

**CARF Accreditation Report
for
Mainstream Living, Inc.
Three-Year Accreditation**



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About CARF

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

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

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

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

Organization

Mainstream Living, Inc.
2012 East 13th Street
Ames, IA 50010

Organizational Leadership

Jon Zellweger, Chief Operating Officer
Kris Eastman, Vice President of Waiver Services
LuAnn Wingfield, Vice President of Mental Health Services
Stuart J. Ambrose, M.A., Chief Financial Officer
William J. Vaughn, M.S.W., LISW, President and CEO
William Mekemson, Quality Assurance Director

Survey Date(s)

February 26, 2018–February 28, 2018

Surveyor(s)

Phillip J. McConnell, Administrative
Luanne Guiliani, Program
Roberta Jaro, Program
Virginia Naseri, LCSW, Program

Program(s)/Service(s) Surveyed

Community Employment Services: Employment Supports
Community Housing
Community Housing (Medically Fragile)
Community Integration
Supported Living
Community Housing: Psychosocial Rehabilitation (Adults)
Community Integration: Psychosocial Rehabilitation (Adults)
Supported Living: Psychosocial Rehabilitation (Adults)
Governance Standards Applied

Previous Survey

Three-Year Accreditation
March 2, 2015–March 4, 2015

Accreditation Decision

Three-Year Accreditation
Expiration: March 31, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of Mainstream Living, Inc. conducted February 26, 2018–February 28, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Mainstream Living, Inc. demonstrated substantial conformance to the standards. Mainstream Living is a valuable community asset that does an excellent job in providing high quality services to the individuals it serves. The facilities are impressive and well maintained, and the organization employs solid business practices to ensure excellence in its programs and in its financial stability. The highly regarded leadership has a reputation for working with national, state, and local decision makers to help secure resources to bring the organization's mission to life. Staff members are enthusiastic about their work, and there is a strong person-centered ethic that is apparent in all of the organization's programs and activities. Mainstream Living's board and staff were receptive to consultation and recommendations that were offered and appear likely, through its commitment to ongoing quality improvement, to maintain and/or improve its current method of operation.

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

Mainstream Living, Inc. has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Mainstream Living, Inc. was conducted by the following CARF surveyor(s):

- Phillip J. McConnell, Administrative
- Luanne Guiliani, Program
- Roberta Jaro, Program
- Virginia Naseri, LCSW, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Mainstream Living, Inc. and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

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

- Community Employment Services: Employment Supports
- Community Housing
- Community Housing (Medically Fragile)
- Community Integration
- Supported Living
- Community Housing: Psychosocial Rehabilitation (Adults)
- Community Integration: Psychosocial Rehabilitation (Adults)
- Supported Living: Psychosocial Rehabilitation (Adults)
- *Governance Standards Applied*

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that Mainstream Living, Inc. demonstrated the following strengths:

- The organization is governed by an active and motivated board, comprised of leaders from all parts of the community. The board orientation is extensive and comprehensive, helping new members to be "up and running" and up to date on the important issues in a short period of time. The board has an active committee structure, and its meetings are well organized and efficient. Agendas and major talking points are distributed to members several days before the meetings, and board members are aware of action items that will come before them. Board members are kept abreast of the organization's progress toward meeting strategic goals. Each board meeting ends with "moments of truth," where staff members share exciting stories of accomplishments of the organization's staff and/or members.
- The CEO of Mainstream Living is dynamic and forward thinking, consistently working hard and utilizing state-of-the-art business practices to improve systems to bring about greater efficiency and effectiveness in the organization's services. Having begun as a direct service provider within the organization and having worked in various positions throughout the organization, he brings a unique perspective to his position; one of understanding the challenges and a fearlessness in doing what needs to be done to face them and bring about positive outcomes. He truly has a heart for the organization's mission and a head for operating the business to ensure growth and success.
- Many of the leadership team members, such as the CEO, began their careers at Mainstream Living several years ago as direct service staff members; learning, growing professionally, and increasing their skills to collectively form a dynamic, extremely strong, forward-thinking leadership team with a wealth of talent and experience. The team members appear to appreciate each other's roles, while working very well together to accomplish strategic goals and make the organization better for the members who are receiving services.
- Mainstream Living has developed statements of mission, vision, and values that are short, yet powerful reminders to the staff, persons served, and other stakeholders of what the organization is all about. These statements are posted in an attractive way on the walls of the buildings and are referred to often, in conversations and in organizational decision making.
- Mainstream Living's strategic plan is a living document, containing goals, objectives, and metrics in all aspects of the operations that have been identified to move the organization forward. It is "living" in that it is revisited on a nearly daily basis by leadership team members and on at least a monthly basis by the organization's board. The strategic plan links together efforts in governance, leadership, financial planning and management, risk management, health and safety, technology, human resources, marketing, and all of the organization's programs and services.
- The organization has developed a computer-based system, referred to as a "syllabus," to prompt actions that need to take place every week throughout the year. The syllabus improves accountability and helps inform the agendas for board and leadership activities, ensuring that all deadlines are comfortably met.
- The organization collaborates in numerous ways with many entities, including United Way, Iowa State University, and several other schools of higher education by assuming leadership positions within the community and regional efforts to improve the lives of people with disabilities. Examples include the CEO's involvement in the state provider association and the communication director's seat on the Ames City Council. Mainstream Living maintains an active and productive relationship with major entities, such as Central Iowa Community Services and Polk County, to coordinate exceptional community services.
- Mainstream Living has successfully completed a long-term effort to serve the homeless population of Des Moines while moving its members out of large, congregate settings into more individualized community housing. Mainstream Living collaborates with Polk County Housing Trust, the Polk County Continuum of Care Board, Anawim Housing, and the city of Des Moines to re-market the buildings being vacated to provide needed housing for homeless people.

- The team has developed many positive community relationships and has engaged those community members in the mission to serve. One example being the commitment landlords have made to help Mainstream Living find appropriate housing for its members.
- The use of collaborative documentation is expected and considered part of the therapeutic process, not just a way to get the paperwork done.
- The communications director for Mainstream Living is in the process of creating a video explaining member rights to individuals with disabilities in a manner they will be able to understand. She has engaged a group of local high school students to work on the project and include members in the video and assist in developing the script.
- The employment program operates several enclaves in local community plants. It is a pleasure to see the acceptance of these members by their coworkers at the plant and the pride they express in the job that they do. As members grow more confident, they are then referred for individualized community employment.
- The community integration programs strive to promote member choice and control of the community inclusion in their lives. The members choose daily from a variety of options from community activities and volunteer experiences. Volunteer experiences include the Ames Public Library, churches, Huxley clothing pantry, OVERFLOW Thrift Store, Food at First, Haunted Halloween Forest, and the Ames Historical Society to name a few. Activities include attending Iowa State University sporting events (two members are Iowa State cheerleaders), AKTION Club, one direct staff member operates a wrestling watching night, attending plays and shows, shopping, etc
- The homes are bright and inviting for the members. They are truly integrated into the community. The community housing and medically fragile homes are attractive, reflect the personalities of the residents, and are well maintained. They serve numerous members with unique needs and disabilities. Housing situations for a member who is deaf include strobe lighting to let her know the phone is ringing and safety cards to communicate her needs to strangers. The medically fragile homes have extensive equipment to lift, transfer, and make life safer for members and staff. All the staff members are trained to pay attention to detail, notice the slightest change, and immediately react to ensure everyone's health and safety.
- Parents and guardians report they are pleased with the Mainstream Living's staff members. They feel they are kind and caring staff members who also keep them well informed. Parents/guardians are notified of upcoming events, including a monthly calendar; are notified of incidents; and they respond in a timely manner to phone calls and concerns. They relate that Mainstream Living has a strong, positive presence in the community. Numerous staff members express satisfaction with their jobs. Many stated that they appreciated the growth opportunities available to them in the organization.
- There is an overall culture to this organization that embraces helping the individuals served. Any person who enters the program is assisted in making his or her dreams come true. This is evident throughout the numerous sites, from managers to direct care staff. Staff listens to the desires of the members and creatively attempts to make that dream come true.
- The organization is complimented for its impressive retention of members of the staff and the management team. A large majority of the personnel have more than ten years' employment longevity, and many members of management have been with Mainstream Living for over 20 years. Their length of employment greatly benefits the persons served, families, guardians, and other stakeholders. The leadership effectively capitalizes on the talents of the personnel, and it is committed to hiring from within the organization whenever appropriate.
- Staff members are dedicated to the enhancement of the quality of life for persons served. They have developed strong relationships with persons served and assist them to meet their needs and goals. This is evident in the day-to-day delivery of services as well as from the feedback from stakeholders. Staff members demonstrate enthusiasm and competency, and they are accessible to persons served. The staff members believe in the mission of the organization.

- Mainstream Living values the health and wellness of the members. At one home, a menu and recipe book was created when guardians asked that the members receive healthy, nutritious meals. The book includes photos and recipes, whereby the members can easily choose the food they desire. The members have greatly expanded the types of food they were eating in the past. In another situation, a member met his goal by losing 45 pounds. Additionally, there are exercise bicycles in many of the homes, and staff supported two members in one home to meet their goals by eating a 1,200 and 1,800 calorie diet per day.
- Mainstream Living developed a Required Appointment System to ensure that medical appointments take place within the appropriate time frames for annual physicals, dental, eye, podiatry, psychiatric appointments, and vaccinations. The system alerts the managers that appointments are due and the nursing department ensures that appointments are completed.
- Families expressed high satisfaction with the supports offered. Family members stated that "the organization is mission driven, leadership at the home is outstanding, staff are concerned and caring, and nutrition and medical needs are a priority."
- The organization is recognized for its person-centered approach. Members take part in activities they enjoy, including fishing, gardening, wrestling events, individualized vacations across the country and Europe, church of their choice, karaoke, Night To Shine event, parades, and more. Mainstream Living supports members to work part time or not at all if that is their choice, even though it may mean extra staffing for a home. Attractive photos of members and brief narratives of their successes adorn the walls of the organization's buildings. The member-centered spirit of Mainstream Living is evident throughout the organization,
- Mainstream Livings' direct service professionals and support staff show a high degree of dedication to the values and mission of the organization. When there are staffing challenges and shortages, they step in to fill the gaps and ensure the continuation of excellent services and high quality care. The organization recognizes that a key to employee retention is employee engagement, and it has stepped up efforts to inform and prepare staff members, particularly in their first few months of employment. The organization's data demonstrate that many of the best new employees come as referrals from existing employees, and the HR department has been creative with internal campaigns with prizes and fun events. One of the organization's staff members was named Iowa's Direct Services Professional of the Year by the national provider organization ANCOR.
- The Transition Age Youth (TAY) program provides transitional youth with support and boundaries while respectfully challenging the members to grow to independence.

Opportunities for Quality Improvement

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

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

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

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

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

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
- Board composition, selection, orientation, development, assessment, and succession
- Board leadership, organizational structure, meeting planning, and management
- Linkage between governance and executive leadership
- Corporate and executive leadership performance review and development
- Executive compensation

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Mainstream Living systematically assesses various organizational risks and takes measure to eliminate, reduce, or transfer those risks. It is suggested that the organization develop a spreadsheet to use as a quick reference guide to its exposures and actions being taken to reduce or eliminate them.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.8.c.

Although first aid supplies were available for use in dealing with medical issues, in several of the first aid kits that were examined, some of the products were well past their expiration dates, rendering them not useful for their intended purposes. For example, some of the hydrogen peroxide bottles had expiration dates from several years past, even though hydrogen peroxide should be replaced six months after opening it, and is sometimes ineffective after three years even if the bottle is unopened. It is recommended that the organization take steps to ensure that all first aid supplies are within their recommended period of use.

Consultation

- It is suggested that the length of time to evacuate on a midnight shift be reviewed with local fire authorities to determine a safe amount of time. A possible way to expedite the process may be to have plastic sleds under the beds to move residents quickly in an emergency.

1.I. Human Resources

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Although the statement of rights in the members' handbook is more understandable than the longer, more complex rights' explanations in the policy manual, it is still rather wordy and might be difficult to understand, particularly for people with intellectual disabilities. It is suggested that efforts be made to present the rights in a more simplified way, offering explanations and examples when necessary.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

Section 2. Quality Individualized Services and Supports

2.A. Program/Service Structure

Description

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

Key Areas Addressed

- Services are person-centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations

There are no recommendations in this area.

Consultation

- Although there are orientation manuals for persons served that outline program descriptions, mission, and other important information, it is suggested that the organization develop orientation manuals as interesting as possible. Suggestions include the use of pictures, photos, and other items to enhance the comprehension of the content. An abbreviated manual could be created for the members. Although the programs do have orientation packets for the persons served that outline program descriptions, procedures, and all the important information, it is suggested that the organization develop orientation packets as interesting as possible. Suggestions include the use of photos, larger font, and other items to enhance the comprehension of the content. An abbreviated packet could be developed for the members.

2.B. Individual-Centered Service Planning, Design, and Delivery

Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed

- Services are person-centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes

Recommendations

There are no recommendations in this area.

2.C. Medication Monitoring and Management

Key Areas Addressed

- Current, complete records of medication used by persons served
- Written procedures for storage and safe handling of medications
- Educational resources and advocacy for persons served in decision making
- Physician review of medication use
- Training and education for persons served regarding medications

Recommendations

There are no recommendations in this area.

Consultation

- The organization is encouraged to create a separate binder for each person served receiving medication. The binder could include doctor's orders, medication sheets, photo of the person served, drug interactions, potential side effects, the prescribing professional's phone number, the dispensing pharmacy, and contact information. Additionally, the organizations uses the "Red Book" for emergency situations, such as going to the emergency room, and medical appointments. It is suggested that the front of the book have an Emergency Fact Sheet, where medical information is readily available. The information could include a photo, guardianship information, current medications, and medical and mental health diagnoses in addition to other pertinent information.

2.D. Employment Services Principle Standards

Description

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

- Identification of employment opportunities and resources in the local job market.
- Development of viable work skills that match workforce needs within the geographic area.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources and supports to achieve and maintain employment.
- Coordination of and referral to employment-related services and supports.

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

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

- Individualized, appropriate accommodations.
- A flexible, interactive process that involves the person.
- Increased independence.
- Increased employment options.
- Timely services and reports.
- Persons served obtain and maintain employment consistent with their preferences, strengths, and needs.
- Person served obtains a job at minimum wage or higher and maintains appropriate benefits.
- Person served maintains the job.

Key Areas Addressed

- Goals of the persons served
- Personnel needs of local employers
- Community resources available
- Economic trends in the local employment sector

Recommendations

There are no recommendations in this area.

2.E. Community Services Principle Standards

Description

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

The organization obtains information from the persons and/or families served 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 served with information so that they may make informed choices and decisions.

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

Expected results from these services may include:

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

Key Areas Addressed

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

Recommendations

There are no recommendations in this area.

Section 3. Employment Services

Description

An organization seeking CARF accreditation in the area of employment services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased self-direction, self-determination, and self-reliance
- Self-esteem.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.
- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

3.G. Community Employment Services

Description

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

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

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

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

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

- Job Development (CES:JD)
- Employment Supports (CES:ES)

If an organization provides only Job Development or Employment Supports, then it may be accredited for only that service. If it is providing both Job Development and Employment Supports, then it must seek accreditation for both. If any clarification is needed, please contact your CARF resource specialist. There is no charge for consultation.

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

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

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 4. Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

4.G. Community Integration (COI)

Description

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

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

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Pre-vocational experiences.
- Vocational pursuits.
- Volunteerism in the community.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.).

Key Areas Addressed

- Opportunities for community participation

Recommendations

There are no recommendations in this area.

4.H. Community Housing (CH)

Description

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

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

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered

homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Regular meetings occur between persons served and staff on a regular basis. It is suggested that these meetings be documented to truly reflect what staff members are doing to assist persons served.

4.I. Supported Living (SL)

Description

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

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

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

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

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

- Persons served achieving choice of housing, either rent or ownership.
- Persons served choosing whom they will live with, if anyone.
- Minimizing individual risks.
- Persons served have access to the benefits of community living.
- Persons served have autonomy and independence in making life choices.

Key Areas Addressed

- Safe, affordable, accessible housing chosen by the individual
- In-home safety needs
- Support personnel available based on needs
- Supports available based on needs and desires
- Living as desired in the community
- Persons have opportunities to access community activities

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designations/Enhancements

5.C. Medically Fragile Specific Population Designation

Description

Medically Fragile is a specific population designation that can be added at the option of the organization to a service being surveyed if it specializes in serving persons with a serious ongoing illness or a chronic health condition that requires daily monitoring and ongoing medical treatments and may include the routine use of a medical device or assistive technology. Persons with such needs require overall care planning to achieve optimum health and developmental status and to achieve community integration to the maximum extent possible. Services augment and support independence, empowerment, and dignity of persons served through the provision of flexible and efficient services.

A program specializing in serving persons with medically specific needs assists the persons served in achieving or maintaining an optimal state of health through developmentally appropriate care to have an enhanced quality of life throughout their life span. This may include achieving optimal functionality according to their physical capacities.

Service design is based on the needs, desires, and expectations of the person served and includes consideration of age, medical acuity, medical stability, impairments, activity limitations, participation restrictions, psychological status, behavioral status, cultural diversity, family/caregivers, and long-term outcomes expectations. Appropriate medical consultation occurs specific to each person served in addition to medical consultation related to policies and procedures.

The services support transitions in a person's life and are changed as necessary to meet the identified needs and desires of the persons served and their families/caregivers.

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

- Development of an efficient and effective network of community support services including access to therapies, medical supports, and guidance.
- Achievement of personal development in health, education, and activities of daily living.
- Being able to choose and pursue meaningful activities in the least restrictive environment possible to achieve personal satisfaction in life activities.
- Maintenance of health and well-being.
- Restored or improved functioning.
- Enhanced quality of life.
- Educational achievements.
- Personal and family development.
- Supported transitions between levels of care as needed.
- End-of-life supports and care.
- Meaningful closures to end-of-life services and supports for the persons served and others.

Key Areas Addressed

- Competencies of staff
- Medical consultation
- Collaboration with healthcare providers to support persons
- Safety of persons including equipment maintenance
- Initial and ongoing assessments guide services
- Transition planning
- Decision-making role of persons served in all aspects of services
- Inclusive integrated living environment

Recommendations

5.C.16.

It is recommended the organization expand its current tracking of medical equipment and devices to follow a written schedule according to manufacturers' specifications for maintenance and/or calibration of the equipment.

Consultation

- It is suggested that the organization include grief and end-of-life support issues in the staff orientation.

2017 Behavioral Health standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. General Program Standards

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

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

Recommendations

2.B.13.h.(2)

2.B.13.j.

2.B.13.m.(3)

2.B.13.q.

2.B.13.r.

It is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centered plan for each person served, including information about the person's medication, including efficacy of current or previously used medication, use of complementary health approaches, sexual orientation, literacy level, and need for assistive technology in the provision of services.

Consultation

- Although the initial intake is completed by the Integrated Health Home (IHH) team and shared with Mainstream Living as part of the referral process, Mainstream Living does complete some additional assessments and treatment recommendations in a "staffing" meeting with the member. It is suggested that "staffing" be consistently documented in order to reflect the complete continuum of care provided to the member.

2.C. Person-Centered Plan

Description

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

Key Areas Addressed

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

Recommendations

2.C.2.b.(5)

The person-centered plan should include specific service or treatment objectives that are consistently measurable.

2.C.7.b.(1)

Although it is understood that the secure log-in process does prohibit others from documenting under another staff person's name, it is recommended that each progress note include a staff signature line that indicates an electronic signature has been completed.

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

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

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

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.F. Nonviolent Practices

Description

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

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

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

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

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

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

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

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

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

Key Areas Addressed

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

Recommendations

2.F.2.d.

It is recommended that Mainstream Living document that all direct service or frontline personnel receive initial and ongoing competency-based training in medical conditions that may contribute to aggressive behavior.

Consultation

- It is suggested that the organization revert to its former use of Positive Behavior Support (PBS) training to ensure that the team members have ongoing competency-based training in managing threatening behaviors.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

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

3.C. Community Integration (COI)

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 4. Core Support Program Standards

Description

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

4.B. Community Housing (CH)

Description

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

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

Community housing programs may be referred to as recovery homes, transitional housing, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living can be offered in apartments or homes, or in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

4.G. Supported Living (SL)

Description

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Mainstream Living, Inc.

2012 East 13th Street
Ames, IA 50010

Supported Living
Governance Standards Applied

Mainstream - MELC and Enclave Sites

1200 McCormick Avenue
Ames, IA 50010

Community Employment Services: Employment Supports
Community Integration

Mainstream Living

333 Southwest Ninth Street, Suite C
Des Moines, IA 50309

Supported Living
Community Integration: Psychosocial Rehabilitation (Adults)
Supported Living: Psychosocial Rehabilitation (Adults)

Mainstream Living - Adel Home

1714 Court Street
Adel, IA 50003

Community Housing

Mainstream Living - Aspen House

2709 Aspen Road
Ames, IA 50010

Community Housing (Medically Fragile)

Mainstream Living - Baker Home

3355 East Douglas Avenue
Des Moines, IA 50317

Community Housing (Medically Fragile)

Mainstream Living - Knapp House of Hope

385 Lincoln Street
West Des Moines, IA 50265

Community Housing (Medically Fragile)

Mainstream Living - Perry Home

715 Williams Street
Perry, IA 50220

Community Housing

Mainstream Living - SPARK

3202 South Union Street
Des Moines, IA 50315

Community Housing

Mainstream Living - Story City

1430 Prairie Drive
Story City, IA 50248

Community Housing

Mainstream Living 1

1003 Clark Avenue
Ames, IA 50010

Community Housing

Mainstream Living 10

7015 Del Matro Avenue
Windsor Heights, IA 50324

Community Housing

Mainstream Living 11

3515 South Duff Avenue
Ames, IA 50010

Community Housing

Mainstream Living 12

702 East Madison Avenue
Des Moines, IA 50313

Community Housing

Mainstream Living 13

609 Onyx Street
Ames, IA 50010

Community Housing

Mainstream Living 14

3116 Villa Vista Drive
Des Moines, IA 50316

Community Housing

Mainstream Living 15

1909 75th Street
Windsor Heights, IA 50311

Community Housing

Mainstream Living 16

1695 Northwest 99th Street
Clive, IA 50325

Community Housing

Mainstream Living 17

4120 74th Street
Urbandale, IA 50322

Community Housing

Mainstream Living 2

1020 Poe Avenue
Ames, IA 50014

Community Housing

Mainstream Living 3

1419 16th Street
Ames, IA 50010

Community Housing

Mainstream Living 4

1010 Northwest Third Street
Ankeny, IA 50021

Community Housing

Mainstream Living 5

209 Northeast Ninth Street
Ankeny, IA 50021

Community Housing

Mainstream Living 6

213 Southeast Eighth Street
Ankeny, IA 50021

Community Housing

Mainstream Living 7

3420 Park Avenue
Des Moines, IA 50321

Community Housing

Mainstream Living 8

8509 Airline Avenue
Urbandale, IA 50322

Community Housing

Mainstream Living 9

616 31st Street
West Des Moines, IA 50265

Community Housing

Mainstream Living RCF-PMI

704 Fremont Street
Des Moines, IA 50316

Community Housing: Psychosocial Rehabilitation (Adults)
Community Integration: Psychosocial Rehabilitation (Adults)

MELC - ACE Program

823 Wheeler Street, Suite 8
Ames, IA 50010

Community Integration

MSL - Apartments - Unity Place

100 East McKinley Avenue
Des Moines, IA 50315

Supported Living: Psychosocial Rehabilitation (Adults)