2015
July 1, 2015–June 30, 2016
Behavioral Health
Survey Preparation Workbook

carf INTERNATIONAL
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The 2015 Behavioral Health Survey Preparation Workbook is a tool for implementing the 2015 Behavioral Health Standards Manual and in preparing for the site survey. This workbook is intended for use in conducting a self-evaluation of your organization in relation to the CARF standards, and it should be used in combination with the current standards manual.

In a site survey conducted by CARF, an organization's conformance with each standard applicable to the programs seeking accreditation is assessed. Organizations are expected to be in conformance to all the standards in:

- Section 1—ASPIRE to Excellence*
- Section 2—General Program Standards

The organization must also meet the standards that are applicable to the programs or services it is seeking to accredit in:

- Section 3—Behavioral Health Core Program Standards
- Section 4—Behavioral Health Specific Population Designations
- Section 5—Community and Employment Services Standards

In completing the survey application, the organization identifies the programs or services it wants to have accredited. To determine if your organization's programs and services fit the CARF categories, carefully review the program and service descriptions in Sections 3, 4, and 5 of the 2015 Behavioral Health Standards Manual.

If your organization has already submitted an application and you later determine that the programs or services you submitted for accreditation were inappropriate, contact CARF immediately for discussion, clarification, and modification of the application.

Please feel free to contact the Behavioral Health customer service unit at (888) 281-6531 if you have any questions regarding the survey process or the standards.

The following guidelines are offered to help you make the most effective use of this document:

- The questions can be answered by marking the response in the Yes/No column when provided, or describing conformance when written responses are requested. In some instances information regarding supporting documentation is to be recorded. This will enable the organization to promptly locate this information during the survey.

- Each section has a list of example documents that can be used to demonstrate conformance with the standards in that section. Based on your organization's practices, other documents may also be appropriate. In preparing for a site survey it is not necessary to make copies of the same document for each standard that document addresses. The surveyors will review a document and note all standards it addresses.
The usefulness of the survey preparation workbook as a survey preparation tool is increased if notations are made beside each item indicating the staff position responsible and the name and location of information that would confirm conformance. The organization can reference this to direct the survey team to appropriate documents and personnel.

This survey preparation workbook, when completed, can also serve as a valuable resource during the site survey to facilitate the survey team’s review of your operations. The survey preparation workbook is often presented to the team during the orientation conference for use during the survey. Another option is to leave a copy for the surveyors at their hotel to give the team members time to review the information before they arrive at the organization. It is your choice, however, whether you will share the survey preparation workbook or not. This is your document. It should be used to conduct an honest assessment of your organization’s operations in relation to the CARF standards and to plan any corrective action needed prior to the site survey.

Additional Resources

The CARF Accreditation Sourcebook guides an organization through the accreditation process, from the point of preparing for a survey to what happens after the survey, including information about the application process, survey scheduling, and sample survey preparation timetables. The Sourcebook is updated regularly to provide current information. It is particularly helpful to organizations that are seeking accreditation for the first time or to staff members who are unfamiliar with the CARF accreditation process. You can order the CARF Accreditation Sourcebook from the CARF online store at www.carf.org/catalog.

We hope you find this survey preparation workbook useful, and we welcome your comments and suggestions for future editions and training. Please email any comments to us at documents@carf.org.
SECTION 1

ASPIRE to Excellence®

Assess the Environment

A. Leadership

1. Define the structure of your organization's leadership.

Where are the responsibilities of each level of leadership defined?

2. How would surveyors see a demonstration of a person-centered philosophy by:
   ■ Leadership?

   ■ Personnel?
How is your service delivery guided by a person-centered philosophy?

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How do you ensure that your person-centered philosophy is communicated to stakeholders in an understandable manner?

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3. Describe how surveyors would see demonstration of leadership guiding the:

- Mission and direction of the organization.

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- Promotion of value in the programs and services offered.

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- Achievement of outcomes in the programs and services offered.

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- Balancing the expectations of the persons served and other stakeholders.

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- Financial solvency.

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____________________________________________________________________________
Section 1.A. Leadership

- Risk management.
- Ongoing performance improvement.
- Development of corporate responsibilities.
- Implementation of corporate responsibilities.
- Compliance with legal and regulatory requirements.
- Annual review of the organization’s policies.
- Health and safety.

4. Describe how leadership makes itself accessible to:
   - Persons served.
5. Describe your organization’s written plan on cultural competency and diversity.

How was the plan developed?

Describe how your organization considers the needs of persons served, personnel, and other stakeholders in the following areas:

- Culture.

- Age.

- Gender.
■ Sexual orientation.

■ Spiritual beliefs.

■ Socioeconomic status.

■ Language.

How frequently is the plan reviewed?

When was the last time the plan was updated?

6. Describe corporate responsibility efforts at your organization, including:
   ■ Written ethical codes of conduct in the following areas:
     – Business.
Section 1.A. Leadership

- Marketing.

- Contractual relationships.

- Service delivery, including:
  - Conflicts of interest.

- Exchange of gifts, money, and gratuities.

- Personal fundraising.

- Personal property.

- Setting boundaries.

- Witnessing of documents.
- Professional responsibilities.

- Human resources.

- Prohibition of waste, fraud, abuse, and other wrongdoing.

- Written procedures to deal with allegations of violations of ethical codes, including:
  - A no-reprisal approach for personnel who report these issues.

- Time frames that are adequate for prompt consideration.

- Time frames that result in timely decisions.

- Education on ethical codes of conduct for personnel.

- Education on ethical codes of conduct for other stakeholders.
Section 1.A. Leadership

- Advocacy efforts for the persons served.

- How your organization demonstrates corporate citizenship.

7. If your organization is in the United States and receives federal funds, how can the following be demonstrated:
  - A policy on corporate compliance that has been implemented.

- Written designation of a staff member to serve as the compliance officer who monitors and reports on matters pertaining to corporate compliance and conducts corporate compliance risk assessments.

Describe the training provided to personnel on corporate compliance.

Describe your corporate compliance auditing activities.
8. What resources and education are made available to support personnel in learning about and implementing current program strategies and interventions?

What mechanisms are in place to share the information learned?

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Organizational chart
- Policy on corporate compliance
- Written ethical codes of conduct
- Mission and values statements
- Minutes from governance meetings, if applicable
- Surveys, assessments, or reports of input gathered from the persons served, personnel, and stakeholders
- A budget
- A strategic plan
- Program outcomes
- Current information on file pertaining to applicable legal and regulatory requirements
- A file of information related to advocacy activities
- A written plan for obtaining input from the persons served
- A written plan on cultural competency and diversity
- Written procedures to deal with allegations of violations of ethical codes
B. Governance (Optional)

1. Describe how your board’s governance policies:
   - Facilitate ethical governance practices.

   - Assure stakeholders that governance is:
     - Active in the organization.

     - Accountable in the organization.

   - Meet the legal requirements of governance.

2. Does your board have policies that address:
   - The selection of the board, including:
     - Board membership criteria? □ Yes □ No
     - Selection process? □ Yes □ No
     - Exit process? □ Yes □ No

   - Board member orientation? □ Yes □ No
   - Board development? □ Yes □ No
   - Board education? □ Yes □ No

Describe these policies.
Describe your board’s policies on leadership, including selection of board and committee chairs.

Do your board’s policies regarding board structure and assessment include:
- Board size?
  - Yes
  - No
- Board composition?
  - Yes
  - No
- Definition of independent, unrelated board representation?
  - Yes
  - No
- Duration of board membership?
  - Yes
  - No
- Board performance, including:
  - Financial matters, if any, between the organization and individual board members, including:
    - Compensation?
      - Yes
      - No
    - Loans?
      - Yes
      - No
    - Expense reimbursement?
      - Yes
      - No
    - Stock ownership?
      - Yes
      - No
    - Other matters of financial interest?
      - Yes
      - No
  - Use of external advisors or resources, including, as applicable:
    - External auditors?
      - Yes
      - No
    - Executive compensation advisors?
      - Yes
      - No
    - Other advisors, as needed?
      - Yes
      - No
- Annual self-assessment of the entire board?
  - Yes
  - No
- Periodic self-assessment of individual members?
  - Yes
  - No
- Annual written and signed conflict of interest declaration?
  - Yes
  - No
- Annual written and signed ethical code of conduct declaration?
  - Yes
  - No
- External interactions?
  - Yes
  - No
Section 1.B. Governance (Optional)

Describe the board’s structure and performance policies.

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3. What authority and responsibility are delegated to the executive leadership by the board?

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How does the board gain access to personnel?

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How can you demonstrate your organization’s support of governance?

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4. How are your board meeting agendas planned?

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________________________________________________________________________

What meeting materials are typically provided?

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________________________________________________________________________

How are these materials distributed?

________________________________________________________________________

Does your board oversee committee work on:

- Governance development?  □ Yes  □ No
- Governance management?  □ Yes  □ No
- Financial audits?  □ Yes  □ No
Section 1.B. Governance (Optional)

- Executive compensation?  
  - Yes  
  - No

- Other pertinent activities?  
  - Yes  
  - No

  If Yes, what other activities are overseen by committees?

  

5. Is your executive leadership's performance formally reviewed annually and in writing?  
  - Yes  
  - No

  Does this review include:

  - A comparison of overall corporate performance to targeted performance levels?  
    - Yes  
    - No

  - A comparison of the executive leadership's performance to targeted performance levels?  
    - Yes  
    - No

  - The executive leadership's:  
    - Professional development?  
      - Yes  
      - No
    - Professional accomplishments?  
      - Yes  
      - No
    - Professional opportunities?  
      - Yes  
      - No

  Is your executive leadership succession plan reviewed annually and in writing?  
  - Yes  
  - No

  Describe this succession plan.


6. What is your total executive compensation philosophy?

   
   
   
   
   
   
   

   Is your executive compensation reviewed by an authorized board committee of independent, unrelated board members?  
   - Yes  
   - No
Section 1.B. Governance (Optional)

What does your total executive compensation mix include?

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What references are used to define your total executive compensation?

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Does your documented process outline:

■ Terms of compensation arrangements?  □ Yes  □ No
■ Approval date?  □ Yes  □ No
■ Names of approving board members?  □ Yes  □ No
■ Data used in the compensation decision?  □ Yes  □ No
■ Disclosures of conflict of interest?  □ Yes  □ No
■ Annual review of these records?  □ Yes  □ No
■ Authority of the board members to exercise such actions?  □ Yes  □ No

7. Does your governing board annually review its governance policies?

□ Yes  □ No
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Board organizational chart
- Ethical practices policy
- Board selection and composition policies
- Board leadership policies
- Board structure and performance policies
- Board annual self-assessment documentation
- Individual board member self-assessment documentation
- Annual signed conflict of interest declarations
- Annual signed ethical code of conduct declarations
- Sample board meeting agendas
- Sample meeting materials
- Executive leadership development and evaluation policies
- Executive compensation policies
- Annually reviewed executive leadership succession plan
- Formal annual written review of executive leadership performance
Set Strategy

C. Strategic Planning

1. Explain how the expectations of persons served and other stakeholders are identified and how that information is integrated into the strategic planning process.

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Identify how information on competitors is gathered and analyzed.
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________________________________________________________________________
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Explain how financial threats and opportunities are identified and how that information is integrated into the strategic planning process.
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How are your organization’s capabilities integrated into the strategic planning process?
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Section 1.C. Strategic Planning

How are service area needs and demographics integrated into the strategic planning process?

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How does your organization consider its relationships with external stakeholders in its strategic planning process?

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What regulations are reviewed and why?

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What legislative initiatives are currently being reviewed?

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How do these regulatory and legislative issues affect your planning process?

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Describe how your organization considers the use of technology to support efficient operations, effective service delivery, and performance improvement in your strategic planning.

Give some examples of how information from your analysis of performance has affected your strategic planning.

2. When and by whom was your strategic plan developed?

Explain how input from persons served, personnel, and other stakeholders is used in the development of your strategic plan.

What is your process to ensure that the plan accurately reflects your organization's financial position:

- At the time the plan was written?

- At projected point(s) in the future?
Section 1.C. Strategic Planning

- With respect to allocating resources necessary to support accomplishment of the plan?

Explain how goals and priorities are set in the plan.

Describe how the plan is implemented.

Is the strategic plan reviewed at least annually for relevance? 

☐ Yes ☐ No

Describe your process for reviewing and updating your strategic plan.

3. Describe how and with whom your strategic plan is shared. How did you determine with whom it would be shared and that what you share is relevant to the needs of that specific group?
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Strategic plan
- Strategic planning documents
- Financial reports
- Input received from persons served, personnel, and other stakeholders
- Leadership or management meeting minutes, where strategic planning was discussed
Persons Served and Other Stakeholders—Obtain Input

D. Input from Persons Served and Other Stakeholders

1. Describe the ways that you seek input from the persons served.

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Describe the ways that you seek input from personnel.

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Who are your other key stakeholders?

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Describe the ways that you seek input from other stakeholders. Identify the collection method for each stakeholder if it differs.

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Section 1.D. Input from Persons Served and Other Stakeholders

How do you know if the collection is successful?

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2. Describe how the input collected has been analyzed.

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Describe how input has been used in the following areas:
- Program planning.
  _______________________________________________________________________
  _______________________________________________________________________

- Performance improvement.
  _______________________________________________________________________
  _______________________________________________________________________

- Strategic planning.
  _______________________________________________________________________
  _______________________________________________________________________

- Advocacy efforts.
  _______________________________________________________________________
  _______________________________________________________________________

- Financial planning.
  _______________________________________________________________________
■ Resource planning.

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Leadership and other meeting minutes
■ Written surveys and results
■ Strategic planning documents
■ Satisfaction surveys from consumers and other stakeholders, such as board members, funder and referral sources, parents and guardians, staff persons, and other community members
Implement the Plan

E. Legal Requirements

1. Describe your process to comply with the following obligations:
   - Legal.
   - Regulatory.
   - Confidentiality.
   - Reporting.
   - Licensing.
   - Contractual.
   - Debt covenants.
1. **Legal Requirements**

- Corporate status.

- Rights of the persons served.

- Privacy of the persons served.

- Employment practices.

- Mandatory employee testing.

2. Summarize your procedures to guide personnel in responding to subpoenas, search warrants, investigations, and other legal actions and identify where these procedures are documented.

3. Do you have policies and written procedures addressing:
   - Confidential administrative records? □ Yes □ No
   - The records of the persons served? □ Yes □ No
   - Security of all records? □ Yes □ No
   - Confidentiality of records? □ Yes □ No
   - Compliance with applicable laws concerning records? □ Yes □ No
■ Time frames for documentation in the records of the persons served?  ☐ Yes  ☐ No

Describe the safeguards used to protect and secure:
■ Confidential administrative records.

■ The records of the persons served.

Documentation Examples
The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.
■ Reports from regulatory agencies
■ Reports associated with legal actions
■ Reports associated with contractual relationships
■ Policies and written procedures regarding administrative records and records of the persons served
■ Personnel policies manual
F. Financial Planning and Management

1. Explain how financial planning and management is designed to meet:
   ■ Established outcomes for the persons served.
   ■ Organizational performance objectives.

2. Explain your budgeting process.

   Is your budget prepared prior to the start of the fiscal year?  □ Yes  □ No
   Does it include:
   ■ Projections of revenues?  □ Yes  □ No
   ■ Projections of expenses?  □ Yes  □ No
   ■ Projections of capital expenditures?  □ Yes  □ No
   ■ Input from stakeholders, as required?  □ Yes  □ No
   ■ Comparison to historical performance?  □ Yes  □ No
   ■ Consideration of necessary cash flow?  □ Yes  □ No
   ■ Consideration of external environment information?  □ Yes  □ No

   How do you share budgets as appropriate with personnel and other stakeholders?
Is your budget:

■ Written? □ Yes □ No

■ Approved by the identified authority? □ Yes □ No

3. Explain how financial results are compared to budgeted performance and reported.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Are they reported, as appropriate, to:

■ Personnel? □ Yes □ No

■ Persons served? □ Yes □ No

■ Other stakeholders? □ Yes □ No

How are financial results shared with each of the above groups?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Are they reviewed at least monthly? □ Yes □ No

4. Explain how your organization identifies and reviews revenues and expenses.

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__________________________________________________________________________

How does your organization review internal:

■ Financial trends?

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__________________________________________________________________________

____________________________________

■ Financial challenges?

__________________________________________________________________________

__________________________________________________________________________
Section 1.F. Financial Planning and Management

- Financial opportunities?

- Management information?

How does your organization review external:

- Financial trends?

- Financial challenges?

- Financial opportunities?

- Industry trends?

How does your organization:

- Review financial solvency?

- Develop remediation plans, if appropriate?
5. If your organization has related entities, explain:
   - The type of relationship.
   - Financial reliance on the related entity.
   - Legal responsibilities between the related entities and the organization.
   - Contractual responsibilities between the related entities and the organization.
   - Other responsibilities between the related entities and the organization.
   - Any material transactions.
6. Describe your fiscal policies and procedures, including internal control practices.

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Describe your initial and ongoing training related to fiscal policies and procedures for appropriate personnel.

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________________________________________________________________________

7. If you bill for services provided, describe how your quarterly review:
   ■ Documents that dates of services coincide with billed episodes of care.
     ______________________________________________________________________
   ■ Determines that bills accurately reflect services provided.
     ______________________________________________________________________
   ■ Identifies corrective action, if necessary.
     ______________________________________________________________________

How do you ensure that the records reviewed constitute a representative sampling?

________________________________________________________________________
8. If your organization is responsible for fee structures, identify the basis of the fee structure.

Explain your organization's:

- Review of fee schedules.

- Comparison of fee schedules.

- Disclosures to the persons served of all fees for which they are responsible.

How do you determine when modifications to the fee schedule are necessary?

9. If your organization is responsible for the funds of the persons served, surveyors will want to discuss and review written procedures for:

- How the persons served give informed consent for expenditure of funds.

- How the persons served have access to records of their funds.
Section 1.F. Financial Planning and Management

- How funds are segregated for accounting purposes.

- How you ensure that funds are used only for designated and appropriate purposes.

- How interest is credited to the accounts of the persons served, unless the organization is subject to guidelines that prohibit interest-bearing accounts.

- How accounts are reconciled monthly and how this reconciliation is provided to the persons served.

10. Explain your process for obtaining an annual outside financial review or audit of your organization by an independent accountant.

11. If the review or audit generates a management letter, can you provide:
   - The letter to the survey team?  □ Yes  □ No
   - Management’s response, including corrective actions taken or reasons why corrective actions will not be taken?  □ Yes  □ No

Describe the process for reviewing the management letter, if applicable.
Describe the corrective actions taken in response to concerns identified in the letter, if applicable.

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**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Annual approved budgets
- Reviews of financial plans
- Financial audits or reviews
- Written procedures for handling the funds of the persons served
- Documented reviews of records of persons served
- Fiscal policies
- Financial remediation plans, if appropriate
- Fee schedules, if applicable
- A management letter, if applicable
- Cost analysis of services provided
G. Risk Management

1. Describe your risk management plan.

How does it address:

- Identification of loss exposures?

- Analysis of loss exposures?

- Identification of how to rectify identified exposures?

- Implementation of actions to reduce risk?

- Monitoring of actions taken to reduce risk?

- Reporting of results of actions taken to reduce risks?

- Risk reduction as part of performance improvement activities?
Section 1.G. Risk Management

Is your risk management plan reviewed at least annually for relevance?  
☐ Yes  ☐ No

Describe your process for reviewing the risk management plan and ensuring that it is updated as needed.

________________________________________________________

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________________________________________________________

2. Is your insurance package reviewed:
   ■ For adequacy?  
     ☐ Yes  ☐ No
   ■ On an annual basis?  
     ☐ Yes  ☐ No

Describe how your insurance package protects all assets.

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________________________________________________________

Does your insurance package include:
   ■ Property coverage?  
     ☐ Yes  ☐ No
   ■ Liability coverage?  
     ☐ Yes  ☐ No
   ■ Other coverage, as appropriate?  
     ☐ Yes  ☐ No

What other coverage is included?

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Describe the process you use to determine the adequacy of your insurance package on an annual basis.

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3. Where can the surveyors locate your written procedures for communications?

Do your procedures for communications include:

- Media relations?  □ Yes  □ No
- Social media?  □ Yes  □ No

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Risk management plan
- Financial reports
- Performance improvement plans
- Insurance policies and documents
- Written procedures regarding media relations and social media
- Reports from regulatory agencies
H. Health and Safety

1. Beyond inspections and tests of emergency procedures, what are some ways in which you strive to provide a healthy and safe environment?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any health or safety concerns that have been identified.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the steps that will be taken to address those problems and the personnel responsible.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Describe your procedures to promote the safety of persons served and personnel.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. What types of education have you provided to persons served to reduce physical risks?

________________________________________________________________________
________________________________________________________________________
4. Do personnel receive competency-based training:
   ■ Upon hire? ☐ Yes ☐ No
   ■ Annually? ☐ Yes ☐ No

Describe the competency-based training provided to personnel in the following areas:
■ Health and safety practices.

□ □

■ Identification of unsafe environmental factors.

□ □

■ Emergency procedures.

□ □

■ Evacuation procedures, if appropriate.

□ □

■ Identification of critical incidents.

□ □

■ Reporting of critical incidents.

□ □

■ Medication management, if appropriate.

□ □
■ Reducing physical risks.

Is competency-based training documented?  □ Yes □ No

Where is training documented?

5. Describe your emergency procedures in the following areas:
■ Fire.

■ Bomb threats.

■ Natural disasters.

■ Utility failures.

■ Medical emergencies.

■ Violent or other threatening situations.
Describe how these procedures meet the requirements of applicable authorities.

How do you ensure they are appropriate to your area?

How do your evacuation procedures address:
- When evacuation is appropriate?
  
- Complete evacuation from your physical facility?
  
- When sheltering in place is appropriate?
  
- Safety of all persons involved?
  
- Accounting for all persons involved?
  
- Temporary shelter, when applicable?
- Identification of essential services?

- Continuation of essential services?

- Emergency phone numbers?

- Notification of the appropriate emergency authorities?

6. Describe how you ensure that evacuation routes are accessible?

How did you ensure that evacuation routes are understandable to:
- Persons served?

- Personnel?

- Other stakeholders, including visitors?
7. Describe how you test your emergency procedures, including:
   ■ Methods used.

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

   ■ How often.

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Are these tests conducted:
   ■ On each shift? [ ] Yes [ ] No
   ■ At each location? [ ] Yes [ ] No

Do the tests include complete actual or simulated physical evacuation drills? [ ] Yes [ ] No

Explain how information gathered from tests of the emergency procedures is analyzed.

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Does the analysis address:
   ■ Areas needing improvement? [ ] Yes [ ] No
   ■ Actions to be taken? [ ] Yes [ ] No
   ■ Results of performance improvement plans? [ ] Yes [ ] No
   ■ Necessary education and training of personnel? [ ] Yes [ ] No

How has the analysis either resulted in improvements or verified existing practice?

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Are the tests of the emergency procedures and the analysis documented? [ ] Yes [ ] No
8. Describe how your organization has immediate access to:
   - First aid expertise.
   - First aid equipment and supplies.
   - Relevant emergency information on:
     - Persons served.
     - Personnel.

9. How do you address prevention of critical incidents?

How are critical incidents reported?

How are critical incidents documented?
When necessary, how is remedial action identified?

How do you ensure such actions are completed?

Describe your process for conducting timely debriefings following critical incidents.

Describe your system to report critical incidents, including:

- Medication errors.
- Use of seclusion or restraint.
- Incidents involving injury.
- Communicable diseases.
- Infection control.

- Aggression or violence.

- Use and unauthorized possession of weapons.

- Wandering and elopement.

- Vehicular accidents.

- Biohazardous accidents.

- Unauthorized use and possession of legal or illegal substances.

- Abuse.
10. Describe the analysis of all critical incidents provided to or conducted by leadership.

Is this written analysis completed at least annually?  
☐ Yes  ☐ No

Describe how it addresses:

■ Causes.

■ Trends.

■ Actions for improvement.
- Results of performance improvement plans.

- Education and training of personnel.

- Prevention of recurrence.

- Internal reporting requirements.

- External reporting requirements.

11. Describe your procedures for:

- Infection prevention.

- Infection control.
Describe the training provided regarding infections and communicable diseases.

Describe your procedures for appropriate use of standard or universal precautions.

Describe your guidelines for addressing these procedures with:

- Persons served.

- Personnel.

- Other stakeholders, if appropriate.

12. If you provide transportation services for persons served, describe where and how the surveyors will find evidence of:

- Appropriate licensing of all drivers.
Section 1.H. Health and Safety

- Review of driving records.

- Insurance for vehicles and passengers.

- Safety features in vehicles.

- Safety equipment.

- Accessibility.

- Training of drivers in your organization’s transportation procedures.

- Training of drivers on the unique needs of the persons served.

- Written emergency procedures available in the vehicle(s).
1. Communication devices available in the vehicle(s).

2. First aid supplies available in the vehicle(s).

3. Maintenance of vehicles owned or operated by the organization according to manufacturers’ recommendations.

4. If you contract transportation services, is there an annual review of contracts with respect to inclusion of all the above elements?
   - Yes
   - No

13. Are comprehensive health and safety inspections conducted at least annually?
   - Yes
   - No

   Does this inspection result in a written report?
   - Yes
   - No

   Describe the process for annual external health and safety inspections of your facilities, including:
   - What areas are covered.

   - Who conducts the inspection.
How the inspector is external to your organization and what the inspector’s qualifications are.

In the written report of external inspections, are the following addressed:

- Areas covered?  
  - Yes  
  - No
- Recommendations for improvement?  
  - Yes  
  - No
- Action plans for improvement?  
  - Yes  
  - No
- Results of the actions taken?  
  - Yes  
  - No

14. Describe the process for self-inspections of your facilities, including how often they are done.

Are self-inspections conducted at least semiannually or on each shift?  
- Yes  
- No

In the written report of self-inspections, are the following addressed:

- Areas covered?  
  - Yes  
  - No
- Recommendations for improvement?  
  - Yes  
  - No
- Action plans for improvement?  
  - Yes  
  - No
- Results of the actions taken?  
  - Yes  
  - No

15. Describe your written procedures for safe handling, storage, and disposal of hazardous materials.
Section 1.H. Health and Safety

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Safety policies and procedures
- Written emergency procedures
- External inspection reports
- Self-inspection reports, including response to recommendations
- Written emergency transportation procedures
- Copies of inspection reports conducted by competent external authorities
- Documentation of response to external inspection reports
- Written procedures regarding critical incidents
- Copies of incident reports, if applicable
- Written annual analysis of all critical incidents
- Procedures for the prevention and control of communicable diseases
- Procedures for the use of standard or universal precautions
- Documentation of provision of competency-based safety training for personnel
- Written procedures regarding the handling, storage, and disposal of biohazardous waste materials
- Evacuation route signage
- Written evidence of unannounced tests of all emergency procedures
I. Human Resources

1. Explain how you determine adequate numbers of personnel to:
   ■ Meet established outcomes of the persons served.

   ■ Ensure safety of the persons served.

   ■ Deal with unplanned absences of personnel.

   ■ Meet performance expectations of the organization.

2. Describe your written procedures that address:
   ■ Verifying backgrounds of personnel in the following areas, if required:
     – Criminal checks.

     – Immunizations.

     – Fingerprinting.
- Drug testing.

■ Verifying the credentials of all applicable personnel (including licensure, certification, and registration):
  - With primary sources.

  ____________________________________________

  ____________________________________________

  ____________________________________________

  ________________________________

  ________________________________

- When applicable, in all states/provinces or other jurisdictions where personnel will deliver services.

  ____________________________________________

  ____________________________________________

■ Time frames for verification of backgrounds and credentials.

  ____________________________________________

  ____________________________________________

Are these checked:
  - Prior to the delivery of services?  □ Yes  □ No
  - Throughout employment? □ Yes □ No

■ Actions to be taken in response to the information received concerning background issues and credentials verification.

  ____________________________________________

  ____________________________________________

How do you ensure that credentials are current?

  ____________________________________________

  ____________________________________________

  ____________________________________________

  ____________________________________________
3. Explain your organization's human resource efforts in:
   ■ Recruitment of personnel.
   ■ Retention of personnel.
   ■ Identification of trends in personnel turnover.

4. How does your organization accomplish:
   ■ Identification of the competencies needed by personnel to assist the persons served in accomplishment of their outcomes and support of the organization in accomplishment of its mission and goals?
   ■ Annual assessment of current competencies of personnel?
   ■ Ensuring availability of resources to personnel for professional development?

5. Does your organization provide personnel training:
   ■ At orientation? □ Yes □ No
   ■ At regular intervals? □ Yes □ No
   Does this training address:
   ■ The identified competencies needed by personnel? □ Yes □ No
   ■ Confidentiality requirements? □ Yes □ No
   ■ Customer service? □ Yes □ No
Section 1.1. Human Resources

- Diversity?  □ Yes  □ No
- Ethical codes of conduct?  □ Yes  □ No
- Promoting wellness of the persons served?  □ Yes  □ No
- Person-centered practice?  □ Yes  □ No
- Reporting of suspected abuse?  □ Yes  □ No
- Reporting of suspected neglect?  □ Yes  □ No
- Rights of the persons served?  □ Yes  □ No
- Rights of personnel?  □ Yes  □ No
- Unique needs of the persons served?  □ Yes  □ No

Is personnel training documented?  □ Yes  □ No

Where is training documented?

6. Describe your organization’s performance management activities.

Describe how you address:
- Reviewing job descriptions and keeping them updated.

Are job descriptions reviewed annually and updated as necessary?  □ Yes  □ No
- Performance evaluations.
What is the basis used for performance evaluations?

Are these performance evaluations evident in personnel files?  
☐ Yes  ☐ No

Describe how performance evaluations are conducted, including collaboration with the direct supervisor and input from the personnel being evaluated.

Are performance evaluations used to:
■ Assess performance related to objectives established in the last evaluation period?  
  ☐ Yes  ☐ No

■ Establish measurable performance objectives for the next year?  
  ☐ Yes  ☐ No

Are performance evaluations performed annually?  
☐ Yes  ☐ No

Describe how you address reviews of contract personnel.

Are these reviews performed annually?  
☐ Yes  ☐ No

Do the contract personnel reviews include:
■ Assessment of contract performance?  
  ☐ Yes  ☐ No

■ Adherence to organizational policies and procedures?  
  ☐ Yes  ☐ No

■ Conformance to applicable CARF standards?  
  ☐ Yes  ☐ No

7. If you use students or volunteers in your organization, do you have:
■ A signed agreement?  
  ☐ Yes  ☐ No

■ Dismissal policies and procedures?  
  ☐ Yes  ☐ No
Section 1.1. Human Resources

- Confidentiality policies?  
  - Yes  
  - No

How do you address:
- Identification of duties?

- Scope of responsibility?

- Supervision?

- Orientation and training?

- Assessment of performance?

- Background checks, when required?
8. Are personnel policies implemented that:
   ■ Are:
     - Accessible to applicable personnel?  ☐ Yes  ☐ No
     - Reviewed annually?  ☐ Yes  ☐ No
     - Updated as needed?  ☐ Yes  ☐ No
   ■ Address, at a minimum:
     - Employee relations, including:
       - Grievance and appeal procedures for all personnel?  ☐ Yes  ☐ No
       - Disciplinary action?  ☐ Yes  ☐ No
       - Termination?  ☐ Yes  ☐ No
     - Employee selection, including:
       - Promotions?  ☐ Yes  ☐ No
       - Job postings?  ☐ Yes  ☐ No
     - Nondiscrimination in the areas of:
       - Employment?  ☐ Yes  ☐ No
       - Compensation?  ☐ Yes  ☐ No
       - Assignment of work?  ☐ Yes  ☐ No
       - Promotion?  ☐ Yes  ☐ No

   Describe your process for reviewing and updating personnel policies.

9. Describe the process your program has in place to ensure that personnel provide services consistent with:
   ■ Legislation governing practice.

   ■ Licensure, registration, and certification requirements.
Section 1.1. Human Resources

- Their professional degrees.

- Professional training to maintain established competency levels.

- On-the-job training requirements of the program.

- Professional standards of practice.

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Written primary source verification
- Personnel policies
- Organizational chart
- Identification of personnel turnover rates
- Complete personnel records
- Record of initial and subsequent verification of credentials
- Signed agreements with and policies and written procedures for dismissal of volunteers, interns, etc.
- Record of the assessment of personnel training needs
- Record of initial and ongoing competency-based training
- Annual performance evaluations of all personnel directly employed by the organization
- Job descriptions
- Review of all contract personnel
J. Technology

1. As an organization that is committed to information management and performance improvement, explain how your technology and system plan addresses:
   - Hardware.
   - Software.
   - Security.
   - Confidentiality.
   - Backup policies.
   - Assistive technology.
   - Disaster recovery preparedness.
   - Virus protection.
Describe how this plan is used to support information management.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe how this plan is used to support performance improvement activities for:
  ■ Program/service delivery.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

  ■ Business functions.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is the plan reviewed at least annually for relevance?  
☐ Yes  ☐ No

Describe your process for reviewing and updating your technology and system plan.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Standards for Service Delivery Using Information and Communication Technologies

Applicable Standards

If the organization uses information and communication technologies (ICT) to deliver services, Standards J.2. through J.8. apply.

2. Describe what services your organization provides via information and communications technology.
Do you have written procedures that address:

- Consent of the person served?  □ Yes  □ No
- Audio recording, video recording, and photographing the person served?  □ Yes  □ No
- Decision making about when to use information and communication technology versus face-to-face services?  □ Yes  □ No
- Decision making about when to use monitoring devices?  □ Yes  □ No

Where are these documented?

______________________________________________________________________________________________

How do you ensure that these written procedures are implemented?

______________________________________________________________________________________________

______________________________________________________________________________________________

Do you have written procedures for confirming prior to the start of each session that all necessary technology and/or equipment:

- Is available at:
  - Originating site?  □ Yes  □ No
  - Remote site?  □ Yes  □ No
- Functions properly at:
  - Originating site?  □ Yes  □ No
  - Remote site?  □ Yes  □ No

Where are these documented?

______________________________________________________________________________________________

How do you ensure that these written procedures are implemented?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
3. Describe the competency-based training provided to personnel on equipment in the following areas:
   - Features.
   - Set up.
   - Use.
   - Maintenance.
   - Safety considerations.
   - Infection control.
Section 1.J. Technology

- Troubleshooting.

How will you demonstrate or verify this for the survey team?

4. Describe how instruction and training on equipment are provided to the persons served, members of the family/support system, and others.

Do the instruction and training include:

- Features? □ Yes □ No
- Set up? □ Yes □ No
- Use? □ Yes □ No
- Maintenance? □ Yes □ No
- Safety considerations? □ Yes □ No
- Infection control? □ Yes □ No
- Troubleshooting? □ Yes □ No

How will you demonstrate or verify this for the survey team?
5. Where can the survey team find the information you have available online 24 hours a day 7 days a week regarding services delivered via information and communication technologies? (Provide the URL/web address.)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

How do personnel provide assistance with accessing the services provided?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Describe how you ensure that, based on identified need, there is an appropriate facilitator at the site where the person served is located.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Give an example for each of the following areas of how service delivery has been modified based on the needs of the person served:

■ Treatment techniques/interventions.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

■ Equipment.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

■ Materials.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
- Environment of the site where the person served is located, including:
  - Accessibility.

- Privacy.

- Usability of equipment.

6. Describe how prior to the start of each session:
   - All participants in the session are identified, including those at the originating site and at the remote site.

   - The organization provides information that is relevant to the session.

Give some examples of the information that is provided.
Section 1.J. Technology

7. How will you demonstrate or verify for the survey team that equipment is maintained in accordance with manufacturers' recommendations?

________________________________________________________________________

________________________________________________________________________

8. Do you have emergency procedures in place that address the unique aspects of service delivery via information and communication technologies?

☐ Yes  ☐ No

Do these procedures include:

- The provider becoming familiar with the emergency procedures of the remote site, if the procedures exist?

  ☐ Yes  ☐ No

- Identification of local emergency resources, including phone numbers?

  ☐ Yes  ☐ No

How do you ensure that these procedures can be implemented in the event of an emergency?

________________________________________________________________________

________________________________________________________________________

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Technology and system plan
- Backup policies
- Performance improvement plans
- Written procedures for the use of information and communication technologies, if applicable
- Records of equipment maintenance in accordance with manufacturer’s instructions, if applicable
- Emergency procedures that address service delivery via information and communication technologies, if applicable
K. Rights of Persons Served

1. Explain how rights are communicated in a way that is understandable, available at all times, and shared with persons served in your organization prior to or at the start of service delivery.

If persons are served in your program longer than one year, how do you ensure that an annual review of rights is done?

2. Explain your policies on the rights of persons served in the following areas:
   - Confidentiality of information.
   - Privacy.
   - Freedom from:
     - Abuse.
     - Financial or other exploitation.
Section 1.K. Rights of Persons Served

- Retaliation.
  
  
- Humiliation.
  
  
- Neglect.
  
  
Explain how your organization gives the person served access to information in sufficient time to make decisions.

  
  
  How do the persons served gain access to their records?

  
  
  How are they informed of this process?

  
  
Explain your process of informed consent, informed refusal, and/or expression of choice in:

- Service delivery.
Section 1.K. Rights of Persons Served

■ Release of information.

■ Concurrent services.

■ Composition of service delivery team.

■ Involvement in research projects, if applicable.

Explain how persons served have access or referral to:
■ Legal entities for representation.

■ Self-help support services.

■ Advocacy support services.
If you have research projects in which persons served are involved, describe the research guidelines and ethics practiced.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How does your organization deal with allegations of infringements of a person’s rights?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How does your organization identify and ensure other legal rights of the persons served?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Describe your formal complaint policy.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe how the complaint procedure addresses:

- That any action will not result in retaliation or a barrier to service.

________________________________________________________________________

________________________________________________________________________

- How the complaint will be resolved.

________________________________________________________________________

________________________________________________________________________
- Levels of review including the availability of external review.

- Time frames that are adequate for prompt consideration and result in timely decisions.

- Written notification regarding actions to be taken.

- Rights and responsibilities of each party.

- Availability of advocates or other assistance.

- The ease of availability to the person served of complaint procedures and, if applicable, forms.

How do you know that the information provided is understandable to persons served?

Are all formal complaints documented?  ☐ Yes  ☐ No
4. Is a written analysis of all formal complaints prepared annually?  
☐ Yes  ☐ No

Describe how your review and analysis of formal complaints tracks trends and identifies areas needing improvement and actions to be taken.

________________________________________

________________________________________

________________________________________

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Policies and written procedures for formal complaints
- Documentation of formal complaints received
- Consumer handbook, orientation materials, updated information regarding rights
- Policies addressing the rights of the persons served
- Records of filed complaints or appeals, if applicable
- Written analysis of all formal complaints
L. Accessibility

1. How does the leadership assess the accessibility needs of:
   - Persons served?
   - Personnel?
   - Other stakeholders?

List the barriers, if any, you have identified in the following areas:
   - Architecture.
   - Environment.
   - Attitudes.
   - Finances.
Section 1.L. Accessibility

- Employment.

- Communication.

- Technology.

- Transportation.

- Community integration, as appropriate.

Explain how you received ongoing input from persons served, personnel, and other stakeholders about barriers they have identified.

Describe the process you have in place for identifying barriers in the above areas on an ongoing basis.
2. Have you implemented an accessibility plan that addresses all identified barriers?
   - Yes  - No

   How have you addressed:
   - Actions to be taken?

   - Time lines?

   Is the accessibility plan reviewed at least annually?
   - Yes  - No

   How do you address:
   - Progress made in the removal of identified barriers?

   - Areas needing improvement?

   What is your process for updating the accessibility plan as needed?

3. Describe how you address reasonable accommodations when requested, including how are they reviewed and decided upon.
Is this process documented?  □ Yes  □ No

What are some examples of reasonable accommodations you have made?

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Written accessibility plan
■ Identification of accessibility barriers
■ Annual review of accessibility plan
■ Requests for reasonable accommodations
■ Meeting minutes
M. Performance Measurement and Management

1. Do you have a written description of your performance measurement and management system?

☐ Yes  ☐ No

Does the description of the performance measurement and management system include:

- Mission?  ☐ Yes  ☐ No
- The programs/services seeking accreditation?  ☐ Yes  ☐ No
- Objectives of the programs/services seeking accreditation?  ☐ Yes  ☐ No
- The responsibilities of personnel related to performance measurement and management?  ☐ Yes  ☐ No

Describe additional components of your performance measurement and management system.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

2. How will surveyors know that the data collected:

- Are reliably collected at different times or by different data collectors?

____________________________________________________________________

____________________________________________________________________

- Measure what they are supposed to measure?

____________________________________________________________________

____________________________________________________________________
Are complete?

Are accurate?

3. Explain how you established your data collection system.

Give some examples of data you have collected in the following areas:

- Financial information.

- Accessibility information.

- Resource allocation.

- Surveys.

- Risk management.
Governance, if applicable.

Human resources.

Technology.

Health and safety.

Strategic planning information.

Field trends, including research findings, if applicable.

Service delivery.

Describe how the data that you collect address:

- Needs of the persons served.
Section 1.M. Performance Measurement and Management

- Needs of other stakeholders.

- Business needs of the organization.

How do the data you collect allow for comparative analysis?

Describe your business function objectives.

Describe your service delivery objectives.

Which performance indicators for business functions have you chosen?

How do you set business function performance targets?

Do you have written business function objectives, indicators, and targets?  
☐ Yes  ☐ No

Describe your service delivery objectives.
Which performance indicators for service delivery have you chosen?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

How do you set service delivery performance targets?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Do you have written service delivery objectives, indicators, and targets? □ Yes □ No

4. What characteristics of the persons served have you chosen as data elements?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

5. Identify how information is collected at:
   ■ The beginning of services.
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
   ■ Appropriate intervals during services.
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
   ■ The end of services.
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
   ■ Point(s) in time following services.
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
6. What are your organization’s indicators for business function performance?

Outcomes are defined as the direct results of services delivered. What are your organization’s service delivery indicators of:

■ Effectiveness?

■ Efficiency?

■ Service access?

■ Satisfaction and other feedback from:
  – Persons served?
  – Other stakeholders?

7. Does each service delivery performance indicator address:

■ To whom it is applied?  □ Yes  □ No

■ How the data are collected?  □ Yes  □ No

■ A performance target?  □ Yes  □ No

Who is the person(s) responsible for collecting the data?
How are performance targets established?

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Management reports
- Strategic plans
- Budgets
- Accessibility plans
- Technology plans and analysis
- Risk analysis reports and information
- Environmental health and safety reports
- Financial reports
- Quality assurance reports
- Data collected
- Demographics information of persons served
- Satisfaction data of persons served
Effect Change

N. Performance Improvement

1. How often does your organization perform a written analysis of performance indicators in relation to performance targets for:
   - Business functions?
   - Service delivery for each program seeking accreditation?

Does this written analysis of service delivery include performance indicators of:
   - Effectiveness of services? □ Yes □ No
   - Efficiency of services? □ Yes □ No
   - Service access? □ Yes □ No
   - Satisfaction and other feedback from persons served? □ Yes □ No
   - Satisfaction and other feedback from other stakeholders? □ Yes □ No

Describe any extenuating or influencing factors that were considered in the performance analysis.

How does this analysis identify areas for improvement in:
   - Business functions?
Section 1.N. Performance Improvement

- Service delivery?

How does this analysis result in an action plan to address the improvements needed?

How does this analysis identify actions taken or changes made to improve performance?

2. Describe how your analysis:
   - Confirms the mission and core values of the organization.
   - Improves program and service quality.
   - Facilitates organizational decision making.
   - Is used to review and update the strategic planning.
3. Describe the performance information shared with:
   - Persons served.
   - Personnel.
   - Other stakeholders.

Describe how your organization addresses the needs of each group when determining:
   - The formats used to communicate performance information to:
     - Persons served.
     - Personnel.
     - Other stakeholders.
Section 1.N. Performance Improvement

- What information to include for:
  - Persons served.

- Personnel.

- Other stakeholders.

- When the information will be communicated to:
  - Persons served.

- Personnel.

- Other stakeholders.

How do you ensure the shared performance information is accurate?
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- An annual written analysis of performance
- Management reports
- Strategic plans
- Accessibility plans
- Technology plan
- Risk analysis reports
- Health and safety reports
- Financial reports
- Quality assurance reports
- Demographics information of persons served
SECTION 2

General Program Standards

A. Program/Service Structure

1. Is there a documented scope of services that includes the following parameters for each program/service:
   - Population(s) served? [ ] Yes [ ] No
   - Settings? [ ] Yes [ ] No
   - Hours of services? [ ] Yes [ ] No
   - Days of services? [ ] Yes [ ] No
   - Frequency of services? [ ] Yes [ ] No
   - Payer sources? [ ] Yes [ ] No
   - Fees? [ ] Yes [ ] No
   - Referral sources? [ ] Yes [ ] No
   - The specific services offered, including whether the services are provided directly or by referral? [ ] Yes [ ] No

Do you share information about the scope of services with:
   - The persons served? [ ] Yes [ ] No
   - Families/support systems, in accordance with the choices of the persons served? [ ] Yes [ ] No
   - Referral sources? [ ] Yes [ ] No
   - Payers and funding sources? [ ] Yes [ ] No
   - Other relevant stakeholders? [ ] Yes [ ] No
   - The general public? [ ] Yes [ ] No

Describe how information about the scope of services is shared with each of these groups.
How can the survey team verify that the scope of services is reviewed at least annually and updated as necessary?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

How do you determine that the program/services provided are consistent with the defined scope?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

2. Describe the resources provided in the following areas to support the scope of the program/service:
   - Materials.
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________

   - Equipment.
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________

   - Supplies.
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________

   - Space.
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________

Finances.

Training.

Human resources.

Other (specify).

3. Based on the scope of each program/service provided, does the organization have documented:

- Entry criteria?  
  - Yes  
  - No
- Transition criteria?  
  - Yes  
  - No
- Exit criteria?  
  - Yes  
  - No

Where are these documented?

What are your program’s/service’s:

- Entry criteria?
Section 2.A. Program/Service Structure

- Transition criteria?

- Exit criteria?

Are the criteria closely related to the scope?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>If No, what is missing?</td>
<td></td>
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4. When a person is not eligible for your services, do you:

- Inform the person as to the reasons?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

- In accordance with the choice of the person served:
  - Inform the family/support system as to the reasons?

    | Yes | No |
    |-----|----|

  - Inform the referral source as to the reasons?

    | Yes | No |
    |-----|----|

- Make recommendations for alternative services?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

What is your process to inform the person served?

What is your process to inform the family/support system?

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What is your process to inform referral sources?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How do you ensure that providing information to the family/support system and/or referral source is done in accordance with the choice of the person served?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List some examples of alternative services that you have suggested.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Explain how you address unanticipated service modification, reduction, or exits/transitions precipitated by:
   ▪ Funding issues.
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________

   ▪ Other resource issues.
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
Give an example of when services modification, reduction, or exit/transition has occurred due to funding issues and the outcome of the situation.

________________________________________________________________________

________________________________________________________________________

Give an example of when services modification, reduction, or exit/transition has occurred due to other resource issues and the outcome of the situation.

________________________________________________________________________

________________________________________________________________________

6. Explain how you ensure that your service delivery models and strategies are based on accepted practice in the field and incorporate current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. Describe the communication mechanisms regarding the person served that you have implemented to facilitate integrated service delivery that:
   ■ Address:
     – Emergent issues.
       ______________________________________________________________________
       ______________________________________________________________________
       ______________________________________________________________________

     – Ongoing issues.
       ______________________________________________________________________
       ______________________________________________________________________
       ______________________________________________________________________
- Continuity of services, including:
  - Contingency planning.

- Future planning.

- Decisions concerning the person served.

Ensure the exchange of information regarding the person-centered plan.

8. How would surveyors see demonstration of knowledge of the legal decision-making authority of persons served?

How do you provide information to the persons served regarding resources related to legal decision-making authority?
9. If you provide services from a mobile unit that functions as a site for the program/service seeking accreditation, do you have written procedures that address:

- Responsibilities of drivers?  
  □ Yes  □ No

- Responsibilities of service providers?  
  □ Yes  □ No

- Confidentiality of the records of persons served?  
  □ Yes  □ No

- Confidentiality of communication?  
  □ Yes  □ No

- Privacy related to service delivery?  
  □ Yes  □ No

- Accessibility?  
  □ Yes  □ No

- Availability of information to meet the needs unable to be met at the mobile setting?  
  □ Yes  □ No

- Security of medications?  
  □ Yes  □ No

- Security of equipment and supplies?  
  □ Yes  □ No

- Security of the mobile unit when it is not in use?  
  □ Yes  □ No

- Safety of records of the persons served?  
  □ Yes  □ No

- Safety of personnel?  
  □ Yes  □ No

- Maintenance of equipment?  
  □ Yes  □ No

- Maintenance of vehicles?  
  □ Yes  □ No

Where can the surveyors locate your written procedures?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have written procedures that cover other aspects of your mobile services that are not listed in the standard? If so, please describe.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
10. Does each core program for which the organization is seeking accreditation have a written plan that guides the delivery of services?

- [ ] Yes
- [ ] No

Does each written plan include:

- [ ] A description of the program?
- [ ] Yes
- [ ] No

- [ ] The philosophy of the program?
- [ ] Yes
- [ ] No

- [ ] Program goals?
- [ ] Yes
- [ ] No

- [ ] Description of the services/treatment modalities to be provided to achieve the program objectives?
- [ ] Yes
- [ ] No

- [ ] Identification or a description of special populations and mechanisms to address their needs?
- [ ] Yes
- [ ] No

11. Are services designed and implemented to:

- [ ] Support the recovery, health, or well-being of the persons or families served?
- [ ] Yes
- [ ] No

- [ ] Enhance the quality of life of the persons served?
- [ ] Yes
- [ ] No

- [ ] Reduce symptoms or needs and build resilience?
- [ ] Yes
- [ ] No

- [ ] Restore and/or improve functioning?
- [ ] Yes
- [ ] No

- [ ] Support the integration of the persons served into the community?
- [ ] Yes
- [ ] No

Describe how the organization assesses the above.

________________________________________________________________________
________________________________________________________________________

12. Does the program identify:

- [ ] Treatment modalities used?
- [ ] Yes
- [ ] No

- [ ] The credentials of staff qualified to provide identified treatment modalities?
- [ ] Yes
- [ ] No
13. Do you have policies and written procedures that address positive approaches to the program’s use of behavioral interventions?

☐ Yes  ☐ No

Do the policies and written procedures include:

- An emphasis on building positive relationships with persons served?  ☐ Yes  ☐ No
- Evaluation of the environment?  ☐ Yes  ☐ No
- Appropriate interaction with staff to:
  - Promote de-escalation?  ☐ Yes  ☐ No
  - Manage behavior?  ☐ Yes  ☐ No
- Empowering persons served to manage their own behavior?  ☐ Yes  ☐ No

Where is this documented?

__________________________________________________________________________
__________________________________________________________________________

How can the survey team verify that these policies and written procedures are implemented?

__________________________________________________________________________
__________________________________________________________________________

14. Describe the program’s:

- Written procedures governing the use of special treatment interventions and restrictions of rights.

__________________________________________________________________________
__________________________________________________________________________

- Methods to ensure that intrusive procedures are administered in a safe manner, with consideration given to the physical, developmental, and abuse history of the persons served.

__________________________________________________________________________
__________________________________________________________________________
Process of regularly evaluating:
- Restrictions placed on the rights or privileges of the persons served.

- Methods to reinstate restricted or lost rights or privileges.

- The purpose or benefit of any type of restriction on rights or privileges.

15. How does the program receive appropriate medical consultation regarding medically related policies or procedures?

16. If a medically supervised program, is there a medical director who is a physician?

   ✓ Yes  ❏ No

17. How does the program assist the persons served to link with:
- Peer support?

- Local advocacy groups?
18. Describe how the program ensures that information and education provided to the persons served are relevant to their needs.

19. As appropriate, how are families:
   - Encouraged to participate in educational programs?
   - Invited to participate in clinical programs or services of the persons served, with consent or legal right?
20. Describe the written procedures that specify how the program provides or arranges for crisis intervention services.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

21. Describe how your organization provides or arranges for assessment of competency for personnel providing direct services.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe how your organization provides or arranges for competency-based training to personnel providing direct services.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Does the assessment of competency and competency-based training include:

- Areas that reflect the specific needs of the person served?  □ Yes □ No
- Clinical skills that are appropriate to the position?  □ Yes □ No
- Person-centered plan development?  □ Yes □ No
- Interviewing skills?  □ Yes □ No
- Program-related research-based treatment approaches?  □ Yes □ No

How and when does training occur?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
22. Describe how team members, in response to the needs of the persons served:

- Help empower the persons served to actively participate with the team to promote recovery, progress, or well-being.

- Provide services that are consistent with the needs of each person served through direct interaction with that person and/or with individuals identified by that person.

- Show cultural and linguistic competence.

- Meet as often as necessary to carry out decision-making responsibilities.

- Document the attendance of participants at team meetings.

- Document the results of meetings.
How is the role of the person served as a member of the team established and maintained?

23. How does the designated individual(s) assist in coordinating services for each person served by:
   - Assuming responsibility for ensuring the implementation of the person-centered plan, if applicable?
   - Ensuring that the person served is oriented to his or her services?
   - Promoting the participation of the person served on an ongoing basis in discussions of his or her plans, goals, and status?
   - Identifying and addressing gaps in service provision?
   - Sharing information on how to access community resources relevant to needs?
Advocating for the person served, when applicable?


 Communicating information regarding progress of the person served to the appropriate persons?


 Facilitating the transition process, including arrangements for follow-up services?


 Involving the family or legal guardian, when applicable or permitted?


 Coordinating services provided outside of the organization?


24. Does your organization have a policy and written procedures for the supervision of all individuals providing direct services?

☐ Yes  ☐ No

How can the survey team verify that this policy and the written procedures are implemented?
25. Describe how ongoing clinical supervision of direct service personnel addresses:

- Accuracy of assessment and referral skills, when applicable.

- The appropriateness of the treatment or service intervention selected relative to the needs of each person served.

- Treatment/service effectiveness as reflected by the person served meeting individual goals.

- The provision of feedback that enhances the clinical 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.
26. Have you implemented policies and procedures for personnel that address:
- Illegal drugs?  □ Yes  □ No
- Legal drugs?  □ Yes  □ No
- Prescription medication?  □ Yes  □ No
- Weapons?  □ Yes  □ No
- The use of all tobacco products?  □ Yes  □ No

Have you implemented policies and procedures for persons served that address:
- Illegal drugs?  □ Yes  □ No
- Legal drugs?  □ Yes  □ No
- Prescription medication?  □ Yes  □ No
- Weapons?  □ Yes  □ No
- The use of all tobacco products?  □ Yes  □ No

How can the survey team verify that these policies and procedures are implemented?


Peer Support Services

27. Does your organization have policies and procedures that are inclusive of a peer workforce?
   □ Yes  □ No

Where are these policies documented?
Give some examples that demonstrate how policies and procedures inclusive of a peer workforce are implemented.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

28. Explain how peer support specialists assist in the design, development, and implementation of your peer support services.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

29. Explain how your organization demonstrates a climate of recovery and/or resilience building by respecting the unique role of peer support specialists.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Describe the training provided to personnel on the role of peer support specialists.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Give some examples of how the training provided to personnel on the role of peer support specialists demonstrates a climate of recovery and/or resilience building.

30. Do peer support specialists receive documented competency-based training that:
   ■ Is based on a recognized peer-support curriculum or a curriculum designed and developed with the input of peer support specialists?  □ Yes  □ No

   Describe the training provided and how you ensure that it is based on a recognized peer support curriculum or a curriculum designed and developed with the input of peer support specialists.

   ■ Is provided with the involvement of peer support specialists, as applicable?  □ Yes  □ No

   ■ Includes:
     - Initial training on the following topics:
       - Personal advocacy?  □ Yes  □ No
       - Engagement?  □ Yes  □ No
       - Recovery and resiliency principles?  □ Yes  □ No
       - Community supports/connections?  □ Yes  □ No
       - The effective use of sharing life experiences?  □ Yes  □ No
       - Parenting skills, as applicable?  □ Yes  □ No
     - Ongoing training on current practices in peer support services?  □ Yes  □ No
Explain how ongoing training is provided and documented.

How do you ensure that the training provided is understandable and appropriate to the developmental age of the peer support specialist being trained?

31. Do your organization’s written ethical codes of conduct specifically address boundaries related to peer support services?
   - Yes
   - No

32. How do you ensure that peer support is provided consistent with or complementary to the person’s identified plan, when applicable?

Do your peer support services include the following direct service activities performed by peer support specialists, as applicable:

- Engaging the person served? 
  - Yes
  - No

- Supporting personal recovery goals or building on resiliency?
  - Yes
  - No

- Community networking?
  - Yes
  - No

- Advocating with and for the person served?
  - Yes
  - No

- Parenting skills?
  - Yes
  - No

- Mentoring?
  - Yes
  - No

- Bridging or navigating?
  - Yes
  - No

Do your peer support services include the following educational activities for the persons served, as applicable:

- Self advocacy?
  - Yes
  - No

- Wellness?
  - Yes
  - No
33. How do you ensure that peer support services are provided in locations that meet the needs of persons served?

[Blank space for answer]

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- A written plan for each core program surveyed
- Documentation of the attendance of participants at team meetings
- Written procedures for crisis intervention services
- Documentation of team meetings
- Record of competency-based training
- Policies inclusive of a peer workforce, if applicable.
- Documentation of competency-based training for peer support specialists, if applicable.
- Written ethical codes of conduct that specifically address boundaries related to peer support services, if applicable.
B. Screening and Access to Services

1. Explain how your organization ensures that person-centered care is demonstrated throughout the screening and/or assessment process.

2. Describe how the program demonstrates efforts to minimize the times between first contact, screening, and admission or referral.

Screening/Eligibility

3. Has your organization implemented policies and written procedures that define:
   - If/how screening is conducted? ☐ Yes ☐ No
   - Eligibility for services? ☐ Yes ☐ No
   - How admissions are:
     - Conducted? ☐ Yes ☐ No
     - Prioritized, if necessary? ☐ Yes ☐ No
   - Who is responsible for making admission decisions? ☐ Yes ☐ No
   - Exclusionary or ineligibility criteria? ☐ Yes ☐ No

Where is this documented?

4. When screening is conducted by the organization:
   - Is it documented? ☐ Yes ☐ No
   - Does it:
     - Include a review of each person's eligibility for admission based on:
       - Presenting problem(s)? ☐ Yes ☐ No
- Identification and documentation of any urgent and critical needs of the person to be served?  □ Yes  □ No

- Legal eligibility criteria, when applicable?  □ Yes  □ No

- Availability of funding sources?  □ Yes  □ No

Identify:

- Whether the organization can provide the appropriate services needed?  □ Yes  □ No

- Alternate resources when services cannot be provided?  □ Yes  □ No

Include:

- An interview with the person to be served or referral source?  □ Yes  □ No

- When appropriate, a preadmission on-site visit to the organization and its programs by the person to be served/legal guardian?  □ Yes  □ No

Ensure that:

- Screening tools used are uniformly administered?  □ Yes  □ No

- Personnel are trained on use of tools prior to administration?  □ Yes  □ No

Describe the screening process in place.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

5. How do you ensure that if the screening identifies an urgent and critical need, appropriate action is taken immediately?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
6. When a crisis assessment is conducted:
   ■ Is it documented? □ Yes □ No
   ■ Are the following addressed:
     – Suicide risk? □ Yes □ No
     – Danger to self or others? □ Yes □ No
     – Urgent or critical medical condition(s)? □ Yes □ No
     – Immediate threat(s)? □ Yes □ No

   Explain how these are addressed and how the crisis assessments are documented.

7. When screening identifies unsafe substance use:
   ■ Is a brief intervention conducted? □ Yes □ No

   Describe how these brief interventions are conducted.

   ■ Is the individual referred for a full assessment, if needed? □ Yes □ No

8. If a waiting list is maintained, does the organization:
   ■ Document the person’s:
     – Date of placement on the list? □ Yes □ No
     – Identified needs? □ Yes □ No
■ Maintain current waiting list information through:
  – Ongoing review and updating of the list? □ Yes □ No
  – Identified procedures for referral of persons in crisis to necessary care? □ Yes □ No

■ Document all contacts with the persons on the waiting list? □ Yes □ No

■ Respond to long-term waiting lists through:
  – Strategic or community-based planning? □ Yes □ No
  – Involvement of support services? □ Yes □ No
  – Referral to available services/community supports? □ Yes □ No

■ What procedures are in place for referral of persons in crisis to necessary care?

________________________________________________________________________

________________________________________________________________________

Describe the waiting list process. How is it documented?

________________________________________________________________________

________________________________________________________________________

Orientation

9. Is each person served provided with an orientation that:
   ■ Is provided in a timely manner based on:
     – The person's presenting condition? □ Yes □ No
     – The type of services provided? □ Yes □ No
   ■ Is understandable to the person served? □ Yes □ No

How do you ensure that the information provided in the orientation is understandable to the persons served?

________________________________________________________________________

________________________________________________________________________
Where and how is the orientation documented?

■ Does the orientation include, as applicable:
  - An explanation of:
    - The rights and responsibilities of the persons served? □ Yes □ No
    - Complaint and appeal procedures? □ Yes □ No
    - Ways in which input can be given? □ Yes □ No
    - The organization’s:
      - Confidentiality policies? □ Yes □ No
      - Intent/consent to treat? □ Yes □ No
      - Behavioral expectations of the person served? □ Yes □ No
      - Transition criteria and procedures? □ Yes □ No
      - Discharge criteria? □ Yes □ No
      - Response to identification of potential risk to the person served? □ Yes □ No
    - Access to after-hour services? □ Yes □ No
    - Standards of professional conduct related to services? □ Yes □ No
    - Requirements for reporting and/or follow-up for the mandated person served, regardless of his or her discharge outcome? □ Yes □ No
    - Any and all financial obligations, fees, and financial arrangements for services provided by the organization? □ Yes □ No
  - The program’s health and safety policies regarding:
    - The use of seclusion or restraint? □ Yes □ No
    - Use of tobacco products? □ Yes □ No
Section 2.B. Screening and Access to Services

- Illegal or legal substances brought into the program? □ Yes □ No
- Prescription medication brought into the program? □ Yes □ No
- Weapons brought into the program? □ Yes □ No

- The program rules and expectations of the person served, which identifies the following:
  - Any restrictions the program may place on the person served? □ Yes □ No
  - Events, behaviors, or attitudes and their likely consequences? □ Yes □ No
  - Means by which the person served may regain rights or privileges that have been restricted? □ Yes □ No

- Familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits? □ Yes □ No
- Education regarding advance directives, when indicated? □ Yes □ No
- Identification of the purpose and process of the assessment? □ Yes □ No

- A description of:
  - How the person-centered plan will be developed? □ Yes □ No
  - The person’s participation in goal development and achievement? □ Yes □ No
  - The potential course of treatment/services? □ Yes □ No
  - How motivational incentives may be used? □ Yes □ No
  - Expectations for legally required appointments, sanctions, or court notifications? □ Yes □ No
  - Identification of the person(s) responsible for service coordination? □ Yes □ No
Assessment

10. Are assessments conducted by qualified personnel?

- [ ] Yes
- [ ] No

Describe these qualifications.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What training is provided to personnel on the tools, tests, and/or instruments used in the assessment process?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is training on the use of tools, tests, or instruments provided prior to administration?

- [ ] Yes
- [ ] No

How do you ensure that personnel conducting the assessments are able to communicate with the persons served?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

11. How do you ensure that when assessment results in diagnosis(es), the diagnosis is determined by a practitioner legally qualified to do so in accordance with all applicable laws and regulations?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. Does your assessment process include information obtained from:

- The person served?

- [ ] Yes
- [ ] No

- Family members/legal guardians, when applicable and permitted?

- [ ] Yes
- [ ] No

- Other appropriate and permitted collateral sources?

- [ ] Yes
- [ ] No
External sources, when the need for specified assessments not able to be provided by the organization is identified?  Yes  No

13. How does the organization ensure that assessments are focused on the person's specific needs?

________________________________________________________________________________________

________________________________________________________________________________________

How do assessments identify the goals and expectations of the person served?

________________________________________________________________________________________

________________________________________________________________________________________

How are assessments responsive to the changing needs of the person served?

________________________________________________________________________________________

________________________________________________________________________________________

Describe how assessments include provisions for communicating the results of the assessments to:

■ The person served/legal guardian?

________________________________________________________________________________________

________________________________________________________________________________________

■ Applicable personnel?

________________________________________________________________________________________

________________________________________________________________________________________
■ Appropriate others?

How are legal authorities notified, when applicable?

How do you ensure that the assessment process occurs within time frames established by the organization or external regulatory requirements?

How does the assessment process reflect significant life or status changes of the person served?

14. How do you ensure that the assessment process gathers and records sufficient information to develop a comprehensive person-centered plan for each person served?

Does the assessment process gather and record information about the person’s:

■ Presenting issues from the perspective of the person served? □ Yes □ No

■ Urgent needs, including:
  – Suicide risk? □ Yes □ No
  – Personal safety? □ Yes □ No
  – Risk to others? □ Yes □ No
Section 2.B. Screening and Access to Services

- Personal strengths?  □ Yes  □ No
- Individual needs?  □ Yes  □ No
- Abilities and/or interests?  □ Yes  □ No
- Preferences?  □ Yes  □ No
- Previous behavioral health services, including:
  - Diagnostic history?  □ Yes  □ No
  - Treatment history?  □ Yes  □ No
- Mental status?  □ Yes  □ No
- Medication, including:
  - Medication history and current use profile?  □ Yes  □ No
  - Efficacy of current or previously used medication?  □ Yes  □ No
  - Medication allergies or adverse reactions to medications?  □ Yes  □ No
- Physical health information, including:
  - Health history?  □ Yes  □ No
  - Current health needs?  □ Yes  □ No
  - Current pregnancy or prenatal care?  □ Yes  □ No
- Co-occurring disabilities, disorders, and medical conditions?  □ Yes  □ No
- Current level of functioning?  □ Yes  □ No
- Pertinent current and historical life situation information, including his or her:
  - Age?  □ Yes  □ No
  - Gender, sexual orientation, and gender expression?  □ Yes  □ No
  - Culture?  □ Yes  □ No
  - Spiritual beliefs?  □ Yes  □ No
  - Education history?  □ Yes  □ No
  - Employment history?  □ Yes  □ No
  - Legal involvement?  □ Yes  □ No
  - Family history?  □ Yes  □ No
Section 2.B. Screening and Access to Services

- Relationships, including families, friends, community members, and other interested parties? □ Yes □ No

■ History of trauma experienced or witnessed, including:
  - Abuse? □ Yes □ No
  - Neglect? □ Yes □ No
  - Violence? □ Yes □ No
  - Sexual Assault? □ Yes □ No

■ Use of alcohol, tobacco, and/or other drugs? □ Yes □ No

■ Risk-taking behaviors? □ Yes □ No

■ Literacy level? □ Yes □ No

■ Need for assistive technology in the provision of services? □ Yes □ No

■ Need for, and availability of, social supports? □ Yes □ No

■ Advance directives, when applicable. □ Yes □ No

■ Psychological and social adjustment to disabilities and/or disorders? □ Yes □ No

■ Resultant diagnosis(es), if identified? □ Yes □ No

15. Does the assessment process include the preparation of a written interpretive summary that:

■ Is based on the assessment data? □ Yes □ No

■ Identifies any co-occurring disabilities, co-morbidities, and/or disorders? □ Yes □ No

■ Is used in the development of the person-centered plan? □ Yes □ No
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Policies and procedures defining access to services
- Policies and procedures for the screening process
- Documentation of initial screening
- Criteria for admission to and exclusion from services
- Waiting lists and relevant written procedures, if applicable
- Documentation of contact made with persons on the waiting list
- Documentation of ineligibility and recommendations for alternative services
- Documentation of orientation
- A copy of the rules of the program
- Individual records
- Initial and ongoing assessments
- An interpretive summary
C. Person-Centered Plan

1. Describe how your organization actively involves the person served in the development of his or her person-centered plan.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How do you involve the family/legal guardian of the person served, when applicable and permitted, in the development of the person-centered plan?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is the person-centered plan prepared using the information from the assessment process?

☐ Yes  ☐ No

Is the person-centered plan based on the person’s:

☐ Strengths?  ☐ Yes  ☐ No

☐ Needs?  ☐ Yes  ☐ No

☐ Abilities?  ☐ Yes  ☐ No

☐ Preferences?  ☐ Yes  ☐ No

Based on the needs and preferences of the person served, does the person-centered plan focus on the integration and inclusion of the person served into:

☐ His or her community?  ☐ Yes  ☐ No

☐ The family, when appropriate?  ☐ Yes  ☐ No

☐ Natural support system?  ☐ Yes  ☐ No

☐ Other needed services?  ☐ Yes  ☐ No

Describe.
Section 2.C. Person-Centered Plan

Is the plan:

■ Communicated to the person served in a manner that is understandable?  □ Yes  □ No

■ Provided to the person served, when applicable?  □ Yes  □ No

Describe how the above are demonstrated.

__________________________________________________________

__________________________________________________________

2. Does the person-centered plan include:

■ The identification of the needs/desires of the person served through:

– Goals that are expressed in the words of the person served?  □ Yes  □ No

– When necessary, clinical goals that are understandable to the person served?  □ Yes  □ No

– Goals that are reflective of the informed choice of the person served or parent/guardian?  □ Yes  □ No

■ Specific service or treatment objectives that are:

– Reflective of the expectations of:

  - The person served?  □ Yes  □ No

  - The service/treatment team?  □ Yes  □ No

– Reflective of the person's:

  - Age?  □ Yes  □ No

  - Development?  □ Yes  □ No

  - Culture and ethnicity?  □ Yes  □ No

– Responsive to the person's disabilities/disorders or concerns?  □ Yes  □ No

– Understandable to the person served?  □ Yes  □ No

– Measurable?  □ Yes  □ No

– Achievable?  □ Yes  □ No

– Time specific?  □ Yes  □ No

– Appropriate to the service/treatment setting?  □ Yes  □ No
Section 2.C. Person-Centered Plan

- Identification of specific interventions, modalities, and/or services to be used?  
  - Yes  
  - No

- Frequency of specific interventions, modalities, or services?  
  - Yes  
  - No

- When applicable, information on, or conditions for:
  - Any needs beyond the scope of the program?  
    - Yes  
    - No
  - Referrals for additional services?  
    - Yes  
    - No
  - Transition to other community services?  
    - Yes  
    - No
  - Community-based service options available to persons in long-term residential support programs?  
    - Yes  
    - No
  - Available aftercare options?  
    - Yes  
    - No

- When applicable, identification of:
  - Legal requirements?  
    - Yes  
    - No
  - Legally imposed fees?  
    - Yes  
    - No

3. Are person-centered plans reviewed periodically with the person served to:
- Reflect current issues?  
  - Yes  
  - No
- Maintain relevance?  
  - Yes  
  - No
- Modify goals, objectives, and interventions, when necessary?  
  - Yes  
  - No
- Maintain visitation plans and/or court orders, when applicable?  
  - Yes  
  - No

4. When assessment identifies a potential risk for dangerous behaviors, is a personal safety plan:
- Completed:
  - With the person served?  
    - Yes  
    - No
  - As soon as possible after admission?  
    - Yes  
    - No

Does the personal safety plan include:
- Triggers?  
  - Yes  
  - No
- Current coping skills?  
  - Yes  
  - No
- Warning signs?  
  - Yes  
  - No
Section 2.C. Person-Centered Plan

- Preferred interventions necessary for:
  - Personal safety?  [ ] Yes  [ ] No
  - Public safety?  [ ] Yes  [ ] No

- Advance directives, when available?  [ ] Yes  [ ] No

How do you determine if a personal safety plan should be completed for persons served?

________________________________________

________________________________________

5. When the person served has concurrent disabilities and/or disorders, how does the person-centered plan specifically address those issues in an integrated manner?

________________________________________

________________________________________

________________________________________

Describe what personnel are available either within the organization or by referral who are qualified to provide services for persons with concurrent disabilities and/or disorders.

________________________________________

________________________________________

________________________________________

6. If you provide residential services to persons who have intensive medical needs:

- Describe how the person-centered plan addresses how services will be provided in a manner that ensures the safety of the person served.

________________________________________

________________________________________

________________________________________
Section 2.C. Person-Centered Plan

- How do you ensure that services are provided in accordance with all regulatory requirements?


7. Are there progress notes that document:
   - Progress toward achievement of objectives and goals? □ Yes □ No
   - Significant events or changes in the life of the person served? □ Yes □ No
   - The delivery and outcome of specific interventions, modalities, and/or services that support the person-centered plan? □ Yes □ No
   - Changes in frequency of services? □ Yes □ No
   - Changes in levels of care? □ Yes □ No

Are progress notes signed? □ Yes □ No
Are progress notes dated? □ Yes □ No

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Person-centered plans
- Primary assessment and interpretive summary
- Progress notes
D. Transition/Discharge

1. How does the program implement its written procedures for:
   - Referrals?
   - Transition to another level of care?
   - Transfer to other services?
   - Inactive status?
   - Follow-up?
   - Transition planning?
Do written procedures for transition planning identify:

- When transition planning will occur?  
  - Yes  
  - No

- Where transitional planning is documented?  
  - Yes  
  - No

- Where discharge summary is documented?  
  - Yes  
  - No

**Transition**

2. How is transition planning initiated with the person served as soon as clinically appropriate in the person-centered planning and service delivery process?


3. How does the organization ensure that a written transition plan is prepared or updated to ensure a seamless transition when a person served:

   - Is transferred to another level of care of an aftercare program?


   - Prepares for a planned discharge?


Does the plan:

- Identify the person’s current:
  - Progress in his or her recovery or move toward well-being?  
    - Yes  
    - No
  - Gains achieved during program participation?  
    - Yes  
    - No

- Identify the person’s need for support systems or other types of services that will assist in continuing his or her recovery, well-being, or community integration?  
  - Yes  
  - No
Section 2.D. Transition/Discharge

■ Include information on the continuity of the person’s medication(s), when applicable?  
  □ Yes □ No

■ Include referral information such as contact name, telephone number, locations, hours, and days of services, when applicable?  
  □ Yes □ No

■ Include communication of information on options and resources available if symptoms recur or additional services are needed, when applicable?  
  □ Yes □ No

4. Is the written transition plan developed with the input and participation of:

■ The person served?  
  □ Yes □ No

■ The family/legal guardian, when applicable and permitted?  
  □ Yes □ No

■ A legally authorized representative, when appropriate?  
  □ Yes □ No

■ Team members?  
  □ Yes □ No

■ The referral source, when appropriate and permitted?  
  □ Yes □ No

■ Other community services, when appropriate and permitted?  
  □ Yes □ No

How does the organization ensure that the individuals who participate in the development of the transition plan receive copies of the plan, when permitted?

________________________________________________________________________

________________________________________________________________________

Discharge

5. Is a written discharge summary prepared for all persons leaving services?  
  □ Yes □ No

Do these summaries:

■ Include the date of admission?  
  □ Yes □ No

■ Describe the services provided?  
  □ Yes □ No

■ Identify the presenting condition?  
  □ Yes □ No

■ Describe the extent to which established goals/objectives were met?  
  □ Yes □ No
- Describe the reasons for discharge?  
- Identify the person's status at last contact?  
- List recommendations for services or supports?  
- Include the date of discharge?  
- Include information about medication(s) prescribed or administered?

6. When an unplanned discharge occurs, how do you ensure that follow-up is conducted as soon as possible to:

- Provide necessary notifications?

- Clarify the reasons for the unplanned discharge?

- Determine with the person served whether further services are needed?

- Offer or refer to needed services?

7. What documents do you provide to external programs/services to support a person's transition?
Do these documents identify the person's identified:

- Strengths? □ Yes □ No
- Needs? □ Yes □ No
- Abilities? □ Yes □ No
- Preferences? □ Yes □ No

8. Describe your process to ensure coordination when a person is transferred or discharged.

________________________________________________________________________________

________________________________________________________________________________

How does the program identify the person responsible for coordinating the transfer or discharge?

________________________________________________________________________________

________________________________________________________________________________

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Written procedures for referrals, transfers, discharges, and follow-up
- Written transition plans
- Written discharge summaries
E. Medication Use

1. Does the organization have policies that identify:
   - Whether or not medications are used in its programs?  □ Yes  □ No
   - The process for persons served to obtain medications needed to promote recovery and/or desired treatment/service outcomes, including whether or not it directly provides:
     - Medication control?  □ Yes  □ No
     - Prescribing?  □ Yes  □ No
     - Dispensing?  □ Yes  □ No
     - Administering?  □ Yes  □ No

Training and Education

2. In response to the needs of the persons served and the type of service provided, is documented ongoing training and education regarding medications received by:
   - The persons served?  □ Yes  □ No
   - When applicable, individuals and family members with legal right or identified by the persons served?  □ Yes  □ No
   - Personnel providing direct service to the person served?  □ Yes  □ No

Does the training and education include:
   - How the medication works?  □ Yes  □ No
   - The risks associated with each medicine?  □ Yes  □ No
   - The intended benefits, as related to the behavior or symptom targeted by this medication?  □ Yes  □ No
   - Side effects?  □ Yes  □ No
   - Contraindications?  □ Yes  □ No
   - Potential implications between medications and diet/exercise?  □ Yes  □ No
   - Risks associated with pregnancy?  □ Yes  □ No
   - The importance of taking medications as prescribed, including, when applicable, the identification of potential obstacles to adherence?  □ Yes  □ No
   - The need for laboratory monitoring?  □ Yes  □ No
**Section 2.E. Medication Use**

- The rationale for each medication? □ Yes □ No
- Early signs of relapse related to medication efficacy? □ Yes □ No
- Signs of nonadherence to medication prescriptions? □ Yes □ No
- Potential drug reactions when combining prescription and nonprescription medications, including alcohol, tobacco, caffeine, illegal drugs, and alternative medications? □ Yes □ No
- Instructions on self-administration, when applicable? □ Yes □ No
- Wellness management and recovery planning? □ Yes □ No
- The availability of financial supports and resources to assist the persons served with handling the costs associated with medications? □ Yes □ No

**Medication Control**

3. When the organization physically controls medications (including medications self-administered by the person served or the use of samples), are there written procedures that are implemented and include:

- Compliance with all applicable local, state or provincial, and federal laws and regulations pertaining to medications and controlled substances, including on-site pharmacy services and dispensing? □ Yes □ No
- Purchase, when applicable? □ Yes □ No
- Transportation and delivery, when applicable? □ Yes □ No
- Safe storage? □ Yes □ No
- Safe handling? □ Yes □ No
- Packaging and labeling, when applicable? □ Yes □ No
- Management of biohazards associated with the use of medications? □ Yes □ No
- Safe disposal? □ Yes □ No
- Inventory? □ Yes □ No
- Self-administration? □ Yes □ No
Medication Use

4. When medications are prescribed for or provided to a person served, or when a person (including those self-administering medications) is served in a residential program:

- Off-site use?  □ Yes  □ No

- Is there an up-to-date individual record of all medications, including nonprescription and nonpsychoactive medications, that includes:
  - The name of the medication?  □ Yes  □ No
  - The dosage?  □ Yes  □ No
  - The frequency?  □ Yes  □ No
  - Instructions for use, including the method/route of administration?  □ Yes  □ No
  - The prescribing professional?  □ Yes  □ No

- Does the program provide ready access to the telephone number of a poison control center to:
  - The program personnel?  □ Yes  □ No
  - The persons served?  □ Yes  □ No

- Do the written procedures address:
  - How medications will be integrated into the overall plan of the person served?  □ Yes  □ No
  - The process for identifying, responding to, documenting, and reporting medication reactions?  □ Yes  □ No
  - Actions to be followed in case of emergencies related to the use of medications?  □ Yes  □ No

Medication Prescribing, Dispensing, and Administering

5. In an organization that provides prescribing, dispensing, or administering of medications, do the written procedures include:

- Compliance with all applicable local, state or provincial, and federal laws and regulations pertaining to medications and controlled substances, including on-site pharmacy services and dispensing?  □ Yes  □ No

- Active involvement of the persons served, when able, or their parents or guardians, when appropriate, in making decisions related to the use of medications?  □ Yes  □ No
Identify how this is demonstrated.

- Availability of a physician, pharmacist, or qualified professional licensed to prescribe for consultation 24 hours a day, 7 days a week?
  - Yes  No

- Documentation and reporting of:
  - Observed and/or reported medication reactions?
    - Yes  No
  - Medication errors?
    - Yes  No

- Review of past medication use, including:
  - Effectiveness?
    - Yes  No
  - Side effects?
    - Yes  No
  - Allergies or adverse reactions?
    - Yes  No

- Identification of alcohol, tobacco, and other drug use?
  - Yes  No

- Use of over-the-counter medications?
  - Yes  No

- Use of medications by women of child bearing age?
  - Yes  No

- Use of medications during pregnancy?
  - Yes  No

- Special dietary needs and restrictions associated with medication use?
  - Yes  No

- Necessary laboratory studies, tests, or other procedures?
  - Yes  No

- When applicable, documented assessment of abnormal involuntary movements at the initiation of treatment and every six months thereafter for persons served receiving typical antipsychotic medications?
  - Yes  No

- When possible, coordination with the physician(s) providing primary care needs?
  - Yes  No
6. If your organization provides prescribing of medications, have you implemented written procedures that include:

- Review of medication use activities, including medication errors and drug reactions, as part of the quality monitoring and improvement system? □ Yes □ No

7. If the organization prescribes medications, describe how the following occur:

- The use of treatment guidelines and protocols to:
  - Promote state-of-the-art prescribing.
  - Ensure safety of the person served.

- A program of medication utilization evaluation, which includes measures of:
  - Effectiveness.
8. If an organization provides prescribing of medications, is a documented peer review conducted:
   - At least annually?  □ Yes  □ No
   - By a qualified professional with legal prescribing authority, or a pharmacist?  □ Yes  □ No
   - On a representative sample of records of persons for whom prescriptions were provided?  □ Yes  □ No
   - To assess the appropriateness of each medication, as determined by:
     - The needs and preferences of each person served?  □ Yes  □ No
     - The efficacy of the medication?  □ Yes  □ No
   - To determine if:
     - The presence of side effects, unusual effects, and contraindications were identified and addressed?  □ Yes  □ No
     - Necessary tests were conducted?  □ Yes  □ No
   - To identify:
     - The use of multiple simultaneous medications?  □ Yes  □ No
     - Medication interactions?  □ Yes  □ No

9. If an organization provides prescribing of medications, is information collected from the peer review process:
   - Reported to applicable staff?  □ Yes  □ No
   - Used to improve the quality of services provided?  □ Yes  □ No
   - Incorporated into the organization's performance improvement system?  □ Yes  □ No

10. If an organization provides dispensing or administering of medications, do the written procedures address:
    - Staff credentials and competencies?  □ Yes  □ No
    - Documentation of medication administration, errors, and reactions?  □ Yes  □ No
Section 2.E. Medication Use

- Documentation of the use and benefits of as-needed (prn) doses? □ Yes □ No
- Coordination when a medication is prescribed by a source other than the organization? □ Yes □ No

Documentation Examples
The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Policies related to medication use
- Written procedures regarding medication use
- Documentation of ongoing training and education regarding medications for the persons served, individuals, and family members, when applicable, and personnel providing direct services
- Policies and written procedures regarding the practices of prescribing, dispensing, or administering medications, when applicable
- Up-to-date individual records of all medications
- Documentation of the administration of medications and related safety practices
- Documentation of all prescribed medications
- Documentation of a peer review of the prescribing of medications
- Individual records, medication logs, and physician notes
F. Nonviolent Practices

1. Describe your policy for training personnel on the prevention of workplace violence.

Does the organization have policies that identify:
- How it will respond to aggressive or assaultive behaviors? □ Yes □ No
- Whether, and under what circumstances:
  - Seclusion is used within the programs it provides? □ Yes □ No
  - Restraints are used within the programs it provides? □ Yes □ No

2. As applicable to the population served, do all direct service or front-line personnel employed by the organization receive documented initial and ongoing competency-based training in:
- The contributing factors or causes of threatening behavior, including training on recovery and trauma-informed services and the use of personal safety plans? □ Yes □ No
- The ability to recognize precursors that may lead to aggressive behavior? □ Yes □ No
- How interpersonal interactions, including how personnel interact with each other and with the persons served, may impact the behaviors of the persons served? □ Yes □ No
- Medical conditions that may contribute to aggressive behavior? □ Yes □ No
- The use of a continuum of alternative interventions? □ Yes □ No
- The prevention of threatening behaviors? □ Yes □ No
- Recovery/wellness oriented relationships and practices? □ Yes □ No
- How to handle a crisis without restraints, in a supportive and respectful manner? □ Yes □ No
3. Do all personnel involved in the direct administration of seclusion or restraint receive documented initial and ongoing competency-based training, provided by persons or entities qualified to conduct such training, on:

- When and how to restrain or seclude while minimizing risk? [Yes] [No]
- Recognizing signs of physical distress in the person who is being restrained or secluded? [Yes] [No]
- The risks of seclusion or restraint to the persons served or personnel, including:
  - Medical risks? [Yes] [No]
  - Psychological risks? [Yes] [No]
- First aid and CPR? [Yes] [No]
- How to monitor and continually assess for the earliest release? [Yes] [No]
- The practice of intervention done by an individual? [Yes] [No]
- The practice of intervention done by a team? [Yes] [No]

4. If the organization uses seclusion and/or restraint, is there a plan to minimize or eliminate the use of restraints and/or seclusion that includes:

- Identification of the role of leadership? [Yes] [No]
- Use of data to inform practice? [Yes] [No]
- Development of workforce attitudes, skills, and practices that support recovery? [Yes] [No]
- Identification of:
  - Specific strategies to prevent crisis? [Yes] [No]
  - Time lines to reduce the use of seclusion and restraint? [Yes] [No]
- Identification of roles for persons served and advocates in determining if crisis procedures and practices are implemented in a positive and proactive fashion? [Yes] [No]
- A review of the role of the debriefing process in supporting the reduction of the use of seclusion or restraint? [Yes] [No]
Section 2.F. Nonviolent Practices

5. Is a written status report on the plan for minimization or elimination of the use of seclusion and/or restraint prepared annually?
   □ Yes □ No
   Does the status report include:
   ■ Goals and time lines? □ Yes □ No
   ■ Progress made? □ Yes □ No
   ■ Areas still needing improvement? □ Yes □ No
   ■ Factors impeding elimination of the use of seclusion and restraint? □ Yes □ No

6. If your organization uses seclusion or restraint, do you have written procedures implemented for the use of specific interventions that include protocols for:
   ■ Adults? □ Yes □ No
   ■ Children and adolescents? □ Yes □ No
   ■ Persons with special needs? □ Yes □ No
   ■ Team interventions, including:
     – Defining team leadership? □ Yes □ No
     – Assigning team duties? □ Yes □ No

7. If applicable, how are personal safety plans made available for immediate reference?

8. If an organization uses seclusion or restraint, do the policies specify that:
   ■ All attempts will be made to de-escalate crises and use seclusion or restraint only as a safety intervention of last resort? □ Yes □ No
   ■ Seclusion or restraint (whether physical, mechanical, or chemical) is administered by behavioral health personnel who are trained and competent in the proper techniques of administering or applying and monitoring the form of seclusion or restraint ordered? □ Yes □ No
   ■ Seclusion or restraint is used only for intervention in an individual’s emergency situation and to prevent harm to him/herself or others? □ Yes □ No
Section 2.F. Nonviolent Practices

- Seclusion or restraint is not used as coercion, discipline, convenience, or retaliation by personnel in lieu of adequate programming or staffing? □ Yes □ No

9. If seclusion or restraint is used, do written procedures guide the following:
   - The intake evaluation of the person served includes:
     - A review of the medical history to determine whether seclusion or restraint can be administered without risk to health and safety? □ Yes □ No
     - An assessment of physical, sexual, and emotional abuse, neglect, trauma, and exposure to violence? □ Yes □ No
     - The identification of contraindications to be considered prior to the use of seclusion or restraint? □ Yes □ No
   - Appropriate interaction with staff occurs as an effort to de-escalate threatening situations? □ Yes □ No
   - Standing orders are not issued to authorize the use of seclusion or restraint? □ Yes □ No
   - Immediate assessment of contributing environmental factors that may promote maladaptive behaviors are identified and actions taken to minimize those factors? □ Yes □ No
   - The simultaneous use of seclusion and restraint is prohibited unless a staff member has been assigned for continual face-to-face monitoring? □ Yes □ No
   - The physical plant can safely and humanely accommodate the practice of seclusion or restraint? □ Yes □ No
   - When seclusion or restraint is used:
     - Do you document how identified contraindications were considered prior to its use? □ Yes □ No
     - Is it ordered by a physician or designated qualified behavioral health practitioner who has training and competence in the prevention and management of behaviors that are a danger to self or others? □ Yes □ No
Is it administered in a safe manner, with consideration given to the physical, developmental, and abuse/neglect history of the person served?

- Yes
- No

Are personnel trained to monitor for the unique needs of a person in seclusion or restraint?

- Yes
- No

As soon as the threat of harm is no longer imminent, is the person removed from seclusion or restraint?

- Yes
- No

Do staff communicate to the person being secluded or restrained their intention to keep them and others safe, and how the specific procedure being used will keep them and others safe?

- Yes
- No

Is a trained staff member assigned for continual monitoring?

- Yes
- No

Is immediate medical attention made available for any injury resulting from seclusion or restraint?

- Yes
- No

10. If seclusion or restraint is used, do written procedures require the following:

- Documentation that less restrictive intervention techniques were used prior to the use of seclusion or restraint?

  - Yes
  - No

- A designated, qualified, and competent physician or qualified behavioral health practitioner provides face-to-face evaluation of the person served within one hour of the order for seclusion or restraint being given?

  - Yes
  - No

- An order for seclusion or restraint is time limited and does not exceed four hours for an adult. For a child or adolescent, the order does not exceed one hour?

  - Yes
  - No

- Orders for seclusion or restraint may be renewed for a total of up to 24 hours. Orders for renewal may only occur following a face-to-face assessment by a designated, trained, and competent qualified behavioral health practitioner?

  - Yes
  - No
After 24 hours, a new order is required following a face-to-face evaluation by a designated, qualified, and competent physician or qualified behavioral health practitioner?

☐ Yes ☐ No

Appropriately trained personnel continually assess, monitor, and re-evaluate the person served to determine whether seclusion or restraint is still needed?

☐ Yes ☐ No

All orders are entered into the record of the person served as soon as possible but not more than two hours after implementation?

☐ Yes ☐ No

The designated and qualified personnel sign the order within the time period mandated by law?

☐ Yes ☐ No

Face-to-face attention, including attention to vital signs and the need for meals, liquids, bathing, and use of the restroom, is given to a person in seclusion or restraint at least every 15 minutes by authorized personnel?

☐ Yes ☐ No

Documentation of re-evaluations and face-to-face attention is entered into the record?

☐ Yes ☐ No

As applicable and permitted, there is documentation that the family or significant other(s), legal guardian, advocate, and/or treating practitioner of the person served is notified as soon as possible but at least within ten hours of the initial use of seclusion or restraint?

☐ Yes ☐ No

11. Does a room used for seclusion or restraint have:

- A focus on the comfort of the person served, including:
  - Adequate air flow?
    ☐ Yes ☐ No
  - Comfortable temperature?
    ☐ Yes ☐ No
  - A safe, comfortable seating and/or lying arrangement?
    ☐ Yes ☐ No
- An identified plan for emergency exit?
  ☐ Yes ☐ No
- Access to bathroom facilities, directly or through escort?
  ☐ Yes ☐ No
Section 2.F. Nonviolent Practices

- Sufficient lighting? □ Yes □ No
- Observation availability? □ Yes □ No
- Call capability when ongoing direct observation is not utilized? □ Yes □ No
- A location that promotes the privacy and dignity of the person served? □ Yes □ No

12. Following the use of seclusion or restraint, is a debriefing conducted as soon as possible that includes:

- The person served, for the purpose of:
  - Hearing from the person served what he/she experienced and/or his/her perspective? □ Yes □ No
  - Informing the person as to why the restraint/seclusion was used? □ Yes □ No
  - Returning control to the person served? □ Yes □ No

- Involved staff members? □ Yes □ No

- Others observing the incident, when permitted? □ Yes □ No

- Others (family/guardian/significant others) requested by the person served, unless clinically contraindicated? □ Yes □ No

- A documented discussion that addresses:
  - The incident? □ Yes □ No
  - Its antecedents? □ Yes □ No
  - An assessment of contributing factors on an individual, programmatic, and organizational basis? □ Yes □ No
  - The reasons for the use of seclusion or restraint? □ Yes □ No
  - The specific intervention used? □ Yes □ No
  - The person's reaction to the intervention? □ Yes □ No
  - Actions that could make future use of seclusion or restraint unnecessary? □ Yes □ No
– Recommended modifications to the treatment plan to address issues or behaviors that impact the need to use seclusion or restraint? □ Yes □ No

13. Is the use of seclusion or restraint always documented as a critical incident? □ Yes □ No

14. Does the chief executive or designated management or supervisory staff member review and sign off on all uses of seclusion or restraint:
   ■ After every occurrence? □ Yes □ No
   ■ Within a designated time frame? □ Yes □ No
   ■ To determine conformance with applicable policies/procedures? □ Yes □ No

15. Is the use of seclusion or restraint:
   ■ Recorded in the information system? □ Yes □ No
   ■ Reviewed at least annually? □ Yes □ No
   ■ Reviewed for:
     – Analysis of patterns of use? □ Yes □ No
     – History of use by personnel? □ Yes □ No
     – Environmental contributing factors? □ Yes □ No
     – Assessment of program design contributing factors? □ Yes □ No
   ■ Used for performance improvement? □ Yes □ No
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Policies and written procedures that govern the use of seclusion or restraint
- A policy regarding the organization’s response to aggressive or assaultive behaviors, training on the prevention of workplace violence, and its position on the use of seclusion or restraint
- Documentation of initial and ongoing competency-based training on seclusion and/or restraint
- A plan to minimize or eliminate the use of restraints and/or seclusion
- An annual written status report on the plan to minimize or eliminate the use of restraints and/or seclusion
- Written procedures for team interventions
- Documented evidence that all other intervention techniques were used first
- Individual records with complete documentation of orders, face-to-face evaluations and assessments, and ongoing monitoring checks
- Documentation of debriefings and discussions held following the use of seclusion or restraint
- Documentation of the notification of the family or significant other(s) of the use of seclusion or restraint
- Documentation of any use of seclusion or restraint as a critical incident
- Recording of the use of seclusion or restraint in the organization’s information system
- Documentation of personal safety plans, as applicable
G. Records of the Persons Served

1. What policies and procedures has the organization implemented regarding information to be transmitted to other individuals or agencies?

Do they include:

■ The identification of information that can legally be shared without an authorization for release of information?  □ Yes  □ No

■ Forms to authorize release of information that:
  – Comply with applicable laws?  □ Yes  □ No
  – Identify, at a minimum:
    - The name of the person about whom information is to be released?  □ Yes  □ No
    - The content to be released?  □ Yes  □ No
    - To whom the information is to be released?  □ Yes  □ No
    - The purpose for which the information is to be released?  □ Yes  □ No
    - The date on which the release is signed?  □ Yes  □ No
    - The date, event, or condition upon which the authorization expires?  □ Yes  □ No
    - Information as to how and when the authorization can be revoked?  □ Yes  □ No
    - The signature of the person who is legally authorized to sign the release?  □ Yes  □ No

2. How does the organization ensure that the individual record communicates information in a manner that is organized, clear, complete, current, and legible?
3. Do all documents generated by the organization that require signatures include original or electronic signatures?

[ ] Yes [ ] No

How does the organization ensure that this happens?

4. Does the individual record include:

- The date of admission? [ ] Yes [ ] No
- Information about the person’s personal representative, conservator, guardian, or representative payee, if any of these have been appointed, including the name, address, and telephone number? [ ] Yes [ ] No
- Information about the individual to contact in the event of an emergency, including the name, address, and telephone number? [ ] Yes [ ] No
- The name of the individual currently coordinating the services of the person served? [ ] Yes [ ] No
- The location of any other records? [ ] Yes [ ] No
- Information about the person’s primary care physician, including the name, address, and telephone number, when available? [ ] Yes [ ] No
- Health care reimbursement information, if applicable? [ ] Yes [ ] No
- The person’s:
  - Health history? [ ] Yes [ ] No
  - Current medications? [ ] Yes [ ] No
  - Preadmission screening, when conducted? [ ] Yes [ ] No
  - Documentation of orientation? [ ] Yes [ ] No
  - Assessments? [ ] Yes [ ] No
  - The person-centered plan, including reviews? [ ] Yes [ ] No
  - The transition plan, when applicable? [ ] Yes [ ] No
Section 2.G. Records of the Persons Served

■ Progress notes?  □ Yes  □ No
■ A discharge summary?  □ Yes  □ No
■ Correspondence pertinent to the person served?  □ Yes  □ No
■ Authorization for release of information?  □ Yes  □ No
■ Documentation of internal or external referrals?  □ Yes  □ No

5. Do entries to the records of the persons served follow a policy that specifies time frames for entries?
   □ Yes  □ No

Describe this policy.

________________________________________

________________________________________

6. If duplicate information or reports from the main record of a person served exist, or if working files are maintained, are such materials:
   ■ Not substituted for the main record?  □ Yes  □ No
   ■ Considered secondary documents, with the main record of the person served receiving first priority?  □ Yes  □ No

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Individual records
■ A policy for making entries to records
■ Release forms
■ Duplicate reports or files
Section 2.H. Quality Records Management

H. Quality Records Management

1. Describe how the program conducts a documented review of the services provided.

Is the review performed quarterly? □ Yes □ No

Does the review include:

■ The quality of service delivery as evidenced by the record of the person served?

■ Appropriateness of services?

■ Patterns of service utilization?

■ Model fidelity, when an evidence-based practice is identified?

2. Is the quarterly review performed:

■ By personnel who are trained and qualified? □ Yes □ No

■ On a representative sample of:
  – Current records? □ Yes □ No
  – Closed records? □ Yes □ No
Describe how the process is used to ensure that the sample is representative.

Who participates in quarterly reviews? Describe the review process.

How do you ensure that reviews are conducted in accordance with the established review process?

3. Describe the steps taken to ensure that the person responsible for providing the service/treatment is not solely responsible for the selection of his/her records to be reviewed and is not a reviewer of his/her records.

4. Does the records review address whether:
   ■ The persons served were:
     – Provided with an appropriate orientation? □ Yes □ No
     – Actively involved in making informed choices regarding the services they received? □ Yes □ No
   ■ Confidential information was released according to applicable laws/regulations? □ Yes □ No
   ■ The assessments of the persons served were thorough, complete, and timely? □ Yes □ No
The goals and service/treatment objectives of the persons served were:
- Based on:
  - The results of the assessments? □ Yes □ No
  - The input of the person served? □ Yes □ No
  - Revised when indicated? □ Yes □ No

The actual services were related to the goals and objectives in the person's plan? □ Yes □ No

The actual services reflect:
- Appropriate level of care? □ Yes □ No
- Reasonable duration? □ Yes □ No

The person-centered plan was reviewed and updated in accordance with the organization’s policy? □ Yes □ No

When applicable, the following have been completed:
- Transition plan? □ Yes □ No
- Discharge summary? □ Yes □ No

Services were documented in accordance with the organization’s policy? □ Yes □ No

When billing for services occurs, the clinical documentation is consistent with billing records? □ Yes □ No

5. How does the organization demonstrate that the information collected from its established review process is:
- Used to improve the quality of its services through performance improvement activities?

- Used to identify personnel training needs?
■ Reported to applicable personnel?

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Documentation of a quarterly professional review of current and closed records
■ Evidence that the review addresses the areas listed can be demonstrated on a checklist, table, or other type of form that summarizes the review
■ Evidence that the review is done by trained and qualified personnel; a policy can state who the organization determines to be qualified and trained, and signed reviews can support that the policy is being met
SECTION 3

Behavioral Health Core Program Standards

A. Assertive Community Treatment (ACT)

1. Are assertive community treatment (ACT) services provided by one or more multidisciplinary treatment teams?
   - Yes
   - No

   Describe the teams.


2. Does the ACT team:
   - Have sufficient staff to provide identified hours of coverage?
     - Yes
     - No

   - Include the variety of disciplines necessary to meet the needs of the persons served?
     - Yes
     - No

   - Annually review its capacity to provide comprehensive integrated treatment services?
     - Yes
     - No

   - Make recommendations to the organization’s administration to ensure the team’s ability to meet the needs of the persons it serves?
     - Yes
     - No

   Describe this process.


3. Based on the needs of the persons served, does the composition of the ACT team provide for a staff-to-client ratio of at least one full-time equivalent direct care staff member for each eight to fifteen persons served?
   - Yes
   - No
Section 3.A. Assertive Community Treatment (ACT)

4. Is the ACT team coordinated by a team leader who:
   ■ Is a qualified behavioral health practitioner?  □ Yes  □ No
   ■ Has specialized knowledge and competencies that meet the needs of the persons served?  □ Yes  □ No
   ■ Provides for clinical supervision to ACT team staff?  □ Yes  □ No
   ■ Provides direct services to persons served by the ACT team?  □ Yes  □ No

Describe the ACT team leader's qualifications and competencies.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

5. Are a majority of the ACT team members qualified behavioral health practitioners?  □ Yes  □ No

6. Does each ACT team have one or more nursing staff member who:
   ■ Is available to participate in treatment planning meetings based on the needs of the persons served?  □ Yes  □ No
   ■ Provides sufficient nursing coverage to meet the needs of the persons served?  □ Yes  □ No
   ■ Directly provides services to the persons served?  □ Yes  □ No

7. Does each ACT team have a psychiatrist or physician specialist in addiction medicine who:
   ■ Is a member of the team?  □ Yes  □ No
   ■ Directly provides services to the persons served?  □ Yes  □ No
   ■ Is available to participate in treatment planning meetings based on the needs of the persons served?  □ Yes  □ No
   ■ Provides clinical consultation and supervision to the team?  □ Yes  □ No
8. Does the organization demonstrate its efforts to recruit staff or volunteers to become team members and to provide peer support or consultation to persons served by the ACT team?

☐ Yes  ☐ No

Describe this process.


9. Is the treatment plan for each person served reviewed at least quarterly?

☐ Yes  ☐ No

How can you demonstrate or verify to the survey team that treatment plans are modified as necessary based on the needs of the person served?


10. Is the ACT team:

■ The central point for delivering services based on the needs of the person served?  ☐ Yes  ☐ No

■ Available to the person served?  ☐ Yes  ☐ No

■ Directly conducting initial and ongoing assessments of the person served?  ☐ Yes  ☐ No

■ Directly providing treatment planning?  ☐ Yes  ☐ No

■ Delivering the majority of the treatment, rehabilitation, and recovery support services needed by the person served, including:
  – Symptom assessment and management?  ☐ Yes  ☐ No
  – Individual supportive therapy?  ☐ Yes  ☐ No

Describe how the team functions.


11. Does the ACT team directly provide the following crisis intervention services:

- Developing an initial crisis intervention plan upon contact for each person served?
  - Yes ☐  No ☐

- Providing telephone intervention services?
  - Yes ☐  No ☐

- Providing face-to-face assessment services?
  - Yes ☐  No ☐

- Providing mobile services?
  - Yes ☐  No ☐

- Having written emergency procedures that address:
  - Screening for medical or emergency psychiatric services when indicated?
    - Yes ☐  No ☐
  - Making referrals to emergency medical or psychiatric services when indicated?
    - Yes ☐  No ☐
  - Identifying personnel trained in emergency procedures?
    - Yes ☐  No ☐
  - Handling standing orders, when appropriate?
    - Yes ☐  No ☐

- Identifying procedures for:
  - Involving significant others with the consent of the persons served?
    - Yes ☐  No ☐
  - Obtaining information on advance directives of the persons served, when available?
    - Yes ☐  No ☐

- On-call availability 24 hours a day, 7 days a week?
  - Yes ☐  No ☐

- Collaboration with other community organizations that provide emergency services to ensure continuity of care of the persons served?
  - Yes ☐  No ☐

Describe the crisis intervention services.
12. Does the ACT team directly provide the following case management services:

- Assisting the persons served to:
  - Achieve their objectives? □ Yes □ No
  - Optimize their independence? □ Yes □ No
  - Optimize their productivity through community supports or linkages? □ Yes □ No
  - Develop additional competencies needed in order to increase social support networks? □ Yes □ No
- Assisting the persons served to access transportation when needed? □ Yes □ No
- Assisting the persons served to understand the impact of employment on accessing and securing future benefits? □ Yes □ No

Describe case management services in place.

13. Does the ACT team directly provide community integration services, including:

- Enhancing the understanding of the persons served regarding their psychiatric disorders or behavioral health needs? □ Yes □ No
- Improving the ability of the persons served to cope with their current conditions? □ Yes □ No
- Assisting the persons served to achieve their goals of choice in:
  - Community living? □ Yes □ No
  - Vocational/educational development? □ Yes □ No
  - Use of leisure-time opportunities? □ Yes □ No

14. Does the ACT team assist the persons served in securing arrangements to meet their basic needs, including:

- Financial benefits? □ Yes □ No
- Food, clothing, and household goods? □ Yes □ No
- Short-term shelter? □ Yes □ No
- Long-term housing? □ Yes □ No
Section 3.A. Assertive Community Treatment (ACT)

- Housing subsidies?  □ Yes  □ No
- Medical benefits/care?  □ Yes  □ No
- Dental benefits/care?  □ Yes  □ No
- Vision benefits/care?  □ Yes  □ No

15. How does the ACT team assist the persons served in securing and maintaining housing that is safe, affordable, accessible, and consistent with the goals and choices of the persons served?

16. Does the ACT team directly provide services to support activities of daily living in community-based settings through:
   - Individualized assessment?  □ Yes  □ No
   - Problem solving?  □ Yes  □ No
   - Side-by-side assistance and support?  □ Yes  □ No
   - Skill training?  □ Yes  □ No
   - Ongoing supervision?  □ Yes  □ No
   - Securing of environmental adaptations, if needed?  □ Yes  □ No

17. Do daily living support activities include assisting the person served to gain or use the skills required to:
   - Maintain personal hygiene and grooming? □ Yes □ No
   - Perform household activities? □ Yes □ No
   - Develop or improve money-management skills? □ Yes □ No
   - Access means of transportation? □ Yes □ No
   - Maintain good physical health and nutrition? □ Yes □ No

18. Is the ACT team directly responsible for providing medication management in accordance with the standards in Section 2.E. Medication Use?
   □ Yes  □ No
Describe this process.

19. Does the ACT team psychiatrist routinely, with the consent of the persons served and, as appropriate:
   - Assess the symptoms and behaviors of the persons served and prescribe appropriate medication?  
     - Yes  □  No  □
   - Regularly review and document the symptoms as well as the responses of the persons served to the prescribed medication treatment?  
     - Yes  □  No  □
   - Educate the persons served, their families, and significant others, when appropriate, regarding their disabilities and abilities?  
     - Yes  □  No  □

20. Does the ACT team directly provide substance abuse services that include interventions that assist persons served to:
   - Identify substance use and its effects?  
     - Yes  □  No  □
   - Recognize the relationships between substance use, mental illness, and psychotropic medications?  
     - Yes  □  No  □
   - Develop motivation for decreasing substance use?  
     - Yes  □  No  □
   - Develop coping skills and alternatives to substance use?  
     - Yes  □  No  □
   - Achieve periods of abstinence and stability?  
     - Yes  □  No  □
   - Access/utilize self-help or support groups?  
     - Yes  □  No  □

Describe substance abuse services in place.
21. Does the ACT team directly provide vocational services by actively assisting the persons served to find, obtain, and maintain employment or volunteer opportunities in community-based sites that are consistent with their goals and choices?

☐ Yes  ☐ No

Explain the process.

22. With consent of the persons served, does the ACT team provide services to the family and other major supports of the persons served, including:

- Education about the illness/disorder of the persons served? ☐ Yes  ☐ No
- Education about the strengths and abilities of the persons served? ☐ Yes  ☐ No
- When applicable, education about the role of the family in the therapeutic process? ☐ Yes  ☐ No
- Intervention to prevent or resolve conflict? ☐ Yes  ☐ No
- Ongoing communication and collaboration between the team and the family? ☐ Yes  ☐ No

Describe services to families.

23. Does the ACT team provide:

- Assertive outreach and engagement to assist persons served in their own environment? ☐ Yes  ☐ No
- At least 75 percent of its service contacts in the community, outside of the clinical office setting? ☐ Yes  ☐ No

24. Does the ACT team:

- Provide multiple contacts per week based on the clinical needs of the person served? ☐ Yes  ☐ No
25. How does the ACT team provide ongoing support and liaison services for persons who are hospitalized, or in criminal justice or other restrictive settings?

26. Does the ACT team provide outreach and follow-up to persons who have been admitted to its program, are in active status, and:
   - Become isolated in the community?  □ Yes  □ No
   - Are admitted to more intensive levels of treatment but are likely to return to the program?  □ Yes  □ No

Describe this process.

27. How does the ACT program operate in response to the needs of the person served, with flexible hours of operation during evenings, weekends, nights, and holidays?

28. Do team members on duty have daily staff meetings to:
   - Review the clinical status of the persons served by the team?  □ Yes  □ No
   - Review the current needs of the persons served by the team?  □ Yes  □ No
   - Update staff members on treatment contacts which occurred during the previous day(s)?  □ Yes  □ No
Section 3.A. Assertive Community Treatment (ACT)

- Identify contacts with the persons served that need to occur?  ❑ Yes  ❑ No
- Develop the daily work schedule for the team?  ❑ Yes  ❑ No
- Review treatment plans, when appropriate?  ❑ Yes  ❑ No
- Adjust service intensity for persons served as needed?  ❑ Yes  ❑ No
- Plan for potential emergency and crisis situations?  ❑ Yes  ❑ No

29. Is the information shared at organizational staff meetings documented?
   ❑ Yes  ❑ No

30. Is space designated for team meetings available?
   ❑ Yes  ❑ No

31. Is clinical supervision of all team members ongoing and sufficient to ensure quality services?
   ❑ Yes  ❑ No
   Describe supervision in place.

32. Is clinical supervision provided by the team leader, psychiatrist, or another designated and qualified individual on the team?
   ❑ Yes  ❑ No
   Who is this individual and what are his or her qualifications?

33. Does the team have access to the records of the persons served at all times?
   ❑ Yes  ❑ No
   How is this accomplished?
34. How does the team interact with community organizations, agencies, and groups to facilitate community adjustment and access to resources for the persons served?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

35. Does discharge from the program occur when the persons served and program staff mutually agree to the termination of services?

☐ Yes    ☐ No

When the person served moves outside the geographic area of the team’s responsibility, does the ACT team:

■ Arrange for transfer of mental health service responsibility to a provider in the location to which the person served is moving?

☐ Yes    ☐ No

■ Maintain contact, when feasible, with the person served until service transfer is arranged?

☐ Yes    ☐ No

Does discharge from the program occur when the person served demonstrates an ability to function in all major role areas (i.e., work, social, self-care) with only minimal assistance from the program for a period of one year or more, or as agreed to by the person served and the ACT team?

☐ Yes    ☐ No

Describe this process.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Does discharge from the program occur:

■ When the person served is not court ordered and requests termination of services?

☐ Yes    ☐ No

■ When the team, despite repeated efforts, cannot locate the person served?

☐ Yes    ☐ No
36. Is documentation of discharge completed by identified member(s) of the treatment team?

☐ Yes ☐ No

37. Does discharge documentation include the signature of:

- The primary case manager for the person served? ☐ Yes ☐ No
- The team leader? ☐ Yes ☐ No
- The psychiatrist, when possible? ☐ Yes ☐ No
- The person served, when possible? ☐ Yes ☐ No

Describe discharge procedures in place.

____________________________________________________________________________________

____________________________________________________________________________________

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Initial and ongoing assessments
- Treatment plan
- Crisis intervention plan developed per intervention
- Written emergency procedures
- Individualized assessment of activities of daily living skills
- Documentation of medication treatment and symptomatology and side effects
- Review of clinical records, daily work schedule, treatment plans, and progress notes
- Discharge plan
B. Assessment and Referral (AR)

1. Does the program have policies and procedures regarding assessment and referral?
   
   Do they include:
   ■ Identification of the use of valid, reliable, or standardized assessment tools, tests, or instruments?  
     
     □ Yes □ No
   ■ A demonstrated method of identifying appropriate levels of care for the persons served?  
     
     □ Yes □ No
   ■ Linkage to:
     ◦ Emergency services?  
       
       □ Yes □ No
     ◦ Crisis intervention services, as needed?  
       
       □ Yes □ No

2. In collaboration with the person served, does the program include:
   ■ Assessment of the needs of the person served?  
     
     □ Yes □ No
   ■ Identification of the choices available for community resources?  
     
     □ Yes □ No
   ■ Provision of informational materials pertaining to community resources, when possible?  
     
     □ Yes □ No
   ■ Identification of services that are:
     ◦ Culturally appropriate?  
       
       □ Yes □ No
     ◦ Age appropriate?  
       
       □ Yes □ No
   ■ Implementation of methods to:
     ◦ Determine if services were accessed by the person served?  
       
       □ Yes □ No
     ◦ Provide follow-up, when indicated?  
       
       □ Yes □ No

3. Does the program, when requested, provide a written summary of the assessment and referral(s) to the person served or his/her legal representative?
   
   □ Yes □ No
Section 3.B. Assessment and Referral (AR)

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Policies for assessment and referral
- Assessment tools
- A community resources file
C. Case Management/Services Coordination (CM)

1. Are the persons served linked to services and resources to achieve objectives as identified in their person-centered plans?
   - Yes □
   - No □

Describe the process.

2. Do personnel providing services have a working knowledge of the:
   - Services that are appropriate for the needs of the persons served?
     - Yes □
     - No □
   - Support systems that are relevant to the lives of the persons served?
     - Yes □
     - No □

Describe how this is determined.

3. Is case management/service coordination based on the needs of the persons served?
   - Yes □
   - No □

Does it include:
   - Activities carried out in collaboration with the persons served?
     - Yes □
     - No □
   - Outreach to encourage the participation of the persons served?
     - Yes □
     - No □
   - Coordination of or assistance with crisis intervention and stabilization services, as appropriate?
     - Yes □
     - No □
   - Assistance with achieving goals as defined by the persons served?
     - Yes □
     - No □
   - Optimizing resources and opportunities through:
     - Community linkages?
       - Yes □
       - No □
     - Enhanced social support networks?
       - Yes □
       - No □
   - Assistance with:
     - Accessing transportation?
       - Yes □
       - No □
Section 3.C. Case Management/Services Coordination (CM)

- Securing safe housing that is reflective of the:
  - Needs of the persons served?  □ Yes  □ No
  - Abilities of the persons served?  □ Yes  □ No
  - Preferences of the persons served?  □ Yes  □ No
  - Exploring employment or other meaningful activities?  □ Yes  □ No

■ Provision of or linkage to skill development services needed to enable the persons served to perform daily activities, including:
  - Budgeting?  □ Yes  □ No
  - Meal planning?  □ Yes  □ No
  - Personal care?  □ Yes  □ No
  - Housekeeping and home maintenance?  □ Yes  □ No
  - Other identified needs?  □ Yes  □ No

■ Evidence of linkage with necessary and appropriate services, including:
  - Financial services?  □ Yes  □ No
  - Medical or other health care?  □ Yes  □ No
  - Other community services?  □ Yes  □ No

How do the linkages occur?

________________________________________________________________________

________________________________________________________________________

4. How do you ensure that your organization provides case management activities in locations that meet the needs of the persons served?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. How do you ensure that the intensity of case management is based on the needs of the person as identified in his or her person-centered plan?

________________________________________________________________________

________________________________________________________________________
6. When multiple case management providers exist, is:
   - A primary case manager identified?  
     - Yes  
     - No
   - There coordination to:
     - Facilitate continuity of care?  
       - Yes  
       - No
     - Reduce duplication of services?  
       - Yes  
       - No

Describe how the primary case manager is identified.

Describe the process to coordinate continuity of care and reduction of duplication of services.

7. Describe how, with the permission of the persons served, personnel provide advocacy by sharing feedback regarding the services received with the agencies and organizations providing the services.

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Person-centered plans for the persons served
- Assessment and documentation of progress toward individual goals
D. Community Housing (CH)

1. Does each person served in the residential setting have his or her own personal space?

   - Yes  [ ]
   - No   [ ]

   Does this space allow for:

   - Respect for privacy?  [ ] Yes  [ ] No
   - Personal security?   [ ] Yes  [ ] No
   - Safety?             [ ] Yes  [ ] No

2. Does the organization provide community living components, including:

   - Regular meetings between the persons served and staff?  [ ] Yes  [ ] No
   - Opportunities to participate in typical home activities?  [ ] Yes  [ ] No
   - Appropriate linkage when healthcare needs of the persons served are identified?  [ ] Yes  [ ] No
   - A personalized setting?  [ ] Yes  [ ] No
   - Daily access to nutritious meals and snacks?  [ ] Yes  [ ] No
   - The opportunity for expression of choice by the persons served as to rooms and housemates?  [ ] Yes  [ ] No

   Based on the choice of the persons served, opportunities to access:

   - Community activities?  [ ] Yes  [ ] No
   - Cultural activities?  [ ] Yes  [ ] No
   - Social activities?  [ ] Yes  [ ] No
   - Recreational activities?  [ ] Yes  [ ] No
   - Spiritual activities?  [ ] Yes  [ ] No
   - Employment/income generation activities?  [ ] Yes  [ ] No
   - Necessary transportation?  [ ] Yes  [ ] No
   - Self-help groups?  [ ] Yes  [ ] No
   - Other?  [ ] Yes  [ ] No

   Policies related to:

   - Visitors or guests?  [ ] Yes  [ ] No
   - Pets?  [ ] Yes  [ ] No
3. Describe how the in-home safety needs of persons served are addressed with respect to:
   - Environmental risks.
   - Abuses and/or neglect inflicted by self or others.
   - Self-protection skills.
   - Medication management.

4. When possible, do the persons served have options to make changes in their living arrangements:
   - At their request? □ Yes □ No
   - At the request of their families, when applicable? □ Yes □ No
   - In transition living, on a periodic basis when initiated by the organization? □ Yes □ No
   - Based on informed choice? □ Yes □ No

5. Does the organization have procedures in place to assist persons served in transitioning to other housing?
   □ Yes □ No

Is the housing:
   - Safe? □ Yes □ No
Section 3.D. Community Housing (CH)

- Affordable?  □ Yes  □ No
- Accessible?  □ Yes  □ No
- Acceptable?  □ Yes  □ No

6. Describe how each person served receives:
- Skill development necessary to live as independently as possible.

7. Based on the need of the persons served, are personnel on-site to help meet these needs, as identified in their person-centered plans?
- Yes  □ No

8. Is there a system for the on-call availability of designated personnel 24 hours a day, 7 days a week?
- Yes  □ No

Describe the system.

9. In congregate housing, are there provisions to address the need for:
- Smoking or nonsmoking areas?  □ Yes  □ No
- Quiet areas?  □ Yes  □ No
- Areas for visits?  □ Yes  □ No
- Other issues, as identified by the residents?  □ Yes  □ No
Describe how the sleeping areas in the group home are separated based on:

- Age.

- Gender.

- Developmental needs.

Give some examples of ways you have addressed needs related to other issues identified by residents in the program.

10. Describe how the organization assists the persons served to identify and utilize available modes of transportation.

11. Describe how you maintain a person's residence as long as possible during temporary medical, legal, or personal absences.
12. Describe how your organization provides information to residents that addresses:
   - How to access community resources if needed.
   - Safety issues related to the service delivery site.
   - Access to emergency care when needed.
   - Specific healthcare procedures and techniques.
   - Contingency plans in case the support system or service provider is unable to provide care.
   - A review of how to deal with emergencies and evacuation from the residence.

Documentation Examples
The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Documentation of an annual review of the plan for each person served
- A descriptive outline or curriculum for training
E. Community Integration (COI)

1. Describe how the persons participating in services/activities move toward:
   - The optimal use of:
     - Natural supports.
     - Self-help.
   - Greater self-sufficiency.
   - Greater choice.
   - Greater control of their lives.
   - Increased participation in the community.
2. How are services/activities organized around:
   - The stated goals of the persons served?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   - The stated preferences of the persons served?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   - The identified needs of the persons served?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   - Improving the ability of the persons served to understand their needs?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   - Assisting the persons served to achieve their goals of choice in:
     - Community living skills development?
       __________________________________________________________
       __________________________________________________________
       __________________________________________________________
       __________________________________________________________

     - Interpersonal relations?
       __________________________________________________________
       __________________________________________________________
       __________________________________________________________
- Recreational or use of leisure time opportunities?

- Vocational development or employment?

- Educational development?

- Self-advocacy?

- Access to nondisability-related social resources?

3. Do you observe legal wage guidelines if program participants work?  
☐ Yes  ☐ No

4. Describe how you ensure that services are provided at times and locations that meet the needs of the persons served.
5. Describe how personnel are made available to meet with persons served to discuss matters of mutual interest or concern.

6. Describe how the organization provides information or referral to assist the persons served in securing assistance to meet their basic needs.

7. Describe how the program’s outreach to and follow-up procedures for the persons served are directed to:
   - Those who drop out of services.
   - Those who have been admitted to a treatment, institutional, or other setting.

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Meeting schedules and notes
- House activity schedule
- Menus of meals provided if applicable
F. Court Treatment (CT)

1. Does the court treatment program work with prosecutors, defense counsel, court personnel, and other criminal justice representatives, as appropriate, to design policies and procedures for:
   ■ Screening? □ Yes □ No
   ■ Eligibility? □ Yes □ No
   ■ Case processing? □ Yes □ No

Describe how policies and procedures get developed collaboratively.

2. Does the court treatment program deny participation solely on the basis of inability to pay fees, fines, or restitution?
   □ Yes □ No

Describe the circumstances under which program participation is denied.

3. Describe how the program communicates the need for ongoing judicial interaction to each court treatment participant.

4. Is a written assessment conducted for each person served that includes:
   ■ A detailed history of the person’s criminal behavior, including:
     – Arrests? □ Yes □ No
     – Convictions? □ Yes □ No
     – Violations of parole and/or probation? □ Yes □ No
     – Prior incarcerations? □ Yes □ No
     – Pending cases? □ Yes □ No
Section 3.F. Court Treatment (CT)

- Information on the person's participation in organizations or groups that encourage criminal behavior? □ Yes □ No

- The relationship between the person's behavioral health and his or her criminal activity, including:
  - Alcohol and other drug use? □ Yes □ No
  - Mental illness? □ Yes □ No
  - Post traumatic stress disorder? □ Yes □ No
  - Family concerns? □ Yes □ No
  - Violence? □ Yes □ No

- Risk to self, other persons served, personnel, and/or the community? □ Yes □ No

5. How does the court treatment program provide or ensure the provision of case management services based on the needs of the persons served, including:
   - Optimizing of resources and opportunities through community linkages?
   - Assistance with developing or enhancing social support networks?
   - Assistance with accessing:
     - Transportation services, as needed?
     - Safe housing that is reflective of the abilities and preferences of the persons served?
- Provision of, or linkage to, skill development services needed to enable the person served to perform daily living activities, including budgeting, meal planning, personal hygiene, and housekeeping?

- An ongoing assessment of the needs of the person served to determine the appropriateness of services directly provided or accessed?

- Evidence of linkage with necessary and appropriate services, including:
  - Financial?
  - Medical or other health care?
  - Medication use?
  - Educational?
6. How do you ensure that the intensity of case management is based on the needs of the person served?

7. When multiple case management providers exist, describe how linkages are made to:
   ■ Ensure continuity of care.
   ■ Reduce duplication of services.

8. Does the court treatment program provide, or ensure the provision of, outpatient services, including:
   ■ Individual counseling/therapy? Yes No
   ■ Family counseling/therapy? Yes No
   ■ Group counseling/therapy? Yes No
   ■ Psycho-education? Yes No
Describe how these services are provided.

____________________________________________________________________________

____________________________________________________________________________

9. Are there written procedures that specify that the court treatment program provides or arranges for the provision of services when needed by the person served, including:
   - Detoxification? □ Yes □ No
   - Inpatient treatment? □ Yes □ No
   - Residential treatment? □ Yes □ No
   - Intensive outpatient treatment? □ Yes □ No

Describe how these services are arranged for or provided.

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____________________________________________________________________________

10. Describe the frequency of alcohol and other drug testing used to monitor abstinence.

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11. How does the organization ensure that the records of the persons served document, on an ongoing basis, the specific treatment interventions that are provided?

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12. How does the organization ensure that the services are delivered by a team with specialized knowledge of the various theories of, and approaches to, criminal justice behavioral health services?

____________________________________________________________________________

____________________________________________________________________________
13. Does the program ensure that all members of the team:
■ Have access to the confidential information that is required for
the team members to perform their functions? □ Yes □ No
■ Are bound by applicable state, federal, or provincial confidentiality laws? □ Yes □ No

14. Does the organization ensure that training:
■ Is provided to personnel prior to the delivery of services? □ Yes □ No
■ Includes regular interdisciplinary joint cross-training related to clinical and criminal justice issues? □ Yes □ No
■ Includes such topics as:
   – The requirements imposed on personnel from the criminal justice system who participate on the treatment team? □ Yes □ No
   – Safeguards that are available to personnel? □ Yes □ No

How often does training occur? Who is responsible for providing training?

________________________________________________________________________

________________________________________________________________________

15. Does the treatment team work in a partnership with the judge to:
■ Review treatment progress on an ongoing basis? □ Yes □ No
■ Respond to the progress and/or noncompliance of each person served? □ Yes □ No

16. Is the person served provided with a description of the relationship between the criminal justice entity and the program, including:
■ The extent and limitations of confidentiality and sanctions? □ Yes □ No
■ The possible implications of having a criminal justice member on the team? □ Yes □ No
Describe how this occurs.

17. Is there a review of the person-centered plan for persons served in a court treatment program at least once per month?
   - Yes
   - No

Who is responsible for reviewing person-centered plans?

18. If the person served is sanctioned to an external setting for 30 days or more:
   - Is an updated transition plan completed?
     - Yes
     - No
   - Is his or her status tracked/monitored?
     - Yes
     - No

Describe this process.

19. When the person served is referred to a different level of care in the community, describe how the court treatment program establishes a process to consistently receive information regarding his or her status.

20. When appropriate, and with the consent of the person served, describe how the program coordinates treatment with other services.
21. Does the person-centered plan for a person receiving education and training services in a court treatment program:

- Address issues specific to his or her individual needs? □ Yes □ No
- Address his or her cognitive and learning abilities? □ Yes □ No
- Remain consistent with the program’s philosophy of treatment? □ Yes □ No
- Address relapse prevention? □ Yes □ No
- Address potential contingency plans? □ Yes □ No

Describe how person-centered plans are developed to meet these standards.

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Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Person-centered plans for the persons served
- Assessment and documentation of progress toward individual goals
G. Crisis Programs

Crisis and Information Call Centers (CIC)

1. Does your organization have policies and written procedures for:
   - Determination of eligibility? [ ] Yes [ ] No
   - Handling of calls from persons ineligible for service? [ ] Yes [ ] No
   - Caller identification? [ ] Yes [ ] No
   - Active rescue? [ ] Yes [ ] No
   - Follow-up? [ ] Yes [ ] No
   - Third-party outreach? [ ] Yes [ ] No
   - Monitoring of calls? [ ] Yes [ ] No
   - Recording of calls? [ ] Yes [ ] No
   - Call refusal or termination? [ ] Yes [ ] No
   - Safety of staff specific to a 24/7 setting? [ ] Yes [ ] No

2. Does your program provide initial and ongoing training to persons providing services that is guided by:
   - A written training plan? [ ] Yes [ ] No
   - A detailed curriculum? [ ] Yes [ ] No
   - Post-training assessment of competency? [ ] Yes [ ] No
   - Mechanisms for:
     - Modeling? [ ] Yes [ ] No
     - Evaluation? [ ] Yes [ ] No
   - Updating of training to reflect:
     - Current community issues or trends? [ ] Yes [ ] No
     - Field trends or research? [ ] Yes [ ] No

3. Does your organization provide telephone intervention services? [ ] Yes [ ] No

4. To ensure access during identified hours of operation, does your program implement written procedures that:
   - Identify thresholds for timeliness of response? [ ] Yes [ ] No
   - Provide for monitoring of attainment of thresholds? [ ] Yes [ ] No
Identify a process for implementing a change in response to:
- Results achieved?  □ Yes  □ No
- Changes in demand or capacity?  □ Yes  □ No

5. Does your program provide or have procedures for identifying and accessing face-to-face response when indicated?
□ Yes  □ No

6. Are there written procedures:
□ For determining the nature of the call?  □ Yes  □ No
□ To identify a screening process that is appropriate to the presenting concern?  □ Yes  □ No
□ To identify suggested responses based on needs identified by the person calling?  □ Yes  □ No
□ To identify the need to document the results of screening?  □ Yes  □ No

7. Are there procedures to guide the potential involvement of social support systems, including family members, identified legal representatives, or others, with legal right or the consent of the persons served?
□ Yes  □ No

8. Do individuals providing services demonstrate knowledge and skill of:
□ Appropriate community resources?  □ Yes  □ No
□ Crisis identification?  □ Yes  □ No
□ Rapport building and positive engagement?  □ Yes  □ No
□ Mandatory reporting requirements?  □ Yes  □ No
□ Other laws and regulations, as applicable?  □ Yes  □ No

9. In a crisis response program, if the assessment identifies a need for an initial crisis intervention response, does it include:
□ When applicable, identified immediate response to:
  - Suicide risk?  □ Yes  □ No
  - Threatened or actual abuse or violence?  □ Yes  □ No

Is there a written statement describing the crisis resolution?
□ Yes  □ No

10. Does your crisis response program provide or have procedures for the provision of services 24 hours a day, 7 days a week?
□ Yes  □ No
11. If your program uses a secondary provider for roll-over call answering or 24/7 coverage, is there evidence of:

- Interagency coordination?  
  - Yes  
  - No
- Written agreements?  
  - Yes  
  - No
- Identified training requirements?  
  - Yes  
  - No
- Service evaluation?  
  - Yes  
  - No

12. In your crisis response program, do the individuals providing services have the capability to make appropriate decisions to:

- Determine an appropriate course of action?  
  - Yes  
  - No
- Facilitate the stabilization of the situation as quickly as possible?  
  - Yes  
  - No

13. In your crisis response program, do the individuals providing services demonstrate competency in:

- Crisis intervention techniques?  
  - Yes  
  - No
- Lethality assessment?  
  - Yes  
  - No
- Problem solving?  
  - Yes  
  - No
- Recognizing indicators of presenting problems?  
  - Yes  
  - No

14. In your information and referral program, are there written procedures identifying the process for:

- Determining eligibility for inclusion of resources in the community resource database?  
  - Yes  
  - No
- Regularly updating the database?  
  - Yes  
  - No
- Tracking requests to identify the community services that are:
  - Most needed?  
    - Yes  
    - No
  - Not available?  
    - Yes  
    - No

15. Does your information and referral program have a policy defining expectations regarding:

- Nonendorsement of specific referrals?  
  - Yes  
  - No
- Fair and equitable caller-driven referrals?  
  - Yes  
  - No

16. When applicable, does your information and referral program have procedures for:

- A referral process that provides choice to the caller?  
  - Yes  
  - No
- Warm transfer?  
  - Yes  
  - No
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Policies and written procedures related to the provision and parameters of services
- Written training plan for persons providing services
- Written procedures that match resources to service needs
- Written procedures for screening and responses to calls
- Written statements describing crises resolutions, if applicable
- Written agreements with secondary service providers, if applicable
- Written procedures related to adding/deleting resources from the referral list and tracking requests for community services
- Policy defining expectations regarding nonendorsement of specific referrals and fair and equitable referrals
- Records of the persons served
Crisis Intervention (CI)

17. How does your organization ensure that the persons served are engaged in a timely manner?

Are those procedures in writing?  □ Yes  □ No

18. Does your written assessment include, at a minimum:
   ▪ Presenting concerns?  □ Yes  □ No
   ▪ Suicide risk?  □ Yes  □ No
   ▪ Issues since last stabilization, when applicable?  □ Yes  □ No
   ▪ Current living situation?  □ Yes  □ No
   ▪ Availability of supports?  □ Yes  □ No
   ▪ Risk of harm to self or others?  □ Yes  □ No
   ▪ Risk of harm from others?  □ Yes  □ No
   ▪ Current medications and compliance?  □ Yes  □ No
   ▪ Use of alcohol or drugs?  □ Yes  □ No
   ▪ Medical conditions?  □ Yes  □ No
   ▪ When applicable, history of previous crises, including response and results?  □ Yes  □ No

19. Is an initial crisis intervention plan developed upon contact for each person served?

Are immediate response needs identified?  □ Yes  □ No
Is follow-up when referral is made identified?  □ Yes  □ No
Is there a statement of crisis resolution?  □ Yes  □ No

20. Does the program provide:
   ▪ Telephone intervention services?  □ Yes  □ No
   ▪ Face-to-face assessment services?  □ Yes  □ No
21. Describe the procedures in place for the provision of mobile services.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

22. Explain your process for training or certifying personnel in first aid and CPR.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

23. Are there written emergency procedures that address:
   ■ Screening for medical conditions? □ Yes □ No
   ■ Making referrals to emergency medical services when indicated? □ Yes □ No
   ■ Identifying personnel trained in emergency procedures? □ Yes □ No
   ■ When appropriate, identifying personnel other than physicians who can perform special procedures, including the circumstances under which they can perform these procedures and the degree of supervision required to perform these procedures? □ Yes □ No
   ■ Handling standing orders? □ Yes □ No
   ■ Involuntary hospitalization? □ Yes □ No

Describe the emergency procedures. Where are they kept?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

24. Are crisis intervention services available 24 hours a day, 7 days a week? □ Yes □ No

25. Are qualified behavioral health professionals available 24 hours a day, 7 days a week? □ Yes □ No
Describe the qualifications of the behavioral health professionals.


26. How does your program determine the necessary clinical training, education, and experience of personnel to make sound clinical decisions?


27. Does your organization have written procedures to guide access to inpatient services or less restrictive alternatives?

- [ ] Yes
- [ ] No

Explain that process.


28. Are there procedures for the involvement of family members, identified legal representatives, or others, with legal right or consent of the persons served?

- [ ] Yes
- [ ] No

29. Do personnel have knowledge of:
   - [ ] The appropriate use of community resources?
   - [ ] Crisis intervention techniques?
   - [ ] Procedures for involuntary hospitalization?

Describe how this knowledge is assessed.


Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Written procedure for timely engagement of the person served
- Written crisis assessment
- Initial crisis intervention plans
- Written emergency procedures
- Written procedures to guide access to inpatient services or less restrictive alternative
- Records of the persons served
Crisis Stabilization (CS)

30. Does the program have the capacity to admit persons served 24 hours a day, 7 days a week?  
   - Yes  
   - No

31. Is an initial crisis stabilization plan developed upon admission for each person served?  
   - Yes  
   - No

   Does it address the person-centered plan, if available?  
   - Yes  
   - No

   Does it identify any directives from the person served and/or legal guardian?  
   - Yes  
   - No

32. Does the program have on-site personnel 24 hours a day, 7 days a week?  
   - Yes  
   - No

33. Are licensed medical personnel available 24 hours a day, 7 days a week?  
   - Yes  
   - No

34. Are there daily therapeutic interventions between the persons served and a qualified behavioral health practitioner?  
   - Yes  
   - No

   Describe these interventions.

   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

   Are the interventions documented daily?  
   - Yes  
   - No

35. Are the needs of the persons served continuously evaluated to ensure that appropriate services are provided prior to discharge from the stabilization?  
   - Yes  
   - No

36. Are appropriate referrals and linkages to needed services conducted at the earliest possible interval in the service provision?  
   - Yes  
   - No

37. Does the program ensure that arrangements are made regarding transportation for persons served to immediately needed care/services?  
   - Yes  
   - No
Describe transportation arrangements.

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_________________________________________________________________________________

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**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Crisis stabilization plans for the persons served
- Staffing pattern chart or schedule
H. Day Treatment (DT)

1. Is the program available to each person served:
   - At least four days per week? □ Yes □ No
   - At least three hours per day? □ Yes □ No

2. Do the majority of program hours consist of scheduled treatment services?
   □ Yes □ No

   Do the treatment services provided include:
   - Individual counseling/therapy? □ Yes □ No
   - Family counseling/therapy? □ Yes □ No
   - Group counseling/therapy? □ Yes □ No
   - Education on alcohol, tobacco, or other drugs; medication, and/or psychoeducation? □ Yes □ No
   - Occupational therapy? □ Yes □ No
   - Other therapy services as appropriate? □ Yes □ No

   Describe other therapy services provided, if any.

Does your program provide at least three of the above treatment services? □ Yes □ No

3. Describe the additional activities that are offered, based on the needs of the persons served, in each of the following areas:
   - Emotional.

   Environmental.
4. How do you ensure that the program has consistently assigned personnel?

How can the survey team verify that the program has consistently scheduled activities?
5. Describe how the program’s services are provided by a interdisciplinary team.

6. Describe how your program provides or arranges for psychiatric services to meet the needs of the persons served.

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- A program schedule
- Individual program plans for the persons served
- Records of the persons served
I. Detoxification (DTX)

1. For each person served, is a medical evaluation obtained prior to or within 24 hours of admission?

- Yes  
- No

Does it include:

- A physical examination?
  - Yes  
  - No

- Orders for appropriate tests?
  - Yes  
  - No

- Face-to-face consultation with a physician?
  - Yes  
  - No

2. How does the program ensure:

- The ongoing review of the person-centered plan for detoxification?

- The supervision of the detoxification process by medical personnel?

- That the services provided are consistent with generally accepted standards for detoxification programs?

- That medication use services are based on medical protocol?
- That a health screening is available for each person admitted?

- Does the health screening include:
  - Need for medical care?
    - Yes
    - No
  - Intensity of services needed?
    - Yes
    - No
  - Laboratory tests, when needed?
    - Yes
    - No

3. Are medical personnel available 24 hours a day, 7 days a week?

- Is your organization in compliance with federal, state, or provincial law?
  - Yes
  - No

4. Does supervision of the detoxification process include:
  - Regular and frequent monitoring of vital signs (pulse, temperature, and respiration)?
    - Yes
    - No
  - Face-to-face contact with the person served?
    - Yes
    - No

5. Are detoxification services provided by qualified personnel 24 hours a day, 7 days a week?

- Describe the qualifications of the personnel of the program.

6. Is documentation maintained by qualified personnel regarding each person's condition, including:
  - Significant indicators as monitored through vital signs?
    - Yes
    - No
  - Symptoms of medical distress?
    - Yes
    - No
  - Actions taken?
    - Yes
    - No
  - Progress of the person served?
    - Yes
    - No
Who maintains this documentation, and where is it kept?

________________________________________________________________________

________________________________________________________________________

7. Describe the staff’s contact with each person served to monitor his/her progress toward treatment goals.

________________________________________________________________________

________________________________________________________________________

8. Is referral to another level of care made during the provision of detoxification services or prior to discharge following completion of services?

☑ Yes ☐ No

Describe how this is accomplished.

________________________________________________________________________

________________________________________________________________________

9. Does the organization have written procedures that address transfer to emergency medical services?

☐ Yes ☐ No

Do they address:

■ Steps for dealing with common medical problems?

☐ Yes ☐ No

■ The process necessary to transfer to a hospital or emergency services?

☐ Yes ☐ No

■ Access to documented services received during absence from the program, including medications prescribed?

☐ Yes ☐ No

■ Documentation of actions taken when the person served returns from emergency services provided?

☐ Yes ☐ No
10. Describe the services you provide to motivate the persons served to continue treatment following detoxification.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

11. When outpatient detoxification services are provided, are prescription medications used only:
   ■ When the persons served are able to self-manage their medications or when there is evidence of support from the family, significant other, and/or social support system?  
     □ Yes  □ No
   ■ When the program maintains sufficient staff resources to provide medication management?  
     □ Yes  □ No

12. When inpatient detoxification services are provided, is treatment based on orders authorized by a licensed physician, nurse practitioner, or physician's assistant, as permitted by federal, state, or provincial law?  
    □ Yes  □ No

Describe how these factors are assessed.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

13. When inpatient detoxification services are provided, is nursing care provided:
   ■ Twenty-four hours a day, seven days a week?  
     □ Yes  □ No
   ■ In accordance with federal, state, or provincial law?  
     □ Yes  □ No
Section 3.I. Detoxification (DTX)

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Documentation of each person’s condition; treatment plans, progress notes
- Medical evaluations of persons served
- Staffing pattern chart or schedule
- Written procedures for transfer to medical emergency services
- Written plan that guides the delivery of services
J. Diversion/Intervention (DVN)

1. Are the services designed by personnel with demonstrated skill and knowledge in current evidence-informed/evidence-based intervention/diversion theory and practice or diversionary alternatives?
   - Yes [ ]
   - No [ ]

Describe the training and skills of personnel.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Does the program collaborate with other programs and stakeholders within the community to:
   - Ensure that agencies are knowledgeable of each others’ services?
     - Yes [ ]
     - No [ ]
   - Assist with the process of referrals?
     - Yes [ ]
     - No [ ]
   - Coordinate community planning and development services?
     - Yes [ ]
     - No [ ]

List some examples that demonstrate this.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Does the program provide information about:
   - Mental health?
     - Yes [ ]
     - No [ ]
   - Alcohol, tobacco, and other drug use?
     - Yes [ ]
     - No [ ]
   - Child abuse and neglect?
     - Yes [ ]
     - No [ ]
   - Suicide prevention?
     - Yes [ ]
     - No [ ]
   - Violence prevention?
     - Yes [ ]
     - No [ ]
   - Health and wellness?
     - Yes [ ]
     - No [ ]
   - Social and community issues?
     - Yes [ ]
     - No [ ]
   - Internet safety?
     - Yes [ ]
     - No [ ]
   - Acceptance of cultural diversity?
     - Yes [ ]
     - No [ ]
   - Effective parenting?
     - Yes [ ]
     - No [ ]
   - Is at least one of the above offered?
     - Yes [ ]
     - No [ ]
Describe these efforts.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________


4. Explain how you provide program activities that are:
   ■ Culturally relevant.
     ____________________________________________
     ____________________________________________
     ____________________________________________

   ■ Age appropriate.
     ____________________________________________
     ____________________________________________
     ____________________________________________

   ■ Gender appropriate.
     ____________________________________________
     ____________________________________________
     ____________________________________________

   ■ Targeted towards multiple settings within the community.
     ____________________________________________
     ____________________________________________
     ____________________________________________

5. Describe the strategies used by your program.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Does your program use at least two of the strategies listed in the standard?

☐ Yes  ☐ No
6. Does the program have a plan or written logic model that details:
   - The specific theoretical approaches to be used?  
     - Yes ☐  No ☐
   - The methodological approaches to be used?  
     - Yes ☐  No ☐
   - How the approaches will be applied within the community?  
     - Yes ☐  No ☐

7. Does the program have procedures for referring persons served to other health and social services, as needed?  
   - Yes ☐  No ☐

Describe these procedures:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How does the program ensure that personnel are knowledgeable of current community resources?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How does the program conduct evaluations of the programs/services offered?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How does the program conduct evaluations of its training activities?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
8. Describe how your program:
   ■ Utilizes a screening or assessment process to identify individuals for participation or enrollment in the program.
   ■ Documents a plan for individual outcomes.

Documentation Examples
The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.
   ■ Written plan or logic model that details specific approaches to be used
   ■ Plan for individual outcomes
   ■ Documentation of evaluation of programs/services and training activities
K. Employee Assistance (EA)

1. Does the program:
   ■ Facilitate equal access to services by all segments of the host organization? □ Yes □ No
   ■ Fully disclose to the persons served the conditions that may limit confidentiality? □ Yes □ No
   ■ Protect the host organization’s proprietary information with professional discretion and integrity? □ Yes □ No
   ■ Provide consultation regarding:
     – The management of employees? □ Yes □ No
     – Referral of employees with job performance and other behavioral problems? □ Yes □ No
   ■ Provide consultation to the host organization’s leadership on issues that may impact employees’ well-being? □ Yes □ No
   ■ Inform and educate employees? □ Yes □ No

2. Are the components of the program based on:
   ■ The agreement with the host organization? □ Yes □ No
   ■ An assessment of employee needs? □ Yes □ No
   ■ Compliance with regulatory and legislative requirements? □ Yes □ No

3. Does the program have a written agreement with the host organization that:
   ■ Defines the program’s relationship to the host organization? □ Yes □ No
   ■ States the scope of the program’s services? □ Yes □ No
   ■ States the limitations of the program’s services? □ Yes □ No
   ■ Defines the confidentiality guidelines? □ Yes □ No
   ■ Defines the limits under which the employee assistance program functions? □ Yes □ No
   ■ Describes the appropriate role of the program relative to the host organization’s corrective and disciplinary procedures? □ Yes □ No
   ■ Delineates the role of the program in all drug-testing programs? □ Yes □ No
Section 3.K. Employee Assistance (EA)

- Defines the respective responsibilities and relationships of the program and any managed care functions?  Yes  No
- Identifies the criteria for referral for additional services?  Yes  No
- Describes the costs of services?  Yes  No
- Identifies a liaison from the program?  Yes  No
- Identifies a liaison from the host organization?  Yes  No
- Delineates the ownership of the program records?  Yes  No
- Delineates the retention of the program records?  Yes  No
- Delineates the types of consultation that will be provided?  Yes  No

4. When the written agreement includes a program advisory process within the host organization, does it:
- Provide for the involvement of all key segments of the workplace?  Yes  No
- Include representation from the leadership of:
  - The host organization?  Yes  No
  - Labor organizations?  Yes  No
- Reflect the employee population's:
  - Genders?  Yes  No
  - Ethnicity?  Yes  No
  - Cultural diversity?  Yes  No
- Describe the program's scope, purpose, and operation?  Yes  No
- Ensure equal access to services by all segments of the host organization?  Yes  No

5. Does the employee assistance program provide an identifiable delivery system that includes provision for:
- Making services available in a designated area?  Yes  No
- Assigning qualified staff members to the program?  Yes  No
6. Who is the program liaison from the host organization?

7. When considering the addition of new services, does the program ensure that the services are consistent with the employee assistance program's goals and objectives?

   - Yes
   - No

   Describe this process.

8. Describe the staff members':

   - Understanding of employee assistance program-related functions.

   - Training in employee assistance program-related functions.

   - Process for maintaining their skills and abilities.
9. Are the individuals who provide employee assistance services certified employee assistance professionals?
   □ Yes □ No

   If a practitioner is not certified, does he or she have:
   ■ Supervision by a certified employee assistance professional?
     □ Yes □ No
   or
   ■ A training plan that demonstrates progress toward the achievement of competencies in employee assistance?
     □ Yes □ No

10. Does the program have written procedures that describe the type of information that the host organization may receive from the program?
    □ Yes □ No

    Do these procedures include:
    ■ The circumstances under which information is communicated?
      □ Yes □ No

    ■ Who is authorized to request or release information?
      □ Yes □ No

    ■ The need to obtain the consent of the persons served?
      □ Yes □ No

    ■ The need to adhere to state, provincial, and federal confidentiality guidelines?
      □ Yes □ No

11. How can you demonstrate or verify that the program is prepared to assist the host organization in the development and implementation of policies regarding the threat of workplace violence, critical incidents, and diverse crisis situations?

    __________________________________________________________
    __________________________________________________________
    __________________________________________________________

12. Is communication maintained with a representative of the host organization throughout the employee assistance process, when appropriate?
    □ Yes □ No

13. If specified in the written agreement, are personnel trained in:
    ■ The scope of the program?
      □ Yes □ No

    ■ The procedures for referral?
      □ Yes □ No
14. If alcohol and drug services are provided for a host organization, how does the organization:

■ Ensure that the individuals performing services comply with the drug-testing regulations of the specific governing agencies under which they provide services?

■ Identify the relationship between the employee assistance staff person and the alcohol and drug professional?

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ A written agreement between the host organization and the employee assistance program
■ The credentials of individuals providing the employee assistance program services
■ Written procedures describing the type of information the host organization may receive
■ Policies regarding safety threats
■ Documentation of each person’s consent
L. Health Home (HH)

1. Is there a written program description that clearly defines the following:
   - Population served? □ Yes □ No
   - How primary care and other healthcare services will be:
     - Provided? □ Yes □ No
     - Accessed? □ Yes □ No
     - Coordinated? □ Yes □ No
   - Referral procedures for external services needed by persons served? □ Yes □ No
   - The process for providing care coordination and disease management supports for the person served:
     - Internally? □ Yes □ No
     - To external service providers? □ Yes □ No

2. Explain how your program is organized and delivered in a manner that ensures:
   - An integrated team approach.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   - Inclusion of complementary disciplines needed by the persons served.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   Give some examples that demonstrate or verify this for the survey team.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Does your health home program directly provide primary care or other healthcare services?
   □ Yes □ No
If Yes, does support for these services include:

- Co-location with appropriate physical space? □ Yes □ No
  Describe how this is accomplished.

- Implemented written procedures regarding:
  - Access to primary care or other medical services? □ Yes □ No
  - Sharing of information? □ Yes □ No
  - Coordination of care? □ Yes □ No
  Where are these procedures documented?

- Cross training for the most common chronic medical and behavioral illnesses prevalent in the population served? □ Yes □ No
  Explain how this training is provided.

4. Does the program have identified hours when healthcare services are available? □ Yes □ No
   How is this information provided to persons served?

   Explain how you ensure the availability during program hours of each of the following:
   - Psychiatrist or psychologist.
■ Primary care provider.

■ When needed, other professional legally authorized to prescribe.

■ Care coordinator.

■ Based on the needs of the persons served, other qualified behavioral health practitioner(s).

5. If either a psychiatrist or primary care physician is not personnel of your health home, how do you ensure that a psychiatrist or primary care physician is available for consultation and/or program oversight during hours of operation?

6. Describe how off-site treating psychiatrists or primary care providers are offered care coordination and disease management supports to facilitate and enhance treatment for the persons served in the health home.
7. Explain how the health home team ensure that each of the following services is provided, as needed, to all persons served:

■ Health promotion, including education.

■ Care management, including outreach and engagement.

■ Comprehensive care management and care coordination, including:
  – Triage based on acuity.
  – Assessment of service needs.
  – Identification of gaps in treatment.
  – Development of an integrated person-centered plan.
  – Implementation of the person-centered plan.
- Assignment of health team roles and responsibilities.

- Arranging for and ensuring access to primary care and other needed healthcare services.

- Appointment scheduling.

- Monitoring of critical chronic disease indicators.

- Comprehensive transitional care, including:
  - Ensuring that healthcare and treatment information is appropriately shared with all providers involved in the care of the person served, including:
    - Treatment history.
    - Current medications.
    - Identified treatment needs/gaps.
    - Support needed for successful transition between treatment settings.
– Providing follow up and medication reconciliation upon discharge from hospitalization.

■ Individual and family support services, including:
  – Education regarding concerns applicable to the person served.

  – Education or training in self-management of chronic diseases.

  – When possible and allowed, interaction with family members and/or significant others to:
    - Identify any potential impact(s) of disease(s) of the person served on the family unit.

  - Offer education or training in response to identified concerns.

  – Referral to needed community and social supports.

8. Does care coordination include sharing the following information:
  ■ Treatment history?  □ Yes  □ No
  ■ Assessed needs?  □ Yes  □ No
  ■ Current medications?  □ Yes  □ No
  ■ Identified goals?  □ Yes  □ No
  ■ Identified treatment gaps, when applicable?  □ Yes  □ No
Is the above information shared with the following providers involved in the care of the person served, as applicable:

- Primary care?  
  - Yes [ ]  
  - No [ ]

- Behavioral health?  
  - Yes [ ]  
  - No [ ]

- Hospital?  
  - Yes [ ]  
  - No [ ]

- Medical specialty?  
  - Yes [ ]  
  - No [ ]

- Others, when applicable?  
  - Yes [ ]  
  - No [ ]

How do you ensure that information is shared during transitions between:

- Inpatient and outpatient care?

  ______________________________________________________

  ______________________________________________________

  ______________________________________________________

- Levels of care?

  ______________________________________________________

  ______________________________________________________

  ______________________________________________________

- Outpatient care providers?

  ______________________________________________________

  ______________________________________________________

  ______________________________________________________

How do you ensure that information is shared in accordance with applicable laws and authorizations?

  ______________________________________________________

  ______________________________________________________

  ______________________________________________________

9. List some examples that demonstrate how the program enhances access through:

- Flexible scheduling.
■ Capacity for same or next day visits, excluding weekends or holidays.

■ Staff response to phone calls on the day of receipt.

■ After hours access through coverage that:
  – Shares necessary data on the person served.
  – Provides a contact summary to the health home.
  – Includes a warmline and/or recovery supports.

10. Explain how you ensure adequacy of staffing, including:
■ Access to a variety of disciplines to respond to the needs of persons served.

■ Coverage that allows for a warm handoff.
Identified backup for planned absences.

11. How does the program assess and respond to the needs of the majority of the targeted population served by providing services in locations and at times that meet their needs?

12. How do you ensure that education provided to the persons served is understandable to them?

Is education offered to family members or significant others, as permitted or legally allowed?  

☐ Yes  ☐ No

Does education offered include the following:

- Health promotion, including:
  - Healthy diet?  
  - Exercise?
- Wellness?
- Resilience and recovery?
- The interaction between mental and physical health?
- Prevention/intervention activities, based on the needs of the person served, including:
  - Smoking cessation?
  - Substance abuse?
  - Increased physical activity?
  - Obesity education?
– Chronic disease education as it may relate to:
  - Heart disease? □ Yes □ No
  - Diabetes? □ Yes □ No
  - Other chronic medical conditions highly prevalent among the population served by the health home? □ Yes □ No

■ Self-management of identified:
  – Medical conditions? □ Yes □ No
  – Behavioral health concerns? □ Yes □ No
  – Other life issues as identified by the person served? □ Yes □ No

■ Medication use? □ Yes □ No

How is this education provided?

13. Do you have policies regarding initial consent for treatment that identify:

■ How information will be internally shared? □ Yes □ No

■ How information is shared by collaborating agencies? □ Yes □ No

■ The ability of the person served to decline health home services? □ Yes □ No

■ The procedures to be followed if health home services are declined? □ Yes □ No

Where are these policies documented?

14. Do you have written screening procedures that clearly identify when additional information will be sought in response to the presenting condition of the person served, including necessary:

■ Tests? □ Yes □ No

■ External assessments? □ Yes □ No
Do the screening procedures identify when additional information will be sought in response to the presenting condition of the person served:

- To ensure the identification of underlying health problems or medical conditions?  
  □ Yes □ No

- To provide appropriate response to emergency or crisis needs?  
  □ Yes □ No

Where are these procedures documented?

---

15. Do health assessment screenings include:

- Suicide risk?  
  □ Yes □ No

- Depression?  
  □ Yes □ No

- Metabolic syndrome screen?  
  □ Yes □ No

- Substance use?  
  □ Yes □ No

- Tobacco use?  
  □ Yes □ No

- Chronic health conditions highly prevalent among the population served by the program?  
  □ Yes □ No

- Chronic disease status, including:
  - Diabetes?  
    □ Yes □ No
  - Hypertension?  
    □ Yes □ No
  - Cardiovascular disease?  
    □ Yes □ No
  - Asthma/COPD?  
    □ Yes □ No

- Chronic pain?  
  □ Yes □ No

- Perception of needs from the perspective of the person served?  
  □ Yes □ No

Are health assessment screenings conducted or reviewed by a nurse, nurse practitioner, or other equivalent medical personnel?  
  □ Yes □ No

Describe how these screenings are conducted.

---
Are screenings for new enrollees conducted after contacting the person served and introducing them to health home services?  

☐ Yes  ☐ No

Are screenings for all persons enrolled in the health home conducted at the time of the annual assessment?  

☐ Yes  ☐ No

16. Is there an individualized, integrated, person-centered plan developed for each person served?  

☐ Yes  ☐ No

Does the plan include:
- Medical needs?  
  ☐ Yes  ☐ No
- Behavioral health needs?  
  ☐ Yes  ☐ No

Is the plan developed with the collaboration of the person served?  

☐ Yes  ☐ No

Is the plan developed with the collaboration of other stakeholders when permitted or legally authorized?  

☐ Yes  ☐ No

Explain how this is accomplished.

17. Do you have written procedures that define a follow-through process in response to the initial assessment?  

☐ Yes  ☐ No

Do these procedures include:
- Reassessment when appropriate?  
  ☐ Yes  ☐ No
- Documented active linkage and/or referral in response to identified concerns?  
  ☐ Yes  ☐ No
- Identification of staff member(s) responsible for care coordination?  
  ☐ Yes  ☐ No
- Identification of care coordination responsibilities that include contacts for:
  - Self-management planning?  
    ☐ Yes  ☐ No
  - Determining availability of needed supports?  
    ☐ Yes  ☐ No
18. Are there written procedures that guide ongoing:
   ■ Communication among interdisciplinary team members? □ Yes □ No
   ■ Collaboration with external service providers? □ Yes □ No
   ■ Communication with the person served and family members, when identified and allowed? □ Yes □ No
   ■ Response to limitations on communication when identified by the person served? □ Yes □ No
   ■ Need for documentation of the results of communication and collaboration? □ Yes □ No
   ■ Coordination of individual healthcare for the person served? □ Yes □ No

Where are these procedures documented?

________________________________________________________________________
________________________________________________________________________

How do you ensure that these procedures are implemented and followed?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

19. Explain how the program uses patient registries and/or electronic health records:
   ■ For data:
     - Collection.
To proactively manage the health home population through tracking of the following about the person served:

- Contacts.

- Education.

- Disease status.

- Risk status.

To support a process of:

- Identifying potentially dangerous medication practices.

- Remediating practices identified.
20. Explain how the health home program uses performance measurement indicators to address how service delivery responds to the needs of the persons served in an integrated/holistic manner.

Do performance measurement indictors include:

- Process measures? □ Yes □ No
- Outcome measures for the persons served that consider:
  - Medical status? □ Yes □ No
  - Behavioral status? □ Yes □ No
- Real life functional outcomes for the person served? □ Yes □ No
- Perception of care from the perspective of the person served? □ Yes □ No

Explain how these performance indicators are measured and tracked.
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Written program description
- Written procedures regarding access to primary care or other medical services, sharing of information, and coordination of care
- Written person-centered plan
- Policies regarding initial consent for treatment
- Written screening procedures
- Written procedures that define the follow-through process in response to the initial assessment
- Documented active linkage and/or referral in response to identified concerns
- Written procedures for communication and collaboration between interdisciplinary team members, external service providers, the person served and family members, when identified, and coordination of individual healthcare
- Documentation of the results of communication and collaboration between team members, external service providers, and the person served and family members, when identified
- Patient registries and/or electronic health records, including records of the persons served
- Performance measurement indicators including process measures and outcome measures for medical and behavioral status
M. Inpatient Treatment (IT)

1. For each person served, is a medical evaluation obtained prior to or within 24 hours of admission?
   - Yes
   - No

   Does it include:
   - A physical examination?
     - Yes
     - No
   - Orders for appropriate tests?
     - Yes
     - No
   - Face-to-face consultation with a physician?
     - Yes
     - No

2. Are licensed nursing personnel on site 24 hours a day, 7 days a week?
   - Yes
   - No

3. How do you ensure that services are provided by a coordinated team based on the needs of the person served?

   ______________________________________________________
   ______________________________________________________

   Does the team include the following professionals:
   - Assigned inpatient staff members or a plan coordinator?
     - Yes
     - No
   - A qualified behavioral health practitioner?
     - Yes
     - No
   - Providers of appropriate medical support services?
     - Yes
     - No

4. What are the daily activities in the program that contribute to the therapeutic environment?

   ______________________________________________________
   ______________________________________________________

5. Does the program provide private space for:
   - Sleeping?
     - Yes
     - No
   - Personal hygiene?
     - Yes
     - No

   Does the program provide space for:
   - Meals?
     - Yes
     - No
■ Group interactions?  □ Yes □ No
■ Recreation? □ Yes □ No
■ Therapeutic activities? □ Yes □ No
■ Security of personal belongings? □ Yes □ No
■ Access to an outdoor setting, if possible? □ Yes □ No

6. Are provisions made to address the need for:
■ Cultural and/or spiritual activities? □ Yes □ No
■ Quiet areas? □ Yes □ No
■ Areas for family or other visits? □ Yes □ No

7. Does the program have policies for inpatient treatment regarding:
■ Visitors? □ Yes □ No
■ Termination from the program? □ Yes □ No
■ Transportation for:
  – Medical emergencies? □ Yes □ No
  – Psychiatric emergency services? □ Yes □ No
■ Provision of a list of key contacts to the persons served that includes:
  – A patient advocate? □ Yes □ No
  – Other advocacy contacts? □ Yes □ No
  – Support group contacts? □ Yes □ No
  – Contacts for legal aid? □ Yes □ No
  – Contacts for insurance/financial benefits? □ Yes □ No
■ Restrictions pertaining to:
  – Receiving mail? □ Yes □ No
  – Sending mail? □ Yes □ No
  – Access to the telephone? □ Yes □ No
  – Access to electronic forms of communication? □ Yes □ No
  – Language? □ Yes □ No
8. How can the survey team verify that any restrictions placed on external communications by the persons served are in accordance with federal, state, and provincial legal requirements?


9. How does the program ensure that the person served has an established appointment and/or sufficient medication upon discharge?


Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Medical evaluations of persons served
- Daily activities schedules
- Policies for inpatient treatment
N. Integrated Behavioral Health/Primary Care (IBHPC)

1. Is there a written program description that clearly defines:
   ■ The population served?  
     Yes □  No □
   ■ The integrated services that can be provided internally or through contracts or other agreements?  
     Yes □  No □
   ■ The procedures that will be used to refer persons served to other needed services?  
     Yes □  No □

2. Are identified disciplines colocated with designated physical space for each of the various disciplines?  
   Yes □  No □

Are there written procedures and evidence of implementation for communication and coordination among the various disciplines?  
   Yes □  No □

Describe the process for cross training among disciplines.

3. Is colocation possible?  
   Yes □  No □

If No, is the program organized and delivered in a manner that ensures an integrated team approach for all the complementary disciplines?  
   Yes □  No □

Describe how this is accomplished.

4. During what hours is integrated behavioral health/primary care available?
Identify the medical staff on site during those hours.

________________________________________________________________________

5. Is a psychiatrist or psychologist available for consultation during identified hours of operation?

☑ Yes ☐ No

How is this staff member reached?

________________________________________________________________________

6. Identify the behavioral health providers that are on site during hours of integrated service.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. Identify the disciplines included in your program staffing.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How do these relate to the general needs of the persons served by the program?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What type of training on integrated settings has been provided to staff?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Describe your process of ensuring a “warm handoff” when needed.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Describe your process for handling planned absences.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

8. Does the program provide services in locations and at times that are responsive to the needs of the targeted service population?

☐ Yes ☐ No

How do you assess the location and timing needs of the targeted service population?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

9. Identify how the program provides education in the following areas:
   ■ Wellness.
     __________________________________________________________________________
     __________________________________________________________________________
     __________________________________________________________________________

   ■ Resilience and recovery.
     __________________________________________________________________________
     __________________________________________________________________________
     __________________________________________________________________________

   ■ The interaction between mental and physical health.
     __________________________________________________________________________
     __________________________________________________________________________
     __________________________________________________________________________
Self-management of identified:
- Medical conditions.

- Behavioral health concerns.

10. Does your program's policy for initial consent for treatment include:
- How information will be internally shared? [ ] Yes [ ] No
- The ability of the person served to decline integrated services? [ ] Yes [ ] No
- Procedures to be followed if integrated services are declined? [ ] Yes [ ] No

11. Do written procedures identify additional screening requirements based on:
- Specific needs of the population served? [ ] Yes [ ] No
- Presenting conditions of persons served? [ ] Yes [ ] No

12. Are there written procedures describing the procedures for conducting an intake assessment?
[ ] Yes [ ] No

Does the intake assessment determine:
- An initial level of care? [ ] Yes [ ] No
- The need for integrated services? [ ] Yes [ ] No
- The need for immediate referral to internal or external service providers? [ ] Yes [ ] No

13. Describe the program's process for developing individualized plans that:
- Include the involvement of the person served and all staff necessary to carry out the plan.
Address the medical and behavioral needs of the person served in an integrated manner.

14. Do written procedures guide the follow-through process to ensure:
   ■ Reassessment when appropriate? ☐ Yes ☐ No
   ■ Linkage or referral in response to identified concerns? ☐ Yes ☐ No
   ■ Identification of the staff member(s) responsible for care coordination? ☐ Yes ☐ No
   ■ Identification of the care coordination responsibilities and contacts, including:
     – Self-management planning? ☐ Yes ☐ No
     – Family, community, or paid supports? ☐ Yes ☐ No
     – Medication and treatment adherence? ☐ Yes ☐ No

15. Does the program have written procedures to guide the communication and collaboration of all involved parties, including:
   ■ Interdisciplinary team members? ☐ Yes ☐ No
   ■ External service providers? ☐ Yes ☐ No
   ■ The person served and identified others? ☐ Yes ☐ No
   ■ The need for documentation? ☐ Yes ☐ No

16. What performance measurement indicators are in place to specifically address the provision of integrated care?

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Records of the persons served
■ Program plans for the persons served
■ Policies and written procedures
O. Intensive Family-Based Services (IFB)

1. Are a full range of services designed to prevent out-of-home placement and maintain intact families?

\[ \square \text{Yes} \quad \square \text{No} \]

Do they include:

- Individual psychotherapy services?
  \[ \square \text{Yes} \quad \square \text{No} \]

- Substance abuse services?
  \[ \square \text{Yes} \quad \square \text{No} \]

- Skill development services, which include the development of:
  - Behavior management skills?
    \[ \square \text{Yes} \quad \square \text{No} \]
  - Life skills?
    \[ \square \text{Yes} \quad \square \text{No} \]
  - Conflict resolution skills?
    \[ \square \text{Yes} \quad \square \text{No} \]
  - Problem-solving skills?
    \[ \square \text{Yes} \quad \square \text{No} \]
  - Anger management skills?
    \[ \square \text{Yes} \quad \square \text{No} \]
  - Decision-making skills?
    \[ \square \text{Yes} \quad \square \text{No} \]
  - Crisis management skills?
    \[ \square \text{Yes} \quad \square \text{No} \]

- Family therapy?
  \[ \square \text{Yes} \quad \square \text{No} \]

- School-based services?
  \[ \square \text{Yes} \quad \square \text{No} \]

- Crisis management/stabilization services?
  \[ \square \text{Yes} \quad \square \text{No} \]

- Positive youth development services?
  \[ \square \text{Yes} \quad \square \text{No} \]

- Nutritional and health services?
  \[ \square \text{Yes} \quad \square \text{No} \]

- Service coordination?
  \[ \square \text{Yes} \quad \square \text{No} \]

- Medication management/monitoring services?
  \[ \square \text{Yes} \quad \square \text{No} \]

2. Does the program provide a written assessment of how each family functions?

\[ \square \text{Yes} \quad \square \text{No} \]

Describe the assessment process.
3. Is planning child- and family-centered?  
   □ Yes  □ No  
   Describe how.

4. Does the organization implement a process for identifying, locating, and engaging family members, as appropriate, in services?  
   □ Yes  □ No  
   Describe this process.

5. How does the organization work with each child/adolescent and family to:  
   ■ Identify the goals of the child/adolescent and family throughout the treatment process?  

   ■ Monitor the progress of the child/adolescent toward achievement of the goals?  

   ■ Monitor the progress of the family toward achievement of the goals?
6. Does the organization have a policy that demonstrates a commitment to having an identified person/team working consistently with the family?
   □ Yes □ No

7. Does the organization provide access to professionals trained in child/adolescent and family care and include:
   ■ A psychologist? □ Yes □ No
   ■ A counselor? □ Yes □ No
   ■ A social worker? □ Yes □ No
   ■ A psychiatrist? □ Yes □ No
   ■ Medical personnel? □ Yes □ No
   ■ Other behavioral health providers as appropriate? □ Yes □ No

8. Is a file of current community resources maintained to be used for appropriate referral of the persons served?
   □ Yes □ No

9. How does the program collaborate with other programs in planning service delivery?


10. What are the contingency plans for crises for:
    ■ Emergency contact or crisis backup?


 ■ Respite or supportive parenting?


 ■ Family crisis plans?
11. Does the organization provide access to a system for respite care, including 24-hour emergency care services?

☐ Yes  ☐ No

12. Are services supervised by a qualified behavioral health practitioner who:
   ■ Provides clinical oversight?  ☐ Yes  ☐ No
   ■ Directs the treatment plan?  ☐ Yes  ☐ No

Who is this individual and what are his/her qualifications?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. Does the organization have a plan for access to qualified professionals 24 hours a day, 7 days a week?

☐ Yes  ☐ No

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Written assessment of family functioning in the home environment
■ Policy addressing the importance of maintaining the same individual/team when working with families
■ A community resource file
■ Contingency plans
■ Plan describing clinical supervision
■ Plan for access to qualified professionals
P. Out-of-Home Treatment (OH)

1. How is planning child and family centered?

2. Is the organization responsible for or collaborating in the development of a reunification plan for each child that includes:
   - The involvement of:
     - The child? □ Yes □ No
     - The guardian ad litem when appropriate? □ Yes □ No
     - The family? □ Yes □ No
     - Significant others? □ Yes □ No
     - Other natural supports? □ Yes □ No
   - A timetable? □ Yes □ No
   - Identification of the treatment team? □ Yes □ No
   - Justification for exclusion of the natural family when applicable? □ Yes □ No
   - Encouraging the family in cooperating with the development of the plan? □ Yes □ No

3. Does the organization use a process for identifying, locating, and engaging family members, as appropriate, in services?
   □ Yes □ No
   Describe this process.

4. Does the organization document the status of parental rights?
   □ Yes □ No
   Where?
5. Do providers receive training to meet the identified needs of the population served that covers:

- Attachment theory, including grief and loss? □ Yes □ No
- Child growth and development? □ Yes □ No
- Behavior management skills? □ Yes □ No
- Learning deficits? □ Yes □ No
- Cultural competency? □ Yes □ No
- The effects of placement on children? □ Yes □ No
- Applicable legal issues? □ Yes □ No
- Other specific needs? □ Yes □ No

6. Does the organization document provider training, including the type, length, and date of training?

□ Yes □ No

7. Does the organization provide access to professionals trained in child/adolescent and family care, based on the needs of each child/adolescent and include:

- A psychologist? □ Yes □ No
- A counselor? □ Yes □ No
- A social worker? □ Yes □ No
- A psychiatrist? □ Yes □ No
- Medical personnel? □ Yes □ No
- Other behavioral health providers as appropriate? □ Yes □ No

8. Does the organization provide a broad array of services that form an integrated continuum of care through either referral or direct provision?

□ Yes □ No

Describe these services.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
9. When an organization provides case management does it assign one person/team to work consistently with the child/adolescent and the family?

- Yes  
- No

10. Is a referral network established for:

- Emergency care?  
- Respite care?  
- Medical care?  
- Other services to meet the needs of the child/adolescent and family?

- Yes  
- No

11. Is there a file of current community resources maintained and used for appropriate referral and placement of the persons served?

- Yes  
- No

12. How does the program provide opportunities for the child/adolescent to access activities, including:

- Community activities?

- Cultural activities?

- Recreational activities?

- Spiritual activities?
13. How does the program collaborate with other programs in planning service delivery, when appropriate?

14. If the organization selects out-of-home care providers, how does the organization demonstrate:
   ■ A comprehensive plan for the selection of out-of-home care providers?
   ■ A method of placing the child/adolescent served:
     – At levels of care based on his or her needs?
     – In an environment that reflects his or her current familiar environment?
     – In a safe environment that includes security of weapons, ammunition, pharmaceuticals, and other items that could prove harmful to the child/adolescent?
Is there a written agreement that clearly defines the expectations of:
- The organization? ☐ Yes ☐ No
- The out-of-home care provider? ☐ Yes ☐ No

How do you ensure a broad selection of families to ensure that the needs of each child/adolescent will be met?

15. How does the organization assist birth/adoptive families to receive services that promote reunification, when appropriate?

16. Describe how the organization advocates for the placement of children/adolescents with their siblings, as appropriate.

17. When placement of children/adolescents with their siblings is not possible, how does the program advocate that they regularly visit with their siblings, if appropriate?

18. Describe the plan to regularly monitor each foster home placement.
19. If responsible for reunification, does the organization provide or arrange for supervised visits based on identified permanency goals?

☐ Yes  ☐ No

How is this accomplished?


20. When reunification is not feasible, is the child/adolescent referred for adoption:

■ In a manner that conforms to all applicable laws and regulations?  ☐ Yes  ☐ No

■ With ongoing supports provided until the adoption or other placement is finalized?  ☐ Yes  ☐ No

Describe the adoption process.


21. Does the program ensure the provision of:

■ Opportunities to participate in activities that would typically be found in a home?  ☐ Yes  ☐ No

■ Adequate personal space for privacy?  ☐ Yes  ☐ No

■ Safeguarding of property?  ☐ Yes  ☐ No

■ Evidence of individual possessions and decorations?  ☐ Yes  ☐ No

■ Daily access to adequate and nutritious meals and snacks?  ☐ Yes  ☐ No

■ Recognition of special diets?  ☐ Yes  ☐ No

■ Involvement in preplacement activities whenever possible?  ☐ Yes  ☐ No

Does the organization ensure the designation of areas for visits?  ☐ Yes  ☐ No
22. Describe the method for determining on-site staffing adequacy in a group home setting.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe how the sleeping areas in the group home are separated based on:

- Age.

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

- Gender.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

- Developmental needs.

________________________________________________________________________

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23. Describe the on-call availability of supervisory staff members to respond to urgent situations 24 hours a day, 7 days a week.

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________________________________________________________________________

________________________________________________________________________

24. Are the services of each child/adolescent served supervised by a qualified behavioral health practitioner who provides clinical oversight and directs the treatment plan?

☐ Yes  ☐ No

25. Does the organization have a plan for access to qualified professionals 24 hours a day, 7 days a week?

☐ Yes  ☐ No
Describe this plan and the qualifications of the professionals.

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Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Development of a reunification plan
- Documentation of parental rights
- Documentation of training
- Community resource file
- Written plan for the selection of out-of-home providers
- Written agreement
- Monitoring plan
- Written plan describing clinical supervision
- Written plan for access to qualified professionals
Q. Outpatient Programs

Intensive Outpatient Treatment (IOP)

1. Does your intensive outpatient treatment program offer:
   - At least nine direct contact hours per week to adult persons served?  □ Yes  □ No
   - At least six direct contact hours per week to children/adolescents served? □ Yes  □ No

2. Does your intensive outpatient program have the capacity to provide:
   - Individual counseling/therapy? □ Yes  □ No
   - Family counseling/therapy? □ Yes  □ No
   - Group counseling/therapy? □ Yes  □ No

   Are at least two of these services provided to the persons served in your program?  □ Yes  □ No

3. Describe how your program provides education on wellness, recovery, and resiliency.

   __________________________________________
   __________________________________________
   __________________________________________

4. How do you ensure that services are provided in locations and on days and at times that meet the needs of the persons served?

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   Identify some examples that demonstrate this.

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
5. Explain how your program will demonstrate its use of technology to:
   ■ Increase access to services.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   ■ Increase supports.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   ■ Enhance services.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
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   ________________________________________________________________

6. Describe how your program integrates treatment with other services, when appropriate and with the consent of the person served.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
7. Identify some examples of how your program addresses emerging needs of the persons served through linkage to appropriate resources and supports.

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8. How does your program collaborate with the person served to identify his or her natural supports and assist the person to develop and utilize these natural supports?

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Identify some examples that demonstrate how this is accomplished.

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9. How does your program ensure that the person-centered plan for each person served is reviewed at least once per month?

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________________________________________________________________________

________________________________________________________________________
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Individual person-centered plans of persons served
- Documentation of monthly reviews of person-centered plans
- Records of persons served
Outpatient Treatment (OT)

10. Does your outpatient program have the capacity to provide:
   ■ Individual counseling/therapy? □ Yes □ No
   ■ Family counseling/therapy? □ Yes □ No
   ■ Group counseling/therapy? □ Yes □ No

11. Describe how your program provides education on wellness, recovery, and resiliency.

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__________________________________________________________________________
__________________________________________________________________________

12. How do you ensure that services are provided in locations and on days and at times that meet the needs of the persons served?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Identify some examples that demonstrate this.

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__________________________________________________________________________
__________________________________________________________________________
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13. Explain how your program will demonstrate its use of technology to:
   ■ Increase access to services.
Section 3.Q. Outpatient Programs

- Increase supports.

- Enhance services.

14. Describe how your program integrates treatment with other services, when appropriate and with the consent of the person served.

15. Identify some examples of how your program addresses emerging needs of the persons served through linkage to appropriate resources and supports.
16. How does your program collaborate with the person served to identify his or her natural supports and assist the person to develop and utilize these natural supports?

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Identify some examples that demonstrate how this is accomplished.

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Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Program plans for the persons served
R. Partial Hospitalization (PH)

1. Is the program provided under the direction of a clinical director?
   - Yes  □  No  □

2. Is the program available to the persons served at least five days per week?
   - Yes  □  No  □
   Does the program include a minimum of three hours of therapeutic services per day?
   - Yes  □  No  □

3. Does the therapeutic environment include:
   - Consistently assigned personnel?
     - Yes  □  No  □
   - Scheduled activities?
     - Yes  □  No  □
   - Sufficient professional staff to:
     - Conduct clinical assessments?
       - Yes  □  No  □
     - Develop person-centered plans?
       - Yes  □  No  □
     - Provide therapeutic interventions?
       - Yes  □  No  □
     - Review goals/objectives biweekly?
       - Yes  □  No  □

How does the program maintain a stable therapeutic environment?

________________________________________________________________________________
________________________________________________________________________________

4. Are the program’s services provided by a multidisciplinary team?
   - Yes  □  No  □

Describe the members of the team.

________________________________________________________________________________
________________________________________________________________________________

5. Are qualified behavioral health practitioners on site during program hours to:
   - Supervise personnel?
     - Yes  □  No  □
   - Direct services?
     - Yes  □  No  □
   - Provide direct clinical treatment services, as appropriate?
     - Yes  □  No  □
   - Provide interventions, as necessary?
     - Yes  □  No  □
Describe the qualifications of the behavioral health practitioners.


6. Is there a registered nurse, trained and competent in behavioral health services, available on site during program hours to provide:
   ■ Nursing care?  ❑ Yes  ❑ No
   ■ Psychiatric nursing care?  ❑ Yes  ❑ No

7. Describe the process for determining clinical necessity for psychiatric services.


Based on the needs of the persons served, is there a psychiatrist available 24 hours a day, 7 days a week?  ❑ Yes  ❑ No

Explain how this is accomplished.


8. Is an initial medical and/or psychological necessity determination made, establishing the need for partial hospitalization received upon admission?  ❑ Yes  ❑ No

Does it certify:
   ■ Inpatient care would be necessary if partial hospitalization is not provided?  ❑ Yes  ❑ No
   ■ Services will be provided under the care of a physician?  ❑ Yes  ❑ No
   ■ Services will be provided under a written plan of care?  ❑ Yes  ❑ No
9. Is eligibility for admission:
   ■ Determined by qualified behavioral health practitioners as identified by law or regulations? □ Yes □ No
   ■ Determined following:
     – A medical assessment? □ Yes □ No
     – A behavioral health assessment? □ Yes □ No

10. Is an initial assessment of the person served conducted within 24 hours of admission? □ Yes □ No

Does this assessment include:
   ■ A physical examination:
     – Completed within 24 hours of admission? □ Yes □ No
     – Completed by a qualified, licensed health care practitioner? □ Yes □ No
   ■ A mental health evaluation? □ Yes □ No
   ■ A nursing assessment? □ Yes □ No
   ■ A skills assessment conducted by an activity, occupational, or rehabilitation therapist? □ Yes □ No

11. Is the person-centered plan:
   ■ Completed within seven days of admission? □ Yes □ No
   ■ Reviewed:
     – When major changes occur in treatment? □ Yes □ No
     – At least every two weeks? □ Yes □ No
     – Periodically by a physician? □ Yes □ No

12. Is access to primary medical care available as needed? □ Yes □ No

Describe the process for accessing primary medical care.
13. Do the majority of scheduled program hours consist of therapeutic services?

☐ Yes  ☐ No

14. Do the therapeutic services include:
   ■ Individual psychotherapy?
      ☐ Yes  ☐ No
   ■ Family therapy or counseling?
      ☐ Yes  ☐ No
   ■ Alcohol and other drug education?
      ☐ Yes  ☐ No
   ■ Occupational therapy?
      ☐ Yes  ☐ No
   ■ Diagnostic services?
      ☐ Yes  ☐ No
   ■ Medication education?
      ☐ Yes  ☐ No
   ■ Psychoeducation?
      ☐ Yes  ☐ No
   ■ Activity therapy?
      ☐ Yes  ☐ No
   ■ Provision of community supports?
      ☐ Yes  ☐ No
   Are at least three of the above provided?
      ☐ Yes  ☐ No

15. Are case management services integrated into continuum of care or provided by external case managers?

☐ Yes  ☐ No

16. If case managers are external, are there weekly meetings with the persons served, the treatment team, and the case manager?

☐ Yes  ☐ No

Describe that process.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

17. Do case management services assist with:
   ■ Financial support, if needed?
      ☐ Yes  ☐ No
   ■ Housing, if needed?
      ☐ Yes  ☐ No
   ■ Transportation to services, as needed?
      ☐ Yes  ☐ No
   ■ Maintenance of daily living activities?
      ☐ Yes  ☐ No

18. Are crisis management services available 24 hours a day, 7 days a week?

☐ Yes  ☐ No
19. Do therapeutic activities include:
   - Family members, when appropriate?  ☐ Yes  ☐ No
   - The community, when appropriate?  ☐ Yes  ☐ No

20. Are referrals to another level of service made when:
   - Medically indicated?  ☐ Yes  ☐ No
   - Clinically indicated?  ☐ Yes  ☐ No

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- A program schedule
- Treatment plans
- Case records
S. Prevention (P)

1. Are the services designed by personnel with demonstrated skill and knowledge in current evidence-informed/evidence-based prevention theory and practice?
   - Yes
   - No

Describe the training and skills of personnel.

2. Does the program include efforts to increase public awareness about:
   - Mental health?
   - Yes
   - No
   - Alcohol, tobacco, and other drug use?
   - Yes
   - No
   - Child abuse and neglect?
   - Yes
   - No
   - Suicide prevention?
   - Yes
   - No
   - Violence prevention?
   - Yes
   - No
   - Health and wellness?
   - Yes
   - No
   - Social/community issues?
   - Yes
   - No
   - Internet safety?
   - Yes
   - No
   - Acceptance of cultural diversity?
   - Yes
   - No
   - Effective parenting?
   - Yes
   - No

Is at least one of the above offered?
   - Yes
   - No

Describe these efforts.

3. Explain how you provide program activities that are:
   - Culturally relevant.
Section 3.5. Prevention (P)

■ Age appropriate.

■ Gender appropriate.

■ Targeted towards multiple settings within the community.

4. Describe the strategies used by your program.

If your program is a universal or selected program, do you include at least two of the strategies listed in the standard?

☐ Yes ☐ No

If your program is a training program, do you include the strategies listed in elements a.–g. in the standard?

☐ Yes ☐ No

5. Does the program have a plan or written logic model that details:

■ The specific theoretical approaches to be used?

☐ Yes ☐ No

■ The methodological approaches to be used?

☐ Yes ☐ No

■ How the approaches will be applied within the community?

☐ Yes ☐ No
6. Describe your procedures for referring persons served to other health services and social services, as needed.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How does the program ensure that personnel are knowledgeable of current community resources?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How does the program conduct evaluations of programs and services offered?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How does the program conduct evaluations of its training activities?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Is there a comprehensive written curriculum for each course offered?

☐ Yes ☐ No

Does the written curriculum for each course include:

☐ Yes ☐ No

- The course philosophy?

☐ Yes ☐ No

- The course outline?

☐ Yes ☐ No

- Competency-based objectives?

☐ Yes ☐ No

- Instructional methods and materials?

☐ Yes ☐ No

- The sequence and hours of instruction?

☐ Yes ☐ No

- Clinical/practicum expectations, if applicable?

☐ Yes ☐ No

- A revision schedule and methodology?

☐ Yes ☐ No
8. Explain how you can demonstrate or verify to the survey team that the training program:
   ▪ Utilizes an expert advisory committee.

   ▪ Satisfies regulatory requirements leading to certification, as applicable.

   ▪ Focuses on the care of the persons served.

   ▪ Identifies education and other prerequisite requirements.

   ▪ Utilizes consistent evaluation.

   ▪ Provides a coordinated, logical learning experience.
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Written plan or logic model that details specific approaches to be used
- Documentation of evaluation of programs/services and training activities
T. Residential Treatment (RT)

1. Does the program provide treatment at least four hours per day, seven days a week?
   - Yes  [ ]  No  [ ]

   Does the treatment include:
   - Therapeutic activities such as individual and group counseling?  [ ] Yes  [ ] No
   - Educational activities?  [ ] Yes  [ ] No
   - Training activities?  [ ] Yes  [ ] No
   - Crisis intervention?  [ ] Yes  [ ] No
   - Development of community living skills?  [ ] Yes  [ ] No
   - Family support with the approval of the person served?  [ ] Yes  [ ] No
   - Linkages to community resources?  [ ] Yes  [ ] No
   - Advocacy?  [ ] Yes  [ ] No
   - Education on wellness and recovery?  [ ] Yes  [ ] No
   - Development of a social support network?  [ ] Yes  [ ] No
   - Development of vocational skills?  [ ] Yes  [ ] No
   - Education/training in selection and maintenance of housing that is safe, decent, affordable, and accessible?  [ ] Yes  [ ] No
   - Development of recreational and leisure skills?  [ ] Yes  [ ] No
   - Medical care and/or therapies?  [ ] Yes  [ ] No

   Are three or more of the above included?  [ ] Yes  [ ] No

2. Are services provided by a coordinated team that includes, at a minimum, the following professionals:
   - Assigned residential staff members or a plan coordinator?  [ ] Yes  [ ] No
   - A qualified behavioral health practitioner?  [ ] Yes  [ ] No
   - Providers of appropriate medical support services?  [ ] Yes  [ ] No

3. Does the program provide staff support 24 hours a day, 7 days a week?
   - Yes  [ ]  No  [ ]
Section 3.T. Residential Treatment (RT)

4. Does the program provide community living components, including:
   - A written daily schedule of activities?  □ Yes  □ No
   - Regular meetings between the persons served and program personnel?  □ Yes  □ No
   - Opportunities to participate in activities that would be found in a home?  □ Yes  □ No
   - Adequate personal space for privacy?  □ Yes  □ No
   - Security of property?  □ Yes  □ No
   - A homelike and comfortable setting?  □ Yes  □ No
   - Evidence of individual possessions and decorations?  □ Yes  □ No
   - Daily access to nutritious meals and snacks?  □ Yes  □ No
   - Separate sleeping areas for the persons served based on:
     - Gender?  □ Yes  □ No
     - Age?  □ Yes  □ No
     - Needs?  □ Yes  □ No

5. Does the program provide or ensure the provision of:
   - Medical services?  □ Yes  □ No
   - Pharmaceutical services?  □ Yes  □ No

6. Does the program have at least one personnel member immediately available at all times who is trained in:
   - First aid?  □ Yes  □ No
   - CPR?  □ Yes  □ No
   - The use of emergency equipment?  □ Yes  □ No

7. Are provisions made to address the need for:
   - Cultural and/or spiritual activities?  □ Yes  □ No
   - Quiet areas?  □ Yes  □ No
   - Areas for family or other visits?  □ Yes  □ No

8. Is there at least a quarterly review of each person’s:
   - Plan of services?  □ Yes  □ No
   - Goals?  □ Yes  □ No
   - Progress toward goals?  □ Yes  □ No
9. In long-term residential settings, are persons served given opportunities to participate in:
   ■ Community activities?  ☐ Yes  ☐ No
   ■ Social activities?  ☐ Yes  ☐ No
   ■ Recreational activities?  ☐ Yes  ☐ No
   ■ Spiritual activities?  ☐ Yes  ☐ No

10. List the providers with whom your organization has established relationships to facilitate community opportunities for the persons served.

________________________________________

________________________________________

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ A written daily schedule of activities
■ Documentation of a quarterly review of the person-centered plan
U. Student Counseling (SC)

1. Is a written person-centered plan developed for each person served?
   - [ ] Yes  
   - [ ] No

Explain how the plan developed with the active participation of the person served.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Explain how the following information about the person served is obtained and used in the development of the person-centered plan:

- Relevant medical history.
  __________________________________________________________
  __________________________________________________________

- Relevant behavioral health information.
  __________________________________________________________
  __________________________________________________________

- Relevant social information.
  __________________________________________________________
  __________________________________________________________

- Information on current and previous direct services and supports.
  __________________________________________________________
  __________________________________________________________

- Other applicable information.
  __________________________________________________________
How do you ensure that the plan is based on the person's strengths, needs, abilities, and preferences?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Identify some examples that demonstrate how the person-centered plan is reflective of the person's:

- Desired outcomes.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

- Cultural background and diversity.

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

- Other issues important to the person served.

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Does each person's plan identify:

- Overall goals defined in the words of the person served?  
  - Yes  
  - No

- Specific objectives that are:
  - Measurable?  
    - Yes  
    - No
  - Time limited?  
    - Yes  
    - No

- Methods/techniques to be used to achieve the objectives?  
  - Yes  
  - No
Section 3.U. Student Counseling (SC)

- Those responsible for implementation?  
  - Yes  
  - No

- Barriers to the individual’s goals?  
  - Yes  
  - No

- Strengths, supports, or solutions to overcome barriers?  
  - Yes  
  - No

- Transitional needs?  
  - Yes  
  - No

What is the schedule and process used for regular review with the person served of his or her person-centered plan with respect to expected outcomes?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Identify some examples that demonstrate how the person-centered plan is revised, as appropriate:

- Based on the satisfaction of the person served.

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________________________________________________________________________

________________________________________________________________________

- To remain meaningful to the person served.

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________________________________________________________________________

________________________________________________________________________

- Based on the changing needs of the person served.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
2. How do you ensure that the goals and objectives in the person-centered plan are communicated in a manner that is understandable:
   ■ To the person served?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ■ To the person(s) responsible for implementing the plan?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Does your program provide:
   ■ Individual counseling? □ Yes □ No
   ■ Family counseling? □ Yes □ No
   ■ Group counseling? □ Yes □ No
   ■ At least one of the above services? □ Yes □ No

4. Describe how your program provides or refers to a variety of services, based on the needs of the person served.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   List some examples that demonstrate this.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. Describe how your program provides education on wellness and recovery.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
6. How will you demonstrate or verify to the survey team that the individuals providing student counseling services have:

- Knowledge of:
  - Appropriate community resources.

- Mandatory reporting requirements.

- Other laws and regulations, as applicable.

- Competency in:
  - Crisis identification.

- Rapport building.

- Positive engagement.
- Counseling skills.

7. How do you ensure that your services are provided in locations that meet the needs of the persons served and at times that are responsive to their needs?

8. How does your program coordinate with other educational or service providers when the need is identified and with the consent of the person served?

Identify some examples that demonstrate how this occurs.

9. What is your process to ensure coordination when a person is transferred or discharged from the program?

Does the program identify the person responsible for coordinating the transfer or discharge?  

☐ Yes  ☐ No

10. Is a discharge summary prepared for each person served who leaves the program?

☐ Yes  ☐ No
11. Is a complete record maintained for each person served?

☐ Yes  ☐ No

12. Do you have written procedures that guide ongoing communication and collaboration with relevant stakeholders within the educational organization?

☐ Yes  ☐ No

13. Does your program have a plan and written procedures that:

- Guide the program’s response when a potential threat to personal or campus safety is identified?
  
  ☐ Yes  ☐ No

- Determine the level of risk for each identified potential threat?
  
  ☐ Yes  ☐ No

- Define immediate actions to be taken?
  
  ☐ Yes  ☐ No

- Identify to whom information will be communicated?
  
  ☐ Yes  ☐ No

Where are these documented?

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Written individual person-centered plans
- Written discharge summaries
- Records of the persons served
- Written procedures concerning communication and collaboration with relevant stakeholders within the educational organization
V. Supported Living (SL)

1. Based on the needs of the persons served, does the program provide assistance to the persons served in securing or maintaining housing?

- [ ] Yes  [ ] No

Is the housing:

- Safe?  [ ] Yes  [ ] No
- Affordable?  [ ] Yes  [ ] No
- Accessible?  [ ] Yes  [ ] No
- Chosen by the individual?  [ ] Yes  [ ] No

2. Describe how in-home safety needs of the persons served are addressed with respect to:

- Environmental risks.

- Abuse and/or neglect inflicted by self or others.

- Self-protection skills.

- Medication management.
3. Describe how persons served have input into:
   ■ Where they live.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   ■ With whom they live.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Do the persons served determine the décor in their homes?
   ❑ Yes ❑ No

   Describe how.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. Are support personnel available based on the needs of the person served?
   ❑ Yes ❑ No

6. Describe how support personnel collaborate with the person's support network, as directed by the person served.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. Describe the system in place to provide access to needed services 24 hours a day, 7 days a week.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
8. Describe how support is offered in the following, based on the needs and desires of the persons served:
   ■ Healthy lifestyles.
   ■ Personal care.
   ■ Home maintenance.
   ■ Their roles as tenants, when applicable.
   ■ Effective self-advocacy and decision-making.
   ■ Family contact, if desired.
   ■ Social life and friendships/relationships.
   ■ Community membership and social networks.
9. Are persons served provided opportunities to choose and access a variety of activities?

- [ ] Yes
- [ ] No

Do they include:
- [ ] Community activities?
- [ ] Yes
- [ ] No
- [ ] Cultural activities?
- [ ] Yes
- [ ] No
- [ ] Social activities?
- [ ] Yes
- [ ] No
- [ ] Recreational activities?
- [ ] Yes
- [ ] No
- [ ] Spiritual activities?
- [ ] Yes
- [ ] No
- [ ] Employment/income generation activities?
- [ ] Yes
- [ ] No
- [ ] Transportation?
- [ ] Yes
- [ ] No
- [ ] Other?
- [ ] Yes
- [ ] No

10. Describe how your organization provides information to residents that addresses:
- [ ] How to access community resources if needed.
- [ ] Safety related to the service delivery site.
- [ ] Access to emergency care when needed.
■ Specific healthcare procedures and techniques.

■ Contingency plans in case the support system or service provider is unable to provide care.

■ A review of how to deal with emergencies and evacuation from the residence.

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Records of the persons served
■ Person-centered plans
■ Progress notes
■ Health and safety information
■ Procedures manual
W. Therapeutic Communities (TC)

1. Does the program’s written plan identify the therapeutic community model through:
   ■ Use of the mutual-help principle?  □ Yes  □ No
   ■ Program structure?  □ Yes  □ No
   ■ Rules?  □ Yes  □ No
   ■ Schedules?  □ Yes  □ No
   ■ Responsibilities?  □ Yes  □ No
   ■ Behavioral expectations?  □ Yes  □ No
   ■ Role modeling?  □ Yes  □ No
   ■ Feedback mechanisms?  □ Yes  □ No
   ■ Therapeutic learning interventions?  □ Yes  □ No
   ■ Therapeutic work assignments?  □ Yes  □ No

2. Does the program demonstrate use of the mutual-help principle by:
   ■ Adhering to program rules?  □ Yes  □ No
   ■ Adhering to existing schedules?  □ Yes  □ No
   ■ Adhering to behavioral expectation of the community?  □ Yes  □ No
   ■ Accepting responsibility for:
     – Self?  □ Yes  □ No
     – Applicable others?  □ Yes  □ No
     – The health of the community itself?  □ Yes  □ No
   ■ Role modeling appropriate behavior in:
     – Program functions?  □ Yes  □ No
     – Activities?  □ Yes  □ No
     – The community itself?  □ Yes  □ No
   ■ Giving feedback on other members of the community that leads to interventions occurring in a community forum?  □ Yes  □ No
   ■ Demonstration of empathy and concern for other members of the community?  □ Yes  □ No
3. How do the program’s hours of operation meet the needs of the persons served?

4. Describe how the treatment environment conducive to and supportive of recovery.

5. When a program is provided in a residential setting, is there qualified staff available to respond 24 hours a day, 7 days a week?
   - Yes
   - No

6. Whenever possible, are peer mentors used as credible role models?
   - Yes
   - No

   How can the survey team verify this?

7. Does the program provide, either directly or through referral, services that seek to assist the person served with:
   - Substance abuse issues?  
     - Yes
     - No
   - Criminal issues, including:
     - Attitudes?  
       - Yes
       - No
     - Beliefs?  
       - Yes
       - No
     - Behaviors?  
       - Yes
       - No
   - Mental health issues?  
     - Yes
     - No
   - Medical needs?  
     - Yes
     - No
   - Family issues, where appropriate?  
     - Yes
     - No
   - Cognitive functioning?  
     - Yes
     - No
   - Emotional functioning?  
     - Yes
     - No
   - Building self-esteem and self-concepts?  
     - Yes
     - No
Section 3.W. Therapeutic Communities (TC)

- Improving coping abilities?  □ Yes  □ No
- Development of decision-making skills?  □ Yes  □ No
- Educational opportunities?  □ Yes  □ No
- Vocational development and/or employment?  □ Yes  □ No
- Social functioning?  □ Yes  □ No
- Use of leisure time?  □ Yes  □ No
- Relapse prevention or support strategies?  □ Yes  □ No
- Community living skills?  □ Yes  □ No
- Spirituality?  □ Yes  □ No
- Family reunification?  □ Yes  □ No
- Violence reduction?  □ Yes  □ No
- Permanent and stable housing?  □ Yes  □ No
- Financial skills, including applicable restitution?  □ Yes  □ No

Describe the referral process.


8. Does the organization implement a process to ensure that personnel providing direct services demonstrate skill in the application of the therapeutic community core competencies that include an understanding of:
- Practicing positive role modeling?  □ Yes  □ No
- Promoting mutual help?  □ Yes  □ No
- Practicing the concept of “acting as if?”  □ Yes  □ No
- Minimizing the dichotomy of “we versus they?”  □ Yes  □ No
- Promoting a system of earned privileges and graduated responsibilities?  □ Yes  □ No
- Social learning?  □ Yes  □ No
- Utilizing the relationship between belonging and individuality?  □ Yes  □ No
Section 3.W. Therapeutic Communities (TC)

- Creating a belief system in the community?  □ Yes □ No
- Facilitating group process?  □ Yes □ No
- Positive boundaries in:
  - Clinical areas?  □ Yes □ No
  - Ethical areas?  □ Yes □ No
  - Security (in correctional settings)?  □ Yes □ No

Describe this process.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. When the therapeutic community is in a correctional facility, explain the training provided to security personnel on the therapeutic community model.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Does the program complete, at a minimum, a quarterly review of each person's:
- Plan of services?  □ Yes □ No
- Goals?  □ Yes □ No
- Objectives?  □ Yes □ No
- Progress towards goals?  □ Yes □ No

11. Based on the needs of the persons served, does the program provide treatment throughout the day consisting of:
- A written schedule that includes:
  - Community activities?  □ Yes □ No
  - Cultural activities?  □ Yes □ No
  - Recreational activities?  □ Yes □ No
  - Spiritual activities?  □ Yes □ No
- Assignment of therapeutic duties and work assignments?  □ Yes □ No
### Section 3.W. Therapeutic Communities (TC)

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Daily access to nutritious meals and snacks?</td>
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<td>Therapeutic activities, such as individual and group counseling?</td>
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<td>Educational activities?</td>
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<td>Training activities?</td>
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<td>Crisis intervention?</td>
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<td>Development of community living skills?</td>
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<td>Family support with the approval of the persons served?</td>
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<td>Linkages to community resources?</td>
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<td>Development of:</td>
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<td>– Social skills?</td>
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<td>– Prosocial behavior?</td>
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<tr>
<td>– Concern for others?</td>
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<td>Development of a social support network?</td>
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<td>Development of vocational skills?</td>
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<td>Community building activities that use therapeutic community tools and methodology?</td>
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<tr>
<td>Assistance in securing housing that is safe, decent, affordable, and accessible for the persons served?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**12.** In a noncorrectional residential setting, are community living components provided, including:

- Opportunities to participate in activities that would be found in a home?        | Yes | No |
- Adequate personal space for privacy?                                           | Yes | No |
- A homelike and comfortable setting?                                            | Yes | No |
- Evidence of individual possessions and decoration, when clinically appropriate? | Yes | No |

**13.** In a residential setting, are separate sleeping areas for the persons served based on:

- Gender?                                                                        | Yes | No |
- Age?                                                                           | Yes | No |
- Needs?                                                                         | Yes | No |
14. Does the program demonstrate that therapeutic learning interventions:
   ■ Are consistent with the treatment goals?  ☐ Yes  ☐ No
   ■ Relate to the attitudes or behaviors leading to implementation?  ☐ Yes  ☐ No
   ■ Are understood by personnel and persons served?  ☐ Yes  ☐ No
   ■ Are used to the greatest extent possible within the treatment environment?  ☐ Yes  ☐ No
   ■ Are consistent with the principle of using the community as the primary instrument of change?  ☐ Yes  ☐ No

15. Does the program demonstrate that the use of therapeutic duty assignments:
   ■ Is consistent with the treatment plan of the persons served?  ☐ Yes  ☐ No
   ■ Responds to the needs/abilities of the persons served?  ☐ Yes  ☐ No
   ■ Includes documentation of:
     – Progress?  ☐ Yes  ☐ No
     – Supervision?  ☐ Yes  ☐ No

16. Are provisions made to address the need for:
   ■ Cultural and/or spiritual activities?  ☐ Yes  ☐ No
   ■ Quiet areas?  ☐ Yes  ☐ No
   ■ Areas for visits?  ☐ Yes  ☐ No

17. If the therapeutic community is in a correctional setting, is there a designated space provided that allows for an appropriate treatment environment?
   ☐ Yes  ☐ No

18. In correctional settings, are persons served accepted into the therapeutic community at a time that will allow for transition from treatment into applicable community-based treatment in a timely manner?
   ☐ Yes  ☐ No

Explain how this is accomplished.
19. In correctional settings, do personnel:
   ■ Have training/experience in addiction treatment and the criminal justice population? □ Yes □ No
   ■ Reflect unique knowledge and experience of persons who are in recovery or are ex-offenders? □ Yes □ No

20. In correctional settings, is there a written procedure for review of rule infractions that:
   ■ Includes informal review? □ Yes □ No
   ■ Includes formal review? □ Yes □ No
   ■ Clarifies roles and responsibilities of program and correctional personnel? □ Yes □ No
   ■ Considers the relationship between the safety of the institution and the value of the therapeutic intervention? □ Yes □ No

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ A written program plan
■ A quarterly review of the plan for services, goals, and progress made
■ A written schedule of activities
■ Documentation of therapeutic duty assignments
SECTION 4

Behavioral Health Specific Population Designation Standards

A. Addictions Pharmacotherapy (AP)

1. Are there written policies and procedures related to:
   - The administration of medications? [ ] Yes [ ] No
   - The role of physicians concerning:
     - Admission to the program? [ ] Yes [ ] No
     - The prescription of dosages? [ ] Yes [ ] No
   - The responsibility of the medical director or other physicians for the medical practices of the organization? [ ] Yes [ ] No
   - Establishing the dosage for each individual? [ ] Yes [ ] No
   - Establishing the initial dosage? [ ] Yes [ ] No
   - Adjusting the dosage to ensure stable functioning? [ ] Yes [ ] No
   - Establishing the maintenance dosage? [ ] Yes [ ] No
   - Visits to the program site? [ ] Yes [ ] No
   - Unsupervised, off-site self-administration? [ ] Yes [ ] No
   - The responsibility of each person served concerning drug safety issues? [ ] Yes [ ] No
   - The individual's responsibility to inform program personnel of changes in drug use? [ ] Yes [ ] No
   - The individual's responsibility to report his or her status as a participant in an addictions pharmacotherapy program to other medical service providers from whom services are received? [ ] Yes [ ] No
   - Safe practices for storage of medications for the purpose of unsupervised, off-site self-administration? [ ] Yes [ ] No
2. Do policies and procedures address drug screening practices, including:
   ■ The frequency of drug screening?  □ Yes  □ No
   ■ Provisions for the individualization of drug screening?  □ Yes  □ No
   ■ An interpretation of the results of drug screening?  □ Yes  □ No
   ■ Actions to be taken based on the results of drug screening?  □ Yes  □ No
   ■ The collection and processing of urine samples?  □ Yes  □ No
   ■ Minimizing falsification during urine sample collection?  □ Yes  □ No
   ■ Ensuring respect for the persons served during urine sample collection?  □ Yes  □ No
   ■ Defining observation practices?  □ Yes  □ No
   ■ Use of urinalysis reports?  □ Yes  □ No
   ■ Distribution of urinalysis reports?  □ Yes  □ No
   ■ Continuing education of staff members concerning urinalysis practices?  □ Yes  □ No
   ■ Establishing chain-of-custody procedures?  □ Yes  □ No
   ■ Other laboratory procedures?  □ Yes  □ No
   ■ Education of personnel?  □ Yes  □ No
   ■ Individuals who have co-occurring health issues, including:
     – Medical problems?  □ Yes  □ No
     – Mental health problems?  □ Yes  □ No
     – The use or abuse of multiple drugs?  □ Yes  □ No
     – The use or abuse of alcohol?  □ Yes  □ No
     – HIV or other sexually transmitted diseases?  □ Yes  □ No
     – Infectious diseases?  □ Yes  □ No
     – Pregnancy and prenatal care?  □ Yes  □ No
   ■ Referrals to treatment for persons with:
     – Medical problems?  □ Yes  □ No
     – Mental health problems?  □ Yes  □ No
3. Is the duration of addictions pharmacotherapy based on:
   - The needs of the person served?  
     ☐ Yes  ☐ No
   - The benefits of the medication?  
     ☐ Yes  ☐ No

4. How do the services conform to accepted medical practices when a person served is taking medications during pregnancy?

5. Is a physician available for medical consultation 24 hours a day, 7 days a week?
   ☐ Yes  ☐ No

Who?

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Addictions pharmacotherapy policies and procedures.
- Policies addressing drug screening practices
B. Children and Adolescents (CA)

1. Do assessments of each child or adolescent served include information on his or her:
   - Developmental history, such as developmental age factors, motor development, and functioning?  
     □ Yes  □ No
   - Medical or physical history?  
     □ Yes  □ No
   - Cultural/ethnic background?  
     □ Yes  □ No
   - Treatment history?  
     □ Yes  □ No
   - School history?  
     □ Yes  □ No
   - Language functioning, including:
     - Speech functioning?  
       □ Yes  □ No
     - Hearing functioning?  
       □ Yes  □ No
   - Visual functioning?  
     □ Yes  □ No
   - Immunization record?  
     □ Yes  □ No
   - Learning ability?  
     □ Yes  □ No
   - Intellectual functioning?  
     □ Yes  □ No
   - Family relationships?  
     □ Yes  □ No
   - Interactions with peers?  
     □ Yes  □ No
   - Environmental surroundings?  
     □ Yes  □ No
   - Prenatal exposure to alcohol, tobacco, or other drugs?  
     □ Yes  □ No
   - History of use of alcohol, tobacco, or other drugs?  
     □ Yes  □ No
   - Parents/guardian custodial status?  
     □ Yes  □ No
   - When applicable, parents'/guardians’ ability to participate in services?  
     □ Yes  □ No

2. Describe how the assessments are appropriate with respect to the child’s or adolescent’s:
   - Age.
3. When the services disrupt the child's/adolescent's day-to-day educational environment, does the program provide or make arrangements for the continuity of his or her education?

☐ Yes  ☐ No

Describe how this is accomplished.

4. Based on the needs of each child and adolescent, is an educational specialist a member of the team?

☐ Yes  ☐ No

Who?

5. If educational services are provided:
   ■ Are they appropriate to the person served?

☐ Yes  ☐ No

■ Do they meet applicable federal, provincial, and state requirements?

☐ Yes  ☐ No
Do they include provisions for:
- Evaluation? □ Yes □ No
- Group instruction? □ Yes □ No
- Individual instruction? □ Yes □ No

6. Based on the needs of the children or adolescents served, does the program include the development of:
- Community living skills? □ Yes □ No
- Social skills? □ Yes □ No
- Social supports? □ Yes □ No
- Vocational skills? □ Yes □ No

7. Describe how the environment is configured appropriately to meet the needs of children and adolescents.

________________________________________________________________________
________________________________________________________________________

Does this include the:
- Physical plant? □ Yes □ No
- Furniture? □ Yes □ No
- Equipment? □ Yes □ No

8. Does the organization implement policy and procedures for obtaining criminal background checks on all personnel providing direct services to children or adolescents?
□ Yes □ No

Describe this process.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. If residential services are provided in congregate facilities or sites that are owned, rented, or leased by the organization, is staff support available on site 24 hours a day, 7 days a week?
□ Yes □ No
10. If residential services are provided, does the program provide opportunities for visits, when appropriate and in compliance with applicable laws and court orders, with:
   - Family members and significant others? □ Yes □ No
   - Peers? □ Yes □ No

11. Does the program prohibit the exclusion of children or adolescents from services solely on the basis of their juvenile justice status?
   □ Yes □ No

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Assessments of the children or adolescents served
- Filed, current information on law pertaining to educational specialists and educational services
- Staffing pattern chart for residential, or 24/7 programs
- Policy related to background checks on all personnel
C. Consumer-Run (CR)

1. Does your program have clear policies and procedures for membership or acceptance into your services?
   - Yes  
   - No

Do these policies identify:
- Criteria for the order of acceptance of any person awaiting service?  
  - Yes  
  - No
- The position or entity responsible for making the acceptance decisions?  
  - Yes  
  - No
- Opportunities for individuals to learn about your program and its services?  
  - Yes  
  - No

List ways you can demonstrate or verify to the survey team that these policies and procedures are in place (by observations, interviews, and documentation).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. How do you make sure that your membership/acceptance criteria are understood by the potential persons to be served?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. When a person is not eligible for your services, do you:
   - Yes  
   - No
- Inform the person as to the reasons?  
  - Yes  
  - No
- Inform the referral source as to the reasons?  
  - Yes  
  - No
- Give the person information about alternative services?  
  - Yes  
  - No
- Maintain documentation of these actions?  
  - Yes  
  - No
List some of the alternative services that you have suggested.

List ways you can demonstrate or verify these practices to the survey team.

4. Prior to participation in the program, how do you communicate to all persons involved their responsibilities regarding services/activities?

List ways you can demonstrate or verify these practices to the survey team.

5. As required by funding sources and legal requirements, what is your procedure for obtaining signed informed consent for services?

Where do you retain this consent?
6. How do you provide information to the persons participating in activities or receiving services about setting their individual service goals, when applicable; planning the services to be delivered or activities in which to participate; and how progress on service goals will be communicated?

List ways you can demonstrate or verify these practices to the survey team.

7. List ways you can demonstrate or verify that the needs of the persons served are addressed in regard to:
   - Assistive technology.
   - Reasonable accommodations.
   - Identified health risks.
8. List some examples of referrals for services you have made other than at exit time.

9. What opportunities do you provide to individuals or families to enhance their advocacy skills through:
   ■ Training?
   ■ Support for systems advocacy activities?
   ■ Support for self-advocacy activities?
   ■ Other appropriate means?
List ways you can demonstrate or verify to the survey team that these opportunities are provided.

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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- Specific measurable objectives?  □ Yes  □ No
- Methods/techniques to be used?  □ Yes  □ No
- Those responsible for implementation?  □ Yes  □ No
- Barriers to an individual's goals?  □ Yes  □ No
- Strengths, supports, or solutions to overcome barriers?  □ Yes  □ No
- Get reviewed regularly with respect to expected outcomes?  □ Yes  □ No
- Get revised as appropriate:
  - Based on the satisfaction of the person served?  □ Yes  □ No
  - To remain meaningful to the person served?  □ Yes  □ No
  - Based on the changing needs of the person served?  □ Yes  □ No

List ways that you can verify these practices.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. List ways that you can demonstrate or verify that the service plan is communicated in an understandable manner to:
    ■ The person served.
        ________________________________________________
        ________________________________________________
        ________________________________________________

    ■ Those who are responsible for implementing the plan.
        ________________________________________________
        ________________________________________________
        ________________________________________________
14. List ways you can demonstrate or verify that a discharge summary is prepared for each person who leaves a program.

What is included in the discharge summary?

15. List ways you can demonstrate or verify that a complete record is maintained for each person served (by observations, interviews, and documentation).

Documentation Examples
The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons receiving services
- Acceptance policies and procedures
- Entrance criteria
- Criteria for the order of acceptance
- Information regarding referrals of persons who are ineligible
- Handbook and information regarding responsibilities in services
- Information regarding basic entitlements
- Orientation checklist, information, etc.
- Person-centered plans
- Information regarding reasonable accommodations and assistive technology used, if applicable
- Release-of-information forms
- Informed consent information
- Documentation of advocacy training or curriculum
- Referral information
- Discharge summary report
D. Criminal Justice (CJ)

1. Do treatment programs within a correctional setting include:
   ■ Partnering with correctional personnel who have decision-making authority? □ Yes □ No
   ■ Identification of personnel assigned as liaisons for ongoing communication? □ Yes □ No

2. Describe the specialized knowledge of the various theories of, and approaches to, criminal justice of the service delivery team.

3. How do you ensure that all members of the team:
   ■ Have access to the confidential information that is required for the team members to perform their function?

4. Is the person served provided with a description of the relationship between the criminal justice entity and the program, which includes:
   ■ The extent and limitations of confidentiality and sanctions? □ Yes □ No
   ■ The possible implications of having a criminal justice member on the team? □ Yes □ No
Describe this relationship.


5. Does the program provide training?  
☐ Yes  ☐ No

What training is provided to personnel prior to the delivery of services?


What regular interdisciplinary cross-training related to clinical and criminal justice issues is provided?


Does training include such topics as:

- The requirements imposed on personnel from the criminal justice system who participate on the treatment team?  
  ☐ Yes  ☐ No

- Safeguards that are available to workers?  
  ☐ Yes  ☐ No

- Safety and security practices specific to the setting?  
  ☐ Yes  ☐ No

- Clinical boundaries?  
  ☐ Yes  ☐ No

- Correctional boundaries?  
  ☐ Yes  ☐ No

- Specific clinical needs, including dual diagnosis?  
  ☐ Yes  ☐ No

- Therapeutic community practices and methodologies, when that core program is provided?  
  ☐ Yes  ☐ No
6. Is an assessment conducted or obtained for each person served that includes:

- A detailed history of the person’s criminal behavior, including:
  - Arrests?  □ Yes □ No
  - Convictions? □ Yes □ No
  - Violations of parole and/or probation? □ Yes □ No
  - Prior incarcerations? □ Yes □ No
  - Pending cases? □ Yes □ No

- Information on the person’s participation in organizations or groups that encourage criminal behavior? □ Yes □ No

- The relationship between the person’s behavioral health, and his or her criminal activity? □ Yes □ No

- Risk to self or other persons served, personnel and/or community? □ Yes □ No

- Risk for reoffending? □ Yes □ No

- Triggers for recidivism? □ Yes □ No

7. When applicable or permitted, are family members and/or significant others:

- Identified? □ Yes □ No

- Located? □ Yes □ No

- Contacted? □ Yes □ No

- Offered and, when possible, engaged in services? □ Yes □ No

Describe how this occurs.

________________________________________________________________________

________________________________________________________________________

8. Does the person-centered plan of the person served include a discussion of the impact of his or her behavior on:

- Applicable victims? □ Yes □ No

- Family members, including children? □ Yes □ No

- Friends or significant others? □ Yes □ No

- The community? □ Yes □ No
Section 4.D. Criminal Justice (CJ)

- The person served?  □ Yes  □ No

Does the person-centered plan of the person served include goals that address activities that help to restore or repair damage done to individuals or the larger community when he or she committed criminal acts?  □ Yes  □ No

9. When a criminal justice program provides behavioral health services in a prison or jail setting, does it provide or advocate for access to a full range of services based on the person’s:

- Strengths?  □ Yes  □ No

- Needs, including risk of:
  - Recidivism?  □ Yes  □ No
  - Relapse?  □ Yes  □ No

- Preferences?  □ Yes  □ No

What is the range of services available?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How are needs and preferences considered?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. When the program provides behavioral health services in a prison or jail setting, does the transition plan refer the person served for:

- Re-entry services within other correctional systems when appropriate?  □ Yes  □ No

- Identified continuing care in the community in which he or she will reside when released from custody?  □ Yes  □ No

- In-prison continuing care or aftercare maintenance services, when available?  □ Yes  □ No
How do the referrals take place?

<table>
<thead>
<tr>
<th>11. Are predischarge transition plans:</th>
</tr>
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<tbody>
<tr>
<td>▪ Developed:</td>
</tr>
<tr>
<td>– With the active involvement</td>
</tr>
<tr>
<td>of the persons served?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>– Co-operatively by treatment</td>
</tr>
<tr>
<td>program and correctional</td>
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<tr>
<td>institution staff?</td>
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<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>▪ Based on a comprehensive needs</td>
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<td>and risk assessment?</td>
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<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>▪ Written at least 30 days prior</td>
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<tr>
<td>to discharge?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>▪ When applicable, effectively</td>
</tr>
<tr>
<td>communicated to continuing</td>
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<tr>
<td>care providers?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
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</table>

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<thead>
<tr>
<th>12. Does the predischarge plan address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ The personal restoration plan</td>
</tr>
<tr>
<td>of the person served?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>▪ A transition that offers continuity</td>
</tr>
<tr>
<td>of care?</td>
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<tr>
<td>□ Yes □ No</td>
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<tr>
<td>▪ Transition for the person served to</td>
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<td>a level of care congruent with his</td>
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<tr>
<td>or her:</td>
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<tr>
<td>– Current treatment program?</td>
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<tr>
<td>□ Yes □ No</td>
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<tr>
<td>– Specific needs, including:</td>
</tr>
<tr>
<td>- Level of criminality/threat to</td>
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<td>the safety of the larger</td>
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<tr>
<td>community?</td>
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<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>- Risk of relapse/recidivism?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>▪ Available resources?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>▪ Continuation of needed treatment</td>
</tr>
<tr>
<td>upon discharge?</td>
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<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>▪ Expectations regarding ongoing</td>
</tr>
<tr>
<td>legal requirements?</td>
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<tr>
<td>□ Yes □ No</td>
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</tbody>
</table>
Applicable Standards

If an organization has a criminal justice educational component in its program, Standards 13.–14. also apply.

13. Does the curriculum-based program component for each person served:
   ■ Address issues specific to his or her individual needs? ☐ Yes ☐ No
   ■ Demonstrate consistency with his or her cognitive and learning abilities? ☐ Yes ☐ No
   ■ Demonstrate consistency with the program's philosophy of treatment? ☐ Yes ☐ No
   ■ Include provisions for:
     – Evaluation? ☐ Yes ☐ No
     – Group instruction? ☐ Yes ☐ No
     – Individual instruction? ☐ Yes ☐ No
   ■ Meet applicable federal, provincial, and state requirements? ☐ Yes ☐ No

14. Based on the needs of the person served, does the educational program address the development of:
   ■ Community living skills? ☐ Yes ☐ No
   ■ Social skills? ☐ Yes ☐ No
   ■ Social supports? ☐ Yes ☐ No
   ■ Vocational skills? ☐ Yes ☐ No

Describe how this occurs.

________________________________________________________________________

________________________________________________________________________

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**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Written assessments for each person served
- Written individual person-centered plans
- Written service agreements
- Transition or discharge plans
- Curriculum for or records of staff training
- Educational plans for the person served
E. Eating Disorders (ED)

1. Does your program conduct screening or an initial assessment within 48 hours of initial contact?

☐ Yes  ☐ No

Who conducts this screening/assessment?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How do you ensure that the screening is conducted by an individual who is knowledgeable about eating disorder symptoms?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Does this screening/assessment include:

■ Evaluation of medical stability:
  – Provided by a medical clinician?  ☐ Yes  ☐ No
  – Including, but not limited to:
    - A physical examination?  ☐ Yes  ☐ No
    - Necessary laboratory testing?  ☐ Yes  ☐ No
    - EKG?  ☐ Yes  ☐ No

■ Mental health screening using the DSM or ICD classification of Mental Disorders?  ☐ Yes  ☐ No

■ Past and current treatment, including current provider contact information, when applicable?  ☐ Yes  ☐ No

■ Nutritional screening that includes:
  – Eating disorder behaviors?  ☐ Yes  ☐ No
  – Nutritional status?  ☐ Yes  ☐ No

■ Special needs, including, but not limited to:
  – Physical challenges?  ☐ Yes  ☐ No
  – Language barriers?  ☐ Yes  ☐ No
  – Communicable disease requiring isolation?  ☐ Yes  ☐ No
■ Assessment of impact of illness on patient and family in relation to:
  – Role impairment? □ Yes □ No
  – Quality of life? □ Yes □ No
  – Burden of care? □ Yes □ No

How can the survey team verify this?

________________________________________________________________________

2. Is an initial assessment/admission process completed within 72 hours?
   □ Yes □ No

Does the assessment/admission process include:

■ A comprehensive medical assessment provided by a medical clinician? □ Yes □ No
■ A multi-axial diagnostic assessment? □ Yes □ No
■ A psychiatric evaluation? □ Yes □ No
■ A nutritional assessment? □ Yes □ No
■ Psychological assessment? □ Yes □ No

Explain how this is accomplished.

________________________________________________________________________

________________________________________________________________________

3. Is a comprehensive assessment completed within seven days?
   □ Yes □ No

Describe how and by whom comprehensive assessments are completed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Is there a person-centered plan developed for each person served within the following timeframes:
   ■ Initial within 72 hours of admission? □ Yes □ No
   ■ Complete within seven days? □ Yes □ No
Does the plan for each person served include a diagnosis according to the current DSM and ICD-9?  

☐ Yes  ☐ No

Is each person's plan signed by the:

- Person served or his or her legal representative?  
  ☐ Yes  ☐ No

- Treatment team?  
  ☐ Yes  ☐ No

Is each person's plan reviewed by the treatment team at least every seven days?  

☐ Yes  ☐ No

How can you demonstrate or verify this for the survey team?

5. Is there a written transition plan developed for each person served?  

☐ Yes  ☐ No

Does the transition plan include identification of the recommended level of care based on current risk assessment?  

☐ Yes  ☐ No

Do you obtain the written consent of the person served to provide his or her transition plan to after-care providers?  

☐ Yes  ☐ No

Is the transition plan provided within 48 hours, either verbally or in writing, to:

- The primary care provider of the person served?  
  ☐ Yes  ☐ No

- Receiving mental health therapists or programs?  
  ☐ Yes  ☐ No

Is the written transition plan provided to after-care providers within two weeks of discharge for each person served?  

☐ Yes  ☐ No

Who develops the transition plan?
Explain how transition plans are shared with after-care providers.

6. Does your program’s service provision include:

- Care delivered by licensed professionals in each of the following four core areas:
  - Psychological? □ Yes □ No
  - Medical/nursing? □ Yes □ No
  - Nutritional? □ Yes □ No
  - Psychiatric? □ Yes □ No

Who provides these services?

- At a minimum, weekly delivery of the following core care components to each person served:
  - Individual therapy? □ Yes □ No
  - Group therapy? □ Yes □ No
  - Family therapy? □ Yes □ No
  - Medical monitoring? □ Yes □ No
  - Medication monitoring, as applicable? □ Yes □ No
  - Milieu therapy? □ Yes □ No

- Nutritional counseling provided by a registered dietician trained and experienced in eating disorders for the applicable age group? □ Yes □ No

How can the survey team verify this?
Section 4.E. Eating Disorders (ED)

- Services provided by staff with a minimum of six continuing education hours per year devoted to eating disorders.  
  □ Yes  □ No

How can the survey team verify this?

7. Explain how your program implements nutritional practices that:

- Promote growth and development in the applicable age group(s) of the person served.

- Support regular and consistent weight gain (or loss, when applicable).

- Measure improvement in symptomatic eating behavior and/or urges.

Is there a physician who prescribes the diet?  □ Yes  □ No

Identify the physician or physicians who provide this.

Is there a registered dietician who provides:

- Assessment?  □ Yes  □ No
- Education?  □ Yes  □ No
- Counseling?  □ Yes  □ No
Identify who provides each of these services and how the survey team can verify this.

Is there a registered dietician who designs, implements, and manages safe and efficient nutrition-related strategies to:

- Enhance growth and development? [ ] Yes [ ] No
- Promote recovery from disordered eating? [ ] Yes [ ] No
- Reduce disturbances in body image? [ ] Yes [ ] No
- Promote lifelong health? [ ] Yes [ ] No

Describe how this is accomplished.

8. Do your program’s outcome measures include the following, based on the needs of the persons served:

- Regular and consistent weight gain (or loss, when applicable)? [ ] Yes [ ] No
- Measurable improvement in symptomatic eating behavior and/or urges? [ ] Yes [ ] No
- Eating disorder diagnostic symptoms regarding preoccupation with:
  - Weight? [ ] Yes [ ] No
  - Shape? [ ] Yes [ ] No
  - Body image? [ ] Yes [ ] No
- Improvement as measured by the standardized eating disorder assessments chosen to record admission and discharge status? [ ] Yes [ ] No
- When possible, measurement of outcomes at twelve months post-discharge. [ ] Yes [ ] No
Section 4.E. Eating Disorders (ED)

Explain how these are measured and tracked.

______________________________

______________________________

______________________________

9. Is the program available to each person served:
   ■ At least six hours per day? □ Yes □ No
   ■ At least five days per week? □ Yes □ No

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

  ■ Records of persons served
  ■ Screening forms or procedures
  ■ Assessment forms or procedures
  ■ Individual plans of persons served
  ■ Evidence of service provision by professionals with appropriate licenses/credentials
  ■ Nutritional guidelines and diets
  ■ Transition plans of persons served
  ■ Outcomes measures used
  ■ Procedures for gathering outcomes information
F. Juvenile Justice (JJ)

1. Describe how the organization ensures that services are delivered by a team with specialized knowledge of the various theories of, and approaches to, juvenile justice behavioral health services.

2. Does the organization ensure that all members of the team:
   - Have access to the confidential information that is required for the team members to perform their functions?
     - Yes ☐ No ☐
   - Are bound by applicable state, federal, or provincial confidentiality laws?
     - Yes ☐ No ☐

   Describe these procedures.

3. Is the person served provided with a description of the relationship between the juvenile justice entity and the program, including:
   - The extent and limitations of confidentiality and sanctions?
     - Yes ☐ No ☐
   - The possible implications of having a juvenile justice member on the team?
     - Yes ☐ No ☐

   Describe how this occurs.
4. Is there training that:
   ■ Is provided to personnel prior to the delivery of services?  [ ] Yes  [ ] No
   ■ Includes regular interdisciplinary cross training related to clinical and juvenile justice issues?  [ ] Yes  [ ] No
   ■ Includes such topics as:
     – The requirements imposed on personnel from the juvenile justice system who participate on the treatment team?  [ ] Yes  [ ] No
     – Safeguards that are available to workers?  [ ] Yes  [ ] No
     – Safety practices specific to the setting?  [ ] Yes  [ ] No

5. Does the juvenile justice program conduct a timely assessment for each person served that includes:
   ■ A detailed history of the person’s criminal behavior, including:
     – Arrests?  [ ] Yes  [ ] No
     – Convictions?  [ ] Yes  [ ] No
     – Violations of parole and/or probation?  [ ] Yes  [ ] No
     – Prior incarcerations?  [ ] Yes  [ ] No
     – Pending cases?  [ ] Yes  [ ] No
   ■ Information on the person’s participation in organizations or groups that encourage criminal behavior?  [ ] Yes  [ ] No
   ■ The relationship between the person’s behavioral health and his or her criminal activity?  [ ] Yes  [ ] No
   ■ Risk to self, other persons served, personnel, and/or community?  [ ] Yes  [ ] No

6. Do the assessments of juveniles include information on:
   ■ Developmental history, such as developmental age factors, motor development, and functioning?  [ ] Yes  [ ] No
   ■ Medical or physical health history?  [ ] Yes  [ ] No
   ■ Culture?  [ ] Yes  [ ] No
   ■ Treatment history?  [ ] Yes  [ ] No
Section 4.F. Juvenile Justice (JJ)

- School history?  □ Yes  □ No
- Language functioning, including:
  - Speech functioning?  □ Yes  □ No
  - Hearing functioning?  □ Yes  □ No
- Visual functioning?  □ Yes  □ No
- Immunization record?  □ Yes  □ No
- Learning ability?  □ Yes  □ No
- Intellectual functioning?  □ Yes  □ No
- Family relationships?  □ Yes  □ No
- Interactions with peers?  □ Yes  □ No
- Environmental surroundings?  □ Yes  □ No
- Prenatal exposure to alcohol, tobacco, or other drugs?  □ Yes  □ No
- History of use of alcohol, tobacco, or other drugs?  □ Yes  □ No
- Parental/guardian custodial status?  □ Yes  □ No
- Ability/willingness of parent(s)/guardian to participate in services?  □ Yes  □ No

7. Does the organization ensure that the assessments are appropriate with respect to the juvenile's:
   - Age?  □ Yes  □ No
   - Development?  □ Yes  □ No
   - Culture?  □ Yes  □ No
   - Education?  □ Yes  □ No

Describe the mechanisms in place to ensure that this occurs.
8. When applicable and/or permitted, are family members and/or significant others:
   - Identified? ☐ Yes ☐ No
   - Located? ☐ Yes ☐ No
   - Engaged in services? ☐ Yes ☐ No

9. When a juvenile justice program provides behavioral health services in a correctional setting, does it provide or advocate for access to a full range of services based on the person's:
   - Needs? ☐ Yes ☐ No
   - Preferences? ☐ Yes ☐ No

Describe any relevant procedures.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. When the program provides behavioral health services in a correctional setting, does the organization ensure that the transition plan refers the person served for:
   - Transitional services within the other juvenile justice systems, when appropriate? ☐ Yes ☐ No
   - Continuing care in the community in which he or she will reside when released from custody? ☐ Yes ☐ No

11. Are predischarge transition plans:
   - Developed:
     - With active involvement of persons served? ☐ Yes ☐ No
     - Cooperatively by treatment program and correctional institution staff? ☐ Yes ☐ No
   - Based on comprehensive needs assessments? ☐ Yes ☐ No
   - Written at least 30 days prior to discharge? ☐ Yes ☐ No
Describe how this occurs.

12. When required by law, or as needed by a child, does the organization ensure that an educational specialist is a member of the team? Describe how this is arranged.

13. When the services disrupt the juvenile's day-to-day educational environment, describe how the program provides or makes arrangements for the continuity of his or her education.

14. Does the curriculum-based program component for each person served:
   - Address issues specific to his or her individual needs? □ Yes □ No
   - Demonstrate consistency with his or her cognitive and learning abilities? □ Yes □ No
   - Demonstrate consistency with the program's philosophy of treatment? □ Yes □ No
   - Include provisions for:
     - Evaluation? □ Yes □ No
     - Group instruction? □ Yes □ No
     - Individual instruction? □ Yes □ No
   - Meet applicable federal, provincial, and state requirements? □ Yes □ No

15. Based on the needs of the person served, does the educational program address the development of:
   - Community living skills? □ Yes □ No
   - Social skills? □ Yes □ No
Social supports?    □ Yes    □ No
Vocational skills?   □ Yes    □ No

Describe how this occurs.

16. For residential services provided in congregate facilities or sites that are owned, rented, or leased by the organization, is staff support available on site 24 hours a day, 7 days a week?

□ Yes    □ No

17. If residential services are provided does the program provide opportunities for visits, when appropriate and in compliance with applicable laws and court orders, with:

- Family members and/or significant others? □ Yes □ No
- Peers? □ Yes □ No
- Others? □ Yes □ No

Describe the opportunities for visits.

18. Is the environment configured to meet the needs of juveniles, including:

- The physical plant? □ Yes □ No
- The furniture? □ Yes □ No
- The equipment? □ Yes □ No

Describe the environment.
19. Has the organization implemented a policy(ies) and procedures for:
   - Obtaining criminal background checks on all personnel providing direct services to juveniles?  
     - Yes  
     - No
   - Acting on the results of the background checks?  
     - Yes  
     - No

Describe these policies and their locations.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Curriculum for or records of staff training
- Written service agreements
- Transition or discharge plans
- Person-centered plans
- Educational plans for the person served
- Assessments of the children or adolescents served
- Filed, current information on law pertaining to educational specialists and educational services
- Staffing pattern chart for residential, or 24/7 programs
- Policies related to background checks on all personnel
G. Medically Complex (MC)

1. Does your program description of services available for this population include, as applicable:
   - Medical acuity issues?
     - Yes
     - No
     - N/A
   - Medical stability issues?
     - Yes
     - No
     - N/A
   - Psychological issues?
     - Yes
     - No
     - N/A
   - Behavioral issues?
     - Yes
     - No
     - N/A
   - Activity limitations?
     - Yes
     - No
     - N/A
   - Participation restrictions?
     - Yes
     - No
     - N/A
   - Long-term planning criteria?
     - Yes
     - No
     - N/A
   - Intended discharge environments?
     - Yes
     - No
     - N/A
   - Environmental modifications?
     - Yes
     - No
     - N/A
   - Adaptive equipment?
     - Yes
     - No
     - N/A
   - Respite?
     - Yes
     - No
     - N/A

Where is this documented?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Give some examples that demonstrate how your program collaborates with:
   - Healthcare providers who provide specialized medical, psychological/behavioral, and other therapeutic care to the person served.
     - Example 1
     - Example 2
     - Example 3
   - Other providers who provide specialized care to the person served.
     - Example 1
     - Example 2
     - Example 3
3. Describe how your organization determined the education, training, experience, and competencies needed by the individual who manages the services based on the scope of the services provided.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is there a job description or other documentation of the required qualifications?

☐ Yes  ☐ No

Identify the individual who manages these services and how the survey team can verify that he/she meets the defined qualifications.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Describe your process for informing the primary care physician(s) of the progress of each person served toward his or her individual goals regarding:

■ Assessments.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

■ Significant changes.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

■ Discharge/transition.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. How do you ensure that the service delivery team includes specialists, as appropriate?

Give some examples that demonstrate how specialists have been included on the service delivery team to meet the needs of the person served.

6. Explain how you ensure that personnel demonstrate competencies in:

- Developmental stages.

- Physical impairments.

- Behavioral needs.

- Day-to-day needs.
■ Grief and end-of-life support concerns.

How can the survey team verify this?

7. Describe how your program promotes a positive, therapeutic approach to behavior management, as applicable, that addresses:

■ Instruction and guidance to the person regarding desired behaviors that:
  – Build on current strengths.

  – Promote resiliency.

■ Environmental factors to enhance the desired behaviors of the person.

■ Environmental modifications.
8. How do you ensure that, as appropriate to the scope of the program, end-of-life planning:
   ■ Is directed by the wishes/desires of the person served and/or legal guardian?

   ■ Includes advocacy of hospice, palliative care, or other end-of-life choices as needed?

   ■ Includes spiritual or religious elements, if desired by the person served and/or legal guardian?

   ■ Includes the guidance of a medical professional, if desired by the person served and/or legal guardian?

   ■ Is communicated to applicable service providers in the required format, if applicable?
9. Does your program have a written philosophy of health and wellness for the persons served that:
   ■ Is designed to:
     – Meet their interests? □ Yes □ No
     – Align with their cognitive capabilities? □ Yes □ No
     – Reflect their choices? □ Yes □ No
     – Promote their personal growth? □ Yes □ No
     – Enhance their self-image? □ Yes □ No
     – Improve or maintain their functional levels whenever possible? □ Yes □ No

Where is this documented?

__________________________________________________________________

Describe how your written philosophy of health and wellness for the persons served is designed to address the above issues.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Describe how your written philosophy of health and wellness for the persons served is implemented to address function and quality of life.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Describe how your written philosophy of health and wellness for the persons served is implemented to address aging in place.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Section 4.G. Medically Complex (MC)

- Is your written philosophy of health and wellness for the persons served shared with:
  - The persons served? ☐ Yes ☐ No
  - Families/support systems? ☐ Yes ☐ No
  - Personnel? ☐ Yes ☐ No

Please describe how this information is shared with each of the above groups.

________________________________________________________________________
________________________________________________________________________

10. Do you conduct a primary assessment for each person served that includes the identification of:
- Presenting health risks? ☐ Yes ☐ No
- Health goals? ☐ Yes ☐ No
- Expected health benefits? ☐ Yes ☐ No

11. List some examples that demonstrate how the person-centered plan of care addresses needs in the following areas, as appropriate, based on initial and ongoing assessments:
- Adjustment of the person to activity limitations.
 ________________________________________________________________________
 ________________________________________________________________________
 ________________________________________________________________________
 ________________________________________________________________________

  _________________________________________________________________________
  _________________________________________________________________________

- Adjustment of the family to activity limitations.
Section 4.G. Medically Complex (MC)

- Advance directives.

- Assistive technology.

- Bereavement.

- Communication.

- Community reintegration.
Environmental modifications.

Growth and development.

Sexuality.

Wellness.

12. Does the person-centered plan of care for each person served:
   - Specifically address how services will be provided in a manner that ensures the safety of the person served?  □ Yes  □ No
   - Identify the services provided by skilled healthcare providers?  □ Yes  □ No
13. Identify some examples that demonstrate how wellness for the person served is promoted through activities that:

■ Are purposeful.

■ Include daily:
  – Structured activities.
  – Unstructured activities.

■ Are designed to:
  – Meet their interests.
  – Align with their cognitive capabilities.
  – Reflect their choices.
- Promote their personal growth.

- Enhance their self-image.

- Improve or maintain their functional levels whenever possible.

- Allow for group interaction.

- Allow for autonomy, as applicable.

- Include opportunities for community integration.

- Are these activities evident in the person-centered plan for each person served?  
  □ Yes  □ No
14. Describe how the environment addresses the behavioral and cognitive needs of the person served in terms of:

- Agitation.

- Cueing.

- Distractibility.

- Elopement risks.

- Equipment safety.

- Level of responsiveness.

- Orientation.

- Physical safety.
Section 4.G. Medically Complex (MC)

- Physically aggressive behaviors.

- Self-injurious behaviors.

- Sexual behaviors.

15. Describe how the environment where your services are provided supports:
   - Wellness activities.
   - Initiation of the wellness/health services.
   - Transition from the wellness/health services.

16. How can you demonstrate to the survey team that, when applicable, the living environment provided for the person served is:
   - Developed based on input from the person served and family/guardian?
■ Modified as needed based on input from the person served and family/guardian?

■ Inclusive?

■ Integrated into the community?

■ Physically supportive to meet the needs of the persons living in the residence?

■ Psychologically supportive to meet the:
  – Emotional needs of the person served.
  – Social needs of the person served.

17. Are individual possessions and decorations reflecting the choices by the person served evident in his or her living environment?

☐ Yes ☐ No

18. Does the program provide 24-hour care?

☐ Yes ☐ No

If Yes, does the program provide daily access to at least three nutritious meals (or equivalent per doctor/dietician) or enteral feedings?

☐ Yes ☐ No
Does the program provide access to snacks consistent with personal choice and timing, unless contraindicated by the person-centered plan or medical condition? □ Yes □ No

19. Is the education and training program for the person served:
   ■ Developmentally appropriate? □ Yes □ No
   ■ Age appropriate? □ Yes □ No

Does the education and training program for the person served include:
   ■ Knowledge of:
     □ Yes □ No
     – Ability? □ Yes □ No
     – Activity? □ Yes □ No
     – Participation? □ Yes □ No
   ■ Ability to describe and discuss any activity limitations in an age-appropriate fashion? □ Yes □ No
   ■ Conflict resolution? □ Yes □ No
   ■ Negotiation skills? □ Yes □ No
   ■ Assertiveness training? □ Yes □ No
   ■ Advocacy training? □ Yes □ No
   ■ Preparation for adolescence/adulthood? □ Yes □ No
   ■ Outcomes of decisions? □ Yes □ No

20. Give some examples that demonstrate how, when a person served dies, opportunities are provided to other persons in the program, family/support systems, and personnel to:
   ■ Express grief and remembrance.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
■ Develop and participate in:
  – Memorial services and rituals.

  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________

  – Other forms of grief expression, as desired.

  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Written program description of services
■ Documentation of end-of-life planning, as appropriate
■ Written philosophy of health and wellness for the persons served
■ Assessments for the persons served
■ Written individual person-centered plans
H. Older Adults (OA)

1. Explain your assessment process and how you ensure that sufficient information is gathered and recorded to develop a comprehensive person-centered plan for each person served.

Where is assessment information documented?

Does the assessment include information gathered from:

- The person served?  
  - Yes  
  - No

- Family members/legal representatives, when applicable and permitted?  
  - Yes  
  - No

- Other collateral sources, when applicable and permitted?  
  - Yes  
  - No

- External sources, when the need for specified assessment not able to be provided by the program is identified?  
  - Yes  
  - No

How is this accomplished?

Do assessments address the following areas:

- Abuse, neglect, and/or exploitation?  
  - Yes  
  - No

- Addiction?  
  - Yes  
  - No

- Behavioral?  
  - Yes  
  - No

- Cognition?  
  - Yes  
  - No

- Communication?  
  - Yes  
  - No

- Co-morbidities?  
  - Yes  
  - No

- Family roles and responsibilities?  
  - Yes  
  - No
2. How do you determine the desires of the person served regarding involvement of his or her family/support system?

________________________________________________________________________

________________________________________________________________________

Explain your process for conducting assessments of the family/support system of the person served.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Do these assessments include:

- The family/support system’s:
  - Ability and willingness to support and participate in the person-centered plan?  □ Yes  □ No
  - Ability and willingness to serve in a supportive role?  □ Yes  □ No
  - Composition?  □ Yes  □ No
  - Geography?  □ Yes  □ No
  - Education/information needs?  □ Yes  □ No
  - Expectations of the program?  □ Yes  □ No
  - Interactions?  □ Yes  □ No
  - Responsibilities?  □ Yes  □ No
  - Contingency plans for care?  □ Yes  □ No

- Other factors that might influence the plan of care?  □ Yes  □ No

Give some examples that demonstrate how the program uses information gathered through family/support system assessments in service planning and delivery.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. How does your program ensure that care coordination includes sharing information with other providers involved in the care of the person served?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is information shared with each of the following providers involved in the care of the person served, as applicable:

- Primary care?  □ Yes  □ No
- Behavioral health?  □ Yes  □ No
- Hospital and other inpatient settings?  □ Yes  □ No
- Medical specialty?  □ Yes  □ No
■ Others, when applicable?  
☐ Yes  ☐ No 

Is this information shared at the following times: 
■ Entry to the program?  
☐ Yes  ☐ No 
■ Significant changes in status of the person served?  
☐ Yes  ☐ No 
■ Transition/discharge?  
☐ Yes  ☐ No 

How do you ensure that information is shared in accordance with applicable laws and authorizations? 

---

4. Describe the organized education program provided for persons served and their families/support systems. 

---

Does the education program address each of the following topics, as appropriate: 
■ Abuse, neglect, and exploitation?  
☐ Yes  ☐ No 
■ Addiction?  
☐ Yes  ☐ No 
■ Caregiver stress?  
☐ Yes  ☐ No 
■ Cognitive decline?  
☐ Yes  ☐ No 
■ Communication with care providers?  
☐ Yes  ☐ No 
■ Falls?  
☐ Yes  ☐ No 
■ Interaction between behavioral health issues and co-morbidities?  
☐ Yes  ☐ No 
■ Importance of having a primary care provider?  
☐ Yes  ☐ No 
■ Loss and bereavement?  
☐ Yes  ☐ No 
■ Nutrition?  
☐ Yes  ☐ No 
■ Psychoeducation about the diagnosis?  
☐ Yes  ☐ No 
■ Risk of suicide?  
☐ Yes  ☐ No 
■ Self-advocacy?  
☐ Yes  ☐ No
How do you ensure that the education provided is appropriate to the needs of persons served and their families/support systems?

5. Explain how your program provides, arranges, or assists with education on medication, as appropriate, for persons served and their families/support systems.

Does this education address:

- Actions to take in case of an emergency? □ Yes □ No
- Medication management? □ Yes □ No
- Disposal? □ Yes □ No
- Identification, including why each medication is prescribed? □ Yes □ No
- Implications for management of multiple medications? □ Yes □ No
- Implications of abrupt discontinuation? □ Yes □ No
- Obtaining medication? □ Yes □ No
- Over-the-counter medications, supplements, and vitamins? □ Yes □ No
- Side effects? □ Yes □ No
- Storage? □ Yes □ No
- Understanding the education provided? □ Yes □ No
6. Describe your process for ensuring that information is provided to persons served and their families/support systems, based on identified needs, on the following topics:
   ■ Financial resources.

   __________________________
   __________________________
   __________________________
   __________________________

   ■ Healthcare benefits.

   __________________________
   __________________________
   __________________________
   __________________________

   ■ Service options available in the community.

   __________________________
   __________________________
   __________________________
   __________________________

7. As appropriate to the scope of the program, how do you address planning end-of-life care?

   __________________________
   __________________________
   __________________________
   __________________________

How can you demonstrate or verify that planning end-of-life care:
   ■ Is directed by the wishes/desires of the person served and/or legal representative?

   __________________________
   __________________________
   __________________________
   __________________________

   ■ Includes advocacy of hospice, palliative care, or other end-of-life choices as needed?
Section 4.H. Older Adults (OA)

- Includes cultural, ethnic, religious, or spiritual elements, if desired by the person served and/or legal representative?

- Includes the guidance of a medical professional, if desired by the person served and/or legal representative?

- Is communicated to applicable service providers in the required format, if applicable?

8. Explain how the environment is configured appropriately to meet the needs of older adults, including the:

- Physical plant.

- Furniture.

- Equipment and supplies.
9. Do you have a policy and procedure for obtaining criminal background checks on all personnel providing direct services to older adults?

☐ Yes  ☐ No

10. Do you provide documented training to direct service personnel on topics unique to working with older adults at:

■ Orientation?

☐ Yes  ☐ No

■ Regular intervals?

☐ Yes  ☐ No

Does this training include the following topics:

■ Addiction?

☐ Yes  ☐ No

■ Aging?

☐ Yes  ☐ No

■ Bereavement?

☐ Yes  ☐ No

■ Cognitive decline?

☐ Yes  ☐ No

■ Interaction between behavioral health issues and co-morbidities?

☐ Yes  ☐ No

■ Mental illness?

☐ Yes  ☐ No

■ Respecting autonomy?

☐ Yes  ☐ No

■ Substance use?

☐ Yes  ☐ No

■ Other, as appropriate?

☐ Yes  ☐ No

11. Give some examples that demonstrate how, when a person served dies, opportunities are provided to other persons in the program, family/support systems, and personnel to:

■ Express grief and remembrance.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

■ Develop and participate in:

– Memorial services and rituals.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
12. What indicator have you identified to measure engagement of the persons served in your services?

How does your program address at least annually:

- Performance in relationship to an established target?

- Trends?

- Actions for improvement?

- Results of performance improvement plans?
- Necessary education and training of:
  - Persons served?
  - Families/support systems?
  - Personnel?

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Written program description
- Individual plans of persons served
- Assessments of persons served and families/support systems
- Documentation of end-of-life planning, as appropriate
- Information provided to persons served and families/support systems
- Policy and procedure for obtaining criminal background checks on all personnel providing direct services to older adults
- Documentation of training for all direct service personnel
## SECTION 5

### Community and Employment Services Standards

#### A. Program/Service Structure

1. Is there a documented scope of services that includes the following parameters for each program/service:

   - Population(s) served?  
     - [ ] Yes  
     - [ ] No
   - Settings?  
     - [ ] Yes  
     - [ ] No
   - Hours of services?  
     - [ ] Yes  
     - [ ] No
   - Days of services?  
     - [ ] Yes  
     - [ ] No
   - Frequency of services?  
     - [ ] Yes  
     - [ ] No
   - Payer sources?  
     - [ ] Yes  
     - [ ] No
   - Fees?  
     - [ ] Yes  
     - [ ] No
   - Referral sources?  
     - [ ] Yes  
     - [ ] No
   - The specific services offered, including whether the services are provided directly or by referral?  
     - [ ] Yes  
     - [ ] No

Do you share information about the scope of services with:

   - The persons served?  
     - [ ] Yes  
     - [ ] No
   - Families/support systems, in accordance with the choices of the persons served?  
     - [ ] Yes  
     - [ ] No
   - Referral sources?  
     - [ ] Yes  
     - [ ] No
   - Payers and funding sources?  
     - [ ] Yes  
     - [ ] No
   - Other relevant stakeholders?  
     - [ ] Yes  
     - [ ] No
   - The general public?  
     - [ ] Yes  
     - [ ] No

Describe how information about the scope of services is shared with each of these groups.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
How can the survey team verify that the scope of services is reviewed at least annually and updated as necessary?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

How do you determine that the program/services provided are consistent with the defined scope?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

2. Describe the resources provided in the following areas to support the scope of the program/service:
   ■ Materials.
       _____________________________________________________________________
       _____________________________________________________________________
       _____________________________________________________________________

   ■ Equipment.
       _____________________________________________________________________
       _____________________________________________________________________
       _____________________________________________________________________

   ■ Supplies.
       _____________________________________________________________________
       _____________________________________________________________________
       _____________________________________________________________________

   ■ Space.
       _____________________________________________________________________
       _____________________________________________________________________
       _____________________________________________________________________
Section 5.A. Program/Service Structure

- Finances.

- Training.

- Human resources.

- Other (specify).

3. Based on the scope of each program/service provided, does the organization have documented:
   - Entry criteria?  
     - Yes  
     - No
   - Transition criteria?  
     - Yes  
     - No
   - Exit criteria?  
     - Yes  
     - No

Where are these documented?

What are your program’s/service’s:  
- Entry criteria?
Section 5.A. Program/Service Structure

- Transition criteria?

- Exit criteria?

Are the criteria closely related to the scope?  

☐ Yes  ☐ No

If No, what is missing?

- When a person is not eligible for your services, do you:
  - Inform the person as to the reasons?  
    ☐ Yes  ☐ No
  - In accordance with the choice of the person served:
    - Inform the family/support system as to the reasons?  
      ☐ Yes  ☐ No
    - Inform the referral source as to the reasons?  
      ☐ Yes  ☐ No
  - Make recommendations for alternative services?  
    ☐ Yes  ☐ No

What is your process to inform the person served?

What is your process to inform the family/support system?
What is your process to inform referral sources?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How do you ensure that providing information to the family/support system and/or referral source is done in accordance with the choice of the person served?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List some examples of alternative services that you have suggested.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Explain how you address unanticipated service modification, reduction, or exits/transitions precipitated by:

   ▪ Funding issues.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

   ▪ Other resource issues.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Give an example of when services modification, reduction, or exit/transition has occurred due to funding issues and the outcome of the situation.

__________________________________________________________________________

__________________________________________________________________________

Give an example of when services modification, reduction, or exit/transition has occurred due to other resource issues and the outcome of the situation.

__________________________________________________________________________

__________________________________________________________________________

6. Explain how you ensure that your service delivery models and strategies are based on accepted practice in the field and incorporate current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

7. Describe the communication mechanisms regarding the person served that you have implemented to facilitate integrated service delivery that:
   ■ Address:
     – Emergent issues.
       ________________________________________________
       ________________________________________________
       ________________________________________________

     – Ongoing issues.
       ________________________________________________
       ________________________________________________
       ________________________________________________
- Continuity of services, including:
  - Contingency planning.

- Future planning.

- Decisions concerning the person served.

  Ensure the exchange of information regarding the person-centered plan.

8. How would surveyors see demonstration of knowledge of the legal decision-making authority of persons served?

How do you provide information to the persons served regarding resources related to legal decision-making authority?
9. If you provide services from a mobile unit that functions as a site for the program/service seeking accreditation, do you have written procedures that address:

- Responsibilities of drivers? ☐ Yes ☐ No
- Responsibilities of service providers? ☐ Yes ☐ No
- Confidentiality of the records of persons served? ☐ Yes ☐ No
- Confidentiality of communication? ☐ Yes ☐ No
- Privacy related to service delivery? ☐ Yes ☐ No
- Accessibility? ☐ Yes ☐ No
- Availability of information to meet the needs unable to be met at the mobile setting? ☐ Yes ☐ No
- Security of medications? ☐ Yes ☐ No
- Security of equipment and supplies? ☐ Yes ☐ No
- Security of the mobile unit when it is not in use? ☐ Yes ☐ No
- Safety of records of the persons served? ☐ Yes ☐ No
- Safety of personnel? ☐ Yes ☐ No
- Maintenance of equipment? ☐ Yes ☐ No
- Maintenance of vehicles? ☐ Yes ☐ No

Where can the surveyors locate your written procedures?

________________________________________

________________________________________

________________________________________

Do you have written procedures that cover other aspects of your mobile services that are not listed in the standard? If so, please describe.

________________________________________

________________________________________

________________________________________
10. Does your organization have clear policies and procedures for entry into your services?

Do these policies address:

- The acceptance process?  
  - Yes  
  - No

- The person or position responsible for making the acceptance decisions?  
  - Yes  
  - No

- The process that will be followed in the event there is ever a wait list?  
  - Yes  
  - No

List ways you can demonstrate or verify to the survey team that these policies and procedures are in place and implemented.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. How do you provide information to persons in response to inquiries about:

- Your values and mission statement?
  
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

- Expected results or outcomes of services?
  
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

- Services availability, including possible wait times for services?
  
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

- Options for persons served to direct their service design and delivery?
  
  _______________________________________________________________________
  _______________________________________________________________________
Organizational certifications, if any, and if applicable to services?

How do you ensure that the information is provided in a format that is understandable to the persons served?

What is your process to ensure that the information is updated as necessary to reflect changes?

12. List ways you can demonstrate or verify that a complete record is maintained for each person served (by observations, interviews, and documentation).

What policies or procedures do you have regarding file maintenance?

Survey Prep Tip: During a survey, surveyors will randomly select a representative sample of files from the programs/services and sites seeking accreditation.

13. Do your guidelines for release of confidential information require that releases:
   ■ Be authorized by the person served or a legal representative?  □ Yes  □ No
   ■ Identify the specific information to be released?  □ Yes  □ No
14. Do you try positive behavioral interventions before using restrictive procedures?

❑ Yes  ❑ No

Identify how you ensure that positive behavioral interventions are used prior to the use of restrictive procedures.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Explain how you ensure that positive behavioral interventions continue to be used in conjunction with any restrictive procedures.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

15. Do you have policies and written procedures that address the program’s use of positive interventions?

❑ Yes  ❑ No

Do the policies and written procedures include:

❑ An emphasis on building positive relationships with persons served?

❑ Yes  ❑ No

❑ Evaluation of:
  – The environment?

❑ Yes  ❑ No
  – Personal stressors?

❑ Yes  ❑ No
Section 5.A. Program/Service Structure

- Appropriate interaction with staff to promote:
  - De-escalation? □ Yes □ No
  - Socially acceptable behavior? □ Yes □ No

- Empowering persons served to change their own behavior? □ Yes □ No

Where is this documented?

________________________________________________________________________

________________________________________________________________________

How can the survey team verify that these policies and written procedures are implemented?

________________________________________________________________________

________________________________________________________________________

16. Are staff members trained to use positive interventions:
- Initially? □ Yes □ No
- Annually? □ Yes □ No

How can the survey team verify this?

________________________________________________________________________

________________________________________________________________________

Describe the training provided.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

17. If you use any restrictive procedures, do you:
- Have policies and written procedures regarding these? □ Yes □ No
- Follow these procedures? □ Yes □ No
- Get informed consent prior to use? □ Yes □ No
■ Ensure that staff members are properly trained prior to use? ☐ Yes ☐ No

■ Implement methods to reinstate rights as soon as possible? ☐ Yes ☐ No

■ Monitor the effectiveness of these methods to reduce rights restrictions? ☐ Yes ☐ No

How do you ensure that your policies are in compliance with funding guidelines and governmental regulations?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What procedures do you have in place to ensure that rights are reinstated as soon as possible?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

How do you monitor the effectiveness of these methods to reduce rights restrictions?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

18. Do you contract with another organization or person to provide any part of the services for which you are seeking accreditation? ☐ Yes ☐ No

If Yes, are these services:
■ Provided under a written contract? ☐ Yes ☐ No

■ Monitored to ensure that performance meets identified responsibilities? ☐ Yes ☐ No

■ Evaluated at least annually to ensure the health and safety of persons served? ☐ Yes ☐ No
If you evaluate these services, what criteria do you use and who is responsible for this evaluation?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

If you contract for any part of the services you are seeking to accredit, identify the provider and service.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

19. Do you provide services to identified criminal offenders?

☐ Yes    ☐ No

If Yes, how do you inform the person concerning the relationship between the criminal justice entity and your organization?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What is your process to ensure that you maintain a detailed history of the person’s criminal history as required by governmental authorities?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

How do you ensure that services are coordinated with other systems?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
20. Does your organization have a policy that identifies whether it has any role related to medications that are used by the persons served in the programs seeking accreditation?

☐ Yes  ☐ No

Does this policy include whether or not your organization directly provides:

- Medication monitoring?  ☐ Yes  ☐ No
- Medication management?  ☐ Yes  ☐ No

Where is this policy documented?

---

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Documented scope of services for each program
- Records of the persons served
- Acceptance policies and procedures
- Entrance, transition, and exit criteria
- Policy for the order of acceptance
- Individual service plans
- Release-of-information forms
- Referral information
- Exit summary report
- Policies and written procedures regarding the use of positive interventions and limitations on use of restrictive procedures
- Documentation of staff training regarding the use of positive interventions and limitations on use of restrictive procedures
- Policy on whether the organization has any role related to medications in the program seeking accreditation (if Standard 5.A.20. is identified as applicable to the program)
B. Individual-Centered Service Planning, Design, and Delivery

1. Do you gather information about the person’s desired outcomes for services prior to the planning of services?
   - ☐ Yes
   - ☐ No
   List ways you can demonstrate or verify this to the survey team.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

2. How do you communicate information to the persons served about setting their goals, planning their services/supports, and requirements for their continued participation in services?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3. How do you ensure that an individualized service plan is developed based on the person’s strengths, abilities, preferences, desired outcomes, and other issues as identified by the person?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
Section 5.B. Individual-Centered Service Planning, Design, and Delivery

4. How do you ensure that relevant medical, psychological, and social information; information on previous services and supports, as available; and information from other relevant assessments, when available, is used in each person's planning process?

5. How can you demonstrate or verify that each service plan is developed with the active involvement of the person served?

Does each service plan identify:

- The person's overall goals?  □ Yes  □ No
- Specific measurable objectives?  □ Yes  □ No
- Methods/techniques to be used to achieve the objectives?  □ Yes  □ No
- Those responsible for implementation?  □ Yes  □ No
- How and when progress on objectives will be regularly reviewed?  □ Yes  □ No

How do you ensure that the service plan is communicated in a manner that is understandable to:

- The person served?

- The persons responsible for implementing the plan?
How do you ensure that regular review of plans with respect to expected outcomes is conducted?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Give some examples that demonstrate how plans are revised as appropriate based on the changing needs and satisfaction of the person served.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How do you ensure timely transition planning for persons moving from one program to another within your organization or externally to another provider?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. When it is determined that there is a need, do plans address:

■ Assistive technology? □ Yes □ No

■ Reasonable accommodations? □ Yes □ No

What is your process to determine if these are needed and, when a need is identified, to ensure that these are included in plan development?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
7. How can you demonstrate or verify to the survey team that when applicable to the person and his or her goals and outcomes, the person and/or family served and/or their legal representatives are involved in:
   ■ Assessing potential health and safety risks in the community?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   ■ Deciding whether to accept situations with inherent risks?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   How do you identify actions to minimize risks and determine who is responsible for those actions?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   Are risk assessment results documented in the individual service plan?  ☐ Yes  ☐ No

8. List ways you can demonstrate or verify that the persons served are informed about resources to assist them in securing and retaining related benefits for which they are eligible.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
9. List some examples of referrals for services/supports you have made other than at exit time.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

10. List ways you can demonstrate or verify that an exit summary report that summarizes results of services received is prepared on a timely basis for each person who leaves the organization's services.

__________________________________________________________________________

__________________________________________________________________________

Survey Prep Tip: Surveyors will review some files of persons who have exited from services. Make sure that these files are available before the team arrives.

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Handbook and information regarding responsibilities in services
- Orientation checklist, information, etc.
- Individual service plans
- Information demonstrating reasonable accommodations and assistive technology used, if applicable
- Documentation of advocacy training or curriculum
- Referral information
- Exit summary report
C. Community Services Principle Standards

1. Give some examples of how your organization assists persons served to enhance their quality of life by:
   - Providing opportunities to maintain and/or increase social contacts, personal relationships, community networks, and new supports, as desired.
   - Facilitating exposure to new community experiences.
   - Achieving desired or greater participation in community activities.

2. List some examples from individual service plans that identify community inclusion activities, as desired by the person served.
3. Give some examples that demonstrate how your organization assists persons served to achieve participation in community activities by developing skills and behaviors that:
   ■ Relate to the desired outcome.
   ■ Empower the persons served.

4. Describe how you consider the individual preferences of those served when selecting direct care staff.

How do you address the input of persons served on an ongoing basis?

List ways that you can verify or demonstrate these practices to the survey team.
NOTE: Review Standard 5.C.5. to consider whether it is appropriate to the services you provide and the population served. If it is, then answer the following. If you are not sure about applicability, contact your resource specialist at CARF to discuss.

5. How does your organization ensure that personnel are knowledgeable about early signs indicating possible dementia and aging-related decline?

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Section 5.C. Community Services Principle Standards

- How do you ensure that transfer of information occurs to support successful transition?

____________________________________________________

____________________________________________________

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Progress notes
- Individual service plans
- Orientation information
- Self-advocacy training information
- Conflict resolution information
- Assistive technology and reasonable accommodation information, if applicable
- Information regarding community resources utilized
- Procedures manual
D. Employment Services Principle Standards

Services Design for Persons Served

1. Give some examples that demonstrate how development of the individual’s service plan for employment considers:
   - Self-reported interests and skills.
   - Work and volunteer history.
   - Previous training and education.
   - Benefits the person is receiving.
   - Availability to work, including hours.
   - Transportation availability.
Support needs.

Self-reported barriers to employment.

Legal history.

2. Describe how the persons served are involved in making informed employment-related decisions, including:
   - The expected outcome for services.

   - His or her role and responsibilities related to achieving desired employment outcomes.

3. How are persons served informed about opportunities for employment in the local community consistent with their desired outcomes?
Services Design for Employers

4. What methods or processes are used to identify current needs of employers and trends in the local job market?

5. How are employers made aware of the following resources, as appropriate to the services provided:
   ■ Customer service/supports available from the organization.
   ■ Referrals of job applicants closely matched to the employers’ requirements.
   ■ The organization’s ability to partner with employers to develop employment opportunities.
   ■ Tax credits that the employer may secure as a result of hiring an eligible candidate.
The Organization as Employer

6. If your organization has an employment relationship with a person served, how can you demonstrate or verify to the survey team that you comply with:
   - All applicable United States Internal Revenue Service rules and regulations? (This pertains to organizations in the U.S. only.)

   [Blank space for response]

   [Blank space for response]

   [Blank space for response]

   - Other applicable laws and regulations?

   [Blank space for response]

   [Blank space for response]

   [Blank space for response]

   - Your own internal procedures?

   [Blank space for response]

   [Blank space for response]

   [Blank space for response]

7. Do any persons in your employment services receive less than the minimum wage? (This standard pertains to organizations in the U.S. only.)
   - Yes
   - No

   If Yes, list ways that you can demonstrate or verify to the survey team that governmental requirements for work measurement and wage payment are followed.

   [Blank space for response]

   [Blank space for response]

   [Blank space for response]

   Where do you document how the person's disability affects his or her productivity?

   [Blank space for response]

   [Blank space for response]

   [Blank space for response]
What is your process for determining performance levels based on work measurements?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

What is your process to ensure that commensurate wages are paid?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

How often do you make changes based on annual prevailing wage studies?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Where do you document prevailing wage studies?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

8. When persons make less than the minimum wage, are they informed at least semiannually about how their productivity affects their wage?

☐ Yes  ☐ No

Where is this documented?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

How are persons served informed about how their productivity affects their wages and assisted to understand their current rate of pay and ways to improve their earnings?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
9. If your organization produces a product or provides a service for businesses, describe your system of quality control.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

10. (This standard applies to organizations in the U.S. only.) If your organization bids for contract work, produces a product for sale, or provides a service to businesses, does it:

- Consider:
  - All direct costs? Yes No
  - All indirect costs applicable to each job? Yes No
  - Profit? Yes No
  - Fair market value? Yes No

- Are bids/prices reviewed at least annually and revised as necessary? Yes No

How do you calculate your prices?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Describe your process for reviewing and revising bids as necessary.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Survey Prep Tip:** Have some files that show these calculations in detail ready for the survey team.
**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Individual employment service plans
- Records of the persons served
- Information on local job opportunities and trends
- Information regarding community services and resources used
- U.S. Department of Labor Certificate, if applicable
- Documentation related to U.S. Department of Labor laws, if applicable
- IRS information, if in the U.S.
- Canada Revenue Agency information, if in Canada
- Information related to applicable labor laws and regulations
- Information on referrals made
- Documentation of supports given to employers, if applicable
- Information regarding time studies and wage payment practices
- Information regarding prevailing wage studies
- Information regarding bidding practices
- Information demonstrating annual analysis of products and services pricing
E. Medication Monitoring and Management

1. Is there an up-to-date individual record of all medications, including prescription and nonprescription medications, used by the person served that includes:
   - The name of the medication?  □ Yes  □ No
   - The dosage, including strength or concentration?  □ Yes  □ No
   - The frequency?  □ Yes  □ No
   - Instructions for use, including administration route?  □ Yes  □ No
   - Potential side effects?  □ Yes  □ No
   - Drug interactions?  □ Yes  □ No
   - For prescribed medications:
     - The prescribing professional and phone number?  □ Yes  □ No
     - Dispensing pharmacy and contact information?  □ Yes  □ No

Explain how those records are kept current.

________________________________________________________________________

________________________________________________________________________

2. Does your organization have written procedures that address:
   - Storage, including handling of medications requiring refrigeration or protection from light?  □ Yes  □ No
   - Safe handling?  □ Yes  □ No
   - Packaging and labeling?  □ Yes  □ No
   - Safe disposal?  □ Yes  □ No
   - Maintenance of an adequate supply of medications for the persons served?  □ Yes  □ No
   - Documentation of medication use?  □ Yes  □ No
3. How are the persons served or their parents or guardians provided with or given information, as requested, about resources for:
   - Advocacy and advocacy training to assist them in being actively involved in making decisions related to the use of medications?

   ____________________________

   ____________________________

   - Training and education regarding medications?

   ____________________________

   ____________________________

4. How does your organization document that the use of all medications by the person served is reviewed on at least an annual basis by a single physician or qualified professional licensed to prescribe medications?

   ____________________________

   ____________________________

5. If your organization manages medications for persons served, are there written procedures that address:
   - Purchase, including processes for handling medication shortages on weekends? □ Yes □ No
   - Transportation and delivery? □ Yes □ No
   - Off-site use? □ Yes □ No
   - Administration of medications by personnel, including:
     - Staff credentials and competencies? □ Yes □ No
     - Documentation of medication administration? □ Yes □ No
     - Documentation of the use and benefits, or lack thereof, of as needed (prn) doses? □ Yes □ No
6. If your organization manages medications for persons served, do the written procedures regarding medications provide for:

- Compliance with all applicable laws and regulations pertaining to medications and controlled substances?  
  - Yes  
  - No

- Documentation or confirmation of informed consent for each medication administered, when possible?  
  - Yes  
  - No

- Integrating any prescribed medications into a person's overall plan, including, if applicable, special dietary needs and restrictions associated with medication use?  
  - Yes  
  - No

- Identification, documentation, and required reporting, including to the prescribing professional:
  - Of any medication reactions experienced by the person served?  
    - Yes  
    - No
  - Of medication errors, as appropriate?  
    - Yes  
    - No

- Review of medication errors and drug reactions as part of the quality monitoring and improvement system?  
  - Yes  
  - No

- Actions to follow in case of emergencies related to the use of medications, including ready access to the telephone number of a poison control center by:
  - The program personnel?  
    - Yes  
    - No
  - The persons served, as appropriate?  
    - Yes  
    - No

- Availability of medical resources for consultation during hours of program operation?  
  - Yes  
  - No

- Coordination as needed with the physician providing primary care needs?  
  - Yes  
  - No
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Policy on whether the organization has any role related to medications in the program seeking accreditation
- Records of the persons served
- Individual medication records for persons served
- Procedures regarding storage, safe handling, packaging/labeling, and safe disposal
- List of educational and training resources for advocacy
- Medication procedures regarding purchase, transportation, inventory, off-site use, and administration, if applicable
- Individual service plans
- Staff training records
- Documentation of training regarding medication of persons served, if applicable
- Records of informed consent, if applicable
- Procedures related to medication reactions/errors
- Actions to follow in case of medication emergencies
- Written procedures regarding compliance with all laws/regulations pertaining to medications
F. Children and Adolescents Specific Population Designation

1. As relevant to the service provided, is the following information gathered from families about each child or youth served:

- Developmental history, such as developmental age factors? □ Yes □ No
- Motor development and functioning? □ Yes □ No
- Health history and status, including:
  - Medical? □ Yes □ No
  - Physical? □ Yes □ No
  - Mental? □ Yes □ No
  - Social/emotional? □ Yes □ No
  - Immunization record? □ Yes □ No
  - Prenatal exposure to alcohol, tobacco, or other drugs? □ Yes □ No
- Culture/ethnicity, including specific needs and preferences? □ Yes □ No
- School history? □ Yes □ No
- Communication functioning, including:
  - Speech? □ Yes □ No
  - Hearing? □ Yes □ No
  - Language? □ Yes □ No
- Visual functioning? □ Yes □ No
- Learning style? □ Yes □ No
- Intellectual functioning? □ Yes □ No
- Family relationships? □ Yes □ No
- Interactions with peers? □ Yes □ No
- Environmental surroundings? □ Yes □ No
- History of use of alcohol, tobacco, or other drugs? □ Yes □ No
- Past exposure to trauma? □ Yes □ No
- Assistive devices or technology, if used? □ Yes □ No
■ Coordinated information if dealing with multiple systems or other current service providers for the child/youth?   □ Yes   □ No

2. How do you ensure that the methods used to gather information are appropriate with respect to the child’s or youth’s age; development; culture; education; functional limitations, if applicable; and language/communication skills and abilities?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. How do you ensure that information gathered is shared with families in understandable terms so they can make informed decisions?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. List ways that you can demonstrate that your program works with family members to identify strengths, resources, priorities, expectations, activities that might be beneficial, concerns, and perceived barriers regarding the development of their child/youth.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Give some examples of how program staff identify with family members:

■ Family values to be considered in services.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2015 Behavioral Health Survey Preparation Workbook
6. As relevant to the services provided, are the following areas considered in identifying needs of each child/youth served:

- Healthcare? □ Yes □ No
- Nutrition? □ Yes □ No
- Physical activity? □ Yes □ No
- Safety? □ Yes □ No
- Education? □ Yes □ No
- Emotional/behavioral? □ Yes □ No
- Mobility and functional independence? □ Yes □ No
- Child development? □ Yes □ No
- Social and leisure? □ Yes □ No
- Others, as identified? □ Yes □ No

List some examples of needs of the children or youths served that have been identified in these areas.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. List ways that you can demonstrate or verify that your services are based on:

- The identified needs of the child/youth served.
The desired outcomes of the family.

Information gathered.

Give examples of how you have used results from and responses to previous services and supports to individualize services to a child or youth.

8. Based on the identified needs of the child or youth served, do your services include the development of:
   - Skills for independence? □ Yes □ No
   - Social skills? □ Yes □ No
   - Social supports? □ Yes □ No

List ways that you can demonstrate or verify that these skills and supports are developed.
9. What educational opportunities are available for the family to learn about:
   - Child development?
   - Aspects of disability, as appropriate?
   - Futures planning?
   - Community resources, including availability of support groups?
   - Parenting skills?

10. Do personnel receive training that covers, as appropriate to the services:
   - Child growth and development?  □ Yes  □ No  □ N/A
   - Behavior support skills?  □ Yes  □ No  □ N/A
   - Learning styles?  □ Yes  □ No  □ N/A
   - Social and emotional needs?  □ Yes  □ No  □ N/A
   - The effects of separation and placement on children?  □ Yes  □ No  □ N/A
   - Health and nutrition?  □ Yes  □ No  □ N/A
   - Applicable legal issues?  □ Yes  □ No  □ N/A
   - Methods of communication?  □ Yes  □ No  □ N/A
   - Crisis situations?  □ Yes  □ No  □ N/A
   - Family support practices?  □ Yes  □ No  □ N/A
   - Family systems theory?  □ Yes  □ No  □ N/A
11. If your program provides early intervention services, describe the guidance and/or information that you provide to families to support their child's acquisition of:

- Motor skills development.

- Physical health and development.

- Physical fitness.

- Social development.

- Intellectual/cognitive development.

- Speech and language development.

- Creativity.

- Emotional development.
Section 5.F. Children and Adolescents Specific Population Designation

- Safety.
  
- Self care.
  
- Identity development.
  
- Proper nutrition and growth.
  
- Independence and self-determination.
  
12. When the services disrupt the child’s or youth’s day-to-day educational environment, do you provide or make arrangements for the continuity of his or her education?
  
  Yes  No  N/A

Describe how this is accomplished.

13. Is an educational specialist a member of the planning team?
  
  Yes  No  N/A

If Yes, who is this person (or persons)?
Is a transition specialist a member of the planning team?  
☐ Yes  ☐ No  ☐ N/A

If Yes, who is this person (or persons)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How do you determine in individual cases whether an educational specialist and/or a transition specialist is a member of the team?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. If educational services are provided, how do you ensure that they are appropriate to the child/youth served?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How do you ensure that educational services provided meet all applicable legal requirements?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

15. If your services are provided outside the home, describe how the service environment is configured appropriately to meet the needs of children and youths.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does appropriate configuration include:

☐ The physical site? ☐ Yes  ☐ No

☐ The furniture? ☐ Yes  ☐ No

☐ Any equipment used in services? ☐ Yes  ☐ No

☐ Environmental factors? ☐ Yes  ☐ No

☐ Assistive technology, if utilized? ☐ Yes  ☐ No
16. How do you ensure that children or youths are not excluded from services solely on the basis of their juvenile justice status?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

17. What types of information does your program provide to the family when a child or youth moves to a school or other community service?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

How do you ensure that this information is provided in a timely manner?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What types of information does your organization provide to the school or new service provider?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What is your process for obtaining consent from the child/family before providing information to the school or new service provider?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

18. Describe your organization’s procedures for conducting criminal background checks on all personnel providing direct services to children or youths.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
19. How does your program assist family members to optimize resources and opportunities as desired through:

■ Community linkages?

■ Enhanced social support networks?

■ Outreach to encourage involvement?

20. If residential services are provided, are there separate areas for beds for children and youths according to their:

■ Ages? □ Yes □ No

■ Genders? □ Yes □ No

■ Needs? □ Yes □ No

What are your provisions regarding this?

21. How can you demonstrate that in-home safety needs of the child/youth served are addressed with respect to:

■ Environmental risks?

■ Abuse and/or neglect inflicted by self or others?
Section 5.F. Children and Adolescents Specific Population Designation

- Self-protection skills?

- Medication management?

22. If residential services are provided, how does your organization provide opportunities for visits, when appropriate and in compliance with applicable laws and court orders?

Are opportunities provided for visits from:
- Family members and significant others?  □ Yes  □ No
- Peers?  □ Yes  □ No

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the children and youths served
- Individual service plans
- Progress notes
- Information provided to the families about new services
- Procedures manual
G. Child and Youth Services (CYS)

1. As relevant to the service provided, is the following information gathered from families about each child or youth served:
   - Developmental history, such as developmental age factors? [ ] Yes [ ] No
   - Motor development and functioning? [ ] Yes [ ] No
   - Health history and status, including:
     - Medical? [ ] Yes [ ] No
     - Physical? [ ] Yes [ ] No
     - Mental? [ ] Yes [ ] No
     - Social/emotional? [ ] Yes [ ] No
     - Immunization record? [ ] Yes [ ] No
     - Prenatal exposure to alcohol, tobacco, or other drugs? [ ] Yes [ ] No
   - Culture/ethnicity, including specific needs and preferences? [ ] Yes [ ] No
   - School history? [ ] Yes [ ] No
   - Communication functioning, including:
     - Speech? [ ] Yes [ ] No
     - Hearing? [ ] Yes [ ] No
     - Language? [ ] Yes [ ] No
   - Visual functioning? [ ] Yes [ ] No
   - Learning style? [ ] Yes [ ] No
   - Intellectual functioning? [ ] Yes [ ] No
   - Family relationships? [ ] Yes [ ] No
   - Interactions with peers? [ ] Yes [ ] No
   - Environmental surroundings? [ ] Yes [ ] No
   - History of use of alcohol, tobacco, or other drugs? [ ] Yes [ ] No
   - Past exposure to trauma? [ ] Yes [ ] No
   - Assistive devices or technology, if used? [ ] Yes [ ] No
   - Coordinated information if dealing with multiple systems or other current service providers for the child/youth? [ ] Yes [ ] No
2. How do you ensure that the methods used to gather information are appropriate with respect to the child's or youth's age; development; culture; education; functional limitations, if applicable; and language/communication skills and abilities?

3. How do you ensure that information gathered is shared with families in understandable terms so they can make informed decisions?

4. List ways that you can demonstrate that your program works with family members to identify strengths, resources, priorities, expectations, activities that might be beneficial, concerns, and perceived barriers regarding the development of their child/youth.

5. Give some examples of how program staff identify with family members:
   - Family values to be considered in services.
6. As relevant to the services provided, are the following areas considered in identifying needs of each child/youth served:

- Healthcare?  
  - Yes  
  - No
- Nutrition?  
  - Yes  
  - No
- Physical activity?  
  - Yes  
  - No
- Safety?  
  - Yes  
  - No
- Education?  
  - Yes  
  - No
- Emotional/behavioral?  
  - Yes  
  - No
- Mobility and functional independence?  
  - Yes  
  - No
- Child development?  
  - Yes  
  - No
- Social and leisure?  
  - Yes  
  - No
- Others, as identified?  
  - Yes  
  - No

List some examples of needs of the children or youths served that have been identified in these areas.

7. List ways that you can demonstrate or verify that your services are based on:

- The identified needs of the child/youth served.
8. Based on the identified needs of the child or youth served, do your services include the development of:

- Skills for independence?
  - Yes
  - No

- Social skills?
  - Yes
  - No

- Social supports?
  - Yes
  - No

List ways that you can demonstrate or verify that these skills and supports are developed.
9. What educational opportunities are available for the family to learn about:
   ■ Child development?

   ■ Aspects of disability, as appropriate?

   ■ Futures planning?

   ■ Community resources, including availability of support groups?

   ■ Parenting skills?

10. Do personnel receive training that covers, as appropriate to the services:
   ■ Child growth and development? □ Yes □ No □ N/A
   ■ Behavior support skills? □ Yes □ No □ N/A
   ■ Learning styles? □ Yes □ No □ N/A
   ■ Social and emotional needs? □ Yes □ No □ N/A
   ■ The effects of separation and placement on children? □ Yes □ No □ N/A
   ■ Health and nutrition? □ Yes □ No □ N/A
   ■ Applicable legal issues? □ Yes □ No □ N/A
   ■ Methods of communication? □ Yes □ No □ N/A
   ■ Crisis situations? □ Yes □ No □ N/A
   ■ Family support practices? □ Yes □ No □ N/A
   ■ Family systems theory? □ Yes □ No □ N/A
11. If your program provides early intervention services, describe the guidance and/or information that you provide to families to support their child’s acquisition of:

- Motor skills development.

- Physical health and development.

- Physical fitness.

- Social development.

- Intellectual/cognitive development.

- Speech and language development.

- Creativity.

- Emotional development.
12. When the services disrupt the child's or youth's day-to-day educational environment, do you provide or make arrangements for the continuity of his or her education?

☐ Yes  ☐ No  ☐ N/A

Describe how this is accomplished.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. Is an educational specialist a member of the planning team?

☐ Yes  ☐ No  ☐ N/A

If Yes, who is this person (or persons)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Section 5.G. Child and Youth Services (CYS)

Is a transition specialist a member of the planning team?  □ Yes  □ No  □ N/A

If Yes, who is this person (or persons)?

________________________________________________________________________

________________________________________________________________________

How do you determine in individual cases whether an educational specialist and/or a transition specialist is a member of the team?

________________________________________________________________________

________________________________________________________________________

14. If educational services are provided, how do you ensure that they are appropriate to the child/youth served?

________________________________________________________________________

________________________________________________________________________

How do you ensure that educational services provided meet all applicable legal requirements?

________________________________________________________________________

________________________________________________________________________

15. If your services are provided outside the home, describe how the service environment is configured appropriately to meet the needs of children and youths.

________________________________________________________________________

________________________________________________________________________

Does appropriate configuration include:

- The physical site?  □ Yes  □ No
- The furniture?  □ Yes  □ No
- Any equipment used in services?  □ Yes  □ No
- Environmental factors?  □ Yes  □ No
- Assistive technology, if utilized?  □ Yes  □ No
16. How do you ensure that children or youths are not excluded from services solely on the basis of their juvenile justice status?

17. What types of information does your program provide to the family when a child or youth moves to a school or other community service?

How do you ensure that this information is provided in a timely manner?

What types of information does your organization provide to the school or new service provider?

What is your process for obtaining consent from the child/family before providing information to the school or new service provider?

18. Describe your organization's procedures for conducting criminal background checks on all personnel providing direct services to children or youths.
19. How does your program assist family members to optimize resources and opportunities as desired through:

- Community linkages?

- Enhanced social support networks?

- Outreach to encourage involvement?

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the children and youths served
- Individual service plans
- Progress notes
- Information provided to the families about new services
- Procedures manual
H. Community Housing (CH)

1. How do you ensure that each person served is in a residential setting with his or her own personal space that respects privacy, promotes personal security, and promotes safety?

2. Do your services include regular meetings between the persons served and staff?
   - Yes  No

   What is the schedule of meetings?

3. Do your services include opportunities to participate in typical home activities?
   - Yes  No

   What would some of these be?

4. Do your services include:
   - Appropriate linkage when healthcare needs of the persons served are identified?
     - Yes  No
   - A personalized setting?
     - Yes  No
   - Daily access to nutritious meals and snacks?
     - Yes  No
   - The opportunity for expression of choice by the persons served as to room and housemates?
     - Yes  No
   - Based on the choice of the persons served, opportunities to access:
     - Community activities?
       - Yes  No
     - Cultural activities?
       - Yes  No
- Social activities? ☐ Yes ☐ No
- Recreational activities? ☐ Yes ☐ No
- Spiritual activities? ☐ Yes ☐ No
- Employment/income generation activities? ☐ Yes ☐ No
- Transportation? ☐ Yes ☐ No
- Self-help groups? ☐ Yes ☐ No
- Other? ☐ Yes ☐ No

Give some examples of:

- Community activities accessed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

- Cultural activities accessed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

- Social activities accessed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

- Recreational activities accessed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

- Spiritual activities accessed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Section 5.H. Community Housing (CH)

- Employment/income generation activities accessed.

- Transportation accessed.

- Self-help groups accessed.

- Other opportunities.

Do your services include guidelines related to:

- Visitors or guests? □ Yes □ No
- Pets? □ Yes □ No

How are persons served informed of these guidelines?

3. How can you demonstrate that your services address in-home safety needs of persons served with respect to:
- Environmental risks?
Abuse and/or neglect inflicted by self or others?

Self-protection skills?

Medication management?

4. How may persons served make changes in their living arrangements at their request?

How may their families, when applicable, request changes?

In transitional living, are there options for changes on a periodic basis when initiated by the organization?  

What is your procedure to ensure that persons served are making decisions based on informed choice?
5. When persons are transitioning to other housing, what are your procedures to assist them in securing housing that is:
   ■ Safe?

   ■ Affordable?

   ■ Accessible?

   ■ Acceptable?

6. How do you ensure that each person served receives:
   ■ Skill development necessary to live as independently as possible?

   ■ Ongoing support/services as they explore changes in their living arrangements?

7. How do you ensure that personnel are on site based on the needs of the persons served, as identified in their individual plans?
8. Explain how your system for on-call availability of designated personnel 24 hours a day, 7 days a week, works.

9. In congregate housing, what provisions are made to address the need for:
   - Smoking or nonsmoking areas?
   - Quiet areas?
   - Areas for visits?
   - Other issues, as identified by the residents?

10. What role does your organization take to assist the person served to identify and utilize available modes of transportation?

11. Have you had any situations in which you demonstrated efforts to maintain a person's residence as long as possible during temporary medical, legal, or personal absence?
    □ Yes       □ No
If so, summarize what was done.

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Health and safety information
- Procedures manual
I. Community Integration (COI)

1. Do the persons you serve achieve:
   - Optimal use of natural supports? □ Yes □ No
   - Optimal level of self-help? □ Yes □ No
   - Greater self-sufficiency? □ Yes □ No
   - Greater choice? □ Yes □ No
   - Greater control of their lives? □ Yes □ No
   - Increased participation in the community? □ Yes □ No

List ways that you can demonstrate or verify that these achievements occur.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Are services/supports organized around:
   - Goals of the persons served? □ Yes □ No
   - Preferences of the persons served? □ Yes □ No
   - Needs of the persons served? □ Yes □ No
   - Improving the ability of the persons served to understand their needs? □ Yes □ No
   - Assisting the persons served to achieve their goals of choice in:
     - Community living skills development? □ Yes □ No
     - Interpersonal relations? □ Yes □ No
     - Recreation/use of leisure time opportunities? □ Yes □ No
     - Vocational development or employment? □ Yes □ No
     - Educational development? □ Yes □ No
     - Self-advocacy? □ Yes □ No
     - Access to non disability-related social resources? □ Yes □ No
3. How can you demonstrate to the survey team that service times and locations accommodate the needs of the persons served?

_________________________________________________________________

_________________________________________________________________

4. What opportunities do persons served have to meet with personnel?

_________________________________________________________________

_________________________________________________________________

5. List some examples of referrals to other community agencies, organizations, and resources your organization has made to assist the persons served in securing assistance to meet their basic needs.

_________________________________________________________________

_________________________________________________________________

6. What are your follow-up procedures for persons served who drop out of services?

_________________________________________________________________

_________________________________________________________________

What are your follow-up procedures for persons who have been admitted to another setting?

_________________________________________________________________

_________________________________________________________________
7. If your organization has an employment relationship with a person served, how do you ensure that you comply with:

- All applicable United States Internal Revenue Service rules and regulations? (This pertains to organizations in the U.S. only.)

- Other applicable laws and regulations?

- Your own internal procedures?

Where are your policies documented?

8. Do any persons in your employment services receive less than the minimum wage? (This standard pertains only to organizations in the U.S.)

- Yes
- No

If Yes, what is your procedure to ensure that governmental requirements for work measurement and wage payment are followed?

Where do you document how the person’s disability affects his or her productivity?
What is your process for determining performance levels based on work measurements?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What is your process to ensure that commensurate wages are paid?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

How often do you make changes based on annual prevailing wage studies?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Where do you document prevailing wage studies?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

How do you share this information with the person served?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Wage payment information, if applicable
- Procedures manual
J. Personal Supports Services (PSS)

Important Points and Questions

■ Personal supports services facilitate the participation of the person in other services/programs.
■ Do you clearly identify the services you provide?
■ Do personnel receive training in:
  – The policies and procedures of your organization?
  – Advocating for needs of the persons served?
  – Guidelines for participating in service planning, if applicable?
  – Behavioral strategies and techniques consistent with the program’s policy(ies)?
  – Supportive therapeutic techniques?
  – Abuse recognition and reporting requirements?
  – The rights of the person and/or family served?
  – Cultural competency?
  – Safety training in:
    - First aid/CPR?
    - Biohazards?
    - Physical hazards?
    - Body mechanics, if applicable to the service?
■ If your service provides direct personal care supports, do you have written procedures for supervision of personnel and addressing unplanned absences to ensure continuity of supports?
■ If your program provides information and referral services, how do personnel maintain knowledge of available resources and support systems? How do they facilitate access to these?

1. How does your program identify the supports and services provided?

2. Do your program’s personnel receive training that includes:
  ■ Promoting consumer-directed supports?  □ Yes  □ No
  ■ Advocating for the needs of persons served?  □ Yes  □ No
  ■ Guidelines for participating in the service planning for persons served, when applicable?  □ Yes  □ No
  ■ Where appropriate, supportive therapeutic techniques?  □ Yes  □ No
As appropriate to the service provided, safety training that includes:

- First aid/CPR? □ Yes □ No
- Biohazards? □ Yes □ No
- Physical hazards? □ Yes □ No
- Body mechanics? □ Yes □ No

If transportation is provided:

- Proper seat restraints or car seat installation when children are served? □ Yes □ No
- Wheelchair tie-downs, when applicable? □ Yes □ No
- Safe driving techniques? □ Yes □ No

How is this training provided?

3. When direct personal care supports are provided, does your program have a plan and written procedures that are implemented for:

- The supervision of personnel, including provision of timely feedback to enhance skills? □ Yes □ No
- Addressing unplanned absences to ensure continuity of supports? □ Yes □ No

How do you ensure that these plans and written procedures are implemented?

4. How do you ensure that, when applicable, training in the use of adaptive devices and equipment is provided to:

- Personnel?
Section 5.J. Personal Supports Services (PSS)

- The person served?

- The family?

- Caregivers?

5. Give some examples of how assistive technology is used and reasonable accommodations made, when needed, in:
   - The development of services and supports.

- The ongoing provision of services.

6. Do you provide training or educational activities for persons served?

   ☐ Yes ☐ No

   If Yes, is there a written description of each offering?

   ☐ Yes ☐ No

   Does the written description of each offering include:
   - Focus on the needs of the trainees?
     ☐ Yes ☐ No
   - Requirements for participation, if any?
     ☐ Yes ☐ No
   - Objectives for the activity?
     ☐ Yes ☐ No
   - Instructional methods and materials?
     ☐ Yes ☐ No
   - The sequence and hours of instruction?
     ☐ Yes ☐ No
7. Does your program offer information and referral services?
   □ Yes    □ No

   If Yes, describe how the program can demonstrate to the survey team its:

   ■ Knowledge of available services/resources.

   ■ Knowledge of support systems that are relevant to the persons served.

   ■ Facilitation of access to available services/resources.

   ■ Availability at times and locations convenient to the persons served.
Short-Term Immigration Support Services (ISS)

8. Do the persons you serve achieve:
   - Optimal use of natural supports?  ❑ Yes  ❑ No
   - Optimal level of self-help?  ❑ Yes  ❑ No
   - Greater self-sufficiency?  ❑ Yes  ❑ No
   - Increased participation in the community?  ❑ Yes  ❑ No

List ways that you can demonstrate or verify that these achievements occur.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Are your program design and services/activities developed based on information gathered from the persons served?  ❑ Yes  ❑ No

How is this information gathered?

________________________________________________________________________
________________________________________________________________________

Do your program design and services/activities provided consider:
   - The desired outcomes of services?  ❑ Yes  ❑ No
   - Preferences of the persons served?  ❑ Yes  ❑ No
   - Needs of the persons served?  ❑ Yes  ❑ No
   - Improving the ability of the persons served to understand their needs?  ❑ Yes  ❑ No
   - Assisting the persons served to achieve their desired outcomes, as appropriate to the individual, in the following areas:
     - Integration in the community?  ❑ Yes  ❑ No
     - Interpersonal relations?  ❑ Yes  ❑ No
     - Recreation/use of leisure time opportunities?  ❑ Yes  ❑ No
     - Vocational development or employment?  ❑ Yes  ❑ No
     - Educational development?  ❑ Yes  ❑ No
Section 5.J. Personal Supports Services (PSS)

10. How can you demonstrate to the survey team that service times and locations accommodate the needs of the persons served?


11. What opportunities do persons served have to meet with personnel?


12. List some examples of referrals to other community agencies, organizations, and resources your organization has made to assist the persons served in securing assistance to meet their basic needs.


Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Identification of supports and services provided
- Records of persons served, if applicable to the service provided
- Individual service plans, if applicable to the service provided
- Progress notes
- Procedures manual
- Documented staff training
- Curriculum for training/education courses provided
- Forms authorizing release of confidential information
- Plan and written procedures for supervision of direct service personnel
K. Respite Services (RS)

1. How do you encourage persons served and their families to communicate their preferences, needs, and expectations?

2. Give some examples of how your respite services/supports accommodate:
   - The needs of the person served.
   - The needs of each family.

3. List ways that you can demonstrate or verify to the survey team that the preferences and needs of each family determine the specific respite services/supports received.

4. What is your process for identifying family members to assist with respite training, as appropriate?
5. How does your organization match the sites to be used for respite to the needs of the persons and families served?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

6. Give some examples of information about resources or additional services/supports that are available and how to access these resources that you have communicated to the families when needs were observed?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

7. How do you ensure that the following accompany the person served or are available at the service site, when applicable:

- Necessary medications and needed medical and/or adaptive/assistive technology equipment?

__________________________________________________________________________________

- Instructions for medical care, special needs, and emergencies?

__________________________________________________________________________________

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Progress notes
- Procedures manual
- Intake information
L. Services Coordination (SC)

1. Give some examples of linkages your service provides with community services and resources that have enabled persons to achieve their objectives.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

2. How do services coordination personnel maintain a working knowledge of:
   ■ Services/resources that are appropriate for the needs of the persons served?
     ____________________________________________________________
     ____________________________________________________________
     ____________________________________________________________
     ____________________________________________________________
   ■ Support systems that are relevant to the lives of the persons served?
     ____________________________________________________________
     ____________________________________________________________
     ____________________________________________________________
     ____________________________________________________________
   ■ Funding issues pertinent to the referral process?
     ____________________________________________________________
     ____________________________________________________________
     ____________________________________________________________
     ____________________________________________________________

3. How do you ensure that services/supports are based on the needs of the persons served?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

■ Are services coordination activities carried out in collaboration with the persons served?  □ Yes  □ No
Do your services include:

- Outreach to encourage the participation of the persons served? [ ] Yes [ ] No

- Coordination of, or assistance with, crisis intervention and stabilization services, as appropriate? [ ] Yes [ ] No

Identify some examples of goals for independence that your services have assisted the persons served to achieve.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Give an example of how services have optimized resources and opportunities through:

- Community linkages.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

- Enhanced social support networks.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Do your services include assistance with:

- Accessing transportation? [ ] Yes [ ] No

- Securing safe housing that is reflective of the abilities, preferences, and needs of the person served? [ ] Yes [ ] No

- Exploring employment or other meaningful activities? [ ] Yes [ ] No

- Accessing employment training? [ ] Yes [ ] No

- Job seeking? [ ] Yes [ ] No

- Career development and advancement? [ ] Yes [ ] No
Identify several examples of skill development services provided or to which the persons served have been linked to enable development of daily living activities.

Do these include:
- Budgeting? □ Yes □ No
- Meal planning? □ Yes □ No
- Personal care? □ Yes □ No
- Housekeeping and home maintenance? □ Yes □ No
- Other identified needs? □ Yes □ No

Have your services linked persons with necessary and appropriate:
- Financial services? □ Yes □ No
- Medical or other healthcare? □ Yes □ No
- Other community services? □ Yes □ No
- Assistive technology assessment? □ Yes □ No

4. List some accommodations your organization has made to provide services at times and in locations convenient to persons served.

5. Give several examples of the variable intensity of services offered.
What is the process staff members use to determine the intensity of services needed?

----------

6. In situations where there are multiple case managers, is one identified as the primary manager?

- Yes
- No

What is your process to ensure coordination?

----------

7. Has your organization taken on an advocacy role for persons served by sharing feedback with the direct service providers?

- Yes
- No

Do you always have the permission of the person to do so?

- Yes
- No

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Person-centered plans for the persons served
- Progress notes
- Information regarding the types of services and resources provided
- Consumer satisfaction information
- Signed forms authorizing release of information on service satisfaction
- Procedures manual
- Procedures for coordination of services
- Authorization of persons served to share satisfaction information
M. Supported Living (SL)

1. How can you demonstrate or verify to the survey team that assistance is offered in securing or maintaining housing that is:
   - Safe, affordable, and accessible?

2. How can you demonstrate that your services/supports address in-home safety needs of persons served with respect to:
   - Environmental risks?
   - Abuse and/or neglect inflicted by self or others?
   - Self-protection skills?
   - Medication management?
3. How do persons served have input into where they live and with whom they live?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. How do persons served determine the décor in their homes?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. How do you ensure that support personnel are available, based on the needs of the person served, as identified in the individual plan?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. Identify some examples that illustrate collaboration of support personnel with the person’s support network.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are these always at the direction of the person served? ☐ Yes ☐ No

7. What system is in place to provide access to needed services/supports 24 hours a day, 7 days a week?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
8. Identify examples of your services offering support in:
   - Healthy lifestyles.
   - Personal care.
   - Home maintenance.
   - The role as a tenant, when applicable.
   - Effective self-advocacy and decision making.
   - Family contact.
■ Social life and friendships/relationships.

■ Community membership and social networks.

■ Financial stability.

■ Other identified needs.

9. Identify some examples of opportunities persons have to choose and access:
   ■ Community activities.

■ Cultural activities.
■ Social activities.

■ Recreational activities.

■ Spiritual activities.

■ Employment/income generation activities.

■ Transportation, when necessary.

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Records of the persons served
■ Individual service plans
■ Progress notes
■ Health and safety information
■ Procedures manual
N. Community Employment Services

Job Development (CES:JD)

1. List some examples of how your job development planning considers:
   - The person's preferences.
   - Successful aspects of work history.
   - Noted strengths and abilities from volunteer experience or hobbies.
   - Successful aspects of previous training, education, and life experiences.
   - The management and planning of benefits the person is receiving.
   - Resources for career planning and advancement.
Section 5.N. Community Employment Services

- Transportation availability.

- Availability of mentors and natural supports.

- Legal history, if applicable.

2. How do you ensure that service plans are individualized to the person seeking employment?

What is your process for obtaining input to and approval of the service plan from the person served?

How do you track each person’s plan to ensure ongoing monitoring until employment is achieved?
How can the survey team verify that services plans are tracked and revised periodically as necessary?

3. List ways that you can demonstrate or verify that job development activities include, depending on the needs of the person served:
   - Contacting employers and building networks to develop and/or identify job opportunities.
   - Providing access to information about current job openings.
   - Work-site analysis, as needed.
   - Supports that assist the person served in an individual site, including:
     - Job-site consultation to identify or modify barriers to employment.
- Negotiating job carving, job accommodations, and job sharing.

- Natural supports in the workplace.

- Assisting the job applicants in finding jobs and employers well matched to their employment goals.

- Education and support in:
  - Self-directed job search, when appropriate.
  - ADA rights and EEOC. (Applies only to organizations in the U.S.)
■ Disability awareness education to the employer, when indicated.


4. How do you ensure that new employees are provided with information:
■ Needed to be appropriately oriented to the job and work culture?


■ As is available to all employees?


5. Do you provide employers with information about or access to resources as needed regarding:
■ Job modifications and/or reasonable accommodations? □ Yes □ No

■ Federal, state, provincial, or employer tax credits, if applicable? □ Yes □ No

■ Supports available from the organization, including a staff contact person? □ Yes □ No

How do you ensure that the person served has authorized disclosure of this information to the employer?
Identify some examples that demonstrate how this information is provided to employers.

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Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Employment information or a handbook
- Individual service plans
- Progress notes
- Job development activity records
- Records of the persons served
- Systems for recording job openings and contacts
- Assessment information
- Local job market information
- Assessment of work sites
Employment Supports (CES:ES)

6. How do you use the following training strategies in your service provision:
   ■ On-site or off-site consultations?

   ■ Decreasing the trainer’s presence on the job site?

   ■ Transferring training and support to natural supports, when available?

   ■ Mentoring?

   ■ Referral to support groups or employee assistance programs, if appropriate and available?

7. How do you ensure that support staff members have sufficient knowledge of the industrial and programmatic aspects of their assignment?
What backup contingency plans exist in the event of support staff absence or tardiness?

How can the survey team verify that support staff members follow industry and workplace practices?

How do you ensure that support staff members are able to communicate effectively with staff at all levels within the employment site?

8. What is your procedure to ensure that nonwork needs of the person served that may impact employment are identified?

Give examples of how some nonwork needs have been addressed through:

- Referral to supportive services.

- The individual planning process.
What is your process for monitoring identified nonwork needs of the person served that may impact employment?

9. Identify some examples that demonstrate how individualized support services to maintain employment have been provided to address:
   - Knowledge of attendance and punctuality expectations.
   - Demonstration of grooming skills, appropriate hygiene, and appropriate work attire.
   - Job-site safety practices.
   - On-the-job performance skills related to quality and quantity of work.
   - Work-related community skills such as time management, mobility, and money management skills.
Section 5.N. Community Employment Services

- Work-related communication skills.

- Work ethics and job expectations.

- Health maintenance and medication management.

- Corporate or work culture, including things such as chain of command, work relationships, and grievance procedures.

- Knowledge of governmental and community service agencies to support work success.

- Information related to how to access these services.
Section 5.N. Community Employment Services

- Functional job-related literacy skills.

- Work-related academic skills.

- Knowledge of work practices.

- Work-related technology.

- Self-advocacy and assertiveness skills.

10. Identify some examples that demonstrate how individual support activities address, as needed, integration into the employment setting.
11. How do you ensure that ongoing job support services to retain employment are provided at times and locations that meet the needs and desires of the person served and the employer?

12. What is your process for ensuring that for persons who are receiving long-term services there is review at least semiannually of the level of ongoing supports needed with the person served and with the employer, as appropriate?

13. What resources do you provide or refer to for career planning and advancement, based on the aspirations of the person served?

14. Does your program provide or arrange for employment crisis intervention services when needed by a person served?

☐ Provide    ☐ Arrange

Describe how this is accomplished.
Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Individual service plans
- Information regarding community services and resources
- Documentation of services provided
- Progress reports
- Staff training records
- Training plans
- Task analysis
- Local job market information
- Job development activity records
- Assessments of work sites
O. Employment Skills Training Services (EST)

1. How do you ensure that courses are designed to meet the workforce needs identified by employers within regional industry sectors?

2. Does each course description or curriculum include:
   ■ The planned length of the course and the course schedule?  
     □ Yes  □ No
   ■ The sequence of topics or areas to be covered?  
     □ Yes  □ No
   ■ The materials, equipment, and tools relevant to the job that will be used?  
     □ Yes  □ No
   ■ Methods of instruction?  
     □ Yes  □ No
   ■ Education or certification requirements for course instructors, if applicable?  
     □ Yes  □ No
   ■ Minimum requirements necessary to participate in the course?  
     □ Yes  □ No
   ■ Training objectives relative to:
     – Skills?  
       □ Yes  □ No
     – Work place competencies?  
       □ Yes  □ No
     – Knowledge?  
       □ Yes  □ No
   ■ Requirements for course completion?  
     □ Yes  □ No
   ■ Jobs or job titles held by a person completing the course?  
     □ Yes  □ No
   ■ Credentials or certifications recognized by employer that are received upon completion, if applicable?  
     □ Yes  □ No

Survey Prep Tip: Using an actual description/curriculum from a course that your program offers, identify the above items in the document.
3. List examples of information that is provided about:
   ■ Availability of similar jobs in the local industry sector.

   ■ Potential career pathways and advancement opportunities.

   ■ Typical pay ranges.

   ■ Benefits typically available.

   How do you share this information with stakeholders?

4. In addition to technical skills, does each course address, as needed:
   ■ Attendance and punctuality?  ☐ Yes  ☐ No
   ■ Grooming skills, hygiene, and appropriate work attire?  ☐ Yes  ☐ No
   ■ Job-seeking skills?  ☐ Yes  ☐ No
   ■ On-the-job performance skills related to quality and quantity of work?  ☐ Yes  ☐ No
   ■ Functional literacy skills?  ☐ Yes  ☐ No
   ■ Knowledge of work practices?  ☐ Yes  ☐ No
Section 5.0. Employment Skills Training Services (EST)

- Work-related academic skills?  □ Yes  □ No
- Work-related communications skills?  □ Yes  □ No
- Work-related interpersonal skills?  □ Yes  □ No
- Work ethics?  □ Yes  □ No
- Corporate or work culture?  □ Yes  □ No
- Customer service?  □ Yes  □ No

Explain how you determine when these are needed and how they are addressed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. If your skills training services include an industry-based apprenticeship:
  - Explain how the design and implementation of the program is based on input from relevant stakeholders including employers and unions, if applicable.
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________

  - How can you demonstrate to the survey team that staff members are knowledgeable in the requirements of the industry?
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________

  - Is there a clear description of the role and function of program staff members assigned to the apprenticeship site?  □ Yes  □ No
    Where is this documented?
    ______________________________________________________________________
    ______________________________________________________________________

Are the lines of communication between staff members and appropriate individuals at the apprenticeship site clearly defined?  ☐ Yes  ☐ No

Where is this documented?

If program staff provide work site supervision:
- How can the survey team verify that the supervisor is qualified in the industrial and programmatic aspects of the assignment?

- What are the contingency plans for supervision when the supervisor is late or absent, and how are these plans communicated to all appropriate parties?

Are there written procedures and techniques specific to the services provided and the location where they occur that are shared with all appropriate parties?  ☐ Yes  ☐ No

Where can this information be found?

How is the information shared with all appropriate parties?
■ What provisions are in place to cover:
  – Workers’ compensation?
  
  
  
  – Other potential liability issues specific to the industry, if applicable?
  
  
  
■ How are employers informed about confidentiality requirements regarding persons served in the program?
  
  
  
■ What is the process for providing periodic feedback to and assessment of the trainee?
  
  
  
  
  
  
6. List examples of using local industry sector information and local market trends/forecasts and industry expectations to expand, modify, or discontinue services.
  
  
  
  
  
  
  
  

List examples of using satisfaction and input of persons served, employers, and other stakeholders, if applicable, to expand, modify, or discontinue services.


List examples of using performance outcomes analysis to expand, modify, or discontinue services.


**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- A course description
- A formal training curriculum
- Individual service plans
- Progress notes
- Records of the persons served
P. **Employee Development Services (EDS)**

1. How can the survey team verify that individualized employee development services:
   - Identify the employment objective of each person seeking employment, if this has not been completed prior to entering the service?

2. When indicated as needed in the person’s individual plan, are services/supports provided to address:
   - Attendance and punctuality?  
     - Yes  
     - No
   - Grooming skills, hygiene, and appropriate work attire?  
     - Yes  
     - No
   - Job-seeking skills such as interviewing, completing applications, and developing and using job-finding networks and resources?  
     - Yes  
     - No
   - On-the-job performance skills related to quality and quantity of work?  
     - Yes  
     - No
■ Work-related skills such as time management, mobility, and money management skills? □ Yes □ No

■ Functional literacy skills? □ Yes □ No

■ Knowledge of work practices such as payroll deductions, insurance, benefits, safety, unions, and retirement? □ Yes □ No

■ Work-related academic skills? □ Yes □ No

■ Work-related communication skills? □ Yes □ No

■ Work-related interpersonal skills, including conflict resolution and anger management? □ Yes □ No

■ Work ethics? □ Yes □ No

■ Corporate or work culture, including things such as chain of command, work relationships, and grievance procedures? □ Yes □ No

■ Customer service? □ Yes □ No

Identify several consumer files that will demonstrate to the survey team that these types of services and supports are provided.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. When an employee development training course is provided, does the course description specify job-related work behaviors that are addressed in the course, methods of instruction, and objectives to be met?

□ Yes □ No

Is the course content:

■ Reviewed at least annually? □ Yes □ No

■ Updated as necessary to ensure continuing relevance? □ Yes □ No
What is your process for reviewing and updating course content?

Select one course to use as an example and identify the:

- Job-related work behaviors that are addressed.
- Methods of instruction.
- Course objectives to be met.

**Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Results of service—placements, additional training, and movement
- Training course description, if the program provides
Q. Employment Planning Services (EPS)

1. How do you determine which employment exploration sites are appropriate for a person to obtain desired information?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are some sites you use?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Describe how your employment exploration process assesses the person’s performance regarding:

   ■ Job skills.

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

   ■ Interest in a particular job.

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

   ■ Work-related behaviors.

   _______________________________________________________________________

   _______________________________________________________________________
■ Need for potential job accommodations.

■ Other pertinent information related to the job seeker.

3. List ways you can demonstrate to the survey team that persons seeking employment are informed of job opportunities and requirements in the employment market that are consistent with their interests and abilities.

4. Is a written employment planning report completed for each person served?

☐ Yes       ☐ No

Does the employment planning report for each person served address:

■ Employment exploration results?       ☐ Yes       ☐ No

■ The planned employment outcome and/or plan to achieve the desired employment outcome, including:
  – Relevant jobs available in the employment market?       ☐ Yes       ☐ No
  – Strengths of the person evidenced during explorations?       ☐ Yes       ☐ No
  – Barriers to the achievement and maintenance of employment?       ☐ Yes       ☐ No
  – Transportation and other support needs?       ☐ Yes       ☐ No

Does each report include:

■ Self-evaluation by the person of the employment exploration experience, if possible?       ☐ Yes       ☐ No
Section 5.Q. Employment Planning Services (EPS)

- Individualized environmental, assistive technology, or job-task accommodations used?  □ Yes  □ No
- Recommendations for community resources and/or services, as needed, to assist in addressing employment barriers?  □ Yes  □ No

5. List ways you can demonstrate to the survey team that each person's employment planning report is shared in an understandable manner with the person seeking employment.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What is the process for disseminating the recommendations in the report to the referring agency individual responsible for implementing the recommendations?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Progress notes
- Employment planning reports
- Referral information
- Guidelines/procedures for methods used
- Information related to assessment of career exploration sites
- Information regarding local job opportunities
R. Evaluation Services

Comprehensive Vocational Evaluation Services (CVE)

1. Are the following considered in the development of the evaluation plan:
   ■ Referral information? □ Yes □ No
   ■ Referral questions? □ Yes □ No
   ■ Questions from the person served? □ Yes □ No
   ■ The initial interview? □ Yes □ No
   ■ The stated overall purpose of the evaluation? □ Yes □ No
   ■ Pre-evaluation assessment of potential modifications required to meet a person’s specific needs? □ Yes □ No

How do you ensure that the plan is developed in a timely manner?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
List ways that you can demonstrate or verify these practices.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Is the evaluation plan prepared by both the person seeking employment and the evaluator? □ Yes □ No

How do you actively involve the person seeking employment with the evaluator in preparing the evaluation plan?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does the referral source have input? □ Yes □ No
What is your process to get this input?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

3. Does the evaluation plan identify:
   ■ How questions in the plan will be answered? □ Yes □ No
   ■ Strategies to use assistive technology when a need is identified? □ Yes □ No

How do you identify whether assistive technology will be needed in the evaluation process?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

4. Does the evaluator modify assessment tasks or activities as needed by the individual to obtain optimal performance? □ Yes □ No

Give some examples of how assessment tasks and activities have been modified as needed to allow individuals to obtain optimal performance.

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

5. How can you demonstrate or verify that the evaluator is qualified and that supervision requirements are met, as defined by applicable law?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
6. Does the individual using work samples to provide assessments have knowledge and experience with work sample methodology?

☐ Yes  ☐ No

☐ Are there written instructions that specify:
  ☐ Yes  ☐ No

  - The materials used?
  - The equipment used?
  - The layout?
  - Methods for administration?
  - Interpretation of scoring?

What are some work samples that you use that demonstrate these written work sample instructions?

________________________________________________________________________

________________________________________________________________________

7. If career exploration activities are used, give some examples that can demonstrate to the survey team that:

☐ The focus is on interests and knowledge of the person.

________________________________________________________________________

________________________________________________________________________

☐ Job analysis techniques identify essential functions and explore ways to adapt the job and/or utilize devices to compensate for loss of function.

________________________________________________________________________

________________________________________________________________________

☐ Persons have opportunities to try out and perform work tasks before vocational options are eliminated from consideration.

________________________________________________________________________

________________________________________________________________________
8. Are employment exploration sites that are used assessed for:

- Adequacy of supervision?  ☐ Yes  ☐ No
- Safety?  ☐ Yes  ☐ No
- Specific work-site requirements?  ☐ Yes  ☐ No
- Potential job accommodations that might be needed?  ☐ Yes  ☐ No
- Accessibility issues?  ☐ Yes  ☐ No
- Expectations for quality and quantity of work?  ☐ Yes  ☐ No
- A task analysis of the job?  ☐ Yes  ☐ No
- The potential for employment?  ☐ Yes  ☐ No
- Others issues as appropriate to the persons seeking employment?  ☐ Yes  ☐ No

How do you ensure that these areas are assessed before a site is used?

________________________________________________________________________

________________________________________________________________________

9. Does the evaluation report from functional capacities assessments identify:

- The person’s functional strengths and needs?  ☐ Yes  ☐ No
- Accommodations/assistive technology needed?  ☐ Yes  ☐ No
- Supports available for inclusion in the community?  ☐ Yes  ☐ No

How do you ensure that this information is addressed in each report?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
10. Does the comprehensive vocational evaluation process cover:

- The ability to learn about oneself? [ ] Yes [ ] No
- Assistive technology and reasonable accommodations needed? [ ] Yes [ ] No
- Employment and community supports needed? [ ] Yes [ ] No
- Environmental conditions needed? [ ] Yes [ ] No
- Work and nonwork needs? [ ] Yes [ ] No
- Intellectual capacities? [ ] Yes [ ] No
- Learning style? [ ] Yes [ ] No
- Interests, aptitudes, and career aspirations? [ ] Yes [ ] No
- Personal, social, and work-related behaviors? [ ] Yes [ ] No
- Modes of communication? [ ] Yes [ ] No
- Physical and psychomotor capacities? [ ] Yes [ ] No
- Work skills and tolerances? [ ] Yes [ ] No
- Job-seeking and job-keeping skills? [ ] Yes [ ] No
- Knowledge of occupational information? [ ] Yes [ ] No
- Possible employment objectives, including self-employment? [ ] Yes [ ] No
- Customer service skills? [ ] Yes [ ] No
- Attitude toward work? [ ] Yes [ ] No
- Understanding of work culture? [ ] Yes [ ] No
- Identified health risks? [ ] Yes [ ] No
- Identified safety risks? [ ] Yes [ ] No

What process do you use to ensure that these areas are addressed in the evaluation process?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
11. What is your process to ensure that the written evaluation report answers the referral questions?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List some examples of recommendations made in reports for training, employment, community resources, and job accommodations.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How do you ensure that the evaluation report is shared in an understandable manner with the person seeking employment?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What is your procedure for sharing the evaluation report, with the written permission of the person seeking employment, with the agencies or individuals responsible for implementing the report recommendations?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
How do you ensure that the evaluation report is relevant to the person's desired employment outcome?

Documentation Examples
The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Evaluation plans and reports
- Testing results
- Work sample written instructions
- Evidence of qualifications of the persons administering evaluation tests
- Guidelines/procedures for techniques used
- Policies and procedures for the evaluation process
Targeted Employment Screening Services (TES)

12. How can the survey team verify that targeted employment screening is based on the referral questions, including the specific aptitudes/skills to be evaluated?

13. If an individual experiences difficulties performing the tasks/activities, does the evaluator:

- Discuss the situation with the person served? □ Yes □ No
- Identify potential modifications required to meet a person’s specific needs? □ Yes □ No
- Implement strategies to use assistive technology or accommodation, if possible, when a need is identified? □ Yes □ No
- Document any modification/adaptation and its effectiveness? □ Yes □ No

Where is this documented?

List some examples that demonstrate how strategies for the use of assistive technology or accommodations have been implemented when a need is identified.

14. How can the survey team verify that personnel conducting psychometric assessments meet the qualifications defined by state or provincial law, as applicable?
15. Do personnel administering work samples have knowledge and experience with the work sample assessment?

☑ Yes ☐ No

■ Are there written instructions that specify:
  – The materials used? ☐ Yes ☐ No
  – The equipment used? ☐ Yes ☐ No
  – The layout? ☐ Yes ☐ No
  – Methods for administration? ☐ Yes ☐ No
  – Interpretation of scoring? ☐ Yes ☐ No

What are some work samples you use that demonstrate these written work sample instructions?

________________________________________________________________________

________________________________________________________________________

16. When identified as an objective for an evaluation, can your targeted employment screening services assess or obtain the following information about a person:

■ Learning styles, including ability to understand, recall, and respond to various types of instruction? ☐ Yes ☐ No

■ Interests, aptitudes, and career aspirations?

☐ Yes ☐ No

■ Modes of communication?

☐ Yes ☐ No

■ Physical and psychomotor capacities?

☐ Yes ☐ No

■ Work skills and tolerances?

☐ Yes ☐ No

■ Customer service skills, attitude toward work, and understanding of work culture? ☐ Yes ☐ No

■ Interpersonal and emotional aspects as observed in the assessment process?

☐ Yes ☐ No

How can the survey team verify that your services have these capabilities?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
17. List ways that the survey team can verify that the information gained from the targeted employment screening:

■ Answers the referral questions.

■ Is shared in an understandable manner with the person served.

■ Is relevant to the evaluation objective.

■ Is shared with the funding source or employer, as requested in the referral.

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

■ Records of persons served
■ Personnel records
■ Written instructions for work samples
■ Documentation related to results of screenings
S. Organizational Employment Services (OES)

1. How do you provide employment information to the persons served about:
   ■ The conditions of maintaining employment?

   ■ Benefits provided by the organization?

   ■ Responsibilities of the organization?

   ■ Responsibilities of the persons served?

   ■ Wage payment practices?

   ■ Rate of pay, including methods of performance measurement and methods to increase earnings?

   ■ Work rules and customs?

   ■ Nondiscrimination practices?
- Civil rights practices?
  
- Policies for transfer?
  
- Employee classifications in the organization?
  
- Health and safety practices?
  
- Potential for advancement opportunities?
  
- Conditions for advancement?
  
- Employment options available in the organization?
  
- Opportunities for training on other jobs?
How the individual can move to community integrated employment?

2. Describe the training activities you provide to address, as needed:
   ■ Job performance and progress.
   ■ Increasing individual performance.
   ■ Work-site job modifications, if needed.
   ■ Strategies for resolving job-related issues.
   ■ Safe workplace practices.
3. Based on the needs and choices of the person served, do you provide or refer the person to resources for addressing, as relevant to job support:

<table>
<thead>
<tr>
<th>Resource Area</th>
<th>Provide</th>
<th>Refer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic academic skills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic self-care skills?</td>
<td></td>
<td></td>
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<tr>
<td>Communication skills?</td>
<td></td>
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<tr>
<td>Work attitudes?</td>
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<tr>
<td>Tools and equipment related to the person’s job?</td>
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<td></td>
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<tr>
<td>Mobility and travel training?</td>
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<tr>
<td>Interpersonal relationships with coworkers?</td>
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<tr>
<td>Job-site safety practices?</td>
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<tr>
<td>Career planning?</td>
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<tr>
<td>Problem-solving and decision-making skills?</td>
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<td>Health maintenance and medication management?</td>
<td></td>
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<tr>
<td>Knowledge of governmental and community service agencies?</td>
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<tr>
<td>Management of legal affairs?</td>
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<td>Management of benefits and financial resources?</td>
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<td>Recreational and leisure time activities?</td>
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<td>Use of phone and computer resources?</td>
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<tr>
<td>Use of community services and resources?</td>
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<tr>
<td>Accommodations or assistive technology needs, if identified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other issues or barriers to success, as identified?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What are some agencies you may make referrals to?
How do you maintain information regarding agencies to use as referrals?

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

4. List some examples of work exploration opportunities provided to the persons served:
   ■ Within the organization.
       __________________________________________________________________________________________________________
       __________________________________________________________________________________________________________
       __________________________________________________________________________________________________________
       __________________________________________________________________________________________________________
   ■ In the community.
       __________________________________________________________________________________________________________
       __________________________________________________________________________________________________________
       __________________________________________________________________________________________________________

How do you maintain a variety of work?

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

How can persons served request opportunities for exploration of other work?

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

How can you demonstrate to the survey team that persons served are provided informed choices regarding work exploration opportunities at least annually as well as upon request?

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________
5. What types of training activities do you have readily available?

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Records of the persons served
- Employment information or a handbook
- Individual service plans
- Progress notes
How well did the CARF 2015 Behavioral Health Survey Preparation Workbook meet your needs?

Your comments will help us evaluate and improve the quality of this publication. Please email any comments to us at documents@carf.org.