Service Standards

Wilderness and Adventure-Based Therapeutic Outdoor Services

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

Definition

Wilderness and Adventure-Based Therapeutic Outdoor Services are day or residential programs that provide an intensive, therapeutic experience using 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 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.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 1: Person-Centered Logic Model

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one desired outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	
	• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

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); 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 Guide 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:*

1. *characteristics of the service population;*
2. *needs assessments and periodic reassessments;*
3. *risks assessments conducted for specific interventions; and*
4. *the best available evidence of service effectiveness.*

WT 1.02

The logic model identifies 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.*

WT 2: Personnel

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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

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.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, and, as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	

*	• List of program personnel that includes:
	  • Title
	  • Name
	  • Employee, volunteer, or independent contractor
	  • Degree or other qualifications
	  • Time in current position
	• See organizational chart submitted during application	

Site Visit Evidence

*	• Sample job descriptions from across relevant job categories • Training curricula • Documentation tracking staff completion of required trainings and/or competencies • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

*	• Interviews may include:
	  1. Program director
	  2. Relevant personnel
	• Review personnel files

WT 2.01

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

WT 2.02

Clinical oversight is provided by a professional with:

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

NA: kk

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.

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

WT 2.04 (FP)

Personnel who assume responsibility for supervision of individuals 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 2.05

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

a. providing an appropriate environment for persons served to carry out their role in the overall service program;
b. guiding individuals in their development and their ability to use service resources;
c. engaging in therapeutic interactions with individuals;
d. teaching experientially and serving as effective role models;
e. communicating effectively with persons served and personnel;
f. facilitating the transfer of learning and developing insight through the therapeutic outdoor experience; and
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 2.06

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

a. adolescent growth and development;
b. behavioral and emotional needs typical of the service population including risks associated with suicide, eating disorders, self-harm, and impulsivity;
c. 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 sexually inappropriate behavior; and
g. the effects of attachment, separation, and loss.

WT 2.07

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

a. knowledge of adolescent growth 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.

WT 2.08 (FP)

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.*

WT 2.09 (FP)

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.

WT 2.10 (FP)

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

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 or providing access to needed services via telehealth, when appropriate. If an extremely large number of persons served 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 desired outcomes and are regularly reviewed.

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

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of individuals.*

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, recognition, and ongoing professional development;
c. allowing for opportunities to diversify work tasks when possible; and
d. helping personnel recognize and address the development of compassion fatigue or other mental health needs.

WT 3: Access to Service

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Admission procedures	
*	• Policy on prohibited items	

Site Visit Evidence

*

- Informational materials provided to individuals, families, and/or placing representatives

On-Site Activities

*

- Interviews may include:

    1. Program director
    2. Relevant personnel
    3. Individuals or families served

- Review case records

WT 3.01 (FP)

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

a. the type of adventure activities the individual 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 (1) whether the program has a "challenge by choice" philosophy, (2) if 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 helps admitted individuals, and their families when appropriate, prepare for admission by:

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 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.

WT 4: Intake and Assessment

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	
*	• Copy of assessment tool(s)	

Site Visit Evidence

*	• Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Individuals or families served • Review case records

WT 4.01

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 determine if the service and specific activities are appropriate 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 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.*

WT 4.03 (FP)

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 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

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;
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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Case reviews are not being done consistently; or
- Level of care for some participants is clearly inappropriate; or
- Service planning is often done without the full participation of persons served; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

* • Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

* • Interviews may include:

1. Program director
2. Relevant personnel
3. Individuals or families served

• Review case records

WT 5.01

An initial service plan is developed, 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 individual, 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. estimated length of treatments and stay;
d. procedures for expedited service planning when crisis or urgent need is identified; and
e. 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 their parents and progress toward reunification; and
d. providing parents or the custodial agent with information, resources, and support for reunification.

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

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.*

WT 5.04

An interdisciplinary team works in active partnership with individuals and 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 family;
c. ensure that individuals and families receive appropriate advocacy support;
d. assist with access to the full array of services to which they 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 families, 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 family:

a. review progress toward achievement of agreed upon goals; and
b. document 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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Family handbook or other material describing family involvement	
*	• Procedures for communicating emergency messages	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:

1. Program director
2. Relevant personnel
3. Individuals or families served

- Review case records

WT 6.01

The organization encourages and provides opportunities for active family participation 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 6.04

The organization helps 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 6.05

When operating in remote sites, the organization:

a. receives and transmits emergency messages from family members or the responsible placing organization to 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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for tailoring activities to the abilities of persons served	
*	• Policy on coercion/force	

• Policy on religious and spiritual observances	

Site Visit Evidence

- Program curricula
- Sample daily schedules for the previous six months

On-Site Activities

- Interviews may include:

1. Program director
2. Relevant personnel
3. Individuals or families served

- Review case records
- Observe group activities

WT 7.01

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

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

WT 7.02 (FP)

The organization tailors activities to the abilities of individuals by:

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

WT 7.03

The organization prohibits:

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

Interpretation: *Organizations must take any strong objections from persons served 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 learn from their experiences and integrate acquired skills into practice by:

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

Interpretation: *Discussions focused on evaluating individual 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 7.06

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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

Individuals receive a health assessment, needed health services, and guidance that promotes wellness.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Initial health screening procedures	
*	• Procedures for the coordination and provision of healthcare examinations and services	

• Procedures for sharing health information with service personnel	

Site Visit Evidence

• Informational health and wellness materials

On-Site Activities

• Interviews may include: 1. Program director 2. Relevant personnel 3. Individuals or families served • Review case records • Verify employment or agreement with physician or other qualified medical practitioner

WT 8.01 (FP)

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 individual's primary care physician who has knowledge of the individual'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.*

WT 8.02 (FP)

Each individual receives:

a. a comprehensive medical examination within three days after admission, unless the individual 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.*

WT 8.03 (FP)

The organization obtains and maintains in each case record:

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

WT 8.04 (FP)

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

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

WT 8.05

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

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

WT 9: Education Services

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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 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. 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.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for developing and/or integrating education plans	
*	• Procedures for coordinating education services, if applicable	

Site Visit Evidence

*	• Proof of certification, accreditation, or registration, as applicable

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Individuals or families served 4. Local school district representative • Review case records

WT 9.01

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 with the local school district.

WT 9.02

A comprehensive, coordinated education plan is developed 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.
- The organization does not directly provide the educational program nor develop the education plans for children or youth.

Examples: *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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
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- With few exceptions, procedures are understood by staff and are being used; or
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- Procedures are not well-understood or used appropriately; or
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- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Privacy policy	
*	• Privacy procedures	

Site Visit Evidence

*

- Judicial order, law, or contract as applicable

On-Site Activities

*

- Interviews may include:

    1. Program director
    2. Relevant personnel
    3. Individuals or families served

- Review case records
- Observe facilities

WT 10.01 (FP)

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.*

WT 10.02 (FP)

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

a. communicating 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.*

WT 10.03 (FP)

The organization provides individuals and families with a written policy for reviewing 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 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 individual in the presence of designated personnel; or
b. receipt or sending of unopened mail/electronic communication is contraindicated.

Examples: *Examples of mail and electronic communications include letters, packages, emails, text messages, and other forms of correspondence via social media and other electronic platforms.*

WT 10.04 (FP)

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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
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3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

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- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Safety procedures	
*	• The table of contents for participant safety training curricula	

* • Drug and alcohol policy	
* • Program and activity discharge policy	

Site Visit Evidence

* • Safety committee meeting minutes for the previous 12 months • Three trip or activity plans • Sample of completed activity safety manuals, evacuation plans, or other safety documentation from past trips • Contracts, including safety expectations, with any outside transportation providers • Participant safety training curricula • Sample of documentation tracking participant completion of required safety training for three recent trips • Procedures for maintaining medication and first aid supplies

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Observe first aid kits

WT 11.01 (FP)

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

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

WT 11.02 (FP)

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

a. an itinerary maintained at the organization's central location;
b. weather conditions under which evacuation may be warranted;
c. 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.

WT 11.03 (FP)

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. bringing an individual'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 communication links from field personnel to emergency responders for trips or activities in remote areas;
f. filing reports for any accidents or incidents in which personnel or persons served were injured or at risk; and
g. notifying the chief executive office or their designee if emergency procedures are invoked or an unanticipated problem or incident occurs.

WT 11.04

Safety procedures for preventing missing and runaway youth 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.

WT 11.05 (FP)

Safety procedures related to missing persons address:

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

WT 11.06 (FP)

An organization that 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 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.

WT 11.07 (FP)

The organization educates persons served 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;
b. recognize allergic and anaphylactic reactions and alert the appropriate staff person;
c. identify and avoid dangerous plants, situations, and other hazards that may be associated with adventure-based activities or locations; and
d. stay safe in encounters with wild animals.

Interpretation: *Individuals only need to be trained on 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.*

WT 11.08 (FP)

First aid kits, emergency response supplies, and medications needed by persons served 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.

WT 11.09 (FP)

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

WT 11.10 (FP)

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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Environmental protection and land use procedures	
*	• Health and safety procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:

1. Program director
2. Relevant personnel
3. Individuals and families served

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 12.02

Outdoor activities are conducted in a manner that:

a. minimizes impacts on the natural environment; and
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.*

WT 12.03 (FP)

To ensure the health and safety of 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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

Equipment is properly maintained and safe to use.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for maintaining equipment	
*	• Policy on field testing equipment	

Site Visit Evidence

*
- Documentation of equipment inspections and maintenance for the past 12 months

On-Site Activities

*
- Interviews may include:
    1. Relevant personnel
- Observe equipment

WT 13.01 (FP)

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

WT 13.02 (FP)

Equipment maintenance procedures include:

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

WT 13.03 (FP)

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.

Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 14: Activity Technical and Safety Requirements

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for activity preparation, including assessing group safety and skill level	
*	• Procedures regarding use of protective gear and equipment	

• Fire safety procedures	
• Fire safety training curricula	

Site Visit Evidence

- Authoritative information regarding compliance with accepted standards for all climbing equipment owned or used by the organization
- Credentials of individuals responsible for supervising climbing equipment
- Climbing equipment inspection and safety reports for the past 12 months
- Proof of accreditation, licensure, or certification appropriate for high-risk activities

On-Site Activities

- Interviews may include:

  1. Program director
  2. Relevant personnel
  3. Individuals or families served

- Review personnel files

WT 14.01 (FP)

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 served with complete information about geographic boundaries for the activity, rendezvous times and places, emergency procedures, and relevant goals and expectations.

WT 14.02 (FP)

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 served.

WT 14.03 (FP)

When the activity involves travel or movement, individuals 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.*

WT 14.04 (FP)

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

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

WT 14.05 (FP)

The organization maintains clear guidelines and trains personnel and persons served 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.

WT 14.06 (FP)

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 and personnel. Therefore, WT 14.06 applies to facilities owned or operated by the organization as well as facilities used by the organization but owned and operated by others. In all cases, the organization must provide authoritative information regarding compliance with accepted standards for special program components.*

WT 14.07 (FP)

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:*

1. *white water rafting, kayaking, or canoeing;*
2. *snow and ice climbing or glacier travel;*
3. *mountaineering, bouldering, and rock climbing;*
4. *top rope climbing and rappelling;*
5. *caving;*
6. *river crossing;*
7. *solo expeditions;*
8. *activities involving flying, hang gliding, gliding, and parachuting; and*
9. *other high-risk activities.*

WT 15: Care and Supervision

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

The organization provides close supervision, and group size is adjusted to promote safety and limit liability and risk.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for establishing and adjusting personnel/participant ratios and group sizes	
*	• Procedures for staffing activities	

• Procedures that address solo activities	

Site Visit Evidence

• Coverage schedules for a recent six month period that includes personnel/participant ratios and group sizes for each activity, including off-site events

On-Site Activities

• Interviews may include: 1. Program director 2. Relevant personnel 3. Individuals or families served

WT 15.01 (FP)

Qualified staff adjust group sizes and determine personnel to participant ratios according to:

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

WT 15.02 (FP)

Adventure-based group activities are supervised by:

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

WT 15.03 (FP)

For solo activities, a group leader or instructor:

a. is responsible for the safety of that individual or group;
b. 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
c. adjusts the degree of supervision to the individual's ability, the terrain, and environmental conditions.

NA: The organization does not conduct solo activities.

WT 15.04 (FP)

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

a. indicates the reporting relationships and delegation of authority; and
b. 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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

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 or the organization does not serve youth transitioning to independence.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Transition planning procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:

1. Program director
2. Relevant personnel
3. Individuals or families served

- Review case records

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;
c. information about rights and services to which the person may have access due to income level or a disability;
d. information on availability of affordable community-based healthcare and counseling;
e. court and welfare systems information;
f. childcare services information; and
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 work experience and career development;
d. medical records and documentation, including a Medicaid card or other health eligibility documentation;

e. an original copy of the birth certificate;
f. bank account access documents;
g. religious documents and information;
h. documentation of immigration or refugee history and status, when applicable;
i. death certificates if parents are deceased;
j. a life book or a compilation of personal history and photographs, as appropriate;
k. a list of known relatives with relationships, addresses, telephone numbers, and permission for contacting involved parties;
l. previous placement information and health facilities used, when appropriate; and
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

Purpose

People who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand their capabilities, develop self-confidence and insight, manage their symptoms, and improve social, emotional, psychological, and family functioning.

The organization works with individuals and families, 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.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

* • Case closing procedures	
* • Aftercare planning and follow-up procedures	

Site Visit Evidence

* • Relevant portions of contract with public authority, as applicable

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Individuals or families served • Review case records

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, and others as appropriate to the needs and preferences of the individual or family.

WT 17.02

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

WT 17.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link them 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.*

WT 17.04 (FP)

The organization provides individuals and families with:

a. a transition/aftercare plan summary; and
b. a list of emergency contacts.

WT 17.05

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

a. develop an aftercare plan, sufficiently in advance of case closing, that helps individuals 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 17.06

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

NA: 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 a person's participation is involuntary, or where there may be a risk to the person.*