2013 BEHAVIORAL HEALTH PROGRAM DESCRIPTIONS

Behavioral Health Field Categories

For each behavioral health core program selected for accreditation, an organization must identify under which behavioral health field category the core program operates. Field categories are used to characterize the purpose, intent, and overall focus of a core program and to distinguish the specific fields in behavioral health that the core program reflects and serves. The behavioral health field categories are Alcohol and Other Drugs/Addictions, Mental Health, Psychosocial Rehabilitation, Family Services, Integrated AOD/Mental Health, and Integrated DD/Mental Health. The following are descriptions of each field category:

— **Alcohol and Other Drugs/Addictions:** Core programs in this field category are designed to provide services for persons who have or are at risk of having harmful involvement with alcohol or other drugs/addictions. These programs use a team approach to minimize the effects and risks associated with alcohol, other drugs, or other addictions.

— **Mental Health:** Core programs in this field category are designed to provide services for people 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; 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.

— **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.

— **Family Services:** Core programs in this field category are designed to maintain or improve the quality of life for children, adolescents, or other family members individually or in their relationships with their families, their environments, or other individuals. Core programs in this field category are directed at the reduction of symptoms and/or the improvement of functioning for the person served or family unit.

— **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 identified co-occurring disorders, including any of the concerns listed under the Mental Health field category.

— **Integrated DD/Mental Health:** Core programs in this field category are designed to provide services to persons whose primary diagnoses are intellectual or other developmental disabilities and who are at risk for or exhibiting behavioral disorders or

have identified mental health needs. These programs encompass many therapeutic settings and intervention modalities and a commitment to community integration.

— **Comprehensive Care:** Core programs in this field category are designed to provide any combination of behavioral health services related to mental illness, addictions or intellectual/developmental disabilities, and management of or coordination with the healthcare needs of the person served. This field category applies only to Health Home or Integrated Behavioral Health/Primary Care programs.

Behavioral Health Core Program Standards

Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is a multidisciplinary team approach that assumes responsibility for directly providing acute, active, and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. The program team provides assistance to individuals to maximize their recovery, ensure consumer-directed goal setting, assist the persons served to gain hope and a sense of empowerment, and provide assistance in helping the persons served become respected and valued members of their community. The program provides psychosocial services directed primarily to adults with severe and persistent mental illness who often have co-occurring problems, such as substance abuse, or are homeless or involved with the judicial system.

The team is the single point of clinical responsibility and is accountable for assisting the person served to meet his or her needs and to achieve his or her goals for recovery. Multiple members of the team are familiar with each person served to ensure the timely and continuous provision of services. Services are provided on a long-term care basis with continuity of caregivers over time. The majority of services are provided directly by ACT team members, with minimal referral to outside providers, in the natural environment of the person served and are available 24 hours a day, 7 days per week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served.

Assertive Community Treatment has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services. Desired outcomes specific to ACT services may include positive change in the following areas: community tenure, independent living, quality of life, consumer satisfaction of the person served, functioning in work and social domains, community integration, psychological condition, subjective well-being, and the ability to manage his or her own health care.

In certain geographic areas, Assertive Community Treatment programs may be called Community Support programs, Intensive Community Treatment programs, Mobile Community Treatment Teams, or Assertive Outreach Teams.

Assessment and Referral (AR)

Assessment and referral programs provide a variety of activities, including prescreening, screening, psychosocial assessment, determination of need, and referral to appropriate level of care. The provision of information on available resources is not considered a full assessment and referral program. An adequate assessment must be conducted to provide more informed referrals.

Such programs may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Organizations

performing assessment and referral as a routine function of entrance into other core programs, such as their outpatient treatment, case management, or residential programs, are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

Case Management/Services Coordination (CM)

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

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

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

Community Housing (CH)

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 Intent to Survey. 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.

Community Integration (COI)

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

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

— Leisure or recreational activities.

— Communication activities.

— Spiritual activities.

— Cultural activities.

— Vocational pursuits.

— Development of work attitudes.

— Employment activities.

— Volunteerism.

— Educational and training activities.

— Development of living skills.

— Health and wellness promotion.

— Orientation, mobility, and destination training.

— Access and utilization of public transportation.

Note: *The use of the term* persons served *in Community Integration may include members, attendees, or participants.*

Court Treatment (CT)

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

The treatment team works in collaboration with judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services, treatment programs, evaluators, and an array of local service providers. Treatment is usually multi-phased and is typically divided into a stabilization phase, an intensive phase, and a transition phase. During each phase, the treatment team is responsible for assessing the behavioral health needs of the person served within the parameters of the legal sanctions imposed by the court. The treatment team either directly provides or arranges for the provision of screening and assessment, case management, detoxification, 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.

Crisis and Information Call Centers (CIC)

Crisis and information call centers respond to a variety of immediate requests identified by the persons served and may include crisis response, information and referral, or response to other identified human service needs.

Crisis Intervention (CI)

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

assessments and telephone interventions.

Crisis Stabilization (CS)

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.

Day Treatment (DT)

Day treatment programs are time-limited, medically-monitored programs that offer comprehensive, intensive, individually planned, coordinated, and structured services.

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 individual treatment plans. Day treatment programs are offered four or more days per week, typically with some availability in the evenings and on weekends. Such a program functions as a step-down or alternative to inpatient care or partial hospitalization, as transitional care following an inpatient or partial hospitalization stay in order to facilitate return to the community or to prevent or minimize the need for a more intense or restrictive level of treatment. Day treatment programs are more intensive than outpatient treatment and serve persons who need a structured behavioral health setting for daytime activities.

Detoxification (DTX)

Detoxification programs provide support to the persons served during withdrawal from alcohol and/or other drugs. Services may be provided in a unit of a medical facility, in a freestanding residential or community-based setting, or in the home of the person served. The following types of detoxification may be provided:

— *Outpatient detoxification*: Persons served receiving outpatient detoxification treatment usually are expected to travel to a hospital or other treatment facility daily or on a regular basis for detoxification treatment sessions. Sessions may be scheduled for daytime or evening hours. Outpatient detoxification programs may also be combined with a day program. Outpatient detoxification programs may also include provision of medically monitored medications used in the detoxification process.

— *Social detoxification*: Social detoxification is provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring, observation, and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. Social detoxification is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, nonmedical alternative to inpatient detoxification.

— *Inpatient detoxification*: The inpatient setting offers the advantages of 24-hour medical care and supervision provided by a professional staff and the easy availability of treatment for serious complications. In addition, such a setting prevents persons served access to alcohol and/or other drugs and offers separation from the substance-using environment. Inpatient detoxification is often provided to individuals with co-occurring health conditions that would be impacted by the detoxification process. It is also appropriate for individuals who need extensive medical monitoring during detoxification.

Diversion (DVN)

Diversion programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem. Diversion programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Diversion programs may serve persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

Diversion programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems. Diversion programs may include programs such as DUI/OWI classes, anger management or domestic violence groups, juvenile justice/court diversion, substance abuse diversion, truancy diversion, report centers, home monitoring, after-school tracking, and building healthy relationships.

Employee Assistance (EA)

Employee assistance programs are work site focused programs designed to assist:

— Work organizations in addressing productivity issues.

— Employee clients in identifying and resolving personal concerns (including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues) that may affect job performance.

Employee Assistance Program Services (EAP Services) may include, but are not limited to, the following:

— Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union stewards) seeking to manage the troubled employee, enhance the work environment, and improve employee job performance and outreach to and education of employees and their family members about availability of EAP services.

— Confidential and timely problem identification and/or assessment services for clients with personal concerns that may affect job performance.

— Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance.

— Referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up services.

— Assistance to work organizations in managing provider contracts and in establishing and maintaining relations with service providers, managed care organizations, insurers, and other third-party payers.

— Assistance to work organizations in providing support for employee health benefits covering medical and behavioral problems, including, but not limited to, alcoholism, drug abuse, and mental and emotional behaviors.

— Identification of the effects of EAP services on the work organization and individual job performance.

Health Home (HH)

Health home is a healthcare delivery approach that focuses on the whole person and provides integrated healthcare coordination that includes primary care and behavioral healthcare. A health home allows for choice and is capable of assessing the various medical and behavioral needs of persons served. The program demonstrates competency to identify and treat behavioral health concerns, such as mental illness and substance use disorders/addictions, and recognize general medical or physical concerns. Programs may also serve persons who have intellectual or other developmental disabilities and medical needs, or those who are at risk for or exhibiting behavioral disorders. Care is coordinated across persons, functions, activities, and sites over time to maximize the value of services delivered to persons served.

A health home serving individuals receiving behavioral healthcare provides screening, evaluation, crisis intervention, medication management, psychosocial treatment and rehabilitation, care management, and community integration and support services designed to assist individuals in addressing their behavioral healthcare needs, and:

— Embodies a recovery-focused model of care that respects and promotes independence and responsibility.

— Promotes healthy lifestyles and provides prevention and education services that focus on wellness and self care.

— Ensures access to and coordinates care across prevention, primary care (including ensuring consumers have a primary care physician), and specialty healthcare services.

— Monitors critical health indicators.

— Supports individuals in the self-management of chronic health conditions.

— Coordinates/monitors emergency room visits and hospitalizations, including participating in transition/discharge planning and follow up.

Using health information technology, a health home collects, aggregates, and analyzes individual healthcare data across the population of persons served by the health home and uses that data and analysis to manage and improve the health outcomes of the population it serves, rather than responding only to each individual concern at each individual visit. Health homes

coordinate care and manage multiple diseases both physical and behavioral. If the health home is not the actual provider of a particular healthcare service, it remains responsible for supporting and facilitating desirable and effective outcomes by providing care coordination and disease management supports to outside providers of services for persons served by their health home.

Inpatient Treatment (IT)

Inpatient treatment programs provide coordinated and integrated services in freestanding or hospital settings. Inpatient treatment programs include a comprehensive, biopsychosocial approach to service delivery. There are daily therapeutic activities in which the persons served participate. Inpatient treatment is provided 24 hours a day, 7 days a week. The goal of inpatient treatment is to provide a protective environment that includes medical stabilization, support, treatment for psychiatric and/or addictive disorders, and supervision. Such programs operate in designated space that allows for an appropriate medical treatment environment.

Integrated Behavioral Health/Primary Care (IBHPC)

Integrated Behavioral Health/Primary Care programs have an identified level of medical supervision and are supported by an "any door is a good door" philosophy. These programs allow for choice and are capable of assessing the various medical and behavioral needs of persons served in an integrated manner. Programs demonstrate competency to identify and treat behavioral health concerns, such as mental illness and substance use disorders, and general medical or physical concerns in an integrated manner. Integration is the extent to which care is coordinated across persons, functions, activities, and sites over time to maximize the value of services delivered to persons served. Programs may also serve persons who have intellectual or other developmental disabilities and medical needs, or those who are at risk for or exhibiting behavioral disorders.

Models may include, but are not limited to, the following: contractual, where two separate, legal entities enter into an agreement to staff and operate a single program either at a location specifically identified for the provision of integrated care or located within another institution (such as a school-based health center); a distinct, integrated program located within a larger entity such as a Veterans Health Administration campus; the colocating of complementary disciplines such as the placement of behavioral staff in a primary care setting (as in a federally qualified health center) or primary care staff in a community mental health center; or a single organization that incorporates both behavioral health and primary care services into an integrated model. Although most integrated models focus on primary care, the standards could also be applied to an integrated system located in specialty care settings such as Ob-Gyn and HIV.

Intensive Family-Based Services (IFB)

These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a

multisystemic approach to treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed towards family restoration when a child has been in an out-of-home placement.

Intensive Outpatient Treatment (IOP)

Intensive outpatient treatment programs are clearly identified as a separate and distinct program. 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 or interventions delivered by a variety of service providers in the community. The program can function as a step-down program from partial hospitalization, detoxification, or residential services; may be used to prevent or minimize the need for a more intensive and restrictive level of treatment; and is considered to be more intensive and integrated than traditional outpatient services.

Out-of-Home Treatment (OH)

These programs provide treatment services outside of their natural homes to children/adolescents for whom there are documented reports of maltreatment or identified behavioral health needs. Treatment is provided in a safe and supportive setting and may be time limited. The program goal is to reunite the children with their natural families or to provide what is identified as being in the best interest of each child. The program may include foster care, treatment foster care, specialized foster care, therapeutic foster care, therapeutic family services, preadoption placements, care in parent/counselor homes, or group home care.

Outpatient Treatment (OT)

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. 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 addictions.

Partial Hospitalization (PH)

Partial hospitalization programs are time limited, medically supervised programs that offer comprehensive, therapeutically intensive, coordinated, and structured clinical services. Partial hospitalization programs are available at least five days per week but may also offer half-day, weekend, or evening hours. Partial hospitalization programs may be freestanding or part of a broader system but should be identifiable as a distinct and separately organized unit.

A partial hospitalization program consists of a series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency. Partial hospitalization programs are typically designed for persons who are experiencing increased symptomatology, disturbances in behavior, or other conditions that negatively impact the mental or behavioral

health of the person served. The program must be able to address the presenting problems in a setting that is not residential or inpatient. Given this, the persons served in partial hospitalization do not pose an immediate risk to themselves or others. Services are provided for the purpose of diagnostic evaluation; active treatment of a person's condition; or to prevent relapse, hospitalization, or incarceration. Such a program functions as an alternative to inpatient care, as transitional care following an inpatient stay in lieu of continued hospitalization, as a step-down service, or when the severity of symptoms is such that success in a less acute level of care is tenuous.

Prevention (P)

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

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

— *Universal* programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.

— *Selected* programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors.

  Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.

— *Training* programs provide curriculum-based instruction to active or future personnel in child and youth service programs.

  Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Residential Treatment (RT)

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health disabilities or co-occurring disabilities, including intellectual or developmental disability. Residential treatment services are organized to provide environments in which the persons reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Student Counseling (SC)

Student counseling programs serve as the primary behavioral health resource for higher education campus communities and their students. Services are designed to provide students with an opportunity to develop personal insight, identify and solve problems, and implement positive strategies to better manage their lives both academically and personally. Services include individual, family, and/or group counseling, prevention, education, and outreach. In addition to working directly with students, program goals are realized through outreach, partnerships, and consultation initiatives with faculty, staff, parents, students' internships sites, or other educational entities or community partners.

Supported Living (SL)

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

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sampling of these sites will be visited as part of the interview process of the person served. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would cosign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant. The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the intent to survey or identified as a site on the accreditation outcome.

Therapeutic Communities (TC)

Therapeutic communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of substance abuse or other behavioral health needs and the fostering of personal growth leading to personal accountability. The program

addresses the broad range of needs identified by the person served. The therapeutic community employs community-imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the persons served are assigned responsibilities within the therapeutic community setting. Participants and staff members act as facilitators, emphasizing personal responsibility for one's own life and self-improvement. The therapeutic community emphasizes the integration of an individual within his or her community, and progress is measured within the context of that therapeutic community's expectation.

Behavioral Health Specific Population Designation Standards

Addictions Pharmacotherapy (AP)

Note: *The standards in this section are applicable only to opioid treatment programs located outside of the United States. For example, opioid treatment programs in Canada can apply these standards to the specific core programs they want designated as addictions pharmacotherapy programs. Opioid treatment programs located in the United States must use the CARF Opioid Treatment Program Standards Manual.*

Addictions pharmacotherapy programs provide support for persons with narcotic or opiate dependence. The duration of the support is based on the needs of the persons served and takes into consideration the benefits of medication. The medications used to achieve treatment goals may include such drugs as methadone or opioid replacement medications.

These programs outside of the United States offer comprehensive, coordinated, defined services that may include, but are not limited to, medical services; individual, group, and family counseling; psychosocial educational classes; vocational planning; and case management.

The services of addictions pharmacotherapy programs may vary in intensity and are generally offered in outpatient settings. These services may also be offered in inpatient, detoxification, criminal justice, or residential settings.

Children and Adolescents (CA)

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.

Consumer-Run (CR)

Improvement of the quality of an individual's situation requires a focus on the person served and his or her identified strengths, abilities, needs, and preferences. The program is designed around the identified needs and desires of the persons served, is responsive to their expectations, and is relevant to their maximum participation in the environments of their choice.

The person served participates in decision making and planning that affects his or her life. Efforts to include the person served in the direction of the program or delivery of applicable services are evident. The service environment reflects identified cultural needs and diversity. The person served is given information about the purposes of the program.

Criminal Justice (CJ)

Criminal justice programs serve special populations comprised of accused or adjudicated

individuals referred from within the criminal justice system who are experiencing behavioral health needs, including alcohol or other drug abuse or addiction, or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, in community-based or institutional settings, or in sex offender programs. Institutional settings may include jails, prisons, and detention centers. The services are designed to maximize the person's ability to function effectively in the community. The criminal justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Criminal justice educational programs may include either community-based or institution-based educational and training services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/DWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Juvenile Justice (JJ)

Juvenile justice programs serve special populations comprised of accused or adjudicated juveniles referred from within the juvenile justice system who are experiencing behavioral health needs including alcohol or other drug abuse or addiction or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, or in community-based or institutional settings. Institutional settings may include juvenile detention centers, jails, prisons, or other delinquency-focused settings. The services are designed to maximize the person's ability to function effectively in the community. The juvenile justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Juvenile justice educational programs may include either community-based or institution-based educational and training services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/OWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Medically Complex (MC)

Medically complex standards are applied to programs that serve a specific population of persons who have a serious ongoing illness or a chronic condition that meets at least one of the following criteria:

— Has lasted or is anticipated to last at least twelve months.

— Has required at least one month of hospitalization.

— Requires daily ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members.

— Requires the routine use of a medical device or the use of assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living.

— The medically complex condition of the person served presents an ongoing threat to his or her health status.

These standards consider the individual's overall medical condition, including acuity, stability, impairments, activity limitations, participation restrictions, psychological status, behavioral status, placement, and long-term outcomes expectations. Appropriate medical consultation occurs specific to each person served in addition to medical consultation related to policies and procedures.

Services to persons with medically complex conditions can be provided in a variety of settings and are not necessarily exclusive programs that serve only this particular population. The services within the program are designed based on the needs, desires, and expectations of the persons served and their legal guardian/caregivers to maximize the ability to function effectively within their family (or placement), school, and/or community environments and to achieve and maintain an optimal state of health to enhance their quality of life. The services provided also consider any culturally specific issues relevant to the individual and his or her family/caregivers as appropriate. The service plan supports all transitions in the person's life and is changed as necessary to meet his or her identified needs as well as the needs of the family/caregivers.

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

— Development of an effective and efficient network of community support services including access to therapies, medical supports, and guidance.

— Satisfying and meaningful relationships.

— Achievement of goals in health, education, and activities of daily living.

— Being able to choose and pursue meaningful activities in the least restrictive environment possible to achieve personal satisfaction in life activities.

— Maintenance of health and well-being.

— Restored or improved functioning.

— Enhanced quality of life.

— Personal and family development.

— Transitions between levels of care or transition to independence.

— End-of-life services and supports for the person, his or her family/caregiver, legal guardian, and/or other significant persons in the individual's life to assist with meaningful closures.

Eating Disorders (ED)

Standards for residential and inpatient eating disorder programs apply to programs that offer treatment to patients 24 hours per day, 7 days per week, under the supervision of a licensed healthcare professional who has access to a licensed physician. Patients served in these facilities have been diagnosed with eating disorders according to the current DSM and ICD-9, including Anorexia Nervosa, Bulimia Nervosa, and Eating Disorders Not Otherwise Specified. Symptom management and interruption requires an intensity of service delivery that is beyond an outpatient and partial hospitalization level of care.

The standards consider the individual's biopsychosocial needs and strengths as well as the needs and strengths of family members. Services maximize the person's ability to function effectively within their family, school, and community environment and to achieve and maintain an optimal state of health to enhance their quality of life. Services provided also consider any culturally specific issues relevant to the individual and his or her family/caregivers as appropriate. Services to persons with eating disorders can be provided in a variety of settings and are not necessarily exclusive programs that serve only this particular population. However, programs serving persons with eating disorders within larger general medical or psychiatric units, similar to exclusive programs, must demonstrate programming that is specialty- and evidence-based and demonstrate that staff are specialty-trained and competent to provide eating disorder inpatient or residential treatment. Exclusive programs and programs within larger general psychiatric or medical units must also demonstrate that services are designed based on the needs and expectations of the persons served and their legal guardians/caregivers. For example, they can be informed by the World Wide Charter on Action for Eating Disorders (**www.aedweb.org/source/charter/documents/WWCharter4.pdf**). The charter describes the following rights of persons with eating disorders and carers:

— Right to communication and partnership with healthcare professionals

— Right to comprehensive assessment and treatment planning

— Right to accessible, high-quality, fully funded specialized care

— Right to respectful, fully informed, age-appropriate, safe levels of care

— Right of carer(s) to be informed, valued, and respected as a treatment resource

— Right of carer(s) to accessible, appropriate support and education resources

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

— Replacing the person's connection with the eating disorder with satisfying, supportive and meaningful relationships and the use of healthy coping strategies.

— Effective transitions between levels of care or transition to community living.

— Development of an effective and efficient network of community support services including access to therapies, medical supports, and other school, work, and community-based resources.

— Achievement of goals in health, education, work, and activities of daily living.

— Personal and family development.

— Maintenance of recovery and improved functioning.

The eating disorders residential and inpatient treatment program standards were developed using the Clinical Practice Recommendations for Residential and Inpatient Eating Disorder Programs created by the Academy for Eating Disorders Credentialing Task Force, which can be found at **www.aedweb.org/AED_Inpatient_Standards.htm**. The Task Force is a collaboration of the Academy for Eating Disorders, the National Eating Disorders Association, and the International Association of Eating Disorder Professionals. The AED Credentialing Task Force established these recommendations to inform standards development for residential and inpatient eating disorder program accreditation to: (a) safeguard patients and families who seek eating disorder residential and inpatient treatment; (b) review and improve the quality of care offered by residential and inpatient treatment programs; and (c) provide a quality of care benchmark for third party payers to consider as they collaborate with health care providers in the development of comprehensive models of care and its reimbursement. Many aspects of the Task Force recommendations are embraced in the CARF ASPIRE to Excellence and Behavioral Health General and Specific Program standards. The following specific population designation standards identify additional guidelines deemed important by the Task Force to help create a foundation for quality services. Eating disorder treatment programs seeking CARF accreditation are encouraged to use both the CARF standards and the Clinical Practice Recommendations for Residential and Inpatient Eating Disorders Programs developed by the AED Credentialing Task Force.

Community and Employment Services

Child and Youth Services

Child and youth services provide one or more services, such as prenatal counseling, service coordination, early intervention, prevention, preschool programs, and after-school programs. These services/supports may be provided in any of a variety of settings, such as a family's private home, the organization's facility, and community settings such as parks, recreation areas, preschools, or child day care programs not operated by the organization.

In all cases, the physical settings, equipment, and environments meet the identified needs of the children and youth served and their families. Families are the primary decision makers in the process of identifying needs and services and play a critical role, along with team members, in the process.

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

— Services individualized to needs and desired outcomes.

— Collection and use of information regarding development and function as relevant to services.

— Children/youths developing new skills.

— Collaborative approach involves family members in services.

Community Housing (CH)

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

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

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and

in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

— Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.

— Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences in which Community Housing services are provided must be identified in the Intent to Survey. 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.

Note: *The term* home *is used in the following standards to refer to the dwelling of the person served, however CARF accreditation is awarded based on the services/supports provided. This is not intended to be certification, licensing, or inspection of a site.*

Community Integration (COI)

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

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

— Leisure or recreational activities.

— Communication activities.

— Spiritual activities.

— Cultural activities.

— Pre-vocational experiences.

— Vocational pursuits.

— Development of work attitudes.

— Employment activities.

— Volunteerism in the community.

— Educational and training activities.

— Development of living skills.

— Health and wellness promotion.

— Orientation, mobility, and destination training.

— Access and utilization of public transportation.

— Interacting with volunteers from the community in program activities.

— Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.).

Note: *The use of the term* persons served *in Community Integration may include members, attendees, or participants, as appropriate.*

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

— Increased community participation, including by reverse integration.

— Increased independence.

— Increased interdependence.

— Greater quality of life.

— Skill development.

— Slowing of decline associated with aging.

— Volunteer placement.

— Movement to employment.

— Center-based socialization activities during the day that enable persons to remain in their community residence.

— Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

Personal Supports Services (PSS)

Personal supports services are designed to provide instrumental assistance to persons and/or families served. They may also support or facilitate the provision of services or the participation of the person in other services/programs, such as employment or community

integration services. The services are primarily delivered in the home or community and typically do not require individualized or in-depth service planning.

Services can include direct personal care supports such as personal care attendants and housekeeping and meal preparation services; services that do not involve direct personal care supports such as transporting persons served, information and referral services, translation services, programs offering advocacy and assistance by professional volunteers (such as legal or financial services), specialized or targeted training/educational services (such as English language services), mobile meal services; or other support services, such as supervising visitation between family members and parent aides.

A variety of persons may provide these services/supports other than a program's staff, such as volunteers and subcontractors.

Short-Term Immigration Support Services (ISS)

Immigration Support Services (ISS) encompass a range of services that promote integration, independence, and active participation for persons in their new land. ISS assist persons to feel at home in their new community and integrate into society, while being respectful of the culture from which they came. Preferably services are offered when the organization is able in the first language of the person served by multilingual and culturally diverse staff. Services include provision of information and orientation to the new culture of the person, community referrals, and support. Workshops may be offered on a variety of topics such as general advocacy, legal advocacy, community supports, and cultural awareness. Other services may include employment supports provided at drop-in resource sites, outreach services, and English acquisition services. Interpretation and translation services may be offered to help limit language and communication barriers.

Services provided under this subcategory are generally short term. Persons with more extensive needs are given appropriate referrals to other programs, which may be within the organization or another service in the community.

Respite Services (RS)

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate. An organization providing respite services actively works to ensure the availability of an adequate number of direct service personnel.

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

— Services/supports are responsive to the family's needs.

— Services/supports are safe for persons.

— Services/supports accommodate medical needs.

Services Coordination (SC)

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 services 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.

Services coordination may be provided by an organization as part of its individual service 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 community services coordination. Such programs are typically provided by qualified services coordinators or by case management teams.

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

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

— Access to a variety of services/supports.

— Access to choices of services.

— Individualized services to meet needs.

— Persons achieving goals.

— Persons achieving independence.

— Access to vocational training.

— Persons achieving employment.

— Access to career development.

Supported Living (SL)

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

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

the person served would be identified as the tenant.

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

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

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

— Persons served achieving choice of housing, either rent or ownership.

— Persons served choosing whom they will live with, if anyone.

— Minimizing individual risks.

Community Employment Services (CES)

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

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

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

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

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

— Job Development (CES:JD)—page 322

— Employment Supports (CES:ES)—page 328

— Personnel Services to Employers (CES:PSE)—page 333

Note: *If an organization provides only Job Development or Employment Supports, then it may be accredited for only that service. If it is providing both Job Development and Employment Supports, then it must seek accreditation for both. Personnel Services to Employers is a distinct program that may be included or accredited separately.*

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

If any clarification is needed, please contact your CARF resource specialist. There is no charge for consultation.

Job Development (JD)

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

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

— Persons obtain community employment.

— Employment matches interests and desires of persons.

— Wages, benefits, and hours of employment achieved as desired.

— Average number of hours worked per week increases.

— Average number of hours worked per week meets the desires of the person served.

— Job retention/length of employment.

— Potential for upward mobility.

— Integration.

— Responsive services.

— Safe working conditions.

— Cost-effective for placement achieved.

— Reasonable length of time from referral to placement.

— Employers satisfied with the services.

Employment Supports (ES)

Employment support services are activities that are employment-related to promote successful training of a person to a new job, job adjustment, retention, and advancement. These services are based on the individual employee with a focus on achieving long-term retention of the person in the job.

The level of employment support services is individualized to each employee and the complexity of the job.

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

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

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

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

— Performance level achieved meets requirements of job or position.

— Increase in skills.

— Increase in hours worked independently.

— Increase in productivity.

— Increase in hours worked.

— Increase in pay.

— Employment retention.

— Increase in natural supports from co-workers.

— Persons served treated with respect.

— Increase in participation in the community.

— Minimize length of time for supports.

— Type and amount of staff interaction meets needs.

— Job/career advancement.

— Employer satisfaction.

— Satisfaction outcomes that reflect needs and expectations of the employee are met.

— Responsiveness to customers.

— Job club to provide a forum for sharing experiences.

Personnel Services to Employers (PSE)

When an organization identifies itself as a personnel service, it pays wages at or above minimum wage and provides a benefit package for all employees when they are on the organization's payroll. Employment is provided in regular business settings in the community, and career advancement resources are provided. The service may use customized employment, which focuses on creating negotiated employment relationships that meet both employer and job seeker needs. (*Customized employment* is individualizing the employment relationships between employees and employers in ways that meet the needs of both.)

A business plan is used to design and strategically position the service to be responsive to the changing needs of employers and desires of job seekers.

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

— Employment.

— Earnings and benefits.

— Increased skills.

— Building a résumé with varied experience.

— Career development.

— Employment in an integrated environment.

— Meaningful work.

— Opportunities to feel valued.

— Employers satisfied with the services.

Employment Skills Training Services (EST)

Employment skills training services are organized formal training services that assist a person seeking employment to acquire the skills necessary for specific jobs or families of jobs. Such services can be provided at job sites in the form of apprenticeships, on-the-job training, and/or volunteer situations; within formal and organized training and educational settings (such as community colleges and trade and technical schools); or within the organization.

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

— Persons show improvement in skill level.

— Specific marketable skills are developed.

— Persons served achieve employment in the area of training.

— Persons secure employment with benefits.

— Persons retain employment.

— Training is completed in a timely manner.

— Training is cost-effective for the results produced.

Employment Development Services (EDS)

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

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

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

— Person served obtains employment.

— Person served moves to a training program or better employment.

— Person served retains his or her job.

— Person served obtains improved benefits.

— Increased wages.

— Increased skills.

— Increased work hours.

— Movement to competitive employment.

— Employment in an integrated environment.

— Job advancement potential increases.

— Job-seeking skills are developed.

— Job-keeping skills are developed.

— Career growth and development.

— Level of support needed is reduced.

— Exposure to and availability of a variety of jobs.

— Program is kept at capacity.

— Services are cost-effective for the results achieved.

— Responsiveness (days from referral to starting services).

Employment Planning Services (EPS)

Employment planning services are designed to assist a person seeking employment to learn about employment opportunities within the community and to make informed decisions. Employment planning services are individualized to assist a person to choose employment outcomes and/or career development opportunities based on his or her preferences, strengths, abilities, and needs. Services begin from a presumption of employability for all persons and seek to provide meaningful information related to planning effective programs for persons with intervention strategies needed to achieve the goal of employment.

Employment planning uses some type of employment exploration model. This may involve one or more of the following:

— Situational assessments.

— Paid work trials.

— Job tryouts (may be individual, crew, enclave, cluster, etc.).

— Job shadowing.

— Community-based assessments.

— Simulated job sites.

— Staffing agencies/temporary employment agencies.

— Volunteer opportunities.

— Transitional employment.

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

— Work interests are explored and identified.

— Recommendations for employment options are appropriate.

— Employment planning reports lead to job goals.

— Transferable work skills and employment barriers are identified.

— Benefits planning is included.

— Services are timely in their delivery.

— Services are cost-effective.

— Individuals served understand recommendations that are made.

— Individuals served identify desired employment outcomes.

Evaluation Services

In this section two distinct programs are available for accreditation. Although both programs offer services to assist persons to identify viable vocational options, there are differences in scope. An organization may seek accreditation in only one or in both, based on the services it provides and its desires for accreditation.

— Comprehensive Vocational Evaluation Services (CVE)

— Targeted Employment Screening (TES)

Comprehensive Vocational Evaluation Services (CVE)

Comprehensive vocational evaluation services provide an individualized, timely, and systematic process by which a person seeking employment, in partnership with an evaluator, learns to identify viable vocational options and develop employment goals and objectives. A vocational evaluator or vocational specialist provides or supervises the services.

An accredited comprehensive vocational evaluation service is capable of examining a wide range of employment alternatives. The following techniques are used, as is appropriate to the person being assessed, to provide comprehensive vocational evaluation services:

— Pre-evaluation assessment of assistive technology needs.

— Assessment of functional/occupational performance in real or simulated environments.

— Work samples.

— Employment exploration model.

— Psychometric testing.

— Preference and interest inventories.

— Personality testing.

— Extensive personal interviews.

— Other appropriate evaluation tests, depending on the individual.

— Analysis of prior work and/or volunteer experience and transferable skills.

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

— Realistic job opportunities are explored and identified for individuals.

— Employment barriers are identified and ways to overcome these are suggested.

— Identification of assistive technology or other accommodations.

— The evaluation is completed within the authorization period.

— The person served understands the results.

— The cost per evaluation is acceptable.

— Interests of the persons served are thoroughly explored.

— Evaluation reports lead to job goals.

— Transferable skills are identified.

Targeted Employment Screening Services (TES)

The service model includes targeted personnel tests or samples of jobs designed to assess aptitudes/skills in a very specific, limited area as identified by the employer/funder. Many organizations have contracts with funding sources and/or businesses that are quite specific to the questions to be answered which will occur in a time-limited assessment situation. The screening situation may be a simulated business/work environment or specific psychometrics per the employment opportunity.

Organizational Employment Services (OES)

Organizational employment services are designed to provide paid work to the persons served in locations owned, leased, rented, or managed by the service provider. A critical component and value of organizational employment services is to use the capacity of the organization's employment and training service design to create opportunities for persons to achieve desired employment outcomes in their community of choice.

Service models are flexible and may include a variety of enterprises and business designs, including organization-owned businesses such as retail stores, restaurants, shops, franchises, etc.

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

— Movement to competitive employment.

— Movement to an integrated environment.

— Increased wages.

— Increased skills.

— Increased work hours.

— Minimized downtime.

— Exposure to and availability of a variety of jobs.

— Increased ability to interact with others as part of a professional team and to resolve interpersonal issues appropriately.