

**CARF Accreditation Report**  
**for**  
**Tri-County Mental Health Services,**  
**Inc.**

**Three-Year Accreditation**



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## 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](http://www.carf.org/contact-us).

## Organization

Tri-County Mental Health Services, Inc.  
3100 Northeast 83rd Street, Suite 1001  
Kansas City, MO 64119

## Organizational Leadership

Christie Holm, LPC, Chief Quality and Compliance Officer  
Grant Piepergerdes, MD, Medical Director  
Michelle Naus, Chief Financial Officer

## Survey Number

141757

## Survey Date(s)

January 5, 2022–January 7, 2022

## Surveyor(s)

Dana Stewart, MHL, Administrative  
Gloria Hilton, DNP, RN, Program  
Denise Shook, LCSW, Program  
John A. Ahman, MA, LADC, Program

## Program(s)/Service(s) Surveyed

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Children and Adolescents)  
Community Integration: Mental Health (Adults)  
Community Integration: Mental Health (Children and Adolescents)  
Court Treatment: Substance Use Disorders/Addictions (Adults)  
Crisis Intervention: Mental Health (Adults)  
Crisis Intervention: Mental Health (Children and Adolescents)  
Health Home: Comprehensive Care (Adults)  
Health Home: Comprehensive Care (Children and Adolescents)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)  
Outpatient Treatment: Substance Use Disorders/Addictions (Adults)  
Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)  
Prevention: Substance Use Disorders/Addictions (Adults)  
Prevention: Substance Use Disorders/Addictions (Children and Adolescents)  
Supported Living: Mental Health (Adults)  
Community Employment Services: Employment Supports  
Community Employment Services: Job Development  
*Governance Standards Applied*

## Previous Survey

March 21, 2018–March 23, 2018  
Three-Year Accreditation

# Accreditation Decision

**Three-Year Accreditation**  
**Expiration: May 31, 2024**

# Executive Summary

This report contains the findings of CARF's site survey of Tri-County Mental Health Services, Inc. conducted January 5, 2022–January 7, 2022. 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, Tri-County Mental Health Services, Inc. demonstrated substantial conformance to the standards. Tri-County Mental Health Services, Inc. (TCMHS) has been providing behavioral health and employment programs for more than 40 years and serves as a staple in the community. It has a working relationship with many stakeholders that helps bring stability and services to its community. Its dedication and commitment to CARF standards has resulted in substantial conformance to standards, even in the new programs presented. The diverse board and leadership have ensured that the overall services are unique and sound and meet all needs of the tri-county area served. TCMHS has recently acquired a new administration facility that allows for easier access and has the ability to accept the growth of new program ideas. Leadership and all employees show much enthusiasm for performance measures, and it is anticipated they will have no trouble bringing the minimal recommendations up to conformance. TCMHS is dedicated and compassionate about the work done and the consumers it serves. Consultation is offered in this report, and areas for improvement are identified in the recommendations provided. Some areas for improvement in this report are noted in leadership, workforce development, transition planning, and medication use.

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

**Tri-County Mental Health 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 Tri-County Mental Health Services, Inc. was conducted by the following CARF surveyor(s):

- Dana Stewart, MHL, Administrative
- Gloria Hilton, DNP, RN, Program
- Denise Shook, LCSW, Program
- John A. Ahman, MA, LADC, 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 Tri-County Mental Health 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):

- Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Integration: Mental Health (Adults)
- Community Integration: Mental Health (Children and Adolescents)
- Court Treatment: Substance Use Disorders/Addictions (Adults)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Health Home: Comprehensive Care (Adults)
- Health Home: Comprehensive Care (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
- Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)
- Prevention: Substance Use Disorders/Addictions (Adults)
- Prevention: Substance Use Disorders/Addictions (Children and Adolescents)
- Supported Living: Mental Health (Adults)
- Community Employment Services: Employment Supports
- Community Employment Services: Job Development
- *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 Tri-County Mental Health Services, Inc. demonstrated the following strengths:

- TCMHS has a very diverse board of trustees. It serves within a three-county catchment area and is composed of individuals with backgrounds in law enforcement, judicial courts, real estate, education, clinical areas, guardians of current and past consumers, and other areas. Their backgrounds have allowed them to lead and guide TCMHS as it provides much-needed services and programs.
- Due to the increase in diversity in its area, TCMHS created a cultural diversity outreach position to help with education and understanding of different cultures and ethnicities. The employee is housed at a local high school, where more than 30 different languages and cultures exist.
- TCMHS works with stakeholders in the coverage area to address needs and services. The sheriff of one of the counties served was very appreciative of the relationship and support offered by TCMHS and was especially excited about future collaborations that could occur. Other stakeholders raved about the services and availability of staff at TCMHS, including the exceptional work done within the community and schools.
- TCMHS continued to provide services during the COVID-19 pandemic. All efforts were made to be supportive for consumers and staff and help provide safe environments as recommended by CDC. When the organization opened back up for all staff, a gathering was held in the parking lot outside to allow for social distancing guidelines to be met, and local food trucks were invited for employees to select different options of meals.
- TCMHS encourages consumers to engage in all aspects of the organization, including planning, support, and operations. The organization hosts a consumer advisory board to encourage feedback and suggestions for services provided. Employees of TCMHS also have many opportunities to be involved in the efforts made to keep TCMHS in the forefront of its service area.
- The staff and management of TCMHS have a good understanding of the CARF behavioral health standards and are committed to conforming to CARF standards so that their consumers may receive the greatest benefit from the services rendered. This commitment is transforming lives and moving the persons they serve and the organization from good to great. Kansas City, Missouri, benefits from the vital services that TCMHS offers and provides to consumers.
- TCMHS is recognized for leading its organization through an unprecedented and difficult time during a global pandemic. The leaders have managed their workforce and provided care to their consumers through uncharted territory while following CDC guidelines, keeping morale up, managing workloads, and thinking outside of the box to continue to support consumers and staff.



- TCMHS has an impressive prevention team, and its work in the community to address the detriments of underage drinking and drug use is paramount in the communities served. It also has a comprehensive suicide prevention program that works toward mental health wellness for youth.
- TCMHS uses peers to assist with consumer engagement and other supportive services. A consumer that was interviewed stated, “It was nice to have someone that has been through what I’m going through to talk to at the program.”
- The facilities of TCMHS were festively decorated, giving the locations a warm, welcoming environment for the consumers and community members.
- There is a high satisfaction with services received in case management, court treatment, and crisis intervention. The consensus of the consumers is that they are successful because of the consistent, appropriate treatment they receive, which is given with respect and caring. They feel the staff is genuinely concerned with their improved well-being, and one person referred to staff by saying, “They are like family, and without them I would not have been able to move to independent living.”
- The guardians of consumers expressed high praise and appreciation for TCMHS and its services and staff. They described the organization as being “superior” to other organizations. The schools have also identified a complete reversal in the behavior of youth consumers. The phrase “I can’t say enough good things about Tri-County” was often shared throughout the interviews.
- TCMHS has a staff that is skilled, compassionate, highly dedicated, and experienced. Several staff members also possess notable service longevity. Staff members express high job satisfaction, function as a team, and recognize the support and efforts of all members of the team and leadership in maintaining a positive workplace culture.
- The commitment to providing quality services to consumers, through a person-centered philosophy, is readily evident in the daily activities. Each consumer is treated individually and has a plan of service built upon the consumer’s strengths, supports, and wishes.
- The TCMHS employment program maintains adherence to the Individual Placement and Support (IPS) fidelity model. The employment services at TCMHS have been recognized for several years by the Missouri Department of Mental Health for their excellent service, adherence to the model, and impressive results.
- The employment services, for 2021 during the pandemic, set a performance goal of 40 percent of those enrolled in the program would attain employment within 120 days. They achieved 45 percent. They also set a goal of 50 percent of those that find work would stay employed for at least 90 days, and the result was 63 percent maintained employment. This is evidence of staff members’ commitment to the consumers and implementation of the IPS model.
- TCMHS offers three day treatment (psychosocial rehabilitation) programs throughout Kansas City and the surrounding area. The day treatment programs use some of the principles associated with the Clubhouse model of care. Consumers who attend day treatment programs are considered “members.” Those who attend regularly practice living skills, build up self-confidence, and develop friendships. Members interviewed liked attending several days a week because they were around other members who were dealing with similar issues, and being there helped them learn how to take control of their life and be in charge of their own recovery.

## 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**

##### **1.A.6.a.(10)(a)**

##### **1.A.6.a.(10)(d)**

The organization covers fraud and abuse in its ethical code of conduct and corporate compliance policy; however, it is recommended that corporate responsibility efforts also include written ethical codes of conduct in prohibition of waste and other wrongdoing.

#### **1.A.7.d.(2)**

It is recommended that an organization in the United States receiving federal funding demonstrate corporate compliance through training of personnel on corporate compliance that includes the organization's procedures for allegations of fraud, waste, abuse, and other wrongdoing.

#### **1.A.9.a.(1)**

#### **1.A.9.a.(2)(a)**

#### **1.A.9.a.(2)(b)**

#### **1.A.9.a.(2)(c)**

#### **1.A.9.a.(2)(d)**

#### **1.A.9.a.(3)**

#### **1.A.9.a.(4)**

#### **1.A.9.a.(5)**

#### **1.A.9.a.(6)**

#### **1.A.9.b.(1)**

#### **1.A.9.b.(2)**

To demonstrate accountability, an organization that engages in fundraising is urged to implement written procedures that address, at a minimum, oversight; donor solicitation, communication, recognition, and confidentiality; valuing of donations; use of donations in accordance with donor intent; documentation and recordkeeping; and use of volunteers in fundraising efforts, if applicable. It should provide initial and ongoing training regarding written procedures to appropriate personnel.

## **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 from persons served, personnel, and other stakeholders
- 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
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### 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

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

## Recommendations

There are no recommendations in this area.

## Consultation

- The organization may find it helpful to utilize a checklist or item summary to help organize items found in the first aid supply boxes. The checklist may also be useful to report when items have been used or need replacing due to expiration dates.
- The organization is encouraged to find a method to secure safety equipment, such as fire extinguishers, in the vans to prevent movement that could cause an injury in an accident.
- The organization might find it helpful to keep a calendar with all drills and inspections for all locations on one form. This could allow for a quicker review of conformance across all areas within the organization.

## 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 backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

### Recommendations

1.I.11.d.

1.I.11.e.

1.I.11.f.

1.I.11.g.

It is recommended that the organization's succession planning also address the review of talent in the current workforce, identification of workforce readiness, a gap analysis, and strategic development.

## 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, including input from stakeholders
- 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
- Provision of information related to ICT, 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.

### Consultation

- The organization might find it helpful to add business continuity/disaster recover testing to the emergency calendar and reports for accountability, review, and analysis.

## 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

There are no recommendations in this area.

### Consultation

- The organization's information for consumers is available on a ring clip that is attached to bulletin boards in the lobby of buildings where services are provided. The organization may consider breaking up the packet of information offered in its lobbies for consumers to allow for easier access and review.

## 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. 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

There are no recommendations in this area.

## 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

There are no recommendations in this area.

## 2.C. Person-Centered Plans

### 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

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

### Recommendations

There are no recommendations in this area.

## 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, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

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

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

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

### Key Areas Addressed

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

### Recommendations

2.D.3.b.(1)

2.D.3.b.(2)

2.D.3.c.

2.D.3.d.

2.D.3.e.

2.D.3.f.

Although transition plans are prepared, it is recommended that the written transition plans consistently identify the person's current progress in recovery or move toward well-being and gains achieved during program participation; identify the person's need for support systems or other types of services that will assist in continuing recovery, well-being, or community integration; include information on the continuity of the person's medication(s), when

applicable; include referral information, such as contact name, telephone number, locations, hours, and days of services, when applicable; and include communication of information on options and resources available if symptoms recur or additional services are needed, when applicable.

**2.D.4.a.(1)**

**2.D.4.a.(2)**

**2.D.4.a.(3)**

**2.D.4.a.(4)**

**2.D.4.a.(5)**

**2.D.4.a.(6)**

**2.D.4.b.**

It is recommended that the written transition plan be developed consistently with the input and participation of the person served; the family/legal guardian, when applicable and permitted; a legally authorized representative, when appropriate; team members; the referral source, when appropriate and permitted; and other community services, when appropriate and permitted, and given to individuals who participate in the development of the transition plan, when permitted.

## **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

## **Recommendations**

### **2.E.8.b.(1)**

Although a peer review of medication is conducted, the review does not appear to be reports to appropriate personnel. Information collected from the peer review process should be reported to appropriate personnel. It is suggested that the review form be revised to include a line for the provider to sign and date upon receiving the report of the peer review findings.

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

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.H. Quality Records Management**

### **Description**

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

### **Key Areas Addressed**

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

## Recommendations

There are no recommendations in this area.

# Section 3. Core Treatment Program Standards

## Description

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

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

### Description

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

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

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### **3.C. Community Integration (COI)**

#### **Description**

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

#### **Key Areas Addressed**

- Opportunities for community participation
- Based on identified preferences of participants
- Times and locations meet the needs of participants

#### **Recommendations**

There are no recommendations in this area.

### **3.D. Court Treatment (CT)**

#### **Description**

Court Treatment programs provide comprehensive, integrated behavioral health services that work in conjunction with the judicial system. The purpose of court treatment programs is to appropriately respond to the abuse of alcohol and/or other drugs, mental illness, post traumatic stress disorder, family problems, or other concerns and their related criminal and/or civil judicial actions, in order to reduce recidivism and further involvement in the criminal justice system. Court treatment includes services provided to persons referred through various types of problem-solving courts including drug, mental health, veterans, family dependency, tribal, re-entry, and others.

The treatment team works in collaboration with judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services, treatment programs, evaluators, and an array of local service providers. Treatment is usually multi-phased and is typically divided into a stabilization phase, an intensive phase, and a transition phase.

During each phase, the treatment team is responsible for assessing the behavioral health needs of the person served within the parameters of the legal sanctions imposed by the court. The treatment team either directly provides or arranges for the provision of screening and assessment, case management, detoxification/withdrawal support, intensive outpatient treatment, outpatient, residential treatment, medication use, self-help and advocacy, recovery, health and wellness, relapse prevention, and education regarding factors contributing to the person's court involvement.

A court treatment program may be a judicial or law enforcement organization that provides or contracts for the identified services or may be a direct treatment provider working as part of the court treatment team.

### **Key Areas Addressed**

- Comprehensive behavioral health services in conjunction with judicial system
- Collaboration between judicial system and behavioral health providers
- Address concerns related to recidivism
- Multi-phased process
- Linkages to community resources based on the needs of the person served
- Person-centered planning

### **Recommendations**

There are no recommendations in this area.

## **3.E. Crisis Intervention (CI)**

### **Description**

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

### **Key Areas Addressed**

- Services are available 24 hours a day, 7 days a week
- Assessment and immediate stabilization of acute symptoms
- Timely engagement
- Telephone and face-to-face crisis assessment
- Crisis intervention plan
- Qualified behavioral health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

### **Recommendations**

There are no recommendations in this area.

## **3.I. Health Home (HH)**

### **Description**

A health home is a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral health, other healthcare, and community and social support services. A health home allows for individual choice and is capable of assessing the various physical and behavioral health needs of persons served. The program demonstrates the capacity to address, either directly or through linkage with or referral to external



resources, behavioral health conditions, such as mental illness and substance use disorders, and physical health conditions. Programs may also serve persons who have intellectual or other developmental disabilities and physical health needs or those who are at risk for or exhibiting behavioral disorders. Care is coordinated over time across providers, functions, activities, and sites to maximize the value and effectiveness of services delivered to persons served.

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

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

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

### **Key Areas Addressed**

- Comprehensive care management
- Health assessment
- Cross-training of personnel
- Utilization of health records/patient registries

### **Recommendations**

There are no recommendations in this area.

## **3.O. Outpatient Treatment (OT)**

### **Description**

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

### **Key Areas Addressed**

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

## Recommendations

There are no recommendations in this area.

# Section 4. Core Support 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.

## 4.G. Prevention (P)

### Description

Prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse or neglect, exposure to or experience of violence in the home and community; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings.

Organizations may provide one or more of the following types of prevention programs, categorized according to the population for which they are designed:

- Universal programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.
- Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, tobacco use prevention, child abuse prevention, and suicide prevention.
- Training programs provide curriculum-based instruction to active or future personnel in human service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

### Key Areas Addressed

- Personnel qualifications
- Appropriate program activities
- Public awareness
- Program strategies

## **Recommendations**

There are no recommendations in this area.

## **4.H. Supported Living (SL)**

### **Description**

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons 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 these sites will be visited as part of the interview process of the person served. 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. 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.

### **Key Areas Addressed**

- Person-centered
- Education and wellness, recovery, and resiliency
- Independence and self-determination
- Education on health and safety

### **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.

**2021 Employment and Community Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.**

## **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**

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.

## 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.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.

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

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

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

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

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

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.



# Program(s)/Service(s) by Location

## **Tri-County Mental Health Services, Inc.**

3100 Northeast 83rd Street, Suite 1001  
Kansas City, MO 64119

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Children and Adolescents)  
Community Integration: Mental Health (Adults)  
Community Integration: Mental Health (Children and Adolescents)  
Crisis Intervention: Mental Health (Adults)  
Crisis Intervention: Mental Health (Children and Adolescents)  
Health Home: Comprehensive Care (Adults)  
Health Home: Comprehensive Care (Children and Adolescents)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)  
Prevention: Substance Use Disorders/Addictions (Adults)  
Prevention: Substance Use Disorders/Addictions (Children and Adolescents)  
Supported Living: Mental Health (Adults)  
Community Employment Services: Employment Supports  
Community Employment Services: Job Development  
*Governance Standards Applied*

## **Adolescent CSTAR**

1520 Northeast Parvin Road, Suite B  
Kansas City, MO 64116

Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)

## **CSTAR-Parvin**

1505 Northeast Parvin Road, Suite D  
Kansas City, MO 64116

Outpatient Treatment: Substance Use Disorders/Addictions (Adults)

## **Excelsior Springs**

1087 Italian Way, Suite B  
Excelsior Springs, MO 64024

Community Integration: Mental Health (Adults)

## **Franklin**

112 East Franklin Street, Apartment A  
Liberty, MO 64068

Supported Living: Mental Health (Adults)

**Gallatin**

531 Gallatin Street, Apartment B  
Liberty, MO 64068

Supported Living: Mental Health (Adults)

**Greystone**

4541 Northwest Greystone Court, Apartment E  
Riverside, MO 64150

Supported Living: Mental Health (Adults)

**Riverside**

4823 Northwest Gateway Avenue  
Riverside, MO 64150

Community Integration: Mental Health (Adults)

**Tri-County Mental Health Services-Clay & Platte Treatment Court**

6060 North Oak Trafficway  
Gladstone, MO 64118

Court Treatment: Substance Use Disorders/Addictions (Adults)

**Tri-County Mental Health Services-Ray County Substance Use Treatment**

108 West North Main Street  
Richmond, MO 64085

Court Treatment: Substance Use Disorders/Addictions (Adults)

Outpatient Treatment: Substance Use Disorders/Addictions (Adults)