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CARF Accreditation Report

for

Jewish Family & Career Services, Inc.

Three-Year Accreditation

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Contents

About CARF

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

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

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

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Jewish Family & Career Services, Inc.
4549 Chamblee Dunwoody Road
Atlanta, GA 30338

Organizational Leadership

Amanda La Kier, Chief Development Officer
Jeff Holland, Chief Financial Officer
Terri Bonoff, Chief Executive Officer

Survey Number

132214

Survey Date(s)

November 18, 2020–November 20, 2020

Surveyor(s)

John R. Cocciolone, DESS Administrative
Michele Harris, DESS Program
David Kamnitzer, LCSW-R, DESS Program
Lakisha M. Taylor, MS, NCC, DESS Program

Program(s)/Service(s) Surveyed

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Community Housing
Community Integration
Employee Development Services
Supported Living
Case Management
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Governance Standards Applied

Previous Survey

November 15, 2017–November 17, 2017
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: August 31, 2023

Executive Summary

This report contains the findings of CARF's site survey of Jewish Family & Career Services, Inc. conducted November 18, 2020–November 20, 2020. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.

- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.

- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.

- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.

- Documentation of the specific sections of the CARF standards that were applied on the survey.

- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.

- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Jewish Family & Career Services, Inc. demonstrated substantial conformance to the standards. Jewish Family & Career Services, Inc. (JF&CS) is a very responsive and high-quality provider of services for people with disabilities in the Atlanta community. The staff, leadership, and board are committed to providing programs and services that are needed in the community. They provide these services in a professional, empathetic manner. The organization has a strong commitment to continuous quality improvement, using the CARF standards as its foundation. Funders and families alike love the organization for the enthusiasm and professionalism it is readily known for. The organization is encouraged to continue to improve, particularly in the areas of person-centered planning and assessments, case management, safety planning, supervision, and peer reviews. The organization has grown and the processes could be strengthened for better outcomes management. The organization has the ability and resources to continue to succeed and to follow its quality journey and has embraced the CARF standards and best practices.

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

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

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.

- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Jewish Family & Career Services, Inc. was conducted by the following CARF surveyor(s):

- John R. Cocciolone, DESS Administrative
- Michele Harris, DESS Program
- David Kamnitzer, LCSW-R, DESS Program
- Lakisha M. Taylor, MS, NCC, DESS Program

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

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

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

Survey Activities

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

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

Program(s)/Service(s) Surveyed

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

- Community Employment Services: Employment Supports
- Community Employment Services: Job Development
- Community Housing
- Community Integration
- Employee Development Services
- Supported Living
- Case Management
- Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- *Governance Standards Applied*

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that Jewish Family & Career Services, Inc. demonstrated the following strengths:

- JF&CS maintains facilities that are beautiful and inviting. It maintains a high level of health and safety standards through design, practice, and protocols. Personal security is a high priority for clients as well as staff and visitors. Input was obtained by federal and local law enforcement agencies to secure the building through security design elements without detracting from the attractiveness of the location.

- The JF&CS board of directors is very proactive and follows the prevailing methodology of board governance. Among other state-of-the-art practices, it matches every new board member with a peer mentor to help ensure that the new member is able to be involved quickly in the governing role. The board and its leadership operate at a very high level of effectiveness. The board and the CEO work very well together in their respective roles. The organization operates at a high level due to the strong board/CEO partnership.

- The organization has a well-developed staff recognition and appreciation program. The CEO regularly sends personal emails to staff on birthdays and anniversary dates with the organization. The CEO also walks around as often as feasible to talk with staff and show her support and appreciation.

- The staff onboarding program is well designed. Each new staff person, at all levels, meets with supervisors, managers, and even C-level executives to see how the departments work together to support the mission and to support the new staff person. This allows new people the opportunity to meet people that they might not be exposed to in the normal day where they work.

- JF&CS has a robust and highly effective training plan for all employees, customized for their role and position, to help the employees track progress. It also ensures that the employees receive timely and necessary training early on and periodically thereafter.

- The JF&CS employment, community, and residential programs utilize a client documentation and information system, Therap®, for medication monitoring and management, which increases efficiency and accuracy. The team is well trained on the process and dedicated to ensure that a high level of health monitoring is evident.

- JF&CS quickly implemented COVID-19-related policies and processes, including virtual services, in its programs serving individuals with intellectual and development disabilities. While visitor restrictions in the residential programs were not popular at first, JF&CS held steady with a safety-first mindset that has proven effective. One parent spoken with said the visiting policy has been tough, but the parent understands the importance and appreciates the decision. Additionally, staff members expressed feeling supported and safe in their working environment.

- One client called the Career Services program a "hidden gem" that meant a lot to her success in finding new employment after being out of the job market for more than 20 years. This program, offered at no cost with a detailed and interactive job preparation curriculum and one-on-one coaching sessions available, is a much-needed and appreciated service in the community.

- JF&CS is commended for proactively moving services into a virtual format early in the pandemic. An entire curriculum from Career Services moved into a virtual format, and, most notably, Community Access Group has shifted into an interactive and inclusive program initiated from ideas from the direct support staff. There were a couple of weeks of troubleshooting with clients, and now clients are even leading online virtual sessions. The residential homes even have a moveable, rolling computer monitor and tablets to support virtual sessions and activities.

- JF&CS demonstrates a quality-of-care focus as evidenced by its intentional low staff-to-client ratios in all of its employment, community, and residential services.

- The JF&CS employment programs are holistic in their approach, meeting clients where they are and seeking out employers through a variety of avenues. They collaborate with the community and even worked with a developer to provide feedback on a new app, Juvo Jobs, that helps connect job seekers with open positions close to where they live.

- JF&CS community and employment services staff members are dedicated and highly skilled in their work. They place a high emphasis on training and communication and boast a low turnover rate. Clients, clients' families, and guardians expressed appreciation for their good communication and are very pleased with services received.

- JF&CS uses a sophisticated array of treatment interventions with both children and adults to assist with a wide range of diagnoses. The staff members are creative in their approaches and exude much pride and compassion in their work.

- There are a myriad of groups that are facilitated on site that range from grief and loss to yoga to coping with divorce.

- The organization places great value on staff's ongoing professional growth through trainings and consultation provided by a consulting psychologist.

- There is a strong emphasis on engaging the whole family system when working with children and adolescents. Parents are educated about their child's strengths as well as challenges. Staff maintains a balanced, strengths-based approach to treatment.

- JF&CS works in an integrated way to ensure that individuals are seen holistically. Clinicians have very close relationships with care managers and are truly invested in the safety and well-being of persons served.

- JF&CS is commended for its development of many internal resources as well as a network of partnerships to meet the needs of elders. The organization's dedication to ensuring person-centered and individualized care starts with the elders' or family members' initial contact with the organization. JF&CS has a "one door in" approach with its information and referral line. Elders are then referred to the services needed. Social workers provide a warm handoff of the elder by ensuring connection with the referred service, instead of having the elder make multiple calls. The organization is very knowledgeable of funding that would help the elders served to access additional services or to maintain current services and has cultivated those partnerships to strengthen its offerings to elders.

- With the advent of the pandemic, JF&CS has pivoted and ensured consistent connection with its clients. It is assisting clients, using their televisions, with a method that will enable them to participate on Zoom calls and the WhatsApp platform. Programs like its Brain Health Bootcamp, offered virtually, help to keep clients engaged and active during a time that might be very socially isolating. Many of these elders would not have access to socialization without this medium.

- JF&CS's commitment to the holistic care of each person is demonstrated in its breadth of services. Within its multiservice organization, JF&CS also has a dental clinic where eligible individuals can receive an array of preventative services at no cost. This clinic, serving individuals since 1911, is the longest continuing charitable clinic in the country. The clinic boasts Leadership in Energy and Environmental Design (LEED) Gold certification, state-of-the-art equipment, and 16 treatment rooms and is led by a volunteer force of physicians. Along with robust systems to ensure a highly sterilized process, the program has also added a washer and dryer to the clinic so scrubs and outer clothing could be laundered more frequently. There is high-level attention to detail and intention in ensuring that the very best care is offered to its clients.

- The organization's best asset is its caring, dedicated, and compassionate staff. It is very evident that the case managers go above and beyond the call of duty, maintaining continual contact with elders and assisting them and their families with processes that enhance their quality of life. Family systems report high satisfaction with the organization's services as evidenced by comments that include: "They are wonderful"; "On a scale of one to ten, I give them a 15"; and "We simply couldn't do it without them."

Opportunities for Quality Improvement

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

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

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

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

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

Section 1. ASPIRE to Excellence®

1.A. Leadership

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

Key Areas Addressed
■ Leadership structure and responsibilities
■ Person-centered philosophy
■ Organizational guidance
■ Leadership accessibility
■ Cultural competency and diversity
■ Corporate responsibility
■ Organizational fundraising, if applicable

Recommendations
There are no recommendations in this area.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
- Board selection, orientation, development, leadership, structure, and performance
- Linkage between governance and executive leadership
- Board meetings and committee work
- Executive leadership development, evaluation, and compensation

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

■ Collection of input
■ Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

■ Compliance with obligations
■ Response to legal action
■ Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

■ Budgets
■ Review of financial results and relevant factors
■ Fiscal policies and procedures
■ Reviews of bills for services and fee structures, if applicable
■ Safeguarding funds of persons served, if applicable
■ Review/audit of financial statements

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

■ Risk management plan implementation and periodic review
■ Adequate insurance coverage
■ Media relations and social media procedures
■ Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

■ Competency-based training on safety procedures and practices
■ Emergency procedures
■ Access to first aid and emergency information
■ Critical incidents
■ Infection control
■ Health and safety inspections

Recommendations

There are no recommendations in this area.

Consultation

▪ The organization has a sufficient number of fire extinguishers that are well placed and inspected regularly. It is suggested that they be labeled in a way that visitors would be more easily able to identify where they are located. This could be done by identifying locations of the extinguishers on the egress maps and having an easily identifiable placard or sign at the extinguisher locations.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

■ Composition of workforce
■ Ongoing workforce planning
■ Verification of background/credentials/fitness for duty

- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

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

An analysis of all formal complaints should be conducted at least annually that is documented and includes whether formal complaints were received, trends, areas needing performance improvement, actions to address the improvements needed, implementation of the actions, and whether the actions taken accomplished the intended results. This could be compiled to recognize trends for remediation in an annual review by the compliance officer, health and safety manager, or other appropriate level in upper management.

Consultation

- JF&CS has a strong complaint procedure outlining the steps for complaint review with appeals. One of the final appeals is to the board of directors. It is suggested that it change the wording in the policy (item 7F) to state that the appeal can only be heard by the board of directors after all other levels of appeal have been exhausted.

1.L. Accessibility

Description

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

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.

- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. Quality Individualized Services and Supports

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the

unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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

Description

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

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

Key Areas Addressed

- Services are person centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes

Recommendations

2.B.5.b.(2)
2.B.5.b.(3)
2.B.5.b.(4)
2.B.5.b.(5)
Although the Career Services program creates an action plan, it does not consistently contain specific measurable objectives, methods and techniques to achieve identified objectives, those responsible for implementation, and how and when progress on objectives will be regularly reviewed. It is recommended that JF&CS expand its current service plan to include measurable objectives, methods and techniques to be used to achieve objectives, responsible parties, and how and when progress on objectives will be regularly reviewed.

2.B.7.a.(1)
2.B.7.a.(2)
2.B.7.a.(3)
2.B.7.a.(4)
2.B.7.a.(5)
2.B.7.b.

While the Career Services program has a service plan and conducts a meeting to discuss goals, the plan does not assess potential health and safety risks. It is recommended that when applicable to the person and the person's goals and outcomes, the person and/or family served and/or their legal representatives be involved in assessing potential risks to each person's health in the community, assessing potential risks to each person's safety in the community, deciding whether to accept situations with inherent risks, identifying actions to be taken to minimize risks that have been identified, and identifying individuals responsible for those actions. Risk assessment results should be documented in the individual service plan.

Consultation

- JF&CS staff is an active participant in the individual service planning process, and the individual service plan does cover all elements of CARF standards. It is suggested, as this thorough individual service planning process is not led by the organization, that the organization consider holding a separate planning process to drill down to specific goals and actions as a way to be more intentional and agile to achieve client goals.

2.C. Medication Monitoring and Management

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.D. Employment Services Principle Standards

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.E. Community Services Principle Standards

Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

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

Expected results from these services may include:

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 3. Employment Services

Description

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

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

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

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

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

3.D. Employee Development Services (EDS)

Description

Employee development services are individualized services/supports that assist persons seeking employment to develop or reestablish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, functional capacities, etc., to achieve positive employment outcomes.

Such services/supports are time limited and can be provided directly to persons seeking employment or indirectly through corporate employer/employee support programs. These services/supports can be provided at community job sites, within formal and organized training and educational settings, through coaching, by tutorial services, or within the organization. These services may be offered in a free-standing unit or as a functional piece of other services.

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

- Person served obtains employment.
- Person served moves to a training program or better employment.
- Person served retains employment.
- Person served obtains improved benefits.
- Increased wages.
- Increased skills.
- Increased work hours.
- Movement to individualized competitive employment.
- Employment in an integrated environment.
- Job advancement potential increases.
- Job-seeking skills are developed.
- Career growth and development.
- Level of support needed is reduced.
- Exposure to and availability of a variety of jobs.
- Program is kept at capacity.
- Services are cost-effective for the results achieved.
- Responsiveness (days from referral to starting services).

Key Areas Addressed
- Skills development/reestablishment
- Attitude development/reestablishment
- Work behaviors development/reestablishment
- Employment outcomes

Recommendations
There are no recommendations in this area.

3.G. Community Employment Services (CES)

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

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

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

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

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

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

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

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

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

Job Development (CES:JD): Successful job development concurrently uses assessment information about the strengths and interests of the person seeking employment to target the types of jobs available from potential employers in the local labor market. Typical job development activities include reviewing local employment opportunities and developing potential employers/customers through direct and indirect promotional strategies. Job

development may include facilitating a hiring agreement between an employer and a person seeking employment. Some persons seeking employment may want assistance at only a basic, informational level, such as support for a self-directed job search.

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

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

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

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

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

Recommendations

There are no recommendations in this area.

Section 4. Community Services

Description

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

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

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

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

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

4.G. Community Integration (COI)

Description

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

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

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

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

■ Community participation.
■ Increased independence.
■ Increased interdependence.
■ Greater quality of life.
■ Skill development.
■ Slowing of decline associated with aging.

- Volunteer placement.
- Movement to employment.
- Center-based socialization activities during the day that enable persons to remain in their community residence.
- Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

Key Areas Addressed

- Opportunities for community participation

Recommendations

There are no recommendations in this area.

4.H. Community Housing (CH)

Description

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

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

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

Community housing may include either or both of the following:

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

4.I. Supported Living (SL)

Description

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sample of people receiving services/supports in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

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

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

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

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

Key Areas Addressed

■ Safe, affordable, accessible housing chosen by the individual
■ Supports available based on needs and desires
■ In-home safety needs

- Living as desired in the community
- Support personnel available based on needs
- Persons have opportunities to access community activities

Recommendations

There are no recommendations in this area.

2020 Aging Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. Care Process for the Persons Served

2.A. Program/Service Structure

Key Areas Addressed

- Scope of the program
- Entry, transition, exit criteria of the program
- Composition of the service delivery team
- Service delivery team communication
- Person-centered planning
- Provision of services to persons served
- Partnering with families/support systems

Recommendations

There are no recommendations in this area.

Section 3. Program Specific Standards

3.E. Case Management

Description

Case Management proactively coordinates, facilitates, and advocates for seamless service delivery for persons with impairments, activity limitations, and participation restrictions based on the following:

- Initial and ongoing assessments.
- Knowledge and awareness of care options and linkages.
- Effective and efficient use of resources.
- Individualized plans based on the needs of the persons served.
- Predicted outcomes.
- Regulatory, legislative, and financial implications.

The delivery of case management may occur in a variety of settings that include, but are not limited to, a healthcare environment, a private practice, in the workplace, or in the payer community.

Key Areas Addressed

- Role and use of the continuum of care
- Services and resources used by case management
- Individual case management plans
- Coordination and integration of services
- Communication with stakeholders and referral services/programs
- Sharing of outcomes information with the persons served
- Case management-specific information-gathering requirements
- Program-specific information-gathering requirements

Recommendations

3.E.10.a.
3.E.10.b.(1)
3.E.10.b.(2)
3.E.10.b.(3)
3.E.10.c.
3.E.10.d.
3.E.10.e.
3.E.10.f.
3.E.10.g.(1)
3.E.10.g.(2)
3.E.10.h.
3.E.10.i.(1)
While the organization conducts assessments at the beginning the services, the assessments are not conducted on an ongoing basis. It is suggested that the organization implement ongoing assessments at points in time during service. The organization should ensure that the ongoing assessments are relevant to the needs of the persons served; predict outcomes that include functional status at discharge/transition, disposition at discharge/transition, and duration of services; consider health status; address resource needs and utilization, discharge/transition planning, and the integration of available resources; identify factors facilitating the achievement of predicted outcomes and barriers to the achievement of predicted outcomes; address funding sources; and identify expectations of the funding source.

3.E.29.b.(1)(a)(i)
3.E.29.b.(1)(a)(ii)
3.E.29.b.(1)(b)
3.E.29.b.(1)(c)
3.E.29.b.(2)
3.E.29.b.(3)
3.E.29.b.(4)
3.E.29.b.(5)(a)
3.E.29.b.(5)(b)
3.E.29.b.(5)(c)
3.E.29.b.(5)(d)
Currently, information on nonmedical interruptions in service, changes in the severity of conditions and comorbidity, and mortality are reflected in the progress notes of persons served. The organization is urged to establish targets for these areas and conduct an annual written analysis that addresses performance in relationship to these targets. The analysis should include information on trends; actions for improvement; results of performance improvement plans; and any necessary education needed for elders, families, staff, and others.

3.E.31.c.(2)
3.E.31.c.(3)
3.E.31.c.(4)
3.E.31.c.(5)
While the organization conducts a review of a representative sample of records, the organization is not conducting an annual written analysis of this process to include trends, actions for improvement, results of performance improvement plans, and any necessary education and training of personnel. The organization is urged to expand its efforts to include a written analysis that includes trends, actions for improvement, results of performance improvement plans, and necessary education and training of personnel.

Consultation

- The initial assessment process is intended to gather detailed information on elders, and this information is then used to inform service delivery. While the current assessment process meets the standard, the assessment tool could benefit from revision to include more detailed questions that may further enhance the information gathering process. Currently, the structure relies on the consistency of the case manager's documentation to ensure that all information is documented. The organization may consider exploring assessment tools that may help the organization in developing a more comprehensive review at the initial assessment.

- While the completed care plans reflect prevention of impairment, reducing activity limitations, lessening participation restrictions, environmental modifications, predicted outcomes of case management, estimated timeframe for case management services, involvement of the elders in planning, communication with appropriate parties, modification based on the resources of case management, and a plan for discharge/transition from case management, including mechanisms for interagency coordination, because of the narrative provided by case managers, the form itself does not include these segments. Currently, the structure relies on the consistency of case managers' documentation to ensure that all information is included. The organization may consider standardizing the form to include the necessary segments, which could then guide case managers' documentation and ensure consistency. The organization may also consider implementing standardized update/review intervals for care plans. Currently, the case managers update plans at their discretion.

- Currently, within the discharge/transition summary, the organization includes recommendations for future services to maintain or improve the outcomes achieved. The organization may consider also including within the discharge/transition summary information on the services provided and the outcomes achieved while in service. This addition might ensure that more comprehensive information is provided for the future provider or for later review, if needed.

- While the organization is ensuring that training is provided to staff on behavioral management, the organization may consider revising its behavior management and crisis intervention policies to include procedures for case managers who experience challenging and/or combative behaviors of elders while out on home visits.

2020 Behavioral Health standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization.

The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Program/Service Structure

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

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

Recommendations
2.A.9.a.
2.A.9.b.
2.A.9.c.
2.A.9.d.(1)
2.A.9.d.(2)
It is recommended that each core program for which the organization is seeking accreditation have a written program description that guides the delivery of services and includes a description of the program, the philosophy of the program, program goals, the description of the service and treatment modalities, and the credentials of staff qualified to provide the service/treatment modality.

2.A.26.a.
2.A.26.b.(1)
2.A.26.b.(2)
2.A.26.b.(3)
2.A.26.b.(4)
2.A.26.b.(5)
2.A.26.b.(6)
2.A.26.b.(7)
2.A.26.b.(8)
2.A.26.c.
It is recommended that the ongoing supervision of clinical or direct service personnel offered at JF&CS be consistently documented and address accuracy of assessment and referral skills; the appropriateness of treatment or service intervention selected relative to the needs of each person served; treatment and service effectiveness as reflected in the person-centered plan; risk factors for suicide and other dangerous behaviors; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through compliance review; cultural competency issues; model fidelity, when implementing evidence-based practices; and provision of feedback to personnel that enhances their skills.

Consultation

- JF&CS maintains a waitlist for persons requesting services. It is suggested that for all individuals on the list, an assessment be conducted to ensure that there is no imminent risk to the individual seeking services. It is further suggested that this be documented on the waitlist.

- JF&CS has a number of staff members who have expertise in evidence-based practice. The organization may want to consider showcasing these interventions on its website and on bulletin boards throughout the facility.

- JF&CS offers an array of groups for different cohorts. The organization may consider adding the credentials of the staff to the group schedule as a way of informing individuals about the facilitators' qualifications.

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

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

Recommendations

2.B.8.d.(3)
It is recommended that each person served at JF&CS receive an orientation that includes, as applicable, education regarding advance directives, when indicated.

2.B.12.d.
It is recommended that the assessment process at JF&CS consistently include screening for suicide risk for all persons served age 12 and older using a standardized tool normed for the population served.

2.B.13.m.(3)
2.B.13.m.(4)
2.B.13.t.
It is recommended that the assessment process at JF&CS consistently gather and record sufficient information to develop a comprehensive person-centered plan for each person served, including information about the person's sexual orientation and gender identity and advance directives, when applicable.

2.B.14.a.
2.B.14.b.
2.B.14.c.
The assessment process should consistently include the preparation of a written interpretive summary that is based on the assessment data; identifies any co-occurring disabilities, comorbidities, and/or disorders; and is used in the development of the person-centered plan.

Consultation

▪ JF&CS conducts a clinical assessment that serves as a diagnostic formulation of persons served. It is suggested that the organization review and reclassify this document to include all components that make up the interpretive summary.

2.C. Person-Centered Plan

Description

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

Key Areas Addressed

■ Development of person-centered plan
■ Co-occurring disabilities/disorders
■ Person-centered plan goals and objectives
■ Designated person coordinates services

Recommendations

2.C.2.a.(1)
2.C.2.c.(1)
It is recommended that the person-centered plan consistently include goals that are expressed in the words of the person served and services to be provided that describe the specific interventions.

2.C.4.a.
2.C.4.b.
2.C.4.c.(1)
2.C.4.c.(2)
2.C.4.c.(3)
2.C.4.c.(4)(a)
2.C.4.c.(4)(b)
2.C.4.c.(5)(a)
2.C.4.c.(5)(b)
2.C.4.c.(6)
It is recommended that when assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan be completed with the person served as soon as possible that includes triggers; current coping skills; warning signs; actions to be taken to respond to periods of increased emotional pain and restrict access to lethal means; preferred interventions necessary for personal safety and public safety; and advance directives, when available.

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

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

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

■ Scope of medication services provided by the program(s) seeking accreditation
■ Education and training provided to direct service personnel at orientation and at least annually
■ Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
■ Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
■ Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
■ Peer review of prescribing practices, if applicable to the program

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Recommendations

2.E.8.a.(1)
2.E.8.a.(2)
2.E.8.a.(4)(a)
2.E.8.a.(4)(b)
2.E.8.a.(4)(c)
2.E.8.a.(4)(d)
2.E.8.a.(4)(e)
2.E.8.a.(5)(a)(i)
2.E.8.a.(5)(a)(ii)
2.E.8.a.(5)(a)(iii)
2.E.8.a.(5)(b)
2.E.8.a.(5)(c)(i)
2.E.8.a.(5)(c)(ii)
2.E.8.b.(1)
2.E.8.b.(2)
2.E.8.b.(3)

A documented peer review should be conducted at least annually by a qualified professional licensed to prescribe or a pharmacist. The peer review should be completed on the records of a representative sample of persons for whom prescriptions were provided to assess the appropriateness of each medication, as determined by the needs and preferences of the person served, the condition for which the medication is prescribed, dosage, periodic reevaluation of continued use related to the primary condition being treated, and the efficacy of the medication. The peer review should determine whether contraindications, side effects, and adverse reactions were identified and, if needed, addressed; necessary monitoring protocols were implemented; and there was simultaneous use of multiple medications, including polypharmacy and co-pharmacy. The information collected from the peer review process should be reported to appropriate personnel, used to improve the quality of services provided, and incorporated into the performance measurement and management system.

2.G. Records of the Persons Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

■ Confidentiality
■ Timeframes for entries to records
■ Individual record requirements
■ Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

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

Key Areas Addressed

■ Quarterly professional review
■ Review current and closed records
■ Items addressed in quarterly review
■ Use of information to improve quality of services

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

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

3.O. Outpatient Treatment (OT)

Description

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

Key Areas Addressed

■ Therapy services
■ Education on wellness, recovery, and resiliency
■ Accessible services
■ Creation of natural supports

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Jewish Family & Career Services, Inc.

4549 Chamblee Dunwoody Road
Atlanta, GA 30338

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Community Integration
Employee Development Services
Supported Living
Case Management
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Governance Standards Applied

Ben Massell Dental Clinic

700 14th Street NW
Atlanta, GA 30318

Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

Camp Twin Lakes

3040 Centennial Road
Rutledge, GA 30338

Community Housing

Dedee Court

3794 Dedee Court
Tucker, GA 30084

Community Housing

Kephart House

4732 Bennett Street
Austell, GA 30106

Community Housing

Morgan Falls House

415 Morgan Falls Road, Apartment 2008
Sandy Springs, GA 30350

Community Housing

Sara Fera House

5951 South Gordon Drive
Austell, GA 30168

Community Housing

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Sweetwater House

5120 North Avenue
Austell, GA 30106

Community Housing

Zemory

1660 Zemory Drive
Tucker, GA 30084

Community Housing

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