CARF Accreditation Report
for
Pathfinder, Inc.

Three-Year Accreditation
About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF’s internationally recognized standards during an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider’s service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers’ demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.
Organization
Pathfinder, Inc.
2520 West Main
Jacksonville, AR 72076

Organizational Leadership
Betty Schwartz, Compliance/Human Resource/Training Director
Joan Zumwalt, Board of Directors Chairman
Mike McCreight, Director of Operations
Pam Satterfield, Special Projects Coordinator
Patricia Walker, CFO

Survey Date(s)
May 9, 2018–May 11, 2018

Surveyor(s)
Colleen M. Kennedy, M.S., Administrative
Alice B. Tapley, M.R.C., Program
Kim Bappe, LCSW, LAC, Program
James C. Willis, Sr., M.S., LPC, LCAS, Program
Greg R. Bullard, LMSW, Program
Melodie Heupel, LPC, NBCC, Program

Program(s)/Service(s) Surveyed
Community Employment Services: Employment Supports
Community Employment Services: Job Development
Community Housing
Community Integration
Organizational Employment Services
Services for Children and Youth: Child and Adolescent Services
Services for Children and Youth: Early Intervention Services
Supported Living
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Previous Survey
Three-Year Accreditation
June 17, 2015–June 19, 2015

Accreditation Decision
Three-Year Accreditation
Expiration: May 31, 2021
Executive Summary

This report contains the findings of CARF’s on-site survey of Pathfinder, Inc. conducted May 9, 2018–May 11, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF’s consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization’s strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Pathfinder, Inc. demonstrated substantial conformance to the standards. Pathfinder provides high-quality services to individuals with cognitive and mental health challenges throughout a large part of Arkansas. The board, management, and staff members are committed to the mission and vision of the organization. Many staff members have significant tenure and stay with the organization because they feel appreciated and care about the clients they support. Employment and community integration services are moving increasingly into the community, still allowing for client choice. Residential services, both housing and supported living, offer choices to individuals and the opportunity to transition as desired. Clients and families express satisfaction with services provided and have opportunities to provide input and feedback. Funding and referral sources are pleased with Pathfinder services and see the organization as a leader in the state. The organization is active in being an advocate for its clients and people with disabilities served in the state. There are some areas for improvement noted in this report in the areas of human resources, individualized service planning, updating written procedures for medications, clinical supervision, personal safety plans, and assessments for children and adolescents. The organization has the resources, commitment, and capabilities to make these improvements. The organization is further encouraged to continue its advocacy as a managed care system is implemented in Arkansas to ensure choice for persons served and quality of services.

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

Pathfinder, Inc. has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF’s standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.
Survey Details

Survey Participants

The survey of Pathfinder, Inc. was conducted by the following CARF surveyor(s):

- Colleen M. Kennedy, M.S., Administrative
- Alice B. Tapley, M.R.C., Program
- Kim Bappe, LCSW, LAC, Program
- James C. Willis, Sr., M.S., LPC, LCAS, Program
- Greg R. Bullard, LMSW, Program
- Melodie Heupel, LPC, NBCC, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization’s leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Pathfinder, Inc. and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization’s operations and service delivery practices.
- Observation of the organization’s location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.
Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Community Employment Services: Employment Supports
- Community Employment Services: Job Development
- Community Housing
- Community Integration
- Organizational Employment Services
- Services for Children and Youth: Child and Adolescent Services
- Services for Children and Youth: Early Intervention Services
- Supported Living
- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)

A list of the organization’s accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization’s strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.
Areas of Strength

CARF found that Pathfinder, Inc. demonstrated the following strengths:

- The board of directors has members who have decades of service to Pathfinder and have supported it financially for years. The board is active and seen as progressive and involved in the community. Members represent communities served throughout the state and bring an array of skills to the table. The board is kept informed of all issues of concern to the organization, in part through a special annual report.

- Leadership is described as visionary and has the confidence of the board of directors. The management team has impressive tenure and works collaboratively to support the mission of the organization. Many are involved in advocacy for persons served on a local and statewide basis. Significant changes are ahead in service delivery and funding in the state, and directors are engaged in trying to ensure that the system protects client choice and quality of services.

- Pathfinder provides comprehensive training to its personnel upon hire and on an annual basis. It includes information on the history of service delivery to people with developmental disabilities and mental health challenges and legislative changes over the years. Following training sessions, staff members are asked to rate the content and delivery and most comments are very positive.

- Safety is a strength of the organization. Procedures for emergencies are very specific and comprehensive. Tests of emergency procedures are reliably conducted at all locations and on all shifts, using different scenarios to keep responses real. Staff members from various programs and sites participate in the safety committee. Transportation oversees 140 vehicles, consistently inspecting and maintaining them for safety.

- Pathfinder reaches out to clients and other stakeholders for input and feedback through surveys, councils, parents and groups, and less formally through sponsored arts, sports, and social events. Stakeholders can post comments or grievances directly on the website. Performance outcomes are shared on the website as well as in the strategic plan, newsletters, and annual reports.

- Funding and referral sources are clearly pleased with services provided. Pathfinder was described as a leader in the state of Arkansas in innovative practices and the person-centered services movement to community-based services, a change agent, and active in advocacy. Its staff members were noted as being committed, caring, flexible, and timely with reports. Communication was viewed as effective and regular.

- Despite unknown consequences of service and funding changes under the proposed managed care system, Pathfinder is financially sound and has reserves that will help support it through the uncertainties ahead.

- The management teams at the Bentonville/Cave Springs sites, although relatively new, are strong assets to the Pathfinder organization. Their commitment to the persons served, families, staff, and community is evident and is a strength to all concerned.

- The team structure at Bentonville/Cave Springs is a strength; members are more than willing to step in for each other, and there is an atmosphere of staff members caring for one another that is seldom seen in organizations.

- The Bentonville pre-employment program is an addition to services that is causing excitement among young adults, their families, and the community. This program is strong and is helping make the difficult transition from school to work much easier for area young people.

- Mental health services in Bentonville/Cave Springs are a definite strength. The worker is fully integrated into the team, communication is excellent, and staff voices how much it depends on behavioral health expertise in difficult situations.

- The supportive employment program in Bentonville is a strength as it works off an effective curriculum. The organization's strong relationship with the community allows persons served to move effectively out of the workshop and into the world of work.
Pathfinder's employment staff members are dedicated to the mission of the organization. They are compassionate about the clients they serve and will go the extra mile to make sure clients receive the highest level of services.

The supported employment program has really taken off since the previous survey. The staff members who provide services in this program are thinking outside the box when it comes to job placement, placing clients in nontraditional jobs. One of these jobs is working in the governor's office archiving files. Employers look to Pathfinders as a job pool where they can get employees who are dedicated and compassionate about their jobs.

The program provides a variety of activities for persons served that keep the clients involved and motivated throughout the day, including line dancing, arts and crafts, exercise classes, computer exploration, and lots of other activities that are not only therapeutic but a learning experience.

The Pathfinder East Ark community integration program is a hallmark example for expansion of services to enhance the client's treatment experience. For example, to show clients that all food does not come from stores, clients planted a garden and helped every day by watering it, pulling weeds, and picking the vegetables. They took the vegetables to Arkansas State University (ASU) Mid-South for use in cooking dishes while participating in culinary classes.

Pathfinder refurbished the kitchen by having a fundraiser to buy material while clients helped with the work. Clients who completed culinary classes at ASU Mid-South now help to teach other clients participating in the community integration program. Clients continually report this has been a great experience.

The commitment and professionalism of staff members are great indicators of consistency of service delivery. It is clear that they listen to the clients to discover their interests and needs and assist them to live at the highest level of functioning possible. These qualities assist personnel in focusing on producing positive outcomes for the clients.

Pathfinder Academy program staff members are kind, compassionate, and flexible in their approach with clients, using creative approaches to behavior management, education, and the development of life and social skills. They have incorporated the use of a therapy dog to provide an additional avenue of support and comfort for the youth. The organization has secured alternative scholarship funding for the Pathfinder Academy program, which will provide service opportunities for youth and families that otherwise could not afford the tuition.

Howell Complex is a beautiful, well-kept facility specifically designed to foster a community-type environment that nurtures a healthy balance of support and prompts with independence and autonomy for clients. Clients report a high level of satisfaction with services and feel the staff cares about them and that they are provided with community opportunities they enjoy and enrich their lives. The program is well organized, and it is obvious the staff members are dedicated in the provision of services.

Preschool I is a state-of-the-art facility, strategically designed to fit the needs of the population served. The facility boasts an outdoor nature program that is truly unique. The classrooms and facility are creatively decorated and structured to provide an optimal stimulus conducive to growth and learning. The staff members clearly enjoy their work and provide a safe and caring atmosphere that fosters an environment to encourage and challenge each child to discover his/her own potential.

The Michael T. O'Brien Apartments site is lovely and well kept, and the clients report a high level of satisfaction in services. The staff members are genuine, caring, and supportive in their approach with clients. The program provides many opportunities for clients to interact within the community, and scheduled activities are designed to bring together clients and invite social gatherings.
Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather an assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

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

Key Areas Addressed
- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance
Pathfinder has a philosophy of diversity and incorporates that philosophy in its policies and employee handbook, also providing training on diversity to personnel. It is recommended that the organization develop a cultural competency and diversity plan that considers clients, personnel, and other stakeholders. The plan should be based on the consideration of culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. The cultural competency and diversity plan should be reviewed at least annually for relevance and updated as needed. It is encouraged to reinforce its activities and define how progress will be made in increasing participation by minorities in its workforce to better align with the demographics of clients.

1.C. Strategic Planning

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

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

Recommendations
There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

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

Key Areas Addressed
- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected
Recommendations
There are no recommendations in this area.

1.E. Legal Requirements
Description
CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed
■ Compliance with all legal/regulatory requirements

Recommendations
There are no recommendations in this area.

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

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

Recommendations
There are no recommendations in this area.

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

Key Areas Addressed
■ Identification of loss exposures
■ Development of risk management plan
■ Adequate insurance coverage
Recommendations

There are no recommendations in this area.

Consultation

- Although Pathfinder met the standards for risk management, consultation was provided to better organize and strengthen the plan. In some instances, listed risk factors were not exposures but possible solutions. Grouping potential risks by categories (financial, personnel, safety, reputation, etc.) could assist in focusing on similar risks.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.6.b.(1)

Evacuation maps are posted throughout the organization. In the administration site, three different maps are posted, which is confusing. It is suggested that one clear map, identifying primary and secondary routes, be permanently affixed to walls. At Pathfinder Academy, the organization is encouraged to use pictorials for easier comprehension for persons with autism served there. Evacuation routes should be understandable to all clients.

1.H.9.f.(16)

Although Pathfinder identifies suicide and suicide attempts as reportable incidents, there are not specific written procedures. It is recommended that written procedures be developed to further guide personnel, particularly those without professional training, in how to respond to suicide or suicidal attempts. It may be beneficial to include suicidal ideation as well.

1.I. Human Resources

Description

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

Key Areas Addressed

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

Recommendations

1.I.2.a.(2)(a)
The organization is urged to verify the credentials of all applicable personnel (including licensure, certification, and registration) with primary sources. This includes required education confirmation by the university, such as through transcripts.

1.I.7.a.
1.I.7.b.
1.I.7.c.
1.I.7.d.

Contracts varied greatly in files of contracted personnel reviewed. Some did not define the term of the contract and another had expired, with no notation of automatic renewal. The organization is encouraged to examine its contract process and identify essential clauses of contracts. Reviews of contract personnel should occur at least annually and assess their performance in relation to the scope and requirements of their contracts and to ensure that they follow all applicable policies and procedures of the organization and conform to applicable CARF standards.

1.I.8.a.
1.I.8.b.(1)
1.I.8.b.(2)
1.I.8.b.(3)
1.I.8.c.
1.I.8.d.
1.I.8.e.
1.I.8.f.
1.I.8.g.

Although the system for students meets the standards, the system for volunteers is incomplete. The organization is urged to consistently implement a system of volunteer management that includes a signed agreement; identification of duties, scope of responsibility, and supervision; orientation; training; assessment of performance; policies and written procedures for dismissal; and confidentiality policies.

Consultation

- The employee handbook refers personnel to the operations manual for procedures for filing grievances. Placing this information in the handbook could be more convenient for employees. A policy outlining when personnel can work from home does not address confidentiality and secure use of devices. It is suggested that personnel be provided with additional guidance on keeping information confidential and securing devices.

1.J. Technology

Description

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

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- Pathfinder is actively exploring the delivery of mental health services by telehealth methods. The organization is encouraged to consult the CARF standards for service delivery using information and communication technologies as it formulates its policies and procedures.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.
Consultation

- In its accessibility plan, most factors considered were internal to the organization. It is suggested that barriers present in the community also be considered. As an example, in actuality Pathfinder is active in advocacy efforts; these could be included as part of the plan.

- In considering environmental barriers, the organization is encouraged to include factors such as air quality, allergens, extremes of heat and cold, humidity, noise, etc.

1.M. Performance Measurement and Management

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

Key Areas Addressed
- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations
There are no recommendations in this area.

Consultation

- Some programs measure client goal achievement and use it as a measure of effectiveness. Pathfinder is encouraged to consistently add individual goal achievement as an effectiveness measure and then calculate the data on an aggregate basis.

1.N. Performance Improvement

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

Key Areas Addressed
- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations
There are no recommendations in this area.
Section 2. Quality Individualized Services and Supports

2.A. Program/Service Structure

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

Key Areas Addressed
- Services are person-centered and individualized
- Persons are given information about the organization’s purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations
There are no recommendations in this area.

2.B. Individual-Centered Service Planning, Design, and Delivery

Description
Improvement of the quality of an individual’s services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization’s services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed
- Services are person-centered and individualized
- Persons are given information about the organization’s purposes and ability to address desired outcomes
Recommendations

2.B.5.a.
2.B.5.b.(1)
2.B.5.b.(2)
2.B.5.b.(3)
2.B.5.b.(4)
2.B.5.b.(5)
2.B.5.c.(1)
2.B.5.c.(2)
2.B.5.d.
2.B.5.e.(1)
2.B.5.e.(2)
2.B.5.f.(1)
2.B.5.f.(2)

It is recommended that a coordinated individualized service plan be consistently developed with the active involvement of the person served and identify the person’s overall goals, specific measurable objectives, methods/techniques to be used to achieve the objectives, those responsible for implementation, and how and when progress on objectives will be regularly reviewed; be communicated in a manner that is understandable to the person served and the persons responsible for implementing the plan; be reviewed on a regular basis with respect to expected outcomes; be revised as appropriate based on the changing needs of the person served and satisfaction of the person served; and reflect timely transition planning when a person served moves from one level of services/supports or program to another within the organization and externally to another provider.

2.C. Medication Monitoring and Management

Key Areas Addressed
- Current, complete records of medication used by persons served
- Written procedures for storage and safe handling of medications
- Educational resources and advocacy for persons served in decision making
- Physician review of medication use
- Training and education for persons served regarding medications

Recommendations

2.C.6.b.
2.C.6.c.
2.C.6.d.(2)
2.C.6.h.

It is recommended that the residential program include in its written procedures regarding medications documentation or confirmation of informed consent for each medication administered; integrating any prescribed medications into a person’s overall plan, including, if applicable, special dietary needs and restrictions associated with medication use; identification, documentation, and required reporting, including to the prescribing physician, of medication errors, as appropriate; and coordination as needed with the physician providing primary care needs.

Consultation
- It is suggested that the residential services revise their medication policies and procedures to be specific to this particular service.
2.D. Employment Services Principle Standards

Description
An organization seeking CARF accreditation in the area of employment services provides individualized services and supports to achieve identified employment outcomes. The array of services and supports may include:

- Identification of employment opportunities and resources in the local job market.
- Development of viable work skills that match workforce needs within the geographic area.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources and supports to achieve and maintain employment.
- Coordination of and referral to employment-related services and supports.

The organization maintains its strategic positioning in the employment sector of the community by designing and continually improving its services based on input from the persons served and from employers in the local job market, and managing results of the organization’s outcomes management system. The provision of quality employment services requires a continuous focus on the persons served and the personnel needs of employers in the organization’s local job market.

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

- Individualized, appropriate accommodations.
- A flexible, interactive process that involves the person.
- Increased independence.
- Increased employment options.
- Timely services and reports.
- Persons served obtain and maintain employment consistent with their preferences, strengths, and needs.
- Person served obtains a job at minimum wage or higher and maintains appropriate benefits.
- Person served maintains the job.

Key Areas Addressed

- Goals of the persons served
- Personnel needs of local employers
- Community resources available
- Economic trends in the local employment sector

Recommendations
There are no recommendations in this area.

2.E. Community Services Principle Standards

Description
An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.
The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

**Key Areas Addressed**

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

**Recommendations**

There are no recommendations in this area.

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**Section 3. Employment Services**

**Description**

An organization seeking CARF accreditation in the area of employment services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program’s scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Community citizenship.
- Increased independence.
- Meaningful activities.
■ Increased employment options.
■ Employment obtained and maintained.
■ Competitive employment.
■ Employment at or above minimum wage.
■ Economic self-sufficiency.
■ Employment with benefits.
■ Career advancement.

3.F. Organizational Employment Services (OES)

Description
Organizational employment services are designed to provide paid work to the persons served in locations owned, leased, rented, or managed by the service provider. A critical component and value of organizational employment services is to use the capacity of the organization’s employment and training service design to create opportunities for persons to achieve desired employment outcomes in their community of choice, including individualized competitive employment.

Service models are flexible and may include a variety of enterprises and business designs, including organization-owned businesses such as retail stores, restaurants, shops, franchises, etc.

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

■ Movement to individualized competitive employment.
■ Movement to an integrated environment.
■ Increased wages.
■ Pay at or above minimum wage.
■ Increased skills.
■ Increased work hours.
■ Minimized downtime with meaningful activities available.
■ Exposure to and availability of a variety of jobs.
■ Increased ability to interact with others as part of a professional team and to resolve interpersonal issues appropriately.

Key Areas Addressed
■ Paid work provided by organization
■ Employment goals of persons served
■ Legal guidelines adherence
■ Increased wages and skills

Recommendations
There are no recommendations in this area.

Consultation
■ The organization is encouraged to continue to work on plans to come into compliance with the new federal regulations for its organizational employment services.
3.G. Community Employment Services

Description

Community employment services assist persons to obtain successful community employment opportunities that are responsive to their choices and preferences. Through a strengths-based approach the program provides person-directed services/supports to individuals to choose, achieve, and maintain employment in integrated community employment settings.

Work is a fundamental part of adult life. Individually tailored job development, training, and support recognize each person’s employability and potential contribution to the labor market. Persons are supported as needed through an individualized person-centered model of services to choose and obtain a successful employment opportunity consistent with their preferences, keep the employment, and find new employment if necessary or for purposes of career advancement.

Such services may be described as individualized competitive employment, individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups in the community, community-based SourceAmerica® contracts, and other business-based work groups in community-integrated designs. In Canada, employment in the form of bona fide volunteer placements is possible.

Individuals may be paid by community employers or by the organization. Employment is in the community.

The following service categories are available under Community Employment Services (please refer to the program descriptions and applicable standards):

- Job Development (CES:JD)
- Employment Supports (CES:ES)

If an organization provides only Job Development or Employment Supports, then it may be accredited for only that service. If it is providing both Job Development and Employment Supports, then it must seek accreditation for both. If any clarification is needed, please contact your CARF resource specialist. There is no charge for consultation.

Note: In making the determination of what an organization is actually providing in comparison to these service descriptions, these factors are considered: the mission of the services, the program descriptions, brochures and marketing image for these services, and the outcomes of the services.

Depending on the scope of the services provided, some examples of the quality outcomes desired by the different stakeholders of these services include:

- Persons obtain community employment.
- Persons obtain individualized competitive employment.
- Employment matches interests and desires of persons.
- Wages, benefits, and hours of employment achieved as desired.
- Average number of hours worked per week increases.
- Average number of hours worked per week meets the desires of the person served.
- Full-time employment with benefits.
- Transition-age youth move directly from their educational environment into community employment.
- Potential for upward mobility.
- Self-sufficiency.
- Integration.
- Responsive services.
Safe working conditions.
Cost-effective for placement achieved.
Performance level achieved meets requirements of job or position.
Increase in skills.
Increase in productivity.
Increase in hours worked.
Increase in pay.
Employment retention.
Increase in natural supports from coworkers.
Persons served treated with respect.
Minimize length of time for supports.
Type and amount of staff interaction meets needs.
Employer satisfaction.
Responsiveness to customers.

Job Development (CES:JD): Successful job development concurrently uses assessment information about the strengths and interests of the person seeking employment to target the types of jobs available from potential employers in the local labor market. Typical job development activities include reviewing local employment opportunities and developing potential employers/customers through direct and indirect promotional strategies. Job development may include facilitating a hiring agreement between an employer and a person seeking employment. Some persons seeking employment may want assistance at only a basic, informational level, such as support for a self-directed job search.

Employment Supports (CES:ES): Employment support services promote successful training of a person to a new job, job adjustment, retention, and advancement. These services are based on the individual employee with a focus on achieving long-term retention of the person in the job. The level of employment support services is individualized to each employee and the complexity of the job.

Often supports are intensive for the initial orientation and training of an employee with the intent of leading to natural supports and/or reduced external job coaching. However, some persons may not require any employment supports at the job site; others may require intensive initial training with a quick decrease in supports, while some will be most successful when long-term supports are provided.

Supports can include assisting the employee with understanding the job culture, industry practices, and work behaviors expected by the employer. It may also include helping the employer and coworkers to understand the support strategies and accommodations needed by the worker.

Supports are a critical element of the long-term effectiveness of community employment. Support services address issues such as assistance in training a person to complete new tasks, changes in work schedule or work promotion, a decrease in productivity of the person served, adjusting to new supervisors, and managing changes in nonwork environments or other critical life activities that may affect work performance. Routine follow-up with the employer and the employee is crucial to continued job success.

Key Areas Addressed

- Integrated employment choice
- Integrated employment obtainment
- Employment provided in regular business settings
- Integrated employment retention
- Provides career advancement resources
Recommendations

3.G.2.a.(1)
3.G.2.a.(2)
3.G.2.c.

An individualized service plan is developed for some clients, but it is not consistent for those clients being served at SourceAmerica® contracts. It is recommended that the organization consistently develop individual service plans for all its clients that include their input and approval and are revised periodically, as necessary.

Section 4. Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program’s scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

4.A. Services for Children and Youth (SCY)

Description

Services for children and youth include prevention, early intervention, preschool programs, early years programs, after-school programs, outreach, and services coordination. Services/supports may be provided in a variety of settings, such as a family’s private home; the organization’s facility; and community settings such as parks, recreation areas, preschools, or child day care programs not operated by the organization. In all cases, the physical setting, equipment, and environment meet the identified needs of the children and youth served and their families. Families are the primary decision makers and play a critical role, along with team members, in the process of identifying needs and services.
Early intervention services are structured and coordinated to facilitate the achievement of optimal development through the provision of prevention, assessment, education, development, and/or therapeutic services to infants and toddlers with disabilities or who are at risk of developmental delay and their families. Early intervention focuses on helping infants and toddlers learn the basic and brand-new skills that typically develop during the first years of life. Broadly speaking, developmental delay means a child is delayed in some area of development. There are five areas in which development may be affected:

- Cognitive development.
- Physical development.
- Communication development.
- Social or emotional development.
- Adaptive development.

Assessment is conducted to determine each child’s unique needs and the early intervention services appropriate to address those needs. Families are the primary decision makers in the planning of early intervention services along with personnel relevant to the services being provided. Family-directed services also help family members understand the specific needs of their child and how to enhance his or her development.

Child and adolescent services focus on the development of skills needed by the child/adolescent to succeed in school, in his or her family, and in the community. An organization may provide an array of distinct services that fall under the heading of child and adolescent services, with different service delivery models that incorporate different practices. Services are individualized to meet the changing needs of the children/adolescents served. Child and adolescent services empower the child/adolescent to develop skills in decision making, including maximizing their participation in the service planning process. Involvement of other team members depends on what the child/adolescent needs and the scope of the services provided. Team members could come from several agencies and may include therapists, child development specialists, social workers, educators, medical professionals, and others.

Some examples of the quality outcomes desired by the different stakeholders of services for children and youth include:

- Services individualized to needs and desired outcomes.
- Collection and use of information regarding development and function as relevant to the scope of the services.
- Children/youth acquiring new skills.
- Collaborative approach involving family members in services.
- Transition planning that supports continuity of services and developmental transitions.
- Increased responsibility of children/youth to make decisions.
- Personal safety of youth in the community.

**Key Areas Addressed**

- Individualized services based on identified needs and desired outcomes
- Communication with families and other supports/services
- Collaborative service planning
- Healthcare, safety, emotional, and developmental needs of child/youth
- Skill development for decision making
- Planning for successful transitions

**Recommendations**

There are no recommendations in this area.
Consultation

- Currently, the information gathering process includes information on a client's ethnicity, which in theory also includes a client's culture. It is suggested that this be made clearer by adding a section that speaks to a client's culture, including include specific needs and preferences.

4.G. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity center, a day program, a clubhouse, and a drop-in center are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Pre-vocational experiences.
- Vocational pursuits.
- Volunteerism in the community.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.).

Key Areas Addressed

- Opportunities for community participation

Recommendations

There are no recommendations in this area.

4.H. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated
directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

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

**Key Areas Addressed**

- Safe, secure, private location
- In-home safety needs
- Options to make changes in living arrangements
- Support to persons as they explore alternatives
- Access as desired to community activities
- System for on-call availability of personnel

**Recommendations**

There are no recommendations in this area.

**4.1. Supported Living (SL)**

**Description**

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.
Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sampling of people receiving services/supports in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the survey application or identified as a site on the accreditation outcome.

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

- Persons served achieving choice of housing, either rent or ownership.
- Persons served choosing whom they will live with, if anyone.
- Minimizing individual risks.
- Persons served have access to the benefits of community living.
- Persons served have autonomy and independence in making life choices.

**Key Areas Addressed**

- Safe, affordable, accessible housing chosen by the individual
- In-home safety needs
- Support personnel available based on needs
- Supports available based on needs and desires
- Living as desired in the community
- Persons have opportunities to access community activities

**Recommendations**

There are no recommendations in this area.

**2017 Behavioral Health standards were also applied during this survey. The following sections of this report reflect the application of those standards.**

**Section 2. General Program Standards**

**Description**

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.
2.A. Program/Service Structure

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

Key Areas Addressed
- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

2.A.23.e.(2)
It is recommended that the results of the team meetings, not just the attendees, be documented.

2.A.25.
Although the organization has a checklist, it is urged to implement a policy and written procedure for supervision of all individuals providing direct services.

2.A.26.b.
2.A.26.c.
2.A.26.d.
2.A.26.e.
2.A.26.f.
2.A.26.g.
2.A.26.h.
2.A.26.i.
Although the supervisor providing clinical supervision completes a checklist following a supervisory session, there was not documentation of the discussion. It is recommended that documented ongoing supervision of clinical or direct service personnel consistently address accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each person served; treatment/service effectiveness as reflected by the person served meeting his/her individual goals; risk factors for suicide and other dangerous behaviors; the provision of feedback that enhances the skills of direct service personnel; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices.

Consultation
- It is suggested that the emergent needs area be documented and addressed.
2.B. Screening and Access to Services

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

Key Areas Addressed
- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations
2.B.13.f.(1)
Although the organization gathers some information, it was not sufficient in relation to previous diagnostic history. It is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centered plan for each person served, including information about the person’s previous behavioral health services, including diagnostic history.

2.C. Person-Centered Plan

Description
Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of his or her plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed
- Development of person-centered plan
- Co-occurring disabilities/disorders
- Person-centered plan goals and objectives
- Designated person coordinates services
Recommendations

2.C.4.a.(1)  
2.C.4.a.(2)  
2.C.4.b.(1)  
2.C.4.b.(2)  
2.C.4.b.(3)  
2.C.4.b.(4)  
2.C.4.b.(5)(a)  
2.C.4.b.(5)(b)  
2.C.4.b.(6)

It is recommended that, when assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan be completed with the person served as soon as possible and include triggers; current coping skills; warning signs; actions to be taken; preferred interventions necessary for personal and public safety; and advance directives, when available.

2.D. Transition/Discharge

Description

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

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of person served when he or she moves to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual’s ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person’s discharge or departure from the program.
Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

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

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

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

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

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

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

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time. These standards are applied regardless of whether the prescriber is employed directly by the organization or works under contract.
Key Areas Addressed

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

Recommendations

2.E.4.a.(1)
2.E.4.a.(2)
2.E.4.a.(3)
2.E.4.a.(4)
2.E.4.a.(5)

The organization documents some medication, but the log was not always up to date. When medications are prescribed for or provided to a person served, or in programs where the persons served are spending one or more nights, the organization is urged to document an up-to-date individual record of all medications, including nonprescription and nonpsychoactive medications, which includes the name of the medication; the dosage; the frequency; instructions for use, including the method/route of administration; and the prescribing professional.

2.F. Nonviolent Practices

Description

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

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

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

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.
The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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

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

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

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

**Key Areas Addressed**
- Training and procedures supporting nonviolent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

**Recommendations**
There are no recommendations in this area.

**Consultation**
- The organization's operations manual has the following statement: “If an individual needs more than (2) emergency holds per month their plan of care will be assessed by their team to determine…” It is suggested that the organization remove this statement from its manual, as it connotes that it uses restraints when it does not.

**2.G. Records of the Persons Served**

**Description**
A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.
Key Areas Addressed
- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations
There are no recommendations in this area.

2.H. Quality Records Management

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

Key Areas Addressed
- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations
There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description
The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

3.B. Case Management/Services Coordination (CM)

Description
Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.
Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Key Areas Addressed
- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL activities

Recommendations
There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description
Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed
- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations
There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.D. Children and Adolescents (CA)

Description
Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.
Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

5.D.1.a.
5.D.1.b.
5.D.1.c.
5.D.1.d.
5.D.1.e.
5.D.1.f.(1)
5.D.1.f.(2)
5.D.1.g.
5.D.1.h.
5.D.1.i.
5.D.1.j.
5.D.1.k.
5.D.1.l.
5.D.1.m.
5.D.1.n.
5.D.1.o.

The organization does gather some information for assessments, but it was inconsistent. It is recommended that the assessments of each child or adolescent also include information about his/her developmental history; medical or physical history; culture/ethnicity; treatment history; school history; language functioning, including speech and hearing; visual functioning; immunization record; learning ability; intellectual functioning; family relationships; interactions with peers; environmental surroundings; prenatal exposure to alcohol and other substances; history of use of alcohol, tobacco, or other substances; and parental/guardian custodial status. It is suggested that the organization develop a standardized form to capture the relevant information.
Program(s)/Service(s) by Location

Pathfinder, Inc.
2520 West Main
Jacksonville, AR 72076
Community Employment Services: Employment Supports
Community Employment Services: Job Development
Organizational Employment Services
Services for Children and Youth: Child and Adolescent Services
Services for Children and Youth: Early Intervention Services

Pathfinder - IWAC Northeastern
1915 Northeastern
Jacksonville, AR 72076
Community Integration

Pathfinder Inc. - Bamburg
98 North Sawmill Road
Searcy, AR 72143
Community Integration
Supported Living

Pathfinder Inc. - East Ark
401 South Woods Street
West Memphis, AR 72301
Community Integration
Organizational Employment Services

Pathfinder Inc. - Gateway
415 Cleveland
Cabot, AR 72023
Community Integration
Supported Living

Pathfinder Inc. - Point West
1400 Point West
Little Rock, AR 72211
Community Housing
Community Integration

Pathfinder, Inc. - Alexander Complex
15115 Highway 111 South
Alexander, AR 72002
Community Housing
Community Integration
Pathfinder, Inc. - Benton Workshop
6701 Highway 67 South
Benton, AR 72015
Community Integration
Organizational Employment Services

Pathfinder, Inc. - Briarwood ICF/IID
420 Barnett Drive
Batesville, AR 72501
Community Housing
Community Integration

Pathfinder, Inc. - Cave Springs Waiver Group Home
300 Hart Lane
Cave Springs, AR 72718
Community Housing
Community Integration

Pathfinder, Inc. - Cave Springs Workshop
1276 South Main Street
Cave Springs, AR 72718
Community Integration
Outpatient Treatment: Mental Health (Adults)

Pathfinder, Inc. - Cottonwood ICF/IID
610 West Church
Morrilton, AR 72110
Community Housing
Community Integration

Pathfinder, Inc. - Dogwood ICF/IID
904 Loberg
Jonesboro, AR 72401
Community Housing
Community Integration

Pathfinder, Inc. - Dorsey Road Group Home
6512 Dorsey Road
Jacksonville, AR 72076
Community Housing
Community Integration
**Pathfinder, Inc. - Eastwood ICF/IID**

208 A West Jackson Street
West Memphis, AR 72301

Community Housing
Community Integration

**Pathfinder, Inc. - Gordon Tubbs ICF/IID**

412 Cleveland
Cabot, AR 72023

Community Housing
Community Integration

**Pathfinder, Inc. - Howell Complex**

415 Mulberry
Jacksonville, AR 72076

Community Integration
Supported Living

**Pathfinder, Inc. - Jim Pickens Skills Training Center**

905 North Redmond Road
Jacksonville, AR 72076

Community Employment Services: Employment Supports
Community Integration
Organizational Employment Services
Outpatient Treatment: Mental Health (Adults)

**Pathfinder, Inc. - Johnson Apartments**

425 Trickey Lane
Jacksonville, AR 72076

Community Integration
Supported Living

**Pathfinder, Inc. - Jonesboro Workshop**

2606 Matthews Avenue
Jonesboro, AR 72401

Community Integration

**Pathfinder, Inc. - Longwood ICF/IID**

96-98 North Sawmill Lane
Searcy, AR 72143

Community Housing
Community Integration
Pathfinder, Inc. - Meadows Apartments
2109 Bishop
Bryant, AR 72002
Community Integration
Supported Living

Pathfinder, Inc. - Michael T. O'Brien Apartments
1501 J. P. Wright Loop
Jacksonville, AR 72076
Community Integration
Supported Living

Pathfinder, Inc. - Northwest Arkansas Workshop
1004 Southeast Fifth Street
Bentonville, AR 72712
Community Employment Services: Employment Supports
Community Integration
Organizational Employment Services
Outpatient Treatment: Mental Health (Adults)

Pathfinder, Inc. - Pathfinder Academy
2611 West Main Street
Jacksonville, AR 72076
Services for Children and Youth: Child and Adolescent Services
Outpatient Treatment: Mental Health (Children and Adolescents)

Pathfinder, Inc. - Pathfinder Community Services/Outreach Services
209 Oak Street
Jacksonville, AR 72076
Community Integration
Supported Living

Pathfinder, Inc. - Pathfinder Homes ICF/IID
415 South Hospital Drive
Jacksonville, AR 72076
Community Housing
Community Integration

Pathfinder, Inc. - Pinewood ICF/MR
2107 Bishop Road
Bryant, AR 72002
Community Housing
Community Integration
Pathfinder, Inc. - Plaza Group Home
713 Poplar
Jacksonville, AR 72076
Community Housing
Community Integration

Pathfinder, Inc. - Preschool I
2400 West Main Street
Jacksonville, AR 72076
Services for Children and Youth: Child and Adolescent Services
Services for Children and Youth: Early Intervention Services
Outpatient Treatment: Mental Health (Children and Adolescents)

Pathfinder, Inc. - T.P. White Apartments
114 Creek Road
Haskell, AR 72015
Community Integration
Supported Living

Pathfinder, Inc. - Westwood ICF/IID
208 B West Jackson Street
West Memphis, AR 72301
Community Housing
Community Integration

Pathfinder, Inc. - Whit Davis ICF/IID
1110 South Road
Jacksonville, AR 72076
Community Housing
Community Integration

Pathfinder, Inc. - Zumwalt Courts Apartments
1618 South Road
Jacksonville, AR 72076
Community Integration
Supported Living
Pathfinder, Inc. Behavioral Health

2411 West Main
Jacksonville, AR 72076

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)