CARF Accreditation Report

for

Capitol Care, Inc.

Three-Year Accreditation

Contents

About CARF

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

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

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

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

Organization

Capitol Care, Inc.
7 Waterloo Road
Stanhope, NJ 07874

Organizational Leadership

Deserie Fischer, Executive Assistant to President
Tina M. Cooke, M.A., LPC, CRC, LCADC, ACS, Chief Executive Officer

Survey Date(s)

August 28, 2017–August 30, 2017

Surveyor(s)

Barbara L. Henning, Ph.D., Administrative
Colleen M. McCleery, IMFT, LICDC-CS, ICCS, Program

Program(s)/Service(s) Surveyed

Community Housing: Integrated: IDD/Mental Health (Adults)
Day Treatment: Integrated: AOD/MH (Adults)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)

Previous Survey

Three-Year Accreditation
August 20, 2014–August 22, 2014

Accreditation Decision

Three-Year Accreditation
Expiration: August 31, 2020

Executive Summary

This report contains the findings of CARF's on-site survey of Capitol Care, Inc. conducted August 28, 2017–August 30, 2017. 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, Capitol Care, Inc. demonstrated substantial conformance to the standards. Capitol Care has established innovative ways to use technology for communication, accountability, and connection throughout all levels of the organization. The organization has integrated the CARF standards and created a seamless system to promote CARF to all employees. Employees are aware of their contribution and responsibility for maintaining their respective standards and, in fact, were enthusiastic about the role they play in creating an environment of continuous improvement. The leadership is commended for its ability to create an organization where employees are committed to the mission and an environment for persons served to grow and flourish; for example, it provides group schedules for all programs on current and up-to-date topics that are meaningful to the persons served. Opportunities for improvement include developing and implementing a written procedure to address exclusion of individuals and entities from federally funded healthcare programs and identifying technology as a barrier. Service delivery practices should include ongoing supervision that addresses risk factors for persons served and model fidelity. Other areas requiring organizational focus include assessments, person-centered planning, and transition planning. The organization appears to have the capability to address these improvements.

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

Capitol Care, 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 Capitol Care, Inc. was conducted by the following CARF surveyor(s):

- Barbara L. Henning, Ph.D., Administrative

- Colleen M. McCleery, IMFT, LICDC-CS, ICCS, 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 Capitol Care, Inc. and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.

- Direct observation of the organization's operations and service delivery practices.

- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.

- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.

- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

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

- Community Housing: Integrated: IDD/Mental Health (Adults)

- Day Treatment: Integrated: AOD/MH (Adults)

- Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that Capitol Care, Inc. demonstrated the following strengths:

- The leadership of Capitol Care has created a strong organizational culture of transparency, accountability, and quality service delivery where employees and persons served are supported and nurtured to reach their potential. The leadership and employees demonstrate an enthusiasm for the work and the role they play in the organization.

- The organization is recognized for its innovation use of technology. The dashboard created for and used by the organization is a vital tool for centralizing, tracking, and communicating with employees.

- An atmosphere of openness, teamwork, and collaboration is demonstrated through the day-to-day actions and interactions of employees at all levels of the organization. Employees understand and are committed to the mission and are personally invested in the success of the persons served.

- Employees commented that they feel motivated, empowered, and valued for the contribution they make to the organization and the lives of the persons served. Employees appear to be capable of advancing in the organization and continue to learn and develop new skills and knowledge. This is seen in the high percentage of long-tenured employees.

- Stakeholders commented that employees are responsive to meeting requests in a timely fashion and provide detailed and accurate information. Employees were commended for their ability to communicate with, advocate for, and follow up with the persons served.

- The staff is clearly committed to positive outcomes and demonstrates compassion and a commitment to high-quality services. The longevity of many staff members is particularly impressive; they bring stability, history, and continuity to service delivery.

- Staff members are enthusiastic, dedicated, and competent professionals, whose interest in the persons served is reflective throughout the program's services. Staff members were knowledgeable for policy and procedures throughout the organization and capable of answering questions in a competent manner.

- Feedback from the persons served exemplifies Capitol Care's commitment to the provision of quality care. Persons served expressed feelings of being genuinely cared for and respected by Capitol Care. Regardless of recovery status, they noted improvement in their lives as a result of the services received.

- Locations offer staff members and persons served a warm, welcoming, clean, and organized environment. Outpatient locations offered ample room for groups and activities with relaxation rooms to support the well-being of persons served and technology to provide current, relevant education to persons served. Outpatient locations also were designed to support their confidentiality. The residential homes were clean and organized with homelike atmospheres, decorated well, and comfortable. Persons served are given the opportunity to decorate personal spaces and provided support and guidance for keeping a clean home.

- Persons served could not say enough good things about the care they receive from Capitol Care; one person commented "The staff all deserve awards." When asked, persons served were able to explain their treatment goals and shared they feel they are making positive changes in their life as a result of the care they receive from Capitol Care.

Opportunities for Quality Improvement

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

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

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

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

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

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

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

Key Areas Addressed

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

1.A.7.b.
It is recommended that the organization develop and implement written procedures that address exclusion of individuals and entities from federally funded healthcare programs.

Consultation

- Although the organization identifies corporate responsibility efforts and has a written procedures to deal with allegations of violations of ethical codes, which includes an end date period for the process, it is suggested that the timeframe for when each step is to be completed be included.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

■ Ongoing collection of information from a variety of sources
■ Analysis and integration into business practices
■ Leadership response to information collected

Recommendations

There are no recommendations in this area.

Consultation

▪ The organization recognizes the need for other stakeholder feedback and is encouraged to continue to find additional ways to get such feedback.

1.E. Legal Requirements

Description

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

Key Areas Addressed

■ Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

■ Budget(s) prepared, shared, and reflective of strategic planning
■ Financial results reported/compared to budgeted performance
■ Organization review

- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.I. Human Resources

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

1.L.1.b.(7)
It is recommended that the organization include technology in the ongoing process for identification of barriers.

1.M. Performance Measurement and Management

Description

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

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

Consultation

- The organization might benefit from identifying the type of measurement in the corporate objective document.

1.N. Performance Improvement

Description

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

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

2.A.26.d.
2.A.26.i.
It is recommended that the documented ongoing supervision of clinical or direct service personnel address risk factors for suicide and other dangerous behaviors and model fidelity, when implementing evidence-based practices.

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

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

Recommendations

2.B.13.h.(2)
2.B.13.m.(3)
2.B.13.m.(4)
2.B.13.n.(1)(a)
2.B.13.n.(1)(b)
2.B.13.q.
It is recommended that the assessment process include information about efficacy of the person's current or previously used medication; pertinent current and historical information, including his or her sexual orientation and gender expression; history of trauma experienced or witnessed; and literacy level. Although the organization assesses for trauma, the services would benefit from clearly identifying if trauma is experienced or witnessed. Although the organization does assess the highest education level completed by the persons served and if the persons served can read and write, the assessment might benefit by adding another question that specifically asks the reading level of persons served to help develop the person-centered plan.

2.C. Person-Centered Plan

Description

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

Key Areas Addressed

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

Recommendations

2.C.1.c.(1)
2.C.1.c.(2)
2.C.1.c.(3)
2.C.1.c.(4)
It is recommended that the written person-centered plan be consistently based upon the person's strengths, needs, abilities, and preferences (SNAP). Staff members might benefit by having a discussion regarding the definition and examples of SNAPs that are appropriate for each population served.

2.C.2.b.(5)
2.C.2.b.(7)
2.C.2.c.
2.C.2.d.
It is recommended that the person-centered plan include specific service or treatment objectives that are consistently measurable and time specific. The person-centered plan should also include the identification of specific interventions, modalities, and/or services and the frequency of specific interventions, modalities, or services.

Consultation

- Although the developmental disabilities program utilizes person-centered plans that are designed and written by another agency, the organization may want to personalize these plans to develop more measurable objectives and identify intervention modalities, services, and frequency specific to Capitol Care programming.

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point

- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

Recommendations

2.D.3.g.(1)
2.D.3.g.(2)
2.D.3.g.(3)
2.D.3.g.(4)
It is recommended that the written transition plan include strengths, needs, abilities, and preferences.

2.E. Medication Use

Description

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

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

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.F. Nonviolent Practices

Description

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

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

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

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

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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.G. Day Treatment (DT)

Description

Day treatment programs offer person-centered, culturally and linguistically appropriate, comprehensive, coordinated, and structured treatment services and activities. A day treatment program consists of a scheduled series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency in order to assist the persons served in achieving the goals identified in their person-centered plans. Day treatment programs are offered four or more days per week, typically with support available in the evenings and on weekends. A day treatment program may prevent or minimize the need for a more intensive level of treatment. It may also function as a step-down from inpatient care or partial hospitalization or as transitional care following an inpatient or partial hospitalization stay to facilitate return to the community.

Key Areas Addressed

- Program hours
- Variety of treatment services
- Based on the needs of the persons served

Recommendations

There are no recommendations in this area.

3.M. Intensive Outpatient Treatment (IOP)

Description

Intensive outpatient treatment programs are clearly identified as separate and distinct programs that provide culturally and linguistically appropriate services. The intensive outpatient program consists of a scheduled series of sessions appropriate to the person-centered plans of the persons served. These may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as a step-down program from partial hospitalization, detoxification/withdrawal support, or residential services; may be used to prevent or minimize the need for a more intensive level of treatment; and is considered to be more intensive than traditional outpatient services.

Key Areas Addressed

■ Number of contact hours per week
■ 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.B. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services 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.

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Capitol Care, Inc.

7 Waterloo Road
Stanhope, NJ 07874

Day Treatment: Integrated: AOD/MH (Adults)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)

Capitol Care, Inc.

100 Randolph Road, First Floor
Somerset, NJ 08873

Day Treatment: Integrated: AOD/MH (Adults)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)

Capitol Care, Inc.

185 Route 183
Stanhope, NJ 07874

Day Treatment: Integrated: AOD/MH (Adults)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)

GH1510 Surrey

22 Surrey Drive
Hillsborough Township, NJ 08844

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1538 Hardyston

8 Silver Lake Road
Stockholm, NJ 07460

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1545 Wantage

19 Armstrong Road
Wantage, NJ 07461

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1592

97 Cemetery Road
Wantage, NJ 07461

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1638

22 Old Beaver Run Road
Lafayette, NJ 07848

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1640 Claras

3330 Route 94
Hamburg, NJ 07419

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1701 Beemer

69 Beemer Church Road
Branchville, NJ 07826

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1722 Mount Arlington

23 Richard Drive
Mount Arlington, NJ 07856

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1831 Abbott

9 Abbott Road
Somerset, NJ 08873

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1960 Branchville

20 Newton Avenue
Branchville, NJ 07826

Community Housing: Integrated: IDD/Mental Health (Adults)

GH1986 Shelly

11 Shelly Drive
Somerset, NJ 08873

Community Housing: Integrated: IDD/Mental Health (Adults)

GH2027

63 Lee Hill Road
Byram Township, NJ 07821

Community Housing: Integrated: IDD/Mental Health (Adults)

GH2109 Angel Place

21 Angel Place
Somerset, NJ 08873

Community Housing: Integrated: IDD/Mental Health (Adults)

GH2223

13 Perry Road
Branchville, NJ 07826

Community Housing: Integrated: IDD/Mental Health (Adults)

SA1213 Carlton Village

82 Shady Lane, Apartments 1V, 2, 2V, 3, 3V, 4, 4V, 5, 5V
Hamburg, NJ 07419

Community Housing: Integrated: IDD/Mental Health (Adults)

SA1394 Oakwood Village

77 Oakwood Village, Suite 9
Apartments 11-2, 11-3, 11-7, 11-10, 13-12, 14-2, 14-5, 117-5
Flanders, NJ 07836

Community Housing: Integrated: IDD/Mental Health (Adults)

SA1426 Hillsborough Garden Apartments I

9 Farm Road, Apartments 133, 134, 136
Hillsborough Township, NJ 08844

Community Housing: Integrated: IDD/Mental Health (Adults)