CARF
Survey Report
for

Rappahannock Area Community Service Board

Organization

Rappahannock Area Community Service Board
600 Jackson Street
Fredericksburg, VA 22401

Organizational Leadership

Ronald W. Branscome, Executive Director

Jane Yaun, Deputy Executive Director

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Survey Dates

October 24-26, 2016

Survey Team

Daniel J. Kubas-Meyer, M.A., Administrative Surveyor

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Programs/Services Surveyed

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Housing: Mental Health (Adults)
Community Integration: Psychosocial Rehabilitation (Adults)
Court Treatment: Integrated: AOD/MH (Adults)
Court Treatment: Integrated: AOD/MH (Children and Adolescents)
Crisis Stabilization: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Previous Survey

November 18-20, 2013
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: November 30, 2019

Three-Year Accreditation

SURVEY SUMMARY

Rappahannock Area Community Services Board (RACSB) has strengths in many areas.

■ A strong and effective governance structure is in place. Members of the board of directors commit a substantial amount of time to the organization, with each member participating monthly in board and committee meetings. The result is a broad understanding of the leadership, planning, and operational issues facing the organization.

■ Comprehensive financial policies and procedures guide the staff to effectively manage the complex finances of the organization. The organization has a strong financial position, as evidenced by a very good current asset-to-liability ratio.

■ RACSB consistently seeks out alternative funding to support programs deemed important but outside of the usual funding streams.

■ The board members, staff, and persons served all reported that they were treated with dignity and respect.

■ RACSB seeks out feedback from the persons served in a number of ways, including ongoing assessments of satisfaction, a point-in-time survey of the experiences of the persons served, and input from the Consumer Family Advisory committee.

■ The regularly scheduled bus tour of the organization's program sites effectively familiarizes board members, new staff, and other invitees (such as legislators and representatives of houses of worship) with the work being done by RACSB.

■ RACSB has a strong reputation as an effective service provider. A senior staff from the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse services reported that RACSB is ranked in the top five or higher of the 40 community service boards in the state.

■ The drug court program is a good example of RACSB's ability to work effectively with other community service providers to facilitate positive change in clients. RACSB staff members are reported to be very cooperative and good communicators and problem solvers.

■ RACSB has a 21-year long history of using the CARF International standards to guide administrative and program policies and practices in delivering behavioral health services.

■ Administratively and programmatically, RACSB is an innovative and knowledge-driven organization, creatively responding with intentionality to the special needs of the persons served and their families.

■ Since the previous CARF survey, RACSB has established an onsite pharmacy serving clients in its programs that is staffed by several nurse practitioner and physician prescribers, including a board-certified child and adolescent psychiatrist. The nursing staff has implemented a strong patient assistance prescription program and identifies individuals eligible for other state (Governors Access Program/GAP) or organization-based financial support for medications.

■ Complementing the onsite pharmacy, RACSB has introduced the use of electronic prescribing software (Netsmart OrderConnect™) that has multiple functions in serving clients' medication needs and monitoring the complexity of medication services. The OrderConnect software generates multiple electronic reports for both quality assurance and peer review of medical staff

prescribers, including the medical director. Use of this software, the pharmacy's safe packing of prescriptions, and the introduction of innovative education techniques for the clients about their prescription medications has significantly reduced medication errors and incident reports.

- RACSB has established itself as a federal workforce shortage worksite, allowing eligible employees to receive student loan forgiveness or loan reduction in exchange for committing professional services to an underserved and vulnerable population.

- RACSB was chosen by Substance Abuse and Mental Health Services Administration (SAMHSA) to pilot a federal planning grant as a Certified Community Behavioral Health Clinic (CCBHC), providing quality services in accordance with CCBHC criteria and collecting data elements to measure and prove program success and measure the quality of services.

- Since the previous CARF survey, RACSB has introduced a trauma-informed care training curriculum across its programs and has extended its strong continuum of behavioral health services by establishing and staffing an Early Intervention Parent Education and Infant Development Program.

- The Kenmore Club, established in 1984, is thriving and maintains a strong fidelity to the Fountain House model. This program is enhanced with innovative programming in response to the members' needs and interests, including a 12th annual community-based art exhibit (The Art of Recovery); art therapy; horticultural therapy; an innovative employment center; strong pre-employment services; an annual employment resource fair; peer involvement coordinating the Wellness Recovery Action Plan® (WRAP®) curriculum; and strong community partnerships, including with law enforcement.

- During the survey, 20 police officers and deputies interacted with the Clubhouse members while receiving in-service training at the Kenmore Club, including dining with the Clubhouse members for lunch. One officer stated that he wished that this training had been available earlier in his career.

- The program director serves as vice president of the Virginia Psychiatric Rehabilitation Association. Program staff members demonstrate a tremendous level of energy and enthusiasm, which complements their competence and skills. As a USDA approved site, the members are able to receive both breakfast and lunch at the Clubhouse. With a restaurant grade kitchen and appliances on site, a culinary arts program is in the planning stages.

- The community housing program has developed attractive and safe facilities. RACSB has a long history of collaborating with architects to design and build community housing to meet the needs of the clients and their family members, advocating for special housing accommodations. RACSB is developing a path toward integrating behavioral health and primary care, as each community housing resident has enhanced access to primary medical care along with behavioral health services. With every discharge, each apartment is freshly painted and stocked with entirely new kitchenware, plates, and utensils.

- RACSB effectively informs the clients and the public about its continuum of behavioral health services through its well-organized website and use of newsletters and social media.

- RACSB has gone above and beyond in its quest to provide quality services to its clients by establishing the 24-hour MedLine. This resource is unique to the organization and is manned by its own nursing staff. The clients are able to share concerns with medications and be seen as needed.

- RACSB uses innovative technology to support its services and administrative operations, including wireless electronic devices for the clients to use, a fully electronic healthcare records system, and telemedicine.

RACSB should seek improvement in the area(s) identified by the recommendation(s) in the report. Any consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, RACSB has made a dedicated effort to maintain international accreditation. It has demonstrated substantial conformance to the CARF standards, and the clients are benefiting greatly from the programming provided. The leadership and staff members have made a strong commitment to develop and maintain quality services, and the organization has many strengths and high-quality practices. It is acknowledged for its commitment to continuous quality improvement and for its responsiveness to the needs of the clients. It is evident that the organization has the processes in place to continue in its quality improvement efforts and respond to the recommendations in this report.

Rappahannock Area Community Services Board has earned a Three-Year Accreditation. The leadership and staff members are congratulated for this achievement and are encouraged to continue to use the CARF standards to continuously improve the organization's performance and guide the provision of quality services to the communities served.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Description

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

Key Areas Addressed

- Leadership structure

- Leadership guidance

- Commitment to diversity

- Corporate responsibility

- Corporate compliance

Recommendations

There are no recommendations in this area.

Consultation

■ RACSB has established a code of ethics, but several items normally included in the code are only found in the employee handbook and corporate compliance policy. It is suggested that the topics of personal fundraising; the witnessing of legal documents; and the prohibition of waste, fraud, and abuse also be included in the code of ethics (which is signed off by staff as having been read on an annual basis.)

C. Strategic Planning

Description

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

Key Areas Addressed

■ Strategic planning considers stakeholder expectations and environmental impacts

■ Written strategic plan sets goals

■ Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

■ Ongoing collection of information from a variety of sources

■ Analysis and integration into business practices

■ Leadership response to information collected

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Description

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

Key Areas Addressed

■ Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

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 annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

■ Budget(s) prepared, shared, and reflective of strategic planning

■ Financial results reported/compared to budgeted performance

■ Organization review

■ Fiscal policies and procedures

■ Review of service billing records and fee structure

■ Financial review/audit

■ Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

G. Risk Management

Description

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

Key Areas Addressed

■ Identification of loss exposures

■ Development of risk management plan

■ Adequate insurance coverage

Recommendations

There are no recommendations in this area.

H. Health and Safety

Description

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

Key Areas Addressed

■ Inspections

■ Emergency procedures

■ Access to emergency first aid

■ Competency of personnel in safety procedures

■ Reporting/reviewing critical incidents

■ Infection control

Recommendations

H.12.e.

H.12.h.

H.12.j.

It is recommended that safety equipment, written emergency procedures, and first aid supplies be available in all vehicles used for transporting the clients.

Consultation

■ The first aid supply box at one of the programs had an expired date on the outside, and the staff indicated that the contents had been updated. It is suggested that all boxes be inspected and any indication of expirations be removed.

I. Human Resources

Description

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

Key Areas Addressed

■ Adequate staffing

■ Verification of background/credentials

■ Recruitment/retention efforts

■ Personnel skills/characteristics

■ Annual review of job descriptions/performance

■ Policies regarding students/volunteers, if applicable

Recommendations

I.5.b.(6)

It is recommended that RACSB consistently provide documented personnel training that addresses promoting wellness of the persons served.

I.6.b.(4)(a)

It is recommended that performance evaluations for personnel be used to assess performance related to objectives established in the last evaluation period.

I.8.b.(3)(b) through I.8.b.(3)(d)

It is recommended that RACSB's personnel policies be expanded to include nondiscrimination in the areas of compensation, assignment of work, and promotion.

J. Technology

Description

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

Key Areas Addressed

- Written technology and system plan

- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable

- Training for personnel, persons served, and others on ICT equipment, if applicable

- Provision of information relevant to the ICT session, if applicable

- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable

- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Description

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

Key Areas Addressed

- Communication of rights

- Policies that promote rights

- Complaint, grievance, and appeals policy

- Annual review of complaints

Recommendations

There are no recommendations in this area.

L. Accessibility

Description

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

Key Areas Addressed

■ Written accessibility plan(s)

■ Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Description

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

Key Areas Addressed

■ Information collection, use, and management

■ Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Description

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

Key Areas Addressed

■ Proactive performance improvement

■ Performance information shared with all stakeholders

Recommendations
N.3.a.(1)
N.3.b.(1) through N.3.b.(3)

It is recommended that RACSB communicate performance information to the persons served according to needs of the persons served, including the format, content, and timeliness of the information communicated.

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.

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.

B. Screening and Access to Services

Description

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

Consultation

- It is suggested that the organization place signage at all site entrances that state-prohibited weapons of any type are not allowed on premises.
- With the implementation of trauma-informed care training, it is suggested that additional prompts be added in the electronic medical record to guide the assessment of trauma history for each person served.

C. Person-Centered Plan

Description

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

Key Areas Addressed

- Development of person-centered plan

- Co-occurring disabilities/disorders

- Person-centered plan goals and objectives

- Designated person coordinates services

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that, when developing objectives, they be limited in number to promote success and achievability.

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

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

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

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

D.3.a.(1) through D.3.g.(4)

It is recommended that a transition plan be prepared or updated to ensure a seamless transition when a person served is transferred to another level of care of aftercare program or prepares for a planned discharge. The transition plan should identify the person's current progress in his or her own 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 his or her recovery, well-being, or community integration; include information on 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; include communication of information on options and resources available if symptoms recur or additional services are needed, when applicable; and include the person's strengths, needs, abilities, and preferences.

D.4.a.(1) through D.4.b.

It is recommended that the written transition plan be developed 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. The plan should be given to individuals who participate in the development of the transition plan, when permitted.

E. Medication Use

Description

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

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

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

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served to his or her body, and may include the organization storing the medication for the person served, or may include staff handing the bottle or

blister pack to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and closely observing the person served self-administering the medication.

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

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

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Individual records of medication

- Physician review

- Policies and procedures for prescribing, dispensing, and administering medications

- Training regarding medications

- Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

F. Nonviolent Practices

Description

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

- Engagement

- Partnership—power with, not over

- Holistic approaches

- Respect

- Hope

- Self-direction

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

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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

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

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

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

Key Areas Addressed

■ Training and procedures supporting nonviolent practices

■ Policies and procedures for use of seclusion and restraint

■ Patterns of use reviewed

■ Persons trained in use

■ Plans for reduction/elimination of use

Recommendations

There are no recommendations in this area.

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

■ Time frames for entries to records

■ Individual record requirements

■ Duplicate records

Recommendations

G.4.i.(7)

It is recommended that the record include a transition plan, when applicable.

Consultation

■ It is suggested that RACSB explore strategies to reduce redundancy of multiple assessments contained in the record of each person served.

H. Quality Records Management

Description

The organization has 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
H.4.a.(1) through H.4.b.
H.4.h.(1)

It is recommended that RACSB modify its records review process to address whether the person served was provided with an appropriate orientation and actively involved in making informed choices regarding services, whether confidential information was released according to applicable laws and regulations, and whether a transition plan has been completed as required.

SECTION 3. BEHAVIORAL HEALTH CORE 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.

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities and may provide services to those with behavioral health disabilities or co-occurring disabilities; those with intellectual or developmental disabilities; victims or perpetrators of domestic violence or abuse; persons needing treatment because of eating or sexual disorders; and/or drug, gambling, or internet addictions.

D. Community Housing

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 are provided may be owned, rented, leased or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services 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 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 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 recovery homes, transitional housing, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. 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 residents.

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 can be offered in apartments or homes, or 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.

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PSYCHOSOCIAL REHABILITATION

Core programs in this field category demonstrate a strong collaborative partnership with the persons served, the development of opportunities for personal growth, a commitment to community integration, goal-oriented and individualized supports, and the promotion of satisfaction and success in community living. Programs in this category may serve persons with a variety of concerns, including persons with developmental or physical disabilities.

E. Community Integration

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.

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- Health and wellness promotion.

- Orientation, mobility, and destination training.

- Access and utilization of public transportation.

Recommendations

There are no recommendations in this area.

INTEGRATED AOD/MENTAL HEALTH

Core programs in this field category are designed to provide a combination of alcohol and other drugs/addictions and mental health services. This may include services provided in a psychosocial format. Services may be provided through a seamless system of care for individuals with needs in one or both areas or for persons with the identified co-occurring disorders.

C. Case Management/Services Coordination

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.

Recommendations

There are no recommendations in this area.

F. Court Treatment

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, posttraumatic 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, veteran's, family dependency, tribal, reentry, 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.

Recommendations

There are no recommendations in this area.

G. Crisis Programs

Crisis Stabilization

Description

Crisis stabilization programs are organized and staffed to provide the availability of overnight residential services 24 hours a day, 7 days a week for a limited duration to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop plans to meet the needs of the persons served. Often crisis stabilization programs are used as a preemptive measure to deter unnecessary inpatient hospitalization.

Recommendations

There are no recommendations in this area.

Q. Outpatient Programs

Outpatient Treatment

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.

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

C. Children and Adolescents

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.

Recommendations

There are no recommendations in this area.

carf INTERNATIONAL

PROGRAMS/SERVICES BY LOCATION

Rappahannock Area Community Service Board

600 Jackson Street
Fredericksburg, VA 22401
US

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Court Treatment: Integrated: AOD/MH (Adults)
Court Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Bridgewater Apartments

409 Bridgewater Street
Fredericksburg, VA 22401
US

Community Housing: Mental Health (Adults)

Crisis Stabilization

615 Wolfe Street
Fredericksburg, VA 22401
US

Crisis Stabilization: Integrated: AOD/MH (Adults)

Home Road Apartments

104, 106, 200, 202, 204, and 206 Home Road
Fredericksburg, VA 22405
US

Community Housing: Mental Health (Adults)

Kenmore Club Psychosocial Rehabilitation Program

632 Kenmore Avenue
Fredericksburg, VA 22401
US

Community Integration: Psychosocial Rehabilitation (Adults)

Liberty Street Apartments

915 Liberty Street
Fredericksburg, VA 22401
US

Community Housing: Mental Health (Adults)

River Place Apartments

708 Sophia Street
Fredericksburg, VA 22401
US

Community Housing: Mental Health (Adults)

RACSB - King George County Clinic

8479 Saint Anthony's Road
King George, VA 22485
US

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

RACSB - Caroline County Clinic

19254 Rogers Clark Boulevard
Ruther Glen, VA 22546
US

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

RACSB - Spotsylvania County Clinic

7424 Brock Road
Spotsylvania, VA 22553
US

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

RACSB - Stafford County Clinic

15 Hope Road
Stafford, VA 22554
US

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)