

2020  
CHILD AND  
YOUTH SERVICES  
PROGRAM  
DESCRIPTIONS

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## **Core Program Standards**

### **Adoption**

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

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

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

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

### **Assessment and Referral**

Assessment and referral programs provide a variety of activities, including prescreening, screening, assessment, determination of need, and referral to appropriate level of care and services. The provision of information on available resources is not considered a full assessment and referral program. An adequate assessment must be conducted to provide more informed referrals.

Such programs may be separate, freestanding programs; an independent program within a larger organization; or a specifically identified activity within a system of care. Organizations performing assessment and referral as a routine function of entrance into other core programs, such as their case management, counseling, or residential programs, are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

### **Behavioral Consultation**

In behavioral consultation programs emphasis is placed on the reduction or elimination of problematic behaviors. The focus of the program is to replace inappropriate behaviors with positive behaviors or increase the ability of the person served to express more effective and appropriate behaviors. Behavioral strategies are used to teach the person other means to deal with targeted behaviors and the environment to ensure that inappropriate behaviors are

discouraged and positive behaviors are learned and maintained. This may include services to young children with autism spectrum disorders (ASD) or behaviors symptomatic of ASD, persons with eating disorders, or those who exhibit self-injurious behaviors.

## **Call Centers**

Crisis and information call centers respond to a variety of immediate requests identified by the persons served and may include crisis response, information and referral, or response to other identified human service needs.

## **Case Management/Services Coordination**

Case management/services coordination -provides goal-oriented and individualized -supports through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful case management/services coordination assists persons served to achieve their goals through communicating and collaborating with other service providers in an effective and efficient manner. Assisting individuals to move toward greater independence and community integration is a key focus. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its -individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards.

## **Child/Youth Day Care**

A child/youth day care program provides care, development, and supervision for an identified portion of the day. Services are provided to -children/youth temporarily entrusted to the program during the parent's/guardian's/-caregiver's involvement at work, school, or other short-term activity. Day care programs may be located in a freestanding facility or in a designated area within a school, home, or other community setting.

## **Child/Youth Protection**

The primary purpose of child/youth protection programs is to protect the safety and well-being of children/youth. The guiding principles of child/youth protection services include choosing the least intrusive measures while maintaining the child's/youth's safety and well-being; preserving the child's/youth's ties to family, extended family, and other persons of importance to the child/youth; involving the family and community in all aspects of services provided, as circumstances allow; and using concurrent planning with all stakeholders.

Services provided by this program reflect the principle that the family, and the family's community, has the primary responsibility for the care, upbringing, and protection of their

children/youth. If, with available supports, a family can provide a safe and nurturing environment for a child/youth, these services are provided. If removal of the child/youth is necessary to maintain the child's/youth's safety and well-being, the program focuses on both the child/youth and the family and demonstrates the importance of establishing permanence for the child/youth as soon as possible.

## **Community Transition**

Community transition programs provide services that focus on the identified preferences, goals, and needs of youth transitioning from service systems designed for children and adolescents to adulthood. The program utilizes a collaborative approach to individualized planning and decision making that includes the persons served and, in accordance with the preferences of the persons served, members of their families/support systems.

Recognizing that many of the persons served have experienced traumatic events that have impacted their relationships, the program emphasizes the importance of developing and maintaining healthy relationships of all types for successful transition to adulthood. The development of services and supports for each person is guided by an inventory of skills and interests and identification of the goals and -priorities of life skills needed by the person for successful transition to adulthood. Persons served are involved in the assessment of risks and consequences related to various behaviors in which they may choose to engage.

Community transition programs provide the -persons served with opportunities to explore and understand how their lives will change as recognized adults in areas including, but not -limited to, access to service systems and funding; living options; and educational, social, and vocational opportunities.

Community transition programs may be facility- or community-based and offered in outpatient or residential types of settings. The programs may be comprehensive in scope and provide a wide range of services or specialize in a single or -multiple areas of services such as independent living and/or vocational skills.

## **Community Youth Development**

Community youth development programs are designed to help persons served optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the -persons served. The persons served are active partners in all aspects of these programs. The -setting may be informal to reduce barriers between staff members and program participants and may include a drop-in center, an activity -center, a day program, or a leisure or recreational setting such as a camp program.

Community youth development programs -provide opportunities for persons served to -participate in the community. The program defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences, including:

- Leisure or recreational activities.
- Communication activities.

- Spiritual activities.
- Cultural activities.
- Sports.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Socialization.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Financial assistance and planning.

### **Counseling/Outpatient**

Counseling/outpatient programs provide -culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These -programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Counseling/outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, behavior management, mental health issues, life span issues, psychiatric illnesses, substance use dis-orders and other addictive behaviors, and the needs of victims of abuse, neglect, domestic -violence, or other traumas.

### **Crisis Intervention**

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of various acute symptoms including behavioral health, emotional distress, acts of domestic violence or abuse/neglect, and persons identified as runaways. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

### **Day Treatment**

Day treatment programs offer person-centered, culturally and linguistically appropriate, comprehensive, coordinated, and structured treatment services and activities. A day treatment program consists of a scheduled series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency in order to assist the persons served in

achieving the goals identified in their person-centered plans. Day treatment programs are offered four or more days per week, typically with support available in the evenings and on weekends. A day treatment program may prevent or minimize the need for a more intensive level of treatment. It may also function as a step-down from inpatient care or partial hospitalization or as transitional care -following an inpatient or partial hospitalization stay to facilitate return to the community.

## **Detoxification/Withdrawal Support**

Detoxification/withdrawal support programs provide support to the persons served during withdrawal from alcohol and/or other drugs. -Services may be provided in a unit of a medical facility, in a freestanding residential or community-based setting, or in the home of the person served. The following types of detoxification/withdrawal support may be provided:

- *Social detoxification/withdrawal support:* Social detoxification/withdrawal support is provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring, observation, and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. Social detoxification/withdrawal support is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, -nonmedical alternative to inpatient -detoxification/withdrawal support.
- *Outpatient detoxification/withdrawal support:* Persons served receiving outpatient detoxification/withdrawal support treatment usually are expected to travel to a hospital or other treatment facility daily or on a regular basis for detoxification/withdrawal support treatment sessions. Sessions may be scheduled for daytime or evening hours. Outpatient detoxification/withdrawal support programs may also be combined with a day program. Out-patient detoxification/withdrawal support programs may also include provision of -medically monitored medications used in the detoxification/withdrawal support process.
- *Inpatient detoxification/withdrawal support:* The inpatient setting offers the advantages of 24-hour medical care and supervision -provided by a professional staff and the easy availability of treatment for serious -complications. In addition, such a setting -prevents persons served access to alcohol and/or other drugs and offers separation from the substance-using environment. Inpatient detoxification/withdrawal support is often provided to individuals with co-occurring health conditions that would be impacted by the detoxification/withdrawal support -process. It is also appropriate for individuals who need extensive medical monitoring -during detoxification/withdrawal support.

## **Diversion/Intervention**

Diversion/intervention programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem. Diversion/intervention programs utilize strategies designed to intervene with at-risk or

identified individuals to reduce or eliminate identified concerns. Within the child welfare field, examples include alternative response, -differential response, or multiple response -systems as well as kinship diversion.

Diversion/intervention programs may serve -persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

Diversion programs may include programs such as juvenile justice/court diversion, substance abuse diversion, truancy diversion, DUI/OWI classes, report centers, home monitoring, after-school tracking, anger management, and building healthy relationships.

Intervention programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems.

## **Early Childhood Development**

An early childhood development program -promotes healthy physical, mental, and -emotional development of the child. Early -childhood development programs provide -services and resources that assist the parent(s)/legal guardian(s) to identify and accept responsibility for the management of their child’s health and development. Services may be provided in congregate or community settings or in a home setting and include edu-cation, training, and hands-on support. Services are directed to identified children and their -families, and are designed to optimize development, -functioning, and resilience; and prevent developmental delay. Such programs may also engage families, child care providers, and communities in planning for and providing inclusive child care in community settings that support the child’s developmental goals.

These standards are aligned with the implementation of Quality Rating Improvement Systems (QRIS) utilized by many states in the U.S. to assess, improve, and communicate the quality of services in early childhood development programs.

Early childhood development programs seeking accreditation are encouraged to use the CARF standards and the identified state QRIS when developing and providing services.

Some examples of programs include:

- Families First
- Early Intervention (Canada)
- Supported child development programs
- Home visitation
- Family enhancement
- Looking After Children
- Building Blocks
- Healthy Families America
- Head Start
- Better Beginnings, Better Futures



- Child/youth development centers
- Infant development programs
- Birth to three (0–3) programs
- First Steps
- Early Start
- Early Years

## **Health Home**

A health home is a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral health, other healthcare, and community and social -support services. A health home allows for -individual choice and is capable of assessing the various physical and behavioral health needs of persons served. The program demonstrates the capacity to address, either directly or through linkage with or referral to external resources, behavioral health conditions, such as mental -illness and substance use disorders, and physical health conditions. Programs may also serve -persons who have intellectual or other developmental disabilities and physical health needs or those who are at risk for or exhibiting behavioral disorders. Care is coordinated over time across providers, functions, activities, and sites to -maximize the value and effectiveness of services delivered to persons served.

A health home provides comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family/support services, and linkage and referral to community and social support -services. Services are designed to support overall health and wellness and:

- Embody a recovery-focused model of care that respects and promotes independence and responsibility.
- Promote healthy lifestyles and provide -prevention and education services that focus on wellness and self-care.
- Ensure access to and coordination of care across prevention, primary care (including ensuring that persons served have a primary care physician), and specialty healthcare services.
- Monitor critical health indicators.
- Support individuals in the self-management of chronic health conditions.
- Coordinate/monitor emergency room visits and hospitalizations, including participation in transition/discharge planning and follow up.

A health home collects, aggregates, and analyzes individual healthcare data across the population of persons served by the program and uses that data and analysis to manage and improve outcomes for the persons served. If the health home is not the actual provider of a particular healthcare service, it remains responsible for -supporting and facilitating improved

outcomes by providing disease management supports and care coordination with other providers.

## **Home and Community Services**

Home and community services (HCS) are person centered and foster a culture that -supports autonomy, diversity, and individual choice. Individualized services are referred, funded, and/or directed by a variety of sources. In accordance with the choice of the person served, the services provided promote and -optimize the activities, function, performance, productivity, participation, and/or quality of life of the person served.

The home and community services may serve persons of any ages, from birth through end of life. Services may be accessed in a variety of settings including, but not limited to, private homes, residential settings, schools, workplaces, community settings, and health settings. Services are provided by a variety of personnel, which may include health professionals, direct support staff, educators, drivers, coaches, and volunteers and are delivered using a variety of approaches, -supports, and technology.

Services are dynamic and focus, after a planning process, on the expectations and outcomes identified by both the person served and the service providers. The service providers are knowledgeable of care options and linkages to assist the person served; use resources, including technology, effectively and efficiently; and are aware of regulatory, legislative, and financial implications that may impact service delivery for the person served. The service providers are knowledgeable of their roles in and contribution to the broader health, community, and social services systems.

Home and community services must include at least one of the following service delivery areas:

- Services for persons who are in need of -specialized services and assistance due to -illness, injury, impairment, disability, or a specific age or developmental need.
- Services for persons who need assistance to access and connect with family, friends, or coworkers within their homes and communities.
- Services for persons who need or want help with activities in their homes or other community settings.
- Services for caregivers that may include -support, counseling, education, respite, or hospice.

**Note:** *A service provider seeking accreditation for home and community services is not required to provide all four of the service delivery areas identified in the service description. However, it must include in the site survey all of the service delivery areas it provides that meet the service description.*

## **Intensive Family-Based Services**

Intensive family-based services are provided in a supportive and interactive manner and directed toward maintaining or restoring a healthy family relationship and building and strengthening the capacity of families to care for their children. The services are time limited

and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach and have a goal of keeping families together or supporting reunification when a child has been in an out-of-home placement. The services may include wraparound and family preservation type programs.

## **Intensive Outpatient Treatment**

Intensive outpatient treatment programs are clearly identified as separate and distinct programs that provide culturally and linguistically appropriate services. The intensive outpatient program consists of a scheduled series of sessions appropriate to the person-centered plans of the persons served. These may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as a step-down program from partial hospitalization, detoxification/withdrawal support, or residential services; may be used to prevent or minimize the need for a more intensive level of treatment; and is considered to be more intensive than traditional outpatient services.

## **Promotion/Prevention**

Promotion/prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Promotion/-prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse/neglect, exposure to and experience of violence in the home and community, and to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Programs may be provided in the -community, school, home, workplace, or other settings. Programs that offer training to current or future child/youth personnel are also included. Organizations may provide one or more of the following types of promotion/prevention programs, categorized according to the population for which they are designed:

- Universal (Promotion) programs target the general population and seek to increase - overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Promotes positive behavior and includes social marketing and other public information efforts.
- Selected (Prevention) programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors.  
Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.

- Training programs provide curriculum-based instruction to active or future personnel in child and youth service programs.  
Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

## **Respite**

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of providing for the needs of the person served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate.

Respite services may be planned or unplanned and may provide services of a short duration, such as respite for medical appointments, or -longer duration, such as vacation or emergency coverage. Respite programs are not an alternative for placement.

## **Support and Facilitation**

Support and facilitation services are designed to provide instrumental assistance to children/youth and their families. They may also support or facilitate the interventions of other programs (for example, child/youth protection or support programs for foster or adoptive parents). These strength-based services are provided to enhance and support the child's/youth's and family's well-being. Services can include transporting children/youth served, supervising visitation between family members, individual support, child minding, safe exchange, homemaking -services, parent aides, curfew monitoring, peer and youth support and family-to-family support, and translation services. The services are primarily delivered in the home or community. A variety of persons other than a program's staff, such as volunteers and subcontractors, may provide these services.

## **Core Residential Program Standards**

### **Community Housing and Shelters**

Community housing or shelters address the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the type of housing in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing or shelters are provided in partnership with individuals and may include housing for family members as well as the child/youth served. The services are designed to assist the persons served to achieve success in and satisfaction with community living. These programs may provide reunification services with the children/youth served and their families. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in

alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing or shelter programs may be referred to as runaway or youth shelters, domestic violence or homeless shelters, safe houses, youth intensive stabilization homes, intake shelters, supervised independent living, maternity homes, halfway houses, or recovery homes. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or congregate or other residential facilities. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include:

- Temporary shelters or emergency residences.
- Transitional living that provides interim supports and services for youth aging out of child welfare services, persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a community housing program.

## **Crisis Stabilization**

Crisis stabilization programs are organized and staffed to provide the availability of overnight residential services 24 hours a day, 7 days a week for a limited duration to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop plans to meet the needs of the persons served. Often crisis stabilization programs are used as a preemptive measure to deter unnecessary inpatient hospitalization.

## **Foster Family and Kinship Care**

Foster/kinship care is provided under a contract or agreement for the placement of a child/youth in a family setting outside the birth or adoptive family home. Foster/kinship care is provided to a child/youth who has been removed from the home and placed within a family setting temporarily until the child/youth can be reunified with the family or until it has been determined that another family-type setting or living environment is in the best interest of the child/youth. The courts are often involved in establishing this relationship.

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

this would include such programs as out of care options and general foster care homes.

## **Group Home**

Group home programs provide trauma-informed treatment and services in a safe, supportive, 24-hour setting to children/youth for whom there are documented reports of abuse, maltreatment, and/or behavioral health needs and who cannot safely live in a family setting within the community.

Group home programs are time limited with goals for reunification with the family of the child/youth or placement within another family setting or other community placement with an emphasis toward permanency.

## **Residential Treatment**

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include psychiatric residential treatment facilities, therapeutic boarding schools, therapeutic wilderness programs, or other nonmedical settings.

## **Specialized or Treatment Foster Care**

Specialized or treatment foster care programs use a community-based treatment approach for children/youth with emotional and/or behavioral issues. This intensive, clinically based treatment is child/youth centered and family focused and offers an alternative to inpatient or residential treatment when a child/youth can no longer live in the family home. Treatment is delivered through an integrated team approach that individualizes services for each child/youth. The treatment foster parents are trained, supervised, and supported by the program staff and play a primary role in therapeutic interventions. The program's goal is to provide clinically effective treatment to children and youth so they may return to their family or alternative community placement and avoid being removed from a community setting. Program staff monitors the child's/youth's progress in treatment and provide adjunctive services per the individualized plan and program design.

Children/youth who participate in the program may also have documented reports of maltreatment, involvement with juvenile justice, and/or co-occurring disorders.

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

## **Specific Population Designations**

### **Juvenile Justice**

Juvenile justice programs serve a specific population of adjudicated juveniles referred by the court or from within the juvenile justice system. Services can be provided through courts, through probation and parole agencies, or in community-based or institutional settings.

Institutional settings may include juvenile detention centers, jails, prisons, or other delinquency-focused settings. The services are designed to maximize the youth's ability to function effectively in the family, school, and community. The juvenile justice mandates include community safety needs in all judicial decisions and require that child and youth services programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Juvenile justice educational programs may include either community-based or institution-based educational, training, or employment services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/OWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

### **Medically Complex**

Medically complex standards are applied to programs that serve a specific population of children/youth who have a serious ongoing illness or a chronic condition that meets at least one of the following criteria:

- Has lasted or is anticipated to last at least twelve months.
- Has required at least one month of hospitalization.
- Requires daily ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members.
- Requires the routine use of a medical device or the use of assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living.
- The medically complex condition of the child/youth served presents an ongoing threat to the health status of the child/youth.

These standards consider the individual's overall medical condition, including acuity, stability, impairments, activity limitations, participation restrictions, psychological status, behavioral status, placement, and long-term outcomes expectations. Appropriate medical consultation occurs specific to each child/youth served in addition to medical consultation related to policies and procedures.

Services to children/youth with medically complex conditions can be provided in a variety of settings and are not necessarily exclusive programs that serve only this particular population. The services within the program are designed based on the needs, desires, and expectations of the children/youth served and their legal guardian/caregivers to maximize the ability to

function effectively within their family (or placement), school, and/or community environments and to achieve and maintain an optimal state of health to enhance their quality of life. The services provided also consider any culturally specific issues relevant to the individual and family/caregivers as appropriate. The individualized plan supports all transitions in the child's/youth's life and is changed as necessary to meet the child's/youth's identified needs as well as the needs of the family/caregivers.

Some examples of the quality results desired by the different stakeholders of these services include:

- Development of an effective and efficient network of community support services including access to therapies, medical supports, and guidance.
- Satisfying and meaningful relationships.
- Achievement of goals in health, education, and activities of daily living.
- Being able to choose and pursue meaningful activities in the least restrictive environment possible to achieve personal satisfaction in life activities.
- Maintenance of health and well-being.
- Restored or improved functioning.
- Enhanced quality of life.
- Personal and family development.
- Transitions between levels of care or transition to independence.
- End-of-life services and supports for the child/youth, family members, caregivers, legal guardian, and/or other significant persons in the individual's life to assist with meaningful closures.