



CARF Update
2016 BH Standards



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Agenda

- CARF Update
- New & Revised
 - ASPIRE
 - BH/CYS Section 2 General Program Standards
 - BH Sections 3-4
 - CYS Sections 3

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Mission of CARF

The mission of CARF is to promote the **quality, value, and optimal outcomes** of services through a **consultative accreditation process** and continuous improvement services **that center on enhancing the lives of persons served.**

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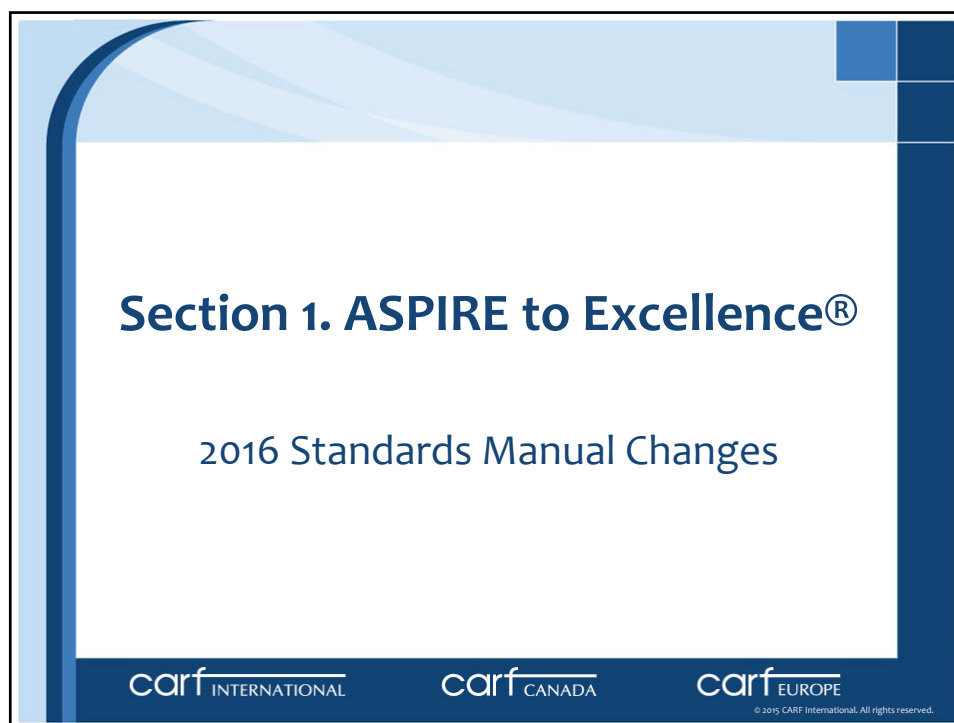
CARF Accredited Programs Over 8 Million Persons Served Annually

More than 6,900 service providers with more than 52,000 accredited programs and services at 23,000 locations on 5 continents

Category	Count
AS	908
BH	26814
CYS	1350
ECS	18093
MED	3981
OTP	1094

As of 1/5/15

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Section 1. ASPIRE to Excellence®

2016 Standards Manual Changes

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ASPIRE to Excellence

- No Changes in:
 - Governance
 - Input from Persons Served and Other Stakeholders
 - Legal Requirements
 - Financial Planning
 - Technology
 - Rights of Persons Served
 - Accessibility
 - Performance Measurement and Management

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1.A. Leadership

- 1.A.3. element m. is new
 - The identified leadership guides the following:
 - Succession Planning

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1.A. Leadership

- 1.A.6 element a.(4)(f) has been modified.
 - Corporate responsibility efforts include at a minimum, the following:
 - Witnessing of *legal* documents.

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1.A. Leadership

- 1.A.7.b was restructured for clarity.
 - Corporate compliance standard.
 - No changes to intent or elements.

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1.C. Strategic Planning

- 1.C.2 A ~~written~~ strategic plan:
 - Written struck as redundant since all plans must be written.

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1.G. Risk Management

- 1.G.2.a.(2) modified slightly for clarity.
 - Insurance package of the organization is reviewed *at least annually*.
 - It is acceptable to review more frequently than annually based on the needs of the organization

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1.H. Health and Safety

- 1.H.2. wording of the stem modified for consistency.
 - The organization ~~has~~ **implements** written procedures to promote the safety of persons serviced and personnel.

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1.I. Human Resources

- 1.I.8 modified for consistency.
 - The organization implements personnel policies that are accessible to personnel, ~~reviewed annually and updated as needed.~~
 - Struck as 1.A.3.k requires annual review of all policies.

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1.H. Health and Safety

- 1.H.7. Unannounced tests of all emergency procedures.
 - d. Has been modified “Are evidenced in writing, **including the analysis**”

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1.N Performance Improvement

- No changes in standards, but Intent Statements added to 1.N1. and 1.N2.

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CARF Behavioral Health Standards

Section 2

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2.A. Program Service/Structure

- 2.A.6. This standard relates to the provision of services using evidence-based methods. The Intent Statements have been modified to ensure that AOD programs will not prevent access to MAT for persons served solely based on treatment philosophy.

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2.A. Program Service/Structure

- 2.A.19. This standard and others that describe family involvement in program services that had qualifiers such as when appropriate, when applicable, etc. were modified to remove qualifiers.

The expectation is that persons served will have family or support system of their choosing participate in care.

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2.A. Program Service/ Structure

2.A.21 is new.

To meet the needs of the person served, the program demonstrates how it uses technology to increase access to services, increase supports, enhance services.

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2.A. Program Service/ Structure

2.A.26 has been modified.

Documented ongoing supervision of clinical or direct service personnel addresses, ~~when applicable:~~ **h. model fidelity, when implementing evidence-based practices.**

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2.B. Screening and Access to Services

2.B.9.d.(5).(f) is new.

Each person served receives an orientation that: ***includes expectations for family involvement***

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2.B. Screening and Access to Services

2.B.14.k. is new.

The assessment gathers and records... about the person's: ***use of complementary health approaches.***

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2.D. Transition/Discharge

2.D.3.g. is new.

The written transition plan includes strengths, needs abilities, preferences.

2.D.7 was removed and others renumbered. The transition plan and discharge summary required SNAP, now only transition plan.

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2.E. Medication Use

2.E.4. The stem was modified for clarity.

When medications are prescribed or provides to a person served (including those self-administering medications) ~~is served in a residential program~~ **are spending one or more nights:...**

2.E.6.c was deleted.

Documenting use of homeopathic medications removed

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2.E. Medication Use

2.E.8. f.(1) reworded for clarity.

In an organization that provides prescribing of medications, a documented peer review is conducted to identify simultaneous use of multiple medications in the same drug class.

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2.E. Medication Use

2.E.10.a. was removed.

An organization that provides dispensing or administering of medications implements written procedures that address ~~staff credentials and competencies.~~

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2.F. Nonviolent Practices

2.F.5.b.(2) was modified for clarity.

A written status report on the plan for minimization or elimination of the use of seclusion or restraint is prepared annually and includes progress made *in the reduction of use*.

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2.G. Records of the Person Served

2.G.4.g. is new.

The individual record includes *financial agreement with the person served*.

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2.H. Quality Records Management

2.H.2.b. has been reworded.

The quarterly review is performed on a representative sample of ~~current records and closed records~~ ***of persons served.***

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2.H. Quality Records Management

2.H.4.j. has been deleted.

The record review addressed whether ~~... when billing for services occurs, the clinical documentation is consistent with billing records.~~

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2.H. Quality Records Management

2.H.5.c. deleted the word when applicable.

The organization demonstrates that the information collected from its established review process is: reported to applicable personnel.

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CARF Behavioral Health Standards

Section 3

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3.I. Detoxification/Withdrawal Support

Standards in this section did not change, but the name was updated to reflect current naming of the program. These standards will be updated fully in 2017.

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3.L. Health Homes

This program underwent significant changes in the 2016 standards manual and several standards were removed.

3.L.1. Updated to streamline the program description.

A written program description includes:

- a. Population(s) served.
- b. Scope of care coordination.
- c. Scope of disease management services.
- d. Population health management strategies.
- e. How each of the following are provided, accessed, and/or coordinated:
 - (1) Primary care.
 - (2) Behavioral healthcare.
 - (3) Other healthcare.
 - (4) Community and social support services.

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3.L. Health Homes

3.L.2. The health home enhances access to the program through:

- a. Personnel response to phone calls within 24 hours.
- b. Capacity for same day or next day services.
- c. Flexible scheduling.
- d. Provision of services:
 - (1) In locations that meet the needs of the persons served.
 - (2) At times that meet the needs of the persons served.
 - (3) On days that meet the needs of the persons served.

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3.L. Health Homes

3.L.3. To meet the needs of the persons served, the program provides or makes formal arrangements for the services of a:

- a. Primary care physician.
- b. Psychiatrist or addictionologist.

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3.L. Health Homes

3.L.5. The program addresses the needs of the persons served in the following areas:

- a. Health promotion.
- b. Comprehensive care management, including:
 - (1) Triage based on acuity.
 - (2) Assessment of service needs.
 - (3) Identification of gaps in treatment.
 - (4) Appropriate testing to monitor health status.
 - (5) Medication reconciliation:
 - (a) At admission to the health home program.
 - (b) At appropriate intervals.
 - (c) Upon discharge from hospitalization.
 - (6) Assignment of health home team roles and responsibilities.
 - (7) Development of relationships with community and/or social support services.

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3.L. Health Homes

Cont

- c. Care coordination for each person served, including, but not limited to:
 - (1) Implementation of the person-centered plan.
 - (2) Ongoing monitoring of the person-centered plan, including revisions as needed.
 - (3) Providing or arranging for:
 - (a) Primary care.
 - (b) Behavioral healthcare.
 - (c) Hospital care.
 - (d) Medical specialty care.
 - (e) Community and/or social support services.
 - (f) Other services, as appropriate.

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3.L. Health Homes

Cont.

- (4) Monitoring of critical chronic disease indicators.
- (5) Comprehensive transitional care.
- (6) Sharing information about the person served:
 - (a) Including:
 - (i) Strengths.
 - (ii) Needs.
 - (iii) Abilities.
 - (iv) Preferences.
 - (v) Treatment history.
 - (vi) Health status.
 - (vii) Current medications.
 - (viii) Identified goals.
 - (ix) Identified gaps in treatment, when applicable.

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3.L. Health Homes

- (b) With the following providers involved in the care of the person served, as applicable:
 - (i) Primary care.
 - (ii) Behavioral healthcare.
 - (iii) Hospital care.
 - (iv) Medical specialty care.
 - (v) Community and/or social support services.
 - (vi) Others, as appropriate.
- (c) During transitions between:
 - (i) Inpatient and outpatient care.
 - (ii) Levels of care.
 - (iii) Outpatient care providers.
 - (iv) Care systems.

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3.L. Health Homes

- d. Individual and family support services, including:
 - (1) Activation of family/support system members as natural supports for the person served.
 - (2) Engagement of family/support system members in health promotion/disease prevention.
- e. Referral to community and/or social support services.

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3.L. Health Homes

- 3.L.6. A health assessment is completed for each person served:
- a. Upon admission to the health home program.
 - b. At least annually.
 - c. That includes:
 - (1) A review of psychological factors that impact physical health.
 - (2) Chronic disease status, including at least the following:
 - (a) Asthma.
 - (b) Cardiovascular disease.
 - (c) Pulmonary disease.
 - (d) Diabetes.
 - (e) Hypertension.
 - (f) Obesity.
 - (g) Other chronic health conditions prevalent among the population served.
 - (3) Metabolic syndrome screen.
 - (4) Chronic pain.
 - (5) Perception of needs from the perspective of the person served.
 - d. That is conducted or reviewed by a nurse, nurse practitioner, or other equivalent medical personnel.

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3.L. Health Homes

3.L.9. The program provides documented cross training to direct service personnel:

- a. At:
 - (1) Orientation.
 - (2) Regular intervals.
- b. That addresses the most common conditions prevalent in the population served, including:
 - (1) Physical health conditions.
 - (2) Mental health conditions.
 - (3) Substance use disorders.

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3.L. Health Homes

3.L.11. The program:

- a. Identifies an indicator(s) to measure:
 - (1) Medical status of the persons served.
 - (2) Behavioral health status of the persons served.
 - (3) Functional outcomes of the persons served.
- b. At least annually addresses:
 - (1) Performance in relationship to established targets for:
 - (a) Medical status of the persons served.
 - (b) Behavioral health status of the persons served.
 - (c) Functional outcomes of the persons served.
 - (2) Trends.
 - (3) Actions for improvement.
 - (4) Results of performance improvement plans.
 - (5) Necessary education and training of:
 - (a) Persons served.
 - (b) Families/support systems.
 - (c) Personnel.
 - (d) Other stakeholders.

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3.M. Inpatient Treatment

Significant Changes to this program in 2016.

3.M.2. A risk assessment for each person served:

- a. Is conducted at the time of admission.
- b. Identifies:
 - (1) Suicide risk.
 - (2) Risk of self-harm.
 - (3) Risk of harm to others.
 - (4) Trauma.
- c. Results in a personal safety plan when risks are identified.

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3.M. Inpatient Treatment

3.M.3. The assessment of each person served:

- a. Is completed within 24 hours of admission to the program.
- b. Results in a preliminary treatment plan.

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3.M. Inpatient Treatment

- 3.M.4. The program has a qualified medical director who:
- a. Demonstrates appropriate training and experience in inpatient treatment.
 - b. Has a written agreement with the organization that outlines his or her responsibilities.
 - c. Leads the medical staff.
 - d. Actively participates in:
 - (1) Ensuring the adequacy of individual treatment prescriptions and programs, including notations of contraindications and precautions, developed with the participation of professional personnel.
 - (2) The development of ongoing relationships with the medical community.
 - (3) Educational activities with the program personnel.
 - (4) Performance improvement activities.
 - (5) Program development and modification.
 - (6) Establishing the program's policies and procedures.

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3.M. Inpatient Treatment

- 3.M.6. There is a written daily schedule of activities that contribute to the recovery *and wellness* of the persons served.

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3.M. Inpatient Treatment

- 3.M.7. Services are provided by a coordinated team that includes, at a minimum:
- a. A qualified behavioral health practitioner who coordinates the plan of the person served.
 - b. Providers of appropriate medical services.
 - c. Assigned inpatient personnel.

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3.M. Inpatient Treatment

- 3.M.8. The program provides or makes formal arrangements for:
- a. Medical consultative services.
 - b. Ancillary medical services.
 - c. Pharmacy services.
 - d. Emergency medical services.
 - e. Other services, as appropriate.

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3.M. Inpatient Treatment

- 3.M.9. To facilitate seamless service delivery, the program:
- a. Identifies resources for ongoing care of the person served.
 - b. Engages and integrates referral resources into the program.

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3.M. Inpatient Treatment

- 3.M.11. The program's physical facilities provide:
- a. Personal privacy.
 - b. Security of personal belongings.
 - c. Space for:
 - (1) Group interactions.
 - (2) Quiet activities.
 - (3) Family or other guests.
 - (4) Therapeutic activities.
 - (5) Cultural and/or spiritual activities.
 - (6) Meals.
 - (7) Recreation.
 - (8) Based on gender, age, and needs, separate areas for:
 - (a) Sleeping.
 - (b) Hygiene.
 - d. Access to an outdoor setting, if possible.

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3.M. Inpatient Treatment

3.M.12. Each day, a physician determines the medical necessity of the person served to remain in the inpatient treatment program.

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3.M. Inpatient Treatment

3.M.13. To facilitate integrated service delivery, the program demonstrates timely communication with all service providers involved with the person served.

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3.M. Inpatient Treatment

3.M.14. To ensure the safety of persons served and personnel, the program implements written procedures for searches:

- a. Of persons served.
- b. Of belongings.
- c. That:
 - (1) Preserve privacy.
 - (2) Preserve dignity.
 - (3) Are sensitive to potential trauma of the persons served.

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3.M. Inpatient Treatment

3.M.15. The program implements written procedures that address:

- a. Visitation.
- b. Mail.
- c. Telephone use.
- d. Use of personal electronics.

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3.M. Inpatient Treatment

3.M.16. All direct service personnel are trained in:

- a. First aid.
- b. Cardiopulmonary resuscitation (CPR).
- c. The use of emergency equipment.

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3.M. Inpatient Treatment

3.M.18. The program provides documented, competency-based training to direct service personnel:

- a. At:
 - (1) Orientation.
 - (2) Regular intervals.
- b. That includes, at a minimum, the following topics:
 - (1) De-escalation techniques.
 - (2) Risk assessment.
 - (3) Trauma-informed approaches.

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3.M. Inpatient Treatment

- 3.M.19. The program:
- a. Identifies an indicator to measure engagement of the persons served in ongoing services post discharge.
 - b. At least annually addresses:
 - (1) Performance in relationship to an established target.
 - (2) Trends.
 - (3) Actions for improvement.
 - (4) Results of performance improvement plans.
 - (5) Necessary education and training of:
 - (a) Persons served.
 - (b) Families/support systems.
 - (c) Personnel.
 - (d) Other stakeholders, as appropriate.

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3.T. Residential Treatment

- 3.T.1 The program provides active treatment seven days a week that, based on the needs of the persons served, consists of services in each of the following areas:
- a. Treatment services, including:
 - (1) Individual counseling/therapy.
 - (2) Group counseling/therapy.
 - (3) Family/support system counseling/therapy.
 - b. Adjunct therapies.
 - c. Psychoeducation.
 - d. Skill-building activities.
 - e. Community integration.
 - f. Social activities.
 - g. Recreational activities.
 - h. Spiritual activities.

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3.T. Residential Treatment

3.T.2. Services are provided by a coordinated treatment team that includes, at a minimum:

- a. A qualified behavioral health practitioner who coordinates the plan of the person served.
- b. Providers of appropriate medical support services.
- c. Assigned residential personnel.

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3.T. Residential Treatment

3.T.4. A risk assessment for each person served:

- a. Is conducted at the time of admission.
- b. Identifies:
 - (1) Suicide risk.
 - (2) Risk of self-harm.
 - (3) Risk of harm to others.
 - (4) Trauma.
- c. Results in a personal safety plan when risks are identified.

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3.T. Residential Treatment

3.T.5. Based on the needs of the persons served, the program provides or arranges for:

- a. Healthcare services.
- b. Pharmaceutical services.
- c. Social services.
- d. Educational services.
- e. Other services, as appropriate.

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3.T. Residential Treatment

3.T.7. To facilitate effective community integration, the program demonstrates how, with the consent of the persons served, it engages members of the family and/or support system in program services.

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3.T. Residential Treatment

3.T.8. The program consults with a dietitian regarding its food services to meet the nutritional and dietary needs of the persons served.

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3.T. Residential Treatment

- 3.T.9. The program's physical facilities provide:
- a. Personal privacy.
 - b. Security of personal belongings.
 - c. Space for:
 - (1) Group interactions.
 - (2) Quiet activities.
 - (3) Family or other guests.
 - (4) Therapeutic activities.
 - (5) Cultural and/or spiritual activities.
 - (6) Meals.
 - (7) Recreation.
 - (8) Based on gender, age, and needs, separate areas for:
 - (a) Sleeping.
 - (b) Hygiene.
 - d. Access to an outdoor setting, if possible.

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3.T. Residential Treatment

3.T.10. To ensure the safety of persons served and personnel, the program implements written procedures for searches:

- a. Of persons served.
- b. Of belongings.
- c. That:
 - (1) Preserve privacy.
 - (2) Preserve dignity.
 - (3) Are sensitive to potential trauma of the persons served.

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3.T. Residential Treatment

3.T.11. The program implements written procedures that address:

- a. Visitation.
- b. Mail.
- c. Telephone use.
- d. Use of personal electronics.

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3.T. Residential Treatment

3.T.12. All direct service personnel are trained in:

- a. First aid.
- b. Cardiopulmonary resuscitation (CPR).
- c. The use of emergency equipment.

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3.T. Residential Treatment

3.T.14. The program provides documented, competency-based training to direct service personnel:

- a. At:
 - (1) Orientation.
 - (2) Regular intervals.
- b. That includes, at a minimum, the following topics:
 - (1) De-escalation techniques.
 - (2) Risk assessment.
 - (3) Trauma-informed approaches.

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3.T. Residential Treatment

3.T.15. To facilitate seamless service delivery, the program:

- a. Identifies resources for ongoing care of the person served.
- b. Engages and integrates referral resources into the program.

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3.T. Residential Treatment

3.T.16. The program demonstrates efforts to integrate with the surrounding community to:

- a. Reduce stigma.
- b. Enhance safety for the persons served.
- c. Facilitate community integration for the persons served.

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3.T. Residential Treatment

3.T.17. A review of the person-centered plan for each person served in a residential treatment program:

- a. Occurs at least once a month.
- b. Is documented.

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3.U. Specialized Treatment Foster Care

This core program has been added to the Behavioral Health manual from the Child and Youth Services manual without any changes.

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CARF Behavioral Health Standards

Section 4

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4.B. Autism Spectrum Disorder

These standards have been added to the special population designation standards from the Employment and Community Services Manual without changes.

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