

Medical Rehabilitation Programs

Comprehensive Integrated Inpatient Rehabilitation Programs

A Comprehensive Integrated Inpatient Rehabilitation Program is a program of coordinated and integrated medical and rehabilitation services that is provided 24 hours per day and endorses the active participation and choice of the persons served throughout the entire program. The persons served, in collaboration with the interdisciplinary team members, identify and address their medical and rehabilitation needs. The individual needs of the persons served drive the appropriate use of the rehabilitation continuum of care, the establishment of predicted outcomes, the provision of care, the composition of the interdisciplinary team, and discharge to the community of choice. An integrated interdisciplinary team approach is reflected throughout all activities.

The program provides a disclosure statement to each person served that addresses the intensity of care that will be provided. The intensity of care identified in the disclosure statement is based on a medical and rehabilitation preadmission assessment of the person served. This assessment includes information on the person's diagnosis, prognosis, morbidity, co-morbidity, premorbid level of function, support system, mental status, and ability to tolerate the intensity of care.

Dependent on the medical stability and acuity of the persons served, a Comprehensive Integrated Inpatient Rehabilitation Program may be provided in a hospital, hospital-based skilled nursing facility, skilled nursing facility, long-term acute care hospital, acute hospital (Canada), or hospital with transitional rehabilitation beds (Canada).

A Comprehensive Integrated Inpatient Rehabilitation Program clearly identifies the scope and value of the medical and rehabilitation services provided. Information about the scope of services and outcomes achieved is shared by the program with stakeholders.

Spinal Cord System of Care

A Spinal Cord System of Care provides coordinated, case-managed, integrated services for people with spinal cord dysfunction, whether due to trauma or disease. This system includes an inpatient component in an organization licensed as a hospital and an outpatient component. The inpatient component of the Spinal Cord System of Care coordinates and integrates medical and rehabilitation services that are provided 24 hours per day, 7 days per week. The outpatient component of the Spinal Cord System of Care provides a structured, coordinated, comprehensive nonresidential program. The persons served participate on a scheduled basis that is less than 24 hours per day, 7 days per week. Each component of the Spinal Cord System of Care endorses the active participation and choice of the persons served throughout the entire program.

There is documented evidence that the Spinal Cord System of Care maintains the necessary expertise and capacity to provide services in both its inpatient and outpatient components. The Spinal Cord System of Care provides or formally links with key components of care that address the life-long needs of the persons served. These key components of care include, but are not limited to, emergent care, acute hospitalization, other inpatient rehabilitation programs, skilled nursing care,

home care, other outpatient medical rehabilitation programs, community-based services, residential services, vocational services, primary care, specialty consultants, and long-term care.

The Spinal Cord System of Care is accountable for and serves as a resource to the persons served, their families/support systems, and continuum-of-care providers through its:

- Identification of care options and linkages with services/programs with demonstrated competencies in spinal cord dysfunction.
- Achievement of predicted outcomes.
- Conservation of funding to meet life-long needs.
- Provision and facilitation of medical interventions.
- Facilitation of opportunities for interaction with individuals with like activity limitations.
- Focus on life-long follow-up that addresses impairment, activity, participation, and quality of life.
- Provision of education and training.
- Identification of regulatory, legislative, and financial implications.

The Spinal Cord System of Care is responsible for developing, facilitating, and ensuring demonstration of competencies that address the unique needs of the persons served. These competencies are established for the persons served, their families/support systems, and personnel.

The Spinal Cord System of Care encompasses care that advocates for full inclusion and enhances the lives of the persons served within their families/support systems, communities, and life roles.

Information about the outcomes achieved is shared with relevant stakeholders.

Spinal cord dysfunction could be caused by such things as trauma, cancer involving the spinal cord, inflammatory conditions such as multiple sclerosis, and nontraumatic etiologies such as tumors, etc.

Interdisciplinary Pain Rehabilitation Programs

An Interdisciplinary Pain Rehabilitation Program provides outcomes-focused, coordinated, goal-oriented interdisciplinary team services to measure and improve the functioning of persons with pain and encourage their appropriate use of health care systems and services. The program can benefit persons who have limitations that interfere with their physical, psychological, social, and/or vocational functioning. Information about the scope of the services and the outcomes achieved is shared by the program with stakeholders.

Note: *A program seeking accreditation as an Interdisciplinary Pain Rehabilitation Program must include in the Intent to Survey and the site survey all portions of the program (inpatient, outpatient, etc.) that the organization provides and that meet the program description.*

Brain Injury Programs

A Brain Injury Program is specialized, interdisciplinary, coordinated, and outcomes focused. The program, through its scope statement, addresses the unique medical, physical, cognitive, psychosocial, behavioral, vocational, educational, and recreational needs of persons with acquired brain injuries.

The program demonstrates the commitment, capabilities, and resources to maintain itself as a specialized program of care for persons with acquired brain injuries. The program encompasses care that enhances the lives of the persons served within their families/support systems, communities, and life roles.

Through a case-managed approach, the program addresses the following:

- Ongoing access to information about the services available within a coordinated continuum of care.
- Movement through the brain injury continuum of care.
- Conservation of funding to meet life-long needs.
- Linkages with the community.
- Family/support system counseling and support.
- Education of the persons served, their families/support systems, and the community.
- Facilitation of opportunities for interaction with individuals with like activity limitations.

Information about the scope of services and the outcomes achieved is shared by the program with stakeholders.

Note: *A program seeking accreditation as a Brain Injury Program must include in the Intent to Survey and the site survey all portions of the program (comprehensive inpatient, outpatient, home- and community-based, etc.) that the organization provides and that meet the program description.*

Brain Injury Comprehensive Integrated Inpatient Rehabilitation Programs

A Brain Injury Comprehensive Integrated Inpatient Rehabilitation Program is a program of coordinated and integrated medical and rehabilitation services that is provided 24 hours per day and endorses the active participation and choice of the persons served throughout the entire program.

Dependent on the medical stability and acuity of the persons served, a Brain Injury Comprehensive Integrated Inpatient Rehabilitation Program may be provided in a hospital, hospital-based skilled nursing facility, skilled nursing facility, long-term acute care hospital, nonhospital-based residential facility, acute hospital (Canada), or hospital with transitional rehabilitation beds (Canada).

Brain Injury Outpatient Rehabilitation Programs

A Brain Injury Outpatient Rehabilitation Program provides a structured, coordinated, comprehensive, interdisciplinary nonresidential program. The persons served participate on a scheduled basis that is less than 24 hours per day, 7 days per week.

Brain Injury Home- and Community-Based Rehabilitation Programs

A Brain Injury Home- and Community-Based Rehabilitation Program provides a structured program that coordinates with the person served, his or her family/support system, and other service providers to enable the person served to live at home and interact in the community. Services may be provided in the residences of the persons served or the communities in which they fulfill their life roles.

Brain Injury Residential Rehabilitation Programs

Brain Injury Residential Rehabilitation Programs are provided for persons with acquired brain injuries who need services designed to achieve predicted outcomes focused on home and community integration and engagement in productive activities. These programs occur in residential settings.

Brain Injury Long-Term Residential Services

Residential Services are designed in a manner that is consistent with the needs of the persons served. The services foster stability in functional and social performance and health. The residences

Brain Injury Long-Term the services are provided may be owned or leased directly by the persons served or the organization.

Brain Injury Vocational Services

Brain Injury Vocational Services provide individualized services to persons with acquired brain injuries to achieve their identified vocational outcomes. The services may include:

- Identification of employment opportunities and resources in the local job market.

- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources to achieve and maintain employment.

Brain Injury Vocational Services consider:

- The behavioral and cognitive issues of the persons served.
- The vocational goals of the persons served.
- The personnel needs of the employers in the local job market.
- The community resources available.
- The trends and economic considerations in the employment sector.

Outpatient Medical Rehabilitation Programs

An Outpatient Medical Rehabilitation Program is an individualized, coordinated, outcomes-focused program that is directed at optimizing the function of the persons served. The program, through its scope statement, defines the characteristics of the persons it serves. An assessment process initiates the individualized treatment approach for each person served, which includes making medical support available based on need. Such a program includes direct service provision, education, and consultations to achieve the predicted outcomes of the persons served. Information about the scope of services provided and the program's performance is shared with relevant stakeholders. The settings for Outpatient Medical Rehabilitation Programs include, but are not limited to, freestanding outpatient rehabilitation centers, acute hospitals, day hospital programs, private practice settings, and other community settings.

Single Service Outpatient Medical Rehabilitation Programs

A Single Service Outpatient Medical Rehabilitation Program is individualized and outcomes focused. The program is directed toward meeting the needs of persons who are at risk of or are experiencing functional limitations. Rehabilitation services are provided that emphasize optimizing function and promoting early intervention to increase function. The persons served in a Single Service Outpatient Medical Rehabilitation Program receive services from one individual with a health-related degree.

Multiple Service Outpatient Medical Rehabilitation Programs

A Multiple Service Outpatient Medical Rehabilitation Program is individualized, interdisciplinary, and outcomes focused. The program focuses on meeting the needs of persons who have functional limitations that are most effectively addressed through a coordinated service approach. Rehabilitation services are provided that emphasize optimizing function and promoting early intervention to increase function. Following a thorough assessment, the team of outpatient medical rehabilitation specialists provides treatment that addresses the comprehensive needs of the persons served.

Home- and Community-Based Rehabilitation Programs

A Home- and Community-Based Rehabilitation Program provides integrated, case-managed, outcomes-focused rehabilitation services. Services are developed from comprehensive needs assessments. These programs focus on expectations and outcomes identified by the persons served and the program.

Medical Rehabilitation Case Management

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

- Initial and ongoing assessments.
- Knowledge and awareness of care options and linkages.

- Effective and efficient use of resources.
- Individualized plans based on the needs of the persons served.
- Predicted outcomes.
- Regulatory, legislative, and financial implications.

The delivery of Medical Rehabilitation Case Management may occur in a variety of settings that include, but are not limited to, a health care environment, a private practice, or the payer community.

Health Enhancement Programs

Health Enhancement Programs are proactive, comprehensive, and focused on outcomes. They are designed to prevent health risks and to optimize function, performance, productivity, and the quality of life of the persons served. These programs assist the persons served to identify and accept responsibility for the management of their own health and support their efforts to gain or maintain their health through a coordinated continuum of care that has the capability to address:

- Health.
- Health promotion.
- Nutrition.
- Rehabilitation.
- Disease/injury prevention and management.
- Prevention of secondary conditions.
- Lifestyle management and enhancement.
- Wellness/fitness.
- Quality of life.

Pediatric Family-Centered Rehabilitation Programs

Pediatric Family-Centered Rehabilitation Programs are family centered, culturally sensitive, interdisciplinary, coordinated, and focused on outcomes. These programs serve children/adolescents who have significant functional limitations as a result of acquired or congenital impairments. The programs use an individualized, developmental, and age-appropriate approach to rehabilitation that ensures that care focuses on preventing further impairment, reducing activity limitations, and minimizing participation restrictions while maximizing growth and development. The programs recognize the family as a constant in a child's/adolescent's life. They provide ongoing access to information about the services available within a coordinated continuum of care. The programs should encompass care that enhances the life of each child/adolescent served within the family, school, and community. A major focus should be on providing developmentally appropriate care that acknowledges each child's/adolescent's need to learn and play.

Occupational Rehabilitation Programs

An Occupational Rehabilitation Program is individualized, focused on return-to-work, and designed to minimize risk to and optimize the work capability of the persons served. These services are integrative in nature, with the capability of addressing the work, health, and rehabilitation needs of those served. Such a program provides for service coordination and proactive management of those persons served with injuries or illnesses. An Occupational Rehabilitation Program identifies, addresses, and reduces, when possible, risks of injury, reinjury, disease, and illness. Information about these processes is communicated to relevant stakeholders. An Occupational Rehabilitation Program encourages the persons served to assume responsibility for the self-management of their own health care plans in collaboration with relevant stakeholders. Information about the scope of the services and the outcomes achieved is shared by the program with stakeholders. The program may be provided as a hospital-based program, a freestanding program, or a private or group practice, or it may be provided in a work environment (at the job site).

General Occupational Rehabilitation Programs

A General Occupational Rehabilitation Program is a work-related, outcomes-focused, individualized treatment program. Such a program is usually offered at the onset of injury/illness, but may be offered at any time throughout the recovery phase. The program focuses on functional restoration and return-to-work. Goals of the program include, but are not limited to, improvement of cardiopulmonary and neuromusculoskeletal functions (strength, endurance, movement, flexibility, stability, and motor control functions), education of the persons served, and symptom relief. The services may include the time-limited use of passive modalities with progression to active treatment and/or simulated/real work.

Comprehensive Occupational Rehabilitation Programs

A Comprehensive Occupational Rehabilitation Program is an interdisciplinary, outcomes-focused, and individualized program. Through the comprehensive assessment and treatment provided by occupational rehabilitation specialists, the program addresses the medical, psychological, behavioral, physical, functional, and vocational components of employability and return-to-work. The simulated/real work used in the program addresses the complexities of the persons served and their work environments.

Adult Day Services Programs

An adult day services program is a community-based group program designed to meet the needs of adults with impairments through individual plans of care. This type of structured, comprehensive, nonresidential program provides a variety of health, social, and related support services in a protective setting. By supporting families and caregivers, an adult day services program enables the persons served to live in the community. An adult day services program assesses the needs of the persons served and offers services to meet those needs. The persons served attend on a planned basis.

The environment of care of an adult day services program is designed to maximize the functional levels of the persons served. Such a program encourages relationships and creates a culture that supports, involves, and validates the persons served. The environmental design considers the impairments and limitations of the persons served, promotes improvement and maintenance of their physical and mental health, supports their sense of control and self-determination, and provides them with a safe environment.

Assisted Living Programs

Assisted living provides coordinated, personalized 24-hour assistance and support (both scheduled and unscheduled) in a congregate residential setting. The choices, privacy, independence, and rights of the residents are proactively protected and promoted as an essential part of assisted living's core values and mission. The assisted living environment is designed to enhance the functional levels of the residents. Assisted living encourages, supports, involves, and validates the decision making of residents. The environmental design:

- Considers the abilities and limitations of residents;
- Promotes improvement and maintenance of their physical health;
- Supports their sense of dignity, privacy, control, and self-determination;
- Facilitates family and community interaction;
- Provides residents with a safe and accessible environment.

The fundamental rights of residents are maintained in the assisted living setting. The resident is treated with dignity and respect at all times. All personnel are able to demonstrate their awareness of their own rights as well as those of the residents. Assisted living services are delivered by an integrated team that includes the resident. The service process focuses on clarity of information and achievement of outcomes for the resident.

The appropriate use of health care systems and services by residents is encouraged. Assisted living promotes the ability of residents to age in place and accommodates residents' changing needs and preferences. Information about the scope of services and outcomes achieved, including the satisfaction of residents, is shared with relevant stakeholders.

Employment and Community Services Programs

One-Stop Career Center

The design of One-Stop Career Centers (OSCC) is results-oriented and focused on the employment and career development goals of the person receiving services. The services are provided in a businesslike environment and the person receiving services is treated with respect as a valued customer. To be successful these services must also consider the personnel needs of the employers in the local job market, the community resources available, and the trends and economic considerations in the labor market. The services will be designed to meet current and future labor market demands, to break the cycle of unemployment and public assistance, and to provide opportunities for skill, educational, and career development for individuals to become productive members of the workforce.

Partners in the One-Stop Career Center are brought together by congressional mandate. The workforce investment board is led by the business community and establishes the center's mission and priorities, reviews results, and establishes performance goals. The board selects a responsible operator for each center in its local workforce investment board's area. It is the designated operator of the center that applies for and maintains accreditation status.

The One-Stop Career Center assures that comprehensive services are provided in a seamless manner, meaning that the center has a consolidated, coordinated, and cooperative system of service delivery by its participating partners. Partners are committed to delivering levels of service that strive to exceed customer expectations. One-Stops may be "virtual" as well as co-located in one location.

A system exists for accountability, reporting outcomes, and continuous quality improvement, and information regarding outcomes is shared with all stakeholders. The goal is to deliver ever-improving value to customers and stakeholders. Services are revised based on input from the persons receiving services, input from employers in the local job market, and the results of the center's outcomes management system. Information regarding outcomes is shared with all stakeholders for various reasons, e.g., improving services, marketing and outreach efforts, informing the community of the value of the center to the community, and advocating with decision makers and the community for continued or increased funding.

The provision of quality One-Stop Career Center services requires an individualized, customer focus. It considers the individual needs of the persons receiving services. It establishes its methods for providing Core, Intensive, and Training levels of services through its individualized planning process. The planning considers the level of services and supports needed for persons to achieve and maintain employment, achieve educational and career development objectives, and sustain each family's economic well-being.

Depending upon the level of individual services, the center obtains appropriate information from the persons receiving services including resources and services they want or require to meet their identified needs and offers an array of services it provides or arranges for through partnering and affiliations. The center provides individuals with information they can use to make informed choices and career decisions.

Services often include outreach to potential customers in the community to inform them about available services.

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

- Easy access to services for the persons receiving services.
- Responsiveness to employers.
- Efficiency, effectiveness, and flexibility of service delivery.
- Employment in the local labor market with or without ongoing support.
- Employment that meets the individual's desires and goals.
- Wages, hours per week, and benefits at a level required to maintain the family.
- Employment services that result in job retention and advancement in position, earnings, and/or benefits.
- Career development, including education and training, as desired.

Intent statements for standards in this section are in the development stage and will be included in the future. In the interim, questions regarding the interpretation of these standards should be addressed to the Employment and Community Services Customer Service Unit at the CARF office.

Workforce Development Services

The design of workforce development services is results oriented and focused on the employment and career development goals of the person receiving services with consideration for sustaining the resources needed to maintain the family unit. Services provide persons with information they can use to make informed choices and career decisions. The services aim to break the cycle of underemployment, unemployment, and public assistance, and to provide opportunities for skill, educational, and career development of persons to become productive members of the workforce.

Quality workforce development services have an individualized, customer focus. Services consider the individual's needs and follow the referral plan of the One-Stop Career Center (OSCC). At present in the U.S., workforce development contracts usually emanate from the local OSCC. However, the field is evolving and at this time CARF recognizes that these standards are also applicable to contracts with related service initiatives, such as Welfare to Work programs, Department of Rehabilitation, and the Veterans Administration.

The services are provided in a customer-friendly environment using good business principles. The person receiving services is treated with respect as a valued customer. These services must also consider the personnel needs of the employers in the local job market, the community resources available, and the trends and economic considerations in the labor market.

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

- Employment in the local labor market with or without ongoing support.
- Employment that meets the individual's desires and goals.

- Wages, hours per week, employment schedule, and benefits at the level required to maintain the family unit.
- Employment services that result in job retention and advancement in position, earnings, and/or benefits.
- Career development, including education and training, as desired.

Standards for Employment Services

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

- Identification of employment opportunities and resources in the local job market.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources to achieve and maintain employment.
- Coordination of and referral to employment-related services.

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

Selection of Services for Accreditation

An organization is free to choose which of its services it will seek to have accredited; but when a service has been selected, then all locations at which the service is provided must be included in the survey. CARF will not accredit only a portion of a program or service. CARF does not consider the funding or referral entities or the populations receiving services as differentiating a service so as to exclude portions of it from being included in the survey.

Since services are always individualized to the person receiving services, some standards may not be fully or even partially appropriate to the person's needs or desires. However, the organization must be able to demonstrate that it has the capabilities, either through its own resources or through contracts, partnerships, networks, or referral, to fully perform every standard applicable to the services it is seeking to accredit.

If the geographical service area is extensive, however, CARF may choose to impose geographical limitations on the extent of a single survey in order to ensure that the most meaningful survey will be conducted.

Each organization is encouraged to submit all applicable services for accreditation in order to be identified as a quality organization by potential recipients of services and to facilitate consumer recognition and funding arrangements.

Note: Although we use the phrase “person” receiving services, this may also include “family” receiving services, as appropriate to the service and the individual.

Employment Services Coordination

Through employment services coordination, an organization provides goal-oriented and systematic services to the person receiving services through advocacy, coordination of services, and formation of linkages with community resources and services. Successful services coordination results in opportunities for the person receiving services that meet his or her employment-related wants, desires, goals, and needs. Services coordination uses a holistic approach to providing these services that is individualized to each person.

Services coordination may be provided by an organization as part of its individual services planning and delivery, by a department or division within the organization that works with individuals and services that are internal and/or external to the organization, or by an organization with the sole purpose of providing services coordination.

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

- Individual receiving services obtains a job.
- Individual receiving services obtains a job and maintains appropriate benefits.
- Individual receiving services maintains the job.
- Individual receiving services successfully completes training program.
- Access to choices of services.
- Access to internal or external employment resources.
- Cost benefits; i.e., reduction in organizations having to duplicate services as persons can be referred to specialized providers for individual needs.
- Responsiveness of services to needs.

Employment Transition Services

Employment transition services are a coordinated set of activities provided to a student for a time-limited period as defined by the local school districts and funding sources. Employment transition services are integrated, systematic services for the student and his/her family provided through a jointly planned approach, involving broad-based community collaboration, linkages, advocacy, and natural supports.

Services are designed within an outcome-oriented process that promotes movement from school to post-school activities, including post-secondary education, vocational training, employment (including supported employment), continuing and adult education, adult services, or community

participation. Services are planned and coordinated for multiple outcomes. Transition services are based on the individual student's needs, taking into account the student's preferences and interests.

Transition services may include providing instruction, coordinating related services, facilitating community experiences, and developing employment and other post-school adult living objectives. Transition services for the student include, when appropriate, coordinating the interagency responsibilities or any needed linkages.

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

- Student receiving services enters into post-secondary training.
- Student receiving services obtains employment.

Accreditation in this service category is available for schools and community-based organizations.

Employment Planning Services

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.

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

- Situational assessments.
- Paid work trials.
- Job tryouts (may be individual, crew, enclave, cluster, etc.).
- Job shadowing.
- Simulated job sites.
- Staffing agencies/temporary employment agencies.
- Volunteer opportunities.
- Transitional employment.

Some examples of quality results 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 are identified.
- Benefits planning is included.
- Services are timely in their delivery.
- Services are cost-effective.

- Individuals receiving services understand recommendations that are made.
- Individuals receiving services choose their employment outcomes.

Comprehensive Vocational Evaluation Services

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 may be used to provide comprehensive vocational evaluation services:

- 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 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.
- The evaluation is completed within the authorization period.
- The person receiving the service understands the results.
- The cost per evaluation is acceptable.
- Interests of the individual receiving services are thoroughly explored.
- Evaluation reports lead to job goals.
- Transferable skills are identified.

Employee Development Services

Employee development services are individualized services 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 are time limited and can be provided directly to persons seeking employment or indirectly through corporate employer/employee support programs. These services can be provided at the job sites, within formal and organized training and educational settings, through counseling sessions, by tutorial services, or within the organization.

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

- Person receiving services moves to a training program or better employment.
- Person receiving services retains his or her job.
- Job advancement potential increases.
- Career development results.
- Level of support needed is reduced.
- Person obtains improved benefits.
- Person receiving services obtains employment.
- Program is kept at capacity.
- Services are cost-effective for the results achieved.
- Job-seeking skills are developed.
- Job-keeping skills are developed.
- Responsiveness (days from referral to starting services).

Employment Skills Training Services

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); or within the organization.

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

- Specific marketable skills are developed.
- Persons achieve employment in the area of training.
- Persons secure employment with benefits.
- Persons show improvement in skill level.

- Training is completed in a timely manner.
- Training is cost-effective for the results produced.

Organizational Employment Services

Organizational employment services are designed to provide paid work to the persons receiving services in locations owned, leased, rented, or managed by the service provider. Business designs are flexible and may include a variety of enterprises and business designs, including employment centers, affirmative enterprises, and organization-owned businesses such as retail stores, restaurants, shops, franchises, etc.

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

- Increased wages.
- Increased skills.
- Meeting individual goals.
- Increased work hours.
- Movement to competitive employment.
- Career growth.
- Employment in an integrated environment.
- Exposure to and availability of a variety of jobs.
- Reasonable work accommodations and assistive technology.
- Safe working conditions.
- Meaningful work.
- Opportunities to feel valued.
- Opportunities for informed choice.
- Minimized downtime.
- Cost-effectiveness for results achieved.

Community Employment Services

Community employment services assist a person seeking employment to choose, obtain, and retain integrated employment in the community. 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 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.

The following categories of service descriptors are available under Community Employment Services:

- Job Development
- Job-Site Training
- Job Supports

An organization applying for Community Employment Services accreditation must include all aspects of this service that it provides in the accreditation process. It cannot select only one component of Community Employment Services to seek accreditation for unless it is only providing that one aspect. For example, if an organization only provides Job Development, then it may be accredited for Community Employment Services: Job Development. If it is providing the array of Job Development, Job-Site Training, and Job Supports, then it must seek accreditation for all three and cannot choose to single out only one area.

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.

Job Development

Successful job development concurrently uses assessment information about 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 examples of the quality results desired by the different stakeholders of these services include:

- Persons obtain community employment.
- Wages, benefits, and hours of employment achieved as desired.
- Average number of consecutive weeks worked increases.
- Average number of hours worked per week increases.
- Earnings and benefits.
- Job retention/length of employment.

Job-Site Training

Job-site training services vary according to the needs of the new employee and the complexity of the job. Training can include assisting the employee with performance on the new job task and helping the person to understand the job culture and industry practices and work behaviors expected by the employer. It may also include training the employer and coworkers to understand the training methods and accommodations needed by the worker.

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

- Increase in skills.
- Decrease in need for intervention.
- Decrease in hours of support.
- Job retention.
- Pay increase.
- Achieving performance level required of job or position.
- Satisfaction of employer.
- Type and amount of staff interaction meets needs.
- Person receiving services treated with respect.
- Opportunity for informed choice and participation in all phases of planning.

Job Supports

Ongoing job support services are activities that are employment-related and needed to promote job adjustment and retention. These services are based on the individual needs of the new employee.

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

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

- Employment retention.
- Decrease in crisis intervention.
- Job advancement.
- Pay increase.
- Increased hours worked.
- Increased productivity.
- Increased participation in the community.
- Responsiveness to customers.
- Minimize length of time for supports.
- Increase in natural supports.
- Satisfaction outcomes that reflect needs and expectations of the employee are met.

- Opportunities for informed choice.
- Safe working conditions.

Self-Employment Services

Self-employment services provide supports that lead an individual toward earning income directly from one's own business, trade, or profession, rather than as salary or wages from an employer. It may include small business development, micro-enterprise, or telecommuting. In order to achieve a desired level of income, an individual may have several enterprises.

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

- Earnings.
- Employment.

Standards for Community Services

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

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

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

Expected results from these services may include:

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

An organization is free to choose which of its services it will seek to have accredited; but when a service has been selected, then all locations at which the service is provided must be included in the survey. CARF will not accredit only a portion of a program or service. CARF does not consider the funding or referral entities or the populations receiving services as differentiating a service so as to exclude portions of it from being included in the survey.

Since services are always individualized to the person receiving services, some standards may not be fully or even partially appropriate to the person's needs or desires. However, the organization must be able to demonstrate that it has the capabilities, either through its own resources or through

contracts, partnerships, networks, or referral, to fully perform every standard applicable to the services it is seeking to accredit.

If the geographical service area is extensive, however, CARF may choose to impose geographical limitations on the extent of a single survey in order to ensure that the most meaningful survey will be conducted.

Each organization is encouraged to submit all applicable services for accreditation in order to be identified as a quality organization by potential recipients of services and to facilitate consumer recognition and funding arrangements.

Note: *Although we use the phrase “person” receiving services, this may also include “family” receiving services, as appropriate to the service and the individual.*

Community Services Coordination

Through community services coordination, an organization provides goal-oriented and systematic services to the persons and families receiving services through advocacy, coordination of services, and formation of linkages with community resources and services.

Successful service coordination results in community opportunities for the persons and families receiving services. Community 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.

Child and Youth Services

Child and youth services provide one or more services such as prenatal counseling, service coordination, early intervention, prevention, preschool programs, after-school programs, etc. These services 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 receiving services and their families. Families are the primary decision makers in the process of identifying needs and services.

Community Transition Services

Community transition services are integrated, community-oriented, systematic services for students and their families provided through a jointly planned approach, involving broad-based community collaboration, linkages, advocacy, and natural supports.

Community transition services are planned and coordinated for multiple outcomes, including post-secondary education, vocational training, independent or supported living, and community participation.

Personal and Social Services

Personal and social services provide opportunities for the community participation of the persons receiving services. The organization defines the scope of these services based on the identified needs and desires of the persons receiving services.

The organization identifies the outcome expectations of the persons receiving services and develops the services to support these. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Religious activities.
- Cultural activities.
- Vocational pursuits.
- Activities related to entertainment.
- Communication activities.
- Educational activities.
- Development of work attitudes.
- Development of living skills.
- Volunteerism.
- Orientation, mobility, and destination training.

These services are often referred to as adult day services, day habilitation, or day program. They should not be confused with the program accreditation offered in the CARF standards manual entitled Adult Day Services. For clarification, please call the Employment and Community Services Customer Service Unit at CARF.

Family Services

Family services are provided to persons receiving services and/or their families, either to enable the person and the family to stay together or to enable the person receiving services to remain involved with his or her family. Families, including the persons receiving services, are the decision makers in identifying the services needed and in choosing how those services will be delivered.

Foster Family Services

Foster family services are provided under a contract or agreement for the temporary placement of an individual, regardless of age, in a family setting outside the birth or adoptive family home. Foster family services are provided to a family to establish and maintain a home on a temporary basis for the person receiving services. The courts may be involved in establishing this relationship.

Foster family services are comprehensive and establish a system of supports and services for the individual, the family of origin when appropriate, and the foster family. These services focus on establishing stability in the life of the person receiving services.

Host Family Services

Host family services are provided under a contract or agreement to provide a home for a person receiving services, regardless of age. These placements tend to be long-term in nature.

Respite Services

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons receiving services, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate.

Community Living Services

Community living services address the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons receiving services, 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, or leased directly by the persons receiving services, the organization, or a third party, such as a governmental entity. The person's residence is designed in a manner that is consistent with the identified needs, aspirations, and capabilities of the persons receiving services.

Note: *For purposes of these standards, the term “residence” refers to the actual building or structure in which a person lives. A “home” is considered to be the individual’s living environment, as impacted by the individual’s personal articles, friends, roommates, or significant others. Individuals’ homes are considered central to their identity.*

These standards are intended to apply to a wide variety of living arrangements and residential settings. “Living arrangements” and “residential settings” refer to the individual model of services delivered—Supported Living, Independent Living, Group Home, intermediate care facility/ mental retardation (ICF/MR), etc.

Standards for Assistive Technology

By providing a wide array of assistive technology services, an organization assists the persons receiving services in making informed decisions and choices to increase their employment options, interdependence, and/or inclusion in the community.

The services include assisting an individual in the assessment, evaluation, selection, acquisition, use, modification, or maintenance of an assistive technology device; providing or arranging for training; providing information about, referrals for, and observations of assistive technology devices; and/or exploring alternative strategies.

Strategies for accommodation may include the use of assistive technology applications in:

- Communication.

- Environmental control.
- Mobility, orientation, or destination training.
- Education and training.
- Activities of daily living/independent living.
- Employment.
- Recreation.
- Transportation.
- Meeting other needs as defined by the persons receiving services.

Assistive technology services may be provided by an organization as part of its service delivery program, by a department within an organization, or by an organization with the sole purpose of providing assistive technology services.

An organization is free to choose which of its services it will seek to have accredited; but when a service has been selected, then all locations at which the service is provided must be included in the survey. CARF will not accredit only a portion of a program or service. CARF does not consider the funding or referral entities or the populations receiving services as differentiating a service so as to exclude portions of it from being included in the survey. If the geographical service area is extensive, however, CARF may choose to impose geographical limitations on the extent of a single survey in order to ensure that the most meaningful survey will be conducted.

Each organization is encouraged to submit all applicable services for accreditation in order to be identified as a quality organization by potential recipients of services and to facilitate consumer recognition and funding arrangements.

Employment Assistive Technology Services

By providing a wide array of employment assistive technology services, an organization assists the persons receiving services in making informed decisions and choices to increase their employment options.

Community Assistive Technology Services

By providing a wide array of community assistive technology services, an organization assists the persons and/or families receiving services in making informed decisions and choices to increase their community inclusion, independence, and interdependence.

Specific Population Designations

A Specific Population Designation may be added to an accreditation, if appropriate to the population receiving services and the actual service provision, at the option of the organization. If an organization desires to add a Specific Population Designation to a service being surveyed, the

standards for the designation will be applied at the time of the survey in addition to the specific service standards.

The Specific Population Designations available are:

- Children and Adolescents
- Older Adults

The accreditation award will add the terminology “for Children and Adolescents” or “for Older Adults” to the specific service designation; e.g., *Community Living Services for Children and Adolescents* or *Employment Services Coordination for Older Adults*.

Children and Adolescents

Children and Adolescents is termed a Specific Population Designation that can be added to an employment or community service being surveyed if children or adolescents are receiving services and the organization desires this additional service accreditation distinction.

Such services are tailored 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.

Note: *Legal emancipation generally occurs through marriage, a court order, or specific rules of the Indian Child Welfare Act.*

Older Adults

Services for older adults with disabilities and/or their families may offer an array of options to meet their social, vocational, residential/housing, psychological, recreational, cultural, legal, and physical needs with a specific focus on the impact of aging. Eligibility for services is defined in terms of each person’s functional needs, preferences, and characteristics rather than chronological age.

Options and choices are provided for the creation of individually tailored services that support successful aging, compensate for any aging-related decline, educate on end-of-life issues, and enable the persons receiving services to function as independently as possible for as long as possible.

Standards for Psychosocial Rehabilitation Programs

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 disabilities/disorders, harmful involvement with alcohol and/or other drugs, or who have other behavioral health needs. Through a team approach, the goal of each such program is to improve the quality of life and the functional abilities of the persons receiving services. Each program selected for accreditation demonstrates cultural competence and relevance. Family members and significant others are involved in the programs of the persons receiving services, as appropriate and to the extent possible.

In addition to all standards in Sections 1, 2, 3, 10.A., 10.B. (if applicable), and 10.C. (according to the guidelines below), all organizations applying for accreditation for a psychosocial rehabilitation core program must meet the standards in at least one of the following core program areas:

- Case Management
- Community-Based Rehabilitation
- Community Housing

If an organization serves children/adolescents (up to age 18) in a core Psychosocial Rehabilitation program for which it is seeking accreditation, the standards in Section 10.G., Children and Adolescents, are applicable, in addition to seeking accreditation in at least one of the core program areas listed above. *Children and Adolescents* is termed a Specific Population Designation, which is added to a core program being surveyed if any children or adolescents are receiving services.

Case Management/Services Coordination

Case management/service 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, and may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Such programs are typically provided by qualified case managers or by case management teams and may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Programs work to achieve maximum levels of functional potential and increased social connectedness based on choice of the persons served. Organizations performing case management as a routine function of other core programs such as outpatient treatment, are not required to apply these standards unless they are specifically seeking accreditation for case management.

Community-Based Rehabilitation

Community-based rehabilitation programs are designed to help persons with psychiatric disabilities/disorders or other behavioral health needs to optimize their personal, social, and vocational competency in order to live successfully in the community. Participation is determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings of the programs can be informal and nonhierarchical in order to reduce barriers between staff members and program participants. A psychosocial clubhouse, a drop-in center, an activity center, and a day program are examples of community-based rehabilitation programs. Programs operated by the persons served (consumer-run programs) are also included under community-based rehabilitation.

Community Housing

Community housing programs are provided in partnership with individuals who have behavioral health disabilities or disorders or require support because of domestic violence, family disruption, or homelessness. These services are designed to assist the person served to achieve success in and

satisfaction with community living or provide shelter until a satisfactory living situation is achieved. Such programs 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 are often referred to as halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, safe houses, or supported/supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings. They may include individual residences integrated into neighborhoods, 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 programs include either or both of the following:

- Transitional housing that provides interim supports and services for persons who require a therapeutic setting because they are at risk of institutional placement or because they are transitioning from institutional settings. Transitional housing 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.
- Supported housing that is generally long-term housing and designed to provide stable, independent living or to assist the persons served to obtain and maintain decent, affordable, and stable housing.

Children and Adolescents

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.

Network Administration

A network seeking accreditation consists of two or more organizations with formal agreements to manage or deliver rehabilitation services. The purposes of a network can include:

- Improved access to services for the persons served.
- Improved quality based on the expectations of the persons served and other stakeholders.
- Improved efficiency and effectiveness of service delivery.
- Assistance to the providers regarding network plans, services provided, and geographical area served, and the development, improvement, and sanctioning of provider members.

Network membership and operating characteristics may vary significantly from one network to another. For example, some networks may be extremely small and provide only minimal administrative, financial, or support services for member entities. In other cases, the network may be very large, organizationally complex and be a provider of services. In either event, it is important to distinguish between members of the network and other organizations and/or agencies with which the network may do business. For clarification, and for the purposes of the standards, network members are:

1. Accredited by a national accrediting body recognized by CARF.
2. In a general agreement with each other regarding codes of ethics regarding clinical, business, and marketing practices.
3. Involved in routine information sharing to facilitate network growth and development.
4. In general agreement regarding clinical and quality standards.
5. Operationally linked through referral or other agreements to provide services to the same clients if necessary.
6. Involved in a common outcomes management system or share a common philosophy regarding client follow-up and outcome evaluation.
7. Defined by contractual description that identifies geographic services areas, programs and services offered, populations served, etc.
8. Funded through a common funding stream or source.
9. Involved in the governance of the network.
10. Committed to the same or similar operating philosophy.

Network members differ significantly from other organizations that simply provide services under a contracted rate to the network. For example, a network might contract with an individual clinician for a speciality service that is not otherwise provided for in the network; i.e., eating disorder treatment. In this case, the individual clinician would not be a member of the network because he or she is not linked to the network through the items described above.

Veterans Health Administration (VHA) Comprehensive Blind Rehabilitation Services

VHA Comprehensive Blind Rehabilitation Services (CBRS) provide a comprehensive rehabilitation program, including skills acquisition, psychosocial adjustment, and community reentry for persons eligible for VHA services. This is accomplished through a full care continuum provided by residential and/or community-based blind rehabilitation services. A comprehensive rehabilitation plan is developed to incorporate the person's expressed goals, identified needs as assessed by professional staff members, and available community resources.

Behavioral Health Standards

Assertive Community Treatment

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 assure 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 on a 24 hours a day, 7 days per week basis. 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, 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

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, residential programs, etc., are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

Case Management/Services Coordination

Case management/service 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, and may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Such programs are typically provided by qualified case managers or by case management teams and may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Programs work to achieve maximum levels of functional potential and increased social connectedness based on choice of the persons served. Organizations performing case management as a routine function of other core programs such as outpatient treatment, are not required to apply these standards unless they are specifically seeking accreditation for case management.

Community-Based Rehabilitation

Community-based rehabilitation programs are designed to help persons with psychiatric disabilities/disorders or other behavioral health needs to optimize their personal, social, and vocational competency in order to live successfully in the community. Participation is determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings of the programs can be informal and nonhierarchical in order to reduce barriers between staff members and program participants. A psychosocial clubhouse, a drop-in center, an activity center, and a day program are examples of community-based rehabilitation programs. Programs operated by the persons served (consumer-run programs) are also included under community-based rehabilitation.

Community Housing

Community housing programs are provided in partnership with individuals who have behavioral health disabilities or disorders or require support because of domestic violence, family disruption, or homelessness. These services are designed to assist the person served to achieve success in and satisfaction with community living or provide shelter until a satisfactory living situation is achieved. Such programs 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 are often referred to as halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, safe houses, or supported/supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings. They may include individual

residences integrated into neighborhoods, 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 programs include either or both of the following:

- Transitional housing that provides interim supports and services for persons who require a therapeutic setting because they are at risk of institutional placement or because they are transitioning from institutional settings. Transitional housing 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.
- Supported housing that is generally long-term housing and designed to provide stable, independent living or to assist the persons served to obtain and maintain decent, affordable, and stable housing.

Any community housing services provided in apartment buildings, single or group homes, or other housing facilities owned, rented, leased or operated by the organization must be included 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.

When supported community housing services are provided in the individual home or apartment of the person served, the Community Housing core program 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. Individual apartments, even when the organization holds the lease or rental agreement on behalf of the person served or the home of the person served, are not included in the intent to survey or identified as a site on the accreditation outcome.

Crisis Intervention

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 Stabilization

Crisis stabilization programs are organized and staffed to provide the availability of overnight residential services 24 hours, 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

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 typically offered four or more days per week, with some available 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

Detoxification programs provide support to the persons served during withdrawal from alcohol and other drugs. The types of detoxification are inpatient, freestanding, social setting, outpatient and home based.

Drug Court Treatment

Drug Court Treatment programs provide comprehensive, integrated behavioral health services that work in conjunction with the judicial system. The purpose of drug court treatment programs is to stop the abuse of alcohol and/or other drugs and related criminal and civil judicial actions.

The treatment team works in collaboration with judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services, alternative 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 drug court. The treatment team, in a case management function, either directly provides or arranges for the provision of screening and assessment, detoxification, intensive outpatient treatment, outpatient, residential treatment, pharmacotherapy, self-help and advocacy, relapse prevention, and education regarding alcohol and other drugs.

Employee Assistance

Employee assistance programs are worksite-focused programs designed to assist:

1. Work organizations in addressing productivity issues.
2. 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) which may affect job performance.

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

1. 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.
2. Confidential and timely problem identification/assessment services for clients with personal concerns that may affect job performance.
3. Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance.
4. Referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up services.
5. 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.
6. 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.
7. Identification of the effects of EAP services on the work organization and individual job performance.

Inpatient Treatment

Inpatient treatment programs provide coordinated and integrated services in freestanding or hospital settings, with some inpatient treatment programs serving as hospital diversion programs. Inpatient treatment programs include a comprehensive, bio-psychosocial approach to service delivery with a key component being close coordination of services with other service providers and organizations who may be involved in service provision for the persons served. There are daily therapeutic activities in which the persons served participate. Inpatient treatment is provided 24 hours, 7 days a week. The goal of inpatient treatment is to provide a protective environment that includes medical stabilization, support, treatment for psychiatric or addictive disorders, and supervision. Such programs operate in designated space that allows for an appropriate medical treatment environment.

Intensive Family-Based Services

These intensive services are provided in a supportive and interactive manner, 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.

Out-of-Home Treatment

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, care in parent/counselor homes, or group home care.

Outpatient Treatment

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and psychoeducation. 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, addictions (such as alcohol or other drug, gambling, Internet, etc.), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

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 individual plans of the persons served. These may include services provided during evenings and on weekends, or interventions delivered by a variety of services 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.

Partial Hospitalization

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/Diversion

Prevention/Diversion programs are proactive and evidence-based, 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/diversion 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 disorders, physical illness, or violence and abuse; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Programs are provided in the community, school, home, workplace or other settings.

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

- *Universal* programs target the general population and seek to reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations.
- *Selected* programs target groups who are exposed to factors that place them at a greater than average risk for the problem behavior. These programs are tailored to reduce identified risk factors and strengthen protective factors in the individual. Selected programs may include student assistance (SAP) or peer counselling programs.
- *Indicated* programs target groups who are exhibiting early signs of the problem behavior. These individuals are at risk for continued or increased problems. Indicated prevention may include programs traditionally thought of as intervention which focus on changing outcomes for individuals and targeting antecedents of problem behavior. Indicated programs may also include diversion programs such as DUI/OWI classes, report centers, home monitoring or after-school tracking.

Residential Treatment

Residential treatment programs are organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health disabilities or disorders; victims or perpetrators of domestic violence or other abuse; or persons needing treatment because of eating or sexual disorders; or drug, gambling, or Internet addictions. 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, non-hospital-based facilities or in 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.

Therapeutic Communities

Therapeutic communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of substance abuse and the fostering of personal growth leading to personal accountability. 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 community's expectation. This program model may occasionally be used to provide treatment to persons with other behavioral health needs.

Specific Population Designations

*For information related to applying the standards for a specific population designation, note the Guidelines for Organizations Seeking a Specific Population Designation on page **Error! Bookmark not defined.** of the 2003 Behavioral Health Standards Manual.*

Children and Adolescents

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.

Criminal Justice

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, 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/OWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Juvenile Justice

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, 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.

Addictions Pharmacotherapy

(Canada)

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 Accreditation 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 levo-alpha-acetylmethadol (LAAM).

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.