the individual in care;
- b. strengthen family relationships;
- c. improve family functioning; and
- d. promote successful reintegration into the family and community following the intervention.

### **WT 6.03**

When the individual in treatment and/or others in the family have experienced trauma, the organization helps family members:

- a. understand how trauma may impact current functioning;
- b. identify, anticipate, and manage responses to trauma reminders; and

c. appropriately support recovery.

### WT 6.042

The organization helps youth persons served:

- a. resolve conflicts in family relationships;
- b. cope with family separation;
- c. identify family strengths to help members meet challenges;
- d. maintain relationships with family members through visits and shared activities;
- e. prepare for return to the family, if appropriate;
- f. participate in family and neighborhood activities; and
- g. connect with ongoing, post-discharge support services.

### WT 6.053

When operating in remote sites, the organization:

- a. receives and transmits emergency messages from family members or the responsible placing organization to youth persons served or personnel; and
- b. immediately informs sender if this cannot be done promptly.

**NA** *The organization does not operate in remote sites.*

## WT 7: Program Activities

Program activities are designed to meet individual needs, build on strengths, develop skills, and promote learning and healing through experience.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"><li>• Procedures for tailoring activities to the abilities of <u>youth persons served</u></li><li>• Policy on coercion/force</li><li>• Policy on religious and spiritual observances</li></ul>	<ul style="list-style-type: none"><li>• Program curricula</li><li>• Sample daily schedules for the previous six months</li></ul>	<ul style="list-style-type: none"><li>• Interviews may include:<ol style="list-style-type: none"><li>a. Program director</li><li>b. Relevant personnel</li><li>c. <u>Youth-Individuals</u> or families served</li></ol></li><li>• Review case records</li><li>• Observe group activities</li></ul>

### WT 7.01

The organization provides a structured, therapeutic, trauma-informed, interdisciplinary program that includes:

- a. an orderly, planned series of activities to help youth- individuals develop positive personal and interpersonal skills and behaviors;
- b. therapeutic, developmentally appropriate, experiential activities that actively involve individuals in the learning process;
- b-c. individual, family, and/or group psychotherapy by qualified mental health professionals when indicated in the service plan and as appropriate to the youth individual's needs, length of stay, and accessibility to clinical personnel; and
- e-d. educational and/or vocational services, when applicable.

## FPWT 7.02

The organization tailors activities to the abilities of youth individuals by:

- a. planning, adjusting, and graduating experiences to a level of difficulty appropriate for the skill levels and capacities of persons served youth;
- b. teaching needed skills and techniques progressively;
- c. providing appropriate support and supervision for lesser-skilled individuals youth; and
- d. pacing group activities according to the capabilities of the least able or fit member of the group team.

## WT 7.03

The organization prohibits:

- a. the use of coercion or force to induce any individual youth to engage in a specific adventure-based activity; and
- b. deliberately limiting reasonable options or alternatives to participation.

**Interpretation:** Organizations ~~are not required to obtain pre-formal verbal agreements for each activity and sub-activity, but~~ must take any strong objections from persons served youth seriously, and examine all implications, such as illness or skill level, and offer encouragement to participate, when needed.

**Interpretation:** Organizations that make use of “escort services” to transport youth to any of their programs, sites, and facilities must provide: a complete description of the breadth and scope of such services; referral procedures; how the services are certified, licensed, or regulated by governmental authority or overseen by other mechanisms; and how the organization maintains compliance with this standard. The organization must use only services that are appropriately insured.

**Examples:** The organization can apply principles of trauma-informed care when designing and implementing program activities by, for example: (1) informing individuals of upcoming experiences and monitoring for signs or expressions of stress or discomfort; and (2) enabling participant choice whenever possible throughout the program and at each new activity.

## WT 7.04

Personnel help individuals youth to learn from their experiences and integrate acquired skills into practice by:

- a. engaging individuals youth in daily briefing and debriefing sessions before and after each activity; and
- b. facilitating formal and informal discussions;
- c. providing opportunities for individuals to share and receive feedback with personnel and peers; and-
- a-d. providing opportunities for individual introspection and self-reflection.

**Interpretation:** *Discussions focused on evaluating individual ~~client~~ needs should be recorded in the case record. Discussions regarding group dynamics and environmental concerns should be recorded in a guide or therapist log.*

**Examples:** *Personnel can encourage individuals who are uncomfortable speaking in large group settings to process and share their experiences by, for example: (1) leading ice-breaker activities to facilitate group cohesion; (2) creating individual and small group reflection opportunities; and (3) providing time for additional processing or journaling.*

**Examples:** *Personnel may use therapeutic metaphor to draw connections between a physical activity and an individual's life experiences or emotions. For example, personnel may design exercises that require individuals to (1) take appropriate risks; (2) place trust in other people; and (3) overcome physical challenges that may intentionally or unintentionally relate to the individual's clinical needs.*

## WT 7.05

To promote sustained gains following the program, the organization provides support and opportunities that enable individuals to:

- a. understand how to apply new skills and strategies in real-life home and community settings; and
- b. practice new skills and strategies with peers in group treatment settings and/or during contact with family members.

## WT 7.065

The program accommodates the religious and spiritual observances of individuals youth to the greatest extent possible given the service setting.

**NA** ~~Services are not provided in a residential setting.~~

**Examples:** *The organization can accommodate the religious and spiritual observances of individuals by, for example: (1) allowing individuals to observe identified fixed prayer times; (2) ensuring individuals have access to foods consistent with their belief systems; and (3) allowing individuals to choose whether they wish to participate in religious activities that take place at the program.*

## WT 8: Healthcare Services

YouthIndividuals receive a health assessment, needed health services, and guidance that promotes good healthwellness.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>Initial health screening procedures</li> <li>Procedures for the coordination and provision of healthcare examinations and services</li> <li>Procedures for sharing health information with service personnel</li> </ul>	<ul style="list-style-type: none"> <li>Informational health and wellness materials</li> </ul>	<ul style="list-style-type: none"> <li>Interviews may include:               <ol style="list-style-type: none"> <li>Program director</li> <li>Relevant personnel</li> <li>YouthIndividuals or families served</li> </ol> </li> <li>Review case records</li> <li>Verify employment or agreement with physician or other qualified medical practitioner</li> </ul>

### FPWT 8.01

An initial health screening is conducted by a qualified medical practitioner for all participants within 24 hours of admission to identify the need for immediate medical care and assess for communicable disease.

**Interpretation:** *Qualified medical practitioner refers to a licensed physician, registered nurse, nurse practitioner, physician’s assistant, or other healthcare professional that is permitted by law and the organization to provide medical care and services without direction or supervision. For the purposes of this standard, qualified medical practitioners are distinct from other clinicians who are not permitted by law to provide medical care and services without direction or supervision (e.g., clinical social workers, licensed vocational/practical nurses, and medical assistants). To meet the standard, the initial medical screening must be administered by a qualified medical practitioner.*

*If the organization does not have a qualified medical practitioner on staff, it should research community resources and consider creating a formal arrangement or a memorandum of understanding (MOU) with a local physicians group, local health department, federally-qualified health center, urgent care clinic, community-based health clinic, or telehealth provider.*

*When possible, the screening should be performed by the individualyouth’s primary care physician who has knowledge of the individualyouth’s medical history or a physician that can serve as the youth’s medical home while in care.*

**Interpretation:** *When a youth returns following a runaway episode, a health screen should be conducted within 24 hours of entry back into care to identify whether he or she was victimized or otherwise harmed while on the run.*

**Examples:** *Conditions that require immediate or prompt medical attention include, but are not limited to: (1) signs of abuse or neglect, (2) serious or accidental injury, (3) signs of infection or communicable diseases, (4) hygiene or nutritional problems, (5) pregnancy, and (6) significant developmental or mental health disturbances.*

## FPWT 8.02

Each individualyouth receives:

- a. a comprehensive medical examination within three days after admission, unless the individualyouth has received a medical exam within the last year; and
- b. dental, neurological, vision, hearing, and blood chemistry referrals if indicated.

**Interpretation:** *A current medical examination must be completed if the prior medical examination is incomplete or cannot be substantiated with documentation.*

**Interpretation:** *The purpose of the medical examination is to identify and assess medical, developmental, and mental health conditions that require treatment, additional evaluation, and/or referrals to other healthcare professionals or specialists. The examination must be comprehensive, build on history gathered during the initial medical screening, and focus on specific assessments that are appropriate to the individual's age and developmental level. Findings from the exam should be used to develop individualized treatment plans, as well as inform follow-up assessments and services.*

## FPWT 8.03

The organization obtains and maintains in each youth's case record:

- a. medical history; and
- b. written medical authorization stating that the individualyouth is physically able to participate in program activities.

## FPWT 8.04

Group leaders or other service personnel receive relevant medical or psychiatric information, concerning youth including:

- a. immunizations and current health status; and
- b. pertinent medical information for off-site adventure-based activities.

## WT 8.05

~~Youth Individuals~~ receive ~~appropriate~~ support and education regarding health and wellness that has been tailored to their assessed needs, capacity, and learning style including~~regarding~~:

- a. proper nutrition and exercise;
- b. personal hygiene;
- ~~a-c.~~ substance use and smoking;
- d. sexual development;
- ~~b-e.~~ safe and healthy relationships;
- ~~e-f.~~ prevention and treatment of diseases, including sexually transmitted infections/diseases and HIV/AIDS;
- ~~d-g.~~ family planning and pregnancy options;
- ~~e.~~ good health habits and healthy living;
- ~~f-h.~~ safe and healthy relationships; and
- ~~g-i.~~ pregnancy, prenatal care, and effective parenting.

## WT 9: Educational Services

The organization provides or arranges for residents to receive education services and supports to help them achieve their educational and/or vocational goals.

**Interpretation:** *The organization must meet the educational needs of service recipients/individuals to the extent possible given the service setting. Organizations that do not offer educational services on-site should coordinate with community-based providers to meet the educational needs of all individuals/participants. When organizations do not directly provide or arrange education services, individual case records should indicate that education plans are integrated into treatment plans and document advocacy for areas of unmet educational need. Education services will vary depending on the population served.*

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"><li>• Procedures for developing and/or integrating education plans</li><li>• Procedures for coordinating education services, if applicable</li></ul>	<ul style="list-style-type: none"><li>• Proof of certification, accreditation, or registration, as applicable</li></ul>	<ul style="list-style-type: none"><li>• Interviews may include:<ul style="list-style-type: none"><li>a. Program director</li><li>b. Relevant personnel</li><li>c. <u>Youth/Individuals</u> or families served</li><li>d. Local school district representative</li></ul></li><li>• Review case records</li></ul>

### WT 9.01

~~Youth~~Individuals pursuing educational goals are enrolled in an appropriate education program on-site or in the community that is approved, certified, accredited, or registered, and/or operated by or in partnership~~in conjunction~~ with the local school district.

### WT 9.02

A comprehensive, coordinated education plan is developed ~~for each youth that is~~ and integrated into the service plan- for any individual who has educational goals, or vocational goals that include an educational component.

**Interpretation:** *If the organization does not participate in the development of the education plan, it is responsible for integrating each individual's education plan into their service plan.*

### WT 9.03

The educational program incorporates effective instructional practices, quality curriculum design, and educational tools and supports for diverse learning needs of youth.

NA The organization does not provide services to school-age children or youth.

NA The organization does not directly provide the educational program nor develop the education plans for children or youth.

**Examples:** ~~Diverse learning needs can include y~~Children and youth with diverse learning needs can include those who: (1) require support due to a learning disability, (2) are learning English as an additional language, or (3) are intellectually gifted.

### WT 9.04

The organization provides or arranges, as needed:

- a. tutoring;
- b. preparation for a high school equivalency exam;
- c. college preparation;
- d. parent-teacher meetings; and
- e. advocacy and support.

## WT 10: Privacy Provisions

The organization provides for ~~theyouth~~ comfort, dignity, and private communications of persons served.

Self-Study Evidence

Site Visit Evidence

On-Site Activities

<ul style="list-style-type: none"> <li>• Privacy policy</li> <li>• Privacy procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Judicial order, law, or contract as applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include:             <ol style="list-style-type: none"> <li>a. Program director</li> <li>b. Relevant personnel</li> <li>c. <del>Youth or families</del> <u>Persons/Individuals or families</u> served</li> </ol> </li> <li>• Review case records</li> <li>• Observe facilities</li> </ul>
--	--	---

### FPWT 10.01

The organization prohibits the use of surveillance cameras or listening devices for routine observation unless required by judicial order, law, or contract.

**Note:** Please see the [Facility Observation Checklist](#) for additional guidance on this standard.

### FPWT 10.02

Searches of ~~individuals/youth~~ or their property are conducted in a trauma-informed manner that respects ~~client~~the person's rights, dignity, and self-determination and include, as appropriate to the frequency and invasiveness of searches:

- a. communicating ~~to youth~~ policies for searches of individuals or their property to individuals and families;
- b. timely notification of a parent and/or legal guardian, if applicable;
- c. definition and documentation of reasonable cause and assessed risk of harm to self or others;
- d. trained, qualified personnel; and
- e. an administrative review process including documentation, notification, and the timetable for review.

**Interpretation:** Search procedures should correspond directly to the invasiveness of the search to be conducted. For example, more invasive searches should be reserved for higher risk situations with reasonable cause, should only be conducted by highly qualified personnel, and should always require an administrative review.

### FPWT 10.03

The organization provides individuals and families with a written policy for reviewing only reviews-mail and electronic communications that respects their privacy and only allows the organization to review mail or electronic communications when a previous incident involving the ~~individual/youth~~ indicates that:

- a. the mail/electronic communication is suspected of containing unauthorized, dangerous, or illegal material or substances, in which case it may be opened by the individualyouth in the presence of designated personnel; or
- b. receipt or sending of unopened mail/electronic communication is contraindicated.

**Examples:** ~~Mail may include letters and packages as well as email and other forms of electronic correspondence.~~ Examples of mail and electronic communications include letters, packages, emails, text messages, and other forms of correspondence via social media and other electronic platforms.

### FPWT 10.04

~~Each youth is entitled to~~Individuals can have private telephone conversations, and any restriction is:

- a. based on contraindications and/or a court order;
- b. approved in advance by the program director or an appropriate designee;
- c. documented in the case record; and
- d. reauthorized weekly by the immediate supervisor of the direct service provider.

**Note:** Please see the [Facility Observation Checklist](#) for additional guidance on this standard.

### WT 10.05

Clinical personnel maintain confidentiality in open, outdoor spaces by:

- a. limiting the information from clinical interactions that is shared with other personnel to that which is relevant to treatment goals or safety concerns; and
- b. taking steps to ensure private and confidential information is not overheard by other persons served.

## WT 11: Safety and Risk Management

The organization ensures safe practice through advanced planning, safety procedures, and ~~personnel and youth~~ training of personnel and persons served.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• Safety procedures</li> <li>• The table of contents for <u>youth participant</u> safety training curricula</li> <li>• Drug and alcohol policy</li> </ul>	<ul style="list-style-type: none"> <li>• Safety committee meeting minutes for the previous 12 months</li> <li>• Three trip or activity plans</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include:               <ul style="list-style-type: none"> <li>a. Program director</li> <li><u>b. Relevant personnel</u></li> <li><u>c. Persons served</u></li> </ul> </li> <li>• <u>Observe first aid kits</u></li> </ul>

<ul style="list-style-type: none"> <li>• Program and activity discharge policy</li> </ul>	<ul style="list-style-type: none"> <li>• Sample of completed activity safety manuals, evacuation plans, or other safety documentation from past trips</li> <li>• Contracts, including safety expectations, with any outside transportation providers</li> <li>• <del>Youth-s Participant</del> <u>Ssafety training</u> curricula</li> <li>• Sample of documentation tracking <del>youth</del> <u>participant</u> completion of required safety training for three recent trips</li> <li>• Procedures for maintaining medication and first aid supplies</li> </ul>	
---	---	--

### FPWT 11.01

A safety review committee, supervisory personnel, or external advisors:

- conduct ongoing safety reviews;
- promptly review incidents when emergency procedures are invoked; and
- recommend corrective action.

### FPWT 11.02

When conducting offsite activities, the trip or activity plan includes:

- an itinerary maintained at the organization's central location;
- weather conditions under which evacuation may be warranted;
- evacuation and search and rescue procedures for trips or activities in remote areas;

- d. detailed information regarding contact with the program director, or a designee, and rangers when appropriate;
- e. means of contacting rescue resources, medical facilities, and law enforcement; and
- f. any public or private entity notified of the itinerary.

### FPWT 11.03

Safety procedures include:

- a. use of a written safety manual or equivalent safety plan for each type of activity offered;
- b. completion of a safety or risk-management plan before each trip or activity that contains safety preparations and other emergency planning information;
- c. ~~a mechanism for~~ bringing an individual's youth's relevant health and medical information into the field;
- d. providing trip leaders with funds or other means for obtaining emergency resources during trips or programs held off-site;
- e. providing appropriate equipment for ~~emergency~~ communication links from field personnel to emergency responders outside medical and other resources for trips or activities in remote areas;
- f. filing ~~incident~~ reports for any accidents or incidents in which personnel or persons served youth were injured or at risk; and
- g. notifying the chief executive office or ~~their his/her~~ designee if emergency procedures are invoked or an unanticipated problem or incident occurs.

### WT 11.04

Safety procedures for preventing missing and runaway youth ~~that~~ address:

- a. creating an environment that provides a sense of safety, support, and community;
- b. identifying risks or triggers that may indicate likeliness to run away from programs; and
- c. welcoming, screening, and debriefing when children return to the program.

NA The organization only serves adults.

### FPWT 11.05

Safety procedures related to missing persons address:

- a. search and rescue;
- b. ~~public safety agency~~ emergency responder involvement; and
- c. notification of all relevant personnel and parents/legal guardians when applicable.

### FPWT 11.06

An organization that ~~provides transportation~~ transports persons served in agency-owned vehicles, or in vehicles owned by personnel or contractors, has safety procedures that require:

- a. access to emergency roadside repair tools, spare tires, and parts;
- b. pre-trip vehicle checks;

- c. advance planning for supervision of youth persons served during scheduled stops; and
- d. advance planning for appropriate breaks and rest stops, with a full day of rest scheduled following four consecutive days of vehicular travel.

**NA** *The organization does not provide transportation directly or by contract.*

### **FPWT 11.07**

The organization ~~educate/trains all individuals/persons served/participants in planned trips or adventure-based activities about the prevention of~~ on relevant risks, including how to:

- a. prevent and recognize sunstroke, sunburn, hyperthermia, dehydration, frostbite, and snow blindness as appropriate to the type of activity and weather conditions;
- a-b. recognize allergic and anaphylactic reactions and alert the appropriate staff person;
- b-c. identify and avoid dangerous plants, ~~animals~~, situations, and other hazards that may be associated with adventure-based activities or locations; and
- e-d. stay safe in encounters with wild animals~~allergic and anaphylactic reactions~~.

**Interpretation:** ~~Youth/Individuals~~ only need to be trained on ~~the prevention of~~ risks associated with the type of trip or activities being conducted. For example, training on frostbite, snow blindness, or sunburn would not be needed for experiential activities conducted indoors.

### **FPWT 11.08**

First aid kits, emergency response ~~kits and emergency~~ supplies, and medications needed by persons served/youth are:

- a. available and under the control of the senior trip leader or other designated group leader at all times; and
- b. routinely inspected to ensure they remain fully stocked, unexpired, and otherwise in proper working condition.

### **FPWT 11.09**

Policy prohibits youth persons served and personnel from using alcohol or other substances ~~drugs~~ while engaging in organization-sponsored activities.

### **FPWT 11.10**

Participants may be discharged from a specific adventure-based activity or from the program if:

- a. their behavior or other problems make continuation unsafe or ineffective; or
- b. evacuation from remote locations is deemed necessary for health or mental health reasons.

## WT 12: Physical Environment

The organization's activities provide for land or facility use that is safe, hygienic, and respectful of the physical-natural environment and the area's cultural traditions.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>Environmental protection <u>and land use</u> procedures</li> <li>Health and safety procedures</li> </ul>	<i>No Site Visit Evidence</i>	<ul style="list-style-type: none"> <li>Interviews may include:               <ol style="list-style-type: none"> <li>Program director</li> <li>Relevant personnel</li> <li><del>Youth</del><u>Individuals</u> and families served</li> </ol> </li> </ul>

### WT 12.01

The organization obtains the appropriate permits or permissions for land and/or water use and adheres to any associated guidelines or regulations.

NA The organization owns or leases the lands used for the program.

### WT 12.021

Outdoor activities are conducted in a manner that:

- a. is respectful of the ~~minimizes impacts on the natural~~ environment ~~and minimizes harmful effects~~; and
- a.b. is respectful of the cultural land use, traditions, and heritage of the indigenous communities whose land the program operates on.

Examples: Ways to minimize impacts on the natural environment can include: (1) refraining from moving or marking natural objects; (2) removing all food and trash when leaving an area; (3) remaining on marked trails when indicated; (4) observing wild animals from a safe distance; and (5) following all posted rules and regulations in the area.

Examples: Ways to respect the culture, traditions, and heritage of local indigenous communities can include: (1) avoiding sacred or culturally significant sites; (2) establishing collaborative partnerships with local indigenous leaders, community representatives, and cultural experts to gain insight into appropriate practices and protocols and incorporate their knowledge into program activities and language used where relevant; and (3) seeking permission and guidance from local authorities or community leaders before conducting activities that might impact the land or local traditions.

### FPWT 12.032

To ensure the health and safety of ~~youth~~persons served and personnel, the organization provides for:

- a. a safe, hygienic environment;
- b. adequate shelter from the elements;
- c. nutritious food;
- d. clothing and equipment appropriate for the activities and environment;
- e. infection control measures related to wilderness living including safe drinking water, toileting, food, and response to illness; and
- f. personal hygiene measures that ensure privacy.

**Interpretation:** The program may use natural consequences, such as repercussions from changing environmental conditions, as an educational or therapeutic tool; however, the organization must ensure that the natural consequence does not endanger persons served or personnel.

**Examples:** Personal hygiene includes bathing, oral health, toileting, and feminine hygiene.

## WT 13: Equipment Safety

Equipment is properly maintained and safe to use.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• Procedures for maintaining equipment</li> <li>• Policy on field testing equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of equipment inspections and maintenance for the past 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include:               <ul style="list-style-type: none"> <li>a. Relevant personnel</li> </ul> </li> <li>• Observe equipment</li> </ul>

### FPWT 13.01

All sports and outdoor equipment, including equipment belonging to youth persons served or personnel, meets national safety standards.

### FPWT 13.02

Equipment maintenance procedures include:

- a. pre- and post-activity equipment inspections, routine servicing, preventive maintenance, and repair;
- ~~a.~~b. proper cleaning and/or disinfecting of equipment;
- ~~b.~~c. rehabilitation or removal of substandard equipment; and
- ~~e.~~d. documentation of inspections and maintenance.

### FPWT 13.03

Field testing materials or equipment that are new on the market in order to provide feedback to the manufacturer is prohibited while conducting service activities.

### WT 13.04

The organization properly stores equipment according to manufacturer instructions and ensures all equipment is inaccessible to persons served or other unauthorized personnel when not in use.

## WT 14: Activity Technical and Safety Requirements

The organization considers safety and technical requirements, competence of leaders, and the abilities of persons served~~youth~~ when engaging in potentially demanding or high-risk activities.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"><li>• Procedures for activity preparation, including assessing group safety and skill level</li><li>• Procedures regarding use of protective gear and equipment</li><li>• Fire safety procedures</li><li>• Fire safety training curricula</li></ul>	<ul style="list-style-type: none"><li>• Authoritative information regarding compliance with accepted standards for all climbing equipment owned or used by the organization</li><li>• Credentials of individuals responsible for supervising climbing equipment</li><li>• Climbing equipment inspection and safety reports for the past 12 months</li><li>• Proof of accreditation, licensure, or certification appropriate for high-risk activities</li></ul>	<ul style="list-style-type: none"><li>• Interviews may include:<ol style="list-style-type: none"><li>a. Program director</li><li>b. Relevant personnel</li><li>c. <del>Youth</del><u>Individuals</u> or families served</li></ol></li><li>• Review personnel files</li></ul>

### FPWT 14.01

Before initiation of an activity, the organization:

- a. orients personnel to the terrain, sites, or waterways that will be used;
- b. verifies that personnel have direct experience with, and up-to-date information about, the conditions that may be encountered; and
- c. provides persons servedyouth with complete information about geographic boundaries for the activity, rendezvous times and places, ~~and~~ emergency procedures, and relevant goals and expectations.

### FPWT 14.02

The organization evaluates potentially demanding activities for level of difficulty and undertakes only those within the competence of the leaders and the abilities of persons servedyouth.

### FPWT 14.03

When the activity involves travel or movement, individualsyouth receive instruction in pacing, fluid intake, clothing and footwear, equipment, and possible hazards.

**Examples:** *Relevant activities may include hiking, running, climbing, canoeing, bicycle touring, or similar pursuits.*

### FPWT 14.04

~~Youth~~Persons served and personnel use protective gear and equipment as appropriate, including:

- a. personal flotation devices (Type III) for water activities;
- ~~a.~~b. Global Positioning System (GPS) for activities in complex or unfamiliar terrain;
- ~~b.~~c. ~~location devices and~~ reflectors for dusk and night activities;
- ~~c.~~d. helmets for biking, climbing, caving, or other appropriate activities; and
- ~~d.~~e. other protective gear and equipment as appropriate to the activity to be undertaken.

### FPWT 14.05

The organization maintains clear guidelines and trains personnel and persons servedyouth on safely building and extinguishing fires, as applicable to the activity being conducted.

**NA** *The organization does not conduct activities that involve building and extinguishing fires.*

### FPWT 14.06

Ropes courses, alpine or climbing towers, and artificial wall climbing activities meet the following requirements:

- a. the facilities and equipment used have been constructed by    or are under the supervision of    recognized experts in the field;
- b. personnel have been trained by recognized experts in the field and have a working knowledge of ropes course and climbing equipment elements, technology, construction, usage and inspection; and
- c. appropriate inspection and safety procedures have been fully implemented.

**NA** *The organization does not offer ropes courses, alpine or climbing towers, or artificial-wall climbing activities.*

**Note:** COA Accreditation does not approve, certify, or accredit ropes courses, alpine or climbing towers, or artificial wall climbing programs. The organization must seek independent review by recognized experts for that purpose. The organization's primary responsibility is to ensure the safety of persons served~~youth~~ and personnel. Therefore, [WT 14.06](#) applies to facilities owned or operated by the organization as well as facilities used by the organization's ~~youth~~ but owned and operated by others. In all cases, the organization must provide authoritative information regarding compliance with accepted standards for special program components.

## FPWT 14.07

Organizations that offer high-risk activities, either directly or through an external provider, use certified instructors and maintain proof of accreditation, licensure, or certification with a nationally recognized authority for the activity being conducted.

**NA** *The organization does not offer high-risk activities, either directly or through an external provider.*

**Examples:** *High-risk activities can include:*

- a. *white water rafting, kayaking, or canoeing;*
- b. *snow and ice climbing or glacier travel;*
- c. *mountaineering, bouldering, and rock climbing;*
- d. *top rope climbing and rappelling;*
- e. *caving;*
- f. *river crossing;*
- g. *solo expeditions;*
- h. *activities involving flying, hang gliding, gliding, and parachuting; and*
- i. *other high-risk activities.*

## WT 15: Care and Supervision

~~Youth~~The organization provides ~~are~~ are closely supervised, and group size is adjusted to promote safety and limit liability and risk.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>Procedures for establishing and adjusting personnel/<u>participant youth</u> ratios and group sizes</li> <li>Procedures for staffing activities</li> <li>Procedures that address solo activities</li> </ul>	<ul style="list-style-type: none"> <li>Coverage schedules for a recent six month period that includes personnel/<u>participant youth</u> ratios and group sizes <u>for each activity, including off-site events</u></li> <li><del>Samples of coverage and supervision plans for off-site groups in the previous six months</del></li> </ul>	<ul style="list-style-type: none"> <li>Interviews may include: <ul style="list-style-type: none"> <li>a. Program director</li> <li>b. Relevant personnel</li> <li>c. <del>Youth-Individuals</del> or families served</li> </ul> </li> </ul>

### FPWT 15.01

Qualified staff adjust ~~G~~group sizes and determine personnel to participant youth ratios ~~are adjusted~~ according to:

- the nature of the activity;
- the level of the activity's difficulty, risk, and distance from the organization's central location;
- the skill and experience of personnel; and
- the ages, abilities, developmental level, and therapeutic needs of ~~the~~ group members.

### FPWT 15.02

Adventure-based group activities are supervised by:

- at least two group leaders or instructors; and
- additional personnel when known risks are present.

### FPWT 15.03

For solo activities, a group leader or instructor:

- is responsible for the safety of that individual youth or group;
- maintains sight or sound contact 24 hours a day, or has a plan for making contact in the event of urgent or emergent situations; and
- adjusts the degree of supervision to the youth individual's ability, the terrain, and environmental conditions.

**NA** The organization does not conduct solo activities.

### FPWT 15.04

A coverage and supervision plan is developed for off-site groups that:

- d. indicates the reporting relationships and delegation of authority; and
- e. gives decision-making authority to a person qualified by a combination of education, field experience, technical and safety expertise, and maturity.

## WT 16: Transition to Independent Living

Youth transitioning to independence are prepared with positive experiences and skills to move successfully to living and managing on their own.

**NA** The organization has a contract that does not include independent living services.

**NA** The organization does not serve youth transitioning to independence.

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"><li>• Transition planning procedures</li></ul>	<i>No Site Visit Evidence</i>	<ul style="list-style-type: none"><li>• Interviews may include:<ul style="list-style-type: none"><li>a. Program director</li><li>b. Relevant personnel</li><li>c. <u>Individuals</u><del>Youth</del> or families served</li></ul></li><li>• Review case records</li></ul>

### WT 16.01

The organization prepares youth for a successful transition by providing:

- a. transfer or termination of custody information as applicable;
- b. advance notice of the cessation of any health, financial, or other benefits that may occur at discharge;
- ~~b-c.~~ information about rights and services to which the person may have access due to income level or a disability;
- ~~c-d.~~ information on availability of affordable community-based healthcare and counseling;
- ~~d-e.~~ court and welfare systems information;
- ~~e-f.~~ child care/childcare services information; and
- ~~f-g.~~ support through community volunteers or individuals who have made a successful transition, as appropriate.

### WT 16.02

During the transition process, and prior to case closing, the organization works with youth to:

- a. explore a range of housing options;
- b. evaluate risks and benefits of various options; and
- c. practice household management when possible.

**Examples:** *Housing options may range from supported living to fully independent living environments.*

### WT 16.03

For every youth transitioning to independence, the organization ensures that basic resources are in place, including:

- a. a source of income;
- b. affordable health care;
- c. adequate living arrangements;
- d. access to at least one committed, caring adult; and
- e. access to positive peer support.

### WT 16.04

The organization assists youth in obtaining or compiling documents necessary to function as an independent adult, including:

- a. an identification card or driver's license when the ability to drive is a goal;
- b. a social security or social insurance number;
- c. a resume, describing when-work experience and career development can be described;
- ~~d. a driver's license, when the ability to drive is a goal;~~
- ~~e-d.~~ \_\_\_\_\_ medical records and documentation, including a Medicaid card or other health eligibility documentation;
- ~~e.~~ an original copy of the youth's birth certificate;
- f. bank account access documents;
- g. religious documents and information;
- h. documentation of immigration or refugee history and status, citizenship, or naturalization, when applicable;
- ~~i.~~ death certificates if when parents are deceased;
- ~~i-j.~~ a life book or a compilation of personal history and photographs, as appropriate;
- ~~j-k.~~ a list of known relatives with relationships, addresses, telephone numbers, and permission for contacting involved parties;
- ~~k-l.~~ previous placement information and health facilities used, when 35 appropriate; and
- ~~l-m.~~ educational records, such as a high school diploma or general equivalency diploma, and a list of schools attended, when appropriate.

## WT 17: Case Closing and Aftercare

The organization works with individuals youth and families family members, when appropriate, to plan for case closing and, when possible, to develop aftercare plans.

**Interpretation:** *Level of family involvement in case closing and aftercare may vary based on the population served, program model/design, and the preferences of individuals. See WT 6 for more information on expectations for family involvement.*

Self-Study Evidence	Site Visit Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• Case closing procedures</li> <li>• Aftercare planning and follow-up procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant portions of contract with public authority, as applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include:               <ol style="list-style-type: none"> <li>a. Program director</li> <li>b. Relevant personnel</li> <li>c. <del>Youth</del> <u>Individuals</u> or families served</li> </ol> </li> <li>• Review case records</li> </ul>

### WT 17.01

Planning for case closing:

- a. is a clearly defined process that includes assignment of personnel responsibility;
- b. begins at intake; and
- c. involves the worker, ~~person served~~ youth, a parent or legal guardian, and others as appropriate to the needs and ~~wishes~~ preferences of the ~~individual~~ youth or family.

### WT 17.02

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

### WT 17.03

If an ~~individual~~ youth has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the ~~m~~ youth with appropriate services.

**Interpretation:** *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

### FPWT 17.04

~~As a continuing resource for information, crisis management, referral, and support, t~~ The organization provides ~~individuals and families~~ youth transitioning to independence with:

- a. a transition/aftercare plan summary ~~including the youth's options; and~~
- b. a list of emergency ~~and~~ contacts, ~~persons; and~~
- c. ~~the organization's contact information.~~

~~NA The organization does not serve youth transitioning to independence.~~

## WT 17.05

The organization identifies ~~counseling, mentoring, institutional, business, and information resources in the community that can promote positive ties to the community, networking and leadership opportunities, and readiness to assume responsibility for:~~

- ~~a. activities of daily living;~~
- ~~b. employment;~~
- ~~c. use of community resources;~~
- ~~d. serving as a resource to the community; and~~
- ~~e. effective interpersonal communication and conflict resolution.~~

## WT 17.056

When appropriate, the organization works with the individualyouth and their family to:

- a. develop an aftercare plan, sufficiently in advance of case closing, that helps individualsyouth to rejoin their families and communities, successfully transition to the appropriate level of care as determined by the individual's treatment team, identifies short- and long-term needs and goals, and facilitates the initiation or continuation of needed supports and services; or
- b. conduct a formal case closing evaluation, including an assessment of unmet need, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

**Examples:** Personnel may help individuals receive closure after completion of the program and facilitate a successful transition by, for example: (1) reviewing the individual's new habits, healthy behaviors, and coping skills; (2) connecting individuals with mentors, peer support specialists, or other social supports; and/or (3) providing photos, video footage, reports, or other mementos related to the program experience.

## WT 17.07

To promote service continuity and success, tThe organization follows up on the aftercare plan as appropriate, when possible, and with the permission of the individualyouth.

**NA** ~~The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up. A public authority is responsible for providing aftercare, as specified in a contract.~~

**Interpretation:** When another entity provides aftercare, the organization may implement this standard by: (1) documenting that is the case; and (2) demonstrating that it has collaborated with that entity to promote service continuity and success.

**Examples:** Reasons why follow-up may not be appropriate include cases where thea personyouth's participation is involuntary, or where there may be a risk to the personyouth.