



SURVEY OUTCOME
Three-Year Accreditation

CARF
Survey Report
for
Colonial Services
Board: Mental Health,
Mental Retardation
and Substance Abuse
Services

CARF INTERNATIONAL

4891 East Grant Road
Tucson, AZ 85712 USA
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129
www.carf.org

CARF-CCAC

1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122 ■ Fax 202 587 5009
www.carf.org/aging

CARF CANADA

10665 Jasper Avenue, Suite 1400A
Edmonton, Alberta T5J 3S9 Canada
Tel 780 429 2538 ■ Fax 780 426 7274
www.carfcanada.ca

Organization

Colonial Services Board: Mental Health, Mental Retardation
and Substance Abuse Services
1657 Merrimac Trail
Williamsburg, VA 23185

Organizational Leadership

David A. Coe, Interim Executive Director/CEO

Survey Dates

December 12-14, 2007

Survey Team

Barb Phillips, LISW, Administrative Surveyor

Aimee L. Graves, Program Surveyor

Karen Rever, B.A., Program Surveyor

Programs/Services Surveyed

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Mental Health (Children and Adolescents)

Community Integration: Psychosocial Rehabilitation (Adults)

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

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Mental Health (Children and Adolescents)

Community Services: Community Integration

Employment Services: Community Employment Services: Job Development

Employment Services: Community Employment Services: Job Supports

Employment Services: Community Employment Services: Job-Site Training

Employment Services: Organizational Employment Services

Previous Survey

October 27-29, 2004

Three-Year Accreditation



CARF INTERNATIONAL

4891 East Grant Road
Tucson, AZ 85712 USA
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129
www.carf.org

CARF-CCAC

1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122 ■ Fax 202 587 5009
www.carf.org/aging

CARF CANADA

10665 Jasper Avenue, Suite 1400A
Edmonton, Alberta T5J 3S9 Canada
Tel 780 429 2538 ■ Fax 780 426 7274
www.carfcanada.ca

Survey Outcome

Three-Year Accreditation

Expiration: August 2010

SURVEY SUMMARY

Colonial Services Board: Mental Health, Mental Retardation and Substance Abuse Services has strengths in many areas.

- Colonial Services Board is highly regarded by the community and is seen as a valuable resource at the local, regional, and state level.
- Leadership has adopted an atmosphere of open communication and collaboration within the organization.
- The organization is responsive to requests from the community for new or expanded services that fit within the mission of the organization and meet the needs of the community.
- Members of the board of directors are actively involved in operations with the full support of organizational leadership.
- Leadership has reorganized senior leadership team responsibilities to be more in tune with organizational and community needs as well as the individual strengths of existing staff members.
- The staff of Colonial Services Board is committed to providing services that meet the needs of the persons served and is always seeking to develop new initiatives that will enhance the array of services offered.
- The organization utilizes an e-learning system that meets the requirements of all local, state, and federal standards; is easy to navigate; is accessible in the organization as well as remotely; provides clinical staff the opportunity to receive continuing education units; and continues to be enhanced based on feedback from staff.
- New strategic planning processes are occurring in each clinical and administrative area with six-month work plans that include maintenance, improvement, and innovation initiatives.
- A training needs assessment is completed annually by all staff members, which provides information to leadership such as completion of all required training in a manner conducive to staff schedules and availability of a variety of mechanisms for easier completion.

- Colonial Services Board has an employee liaison committee with representatives from all program areas that provides an opportunity for increased communication between staff and leadership. Other benefits noted include increased employee morale, team-building activities, recognition of staff's unique qualities, development of a staff newsletter, and initiation of Class Act Rewards.
- The organization incorporates the principles of recovery into its mission statement and supports persons' efforts to involve more persons served on the Leadership Empowerment Team.
- Colonial Services Board provides a supportive work environment as evidenced by the longevity of its staff.
- Despite many organizational changes in recent years, the staff of Colonial Services Board remains focused on providing quality services to persons served.
- The emergency preparedness plan is thorough and also includes management of potential issues for the organization's locale. In addition, a number of Colonial Services Board staff members are trained as first responders for the countywide emergency operations team.
- The organization's supported employment program works closely with persons served to find them competitive employment positions in integrated settings that match their interests and abilities. The attention paid to matching the person served to the job has resulted in long-term employment for a significant number of the persons served.
- Pathways staff has strong linkages with other geriatric service providers and engages in considerable outreach activities to encourage participation of persons served.
- The case management and Pathways departments demonstrate strong community linkages with other providers and institutions within the community.
- Of note is Williamsburg Area Transport's agreement to operate a special city bus to transport persons served to Peoples Place in response to a request from Colonial Services Board.
- There is documentation of strong communication and coordination of healthcare with primary care providers.
- Persons served interviewed consistently indicated that staff goes beyond their expectations to meet their needs in comparison to their experiences with other service providers.
- In addition to the intensive outpatient program (IOP) offered during evening hours, Colonial Services Board is in the process of developing a second IOP group that will be offered during daytime hours to better meet the needs of persons served.

In the following area Colonial Services Board: Mental Health, Mental Retardation and Substance Abuse Services demonstrates exemplary conformance to the standards.

- The Colonial Workshop does an exemplary job of matching the individual's unique interests and abilities to employment opportunities. The organization has developed an extensive network with employers in the community, which allows it to offer an array of competitive job opportunities to individuals.

Colonial Services Board: Mental Health, Mental Retardation and Substance Abuse Services should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate nonconformance to standards but are offered as consultation for further quality improvement.

On balance, Colonial Services Board continues to provide quality services in all program areas. The organization is invested in finding a variety of volunteer and competitive vocational opportunities for persons served. There seems to be strong communication and collaboration among service areas and leadership. The organization embraces the concept of recovery and is working to enhance the role of persons served within the organization.

The last couple of years have been tumultuous for the organization, with changes in leadership, state regulations, and community needs. The organization is working cohesively to adapt to all of these changes and is embracing growth and change as a way to provide more efficient and effective services. In addition, the organization is committed to making changes in organizational operations to meet all CARF standards.

Colonial Services Board: Mental Health, Mental Retardation and Substance Abuse Services has earned a Three-Year Accreditation. The leadership and staff members are congratulated on this accomplishment. They are encouraged to continue to use the standards in their efforts to continuously improve the quality of the organization.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in Criterion A 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.

Criterion B. Accessibility

Principle Statement

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

Key Areas Addressed

- Written accessibility plan(s)
 - Status report regarding removal of identified barriers
 - Requests for reasonable accommodations
-

Recommendations

There are no recommendations in this area.

Criterion C. Information Management and Performance Improvement

Principle Statement

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

- Information collected, analyzed, and used to address critical customer needs
 - Accurate and consistent information collection
 - Proactive performance improvement
 - Performance information shared with all stakeholders
 - Written technology and system plan
-

Recommendations

C.4.b.(4)

The organization is urged to develop a mechanism to collect data on persons served at points in time following services.

Consultation

- Clinical outcomes measures are completed at each clinical appointment and reviewed with the person served. It is suggested that each clinical program establish a clinical measure baseline, then perhaps review aggregate data on a more regular basis for programmatic and clinical performance improvement measures.
 - It is suggested that the organization's policy for the retention and destruction of records include site-specific procedures for the destruction of electronic records in accordance with the Library of Virginia statutes referenced in records destruction policies.
-

Criterion D. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

- Meaningful communication of rights
 - Commitment to diversity
 - Policies promote rights of persons served
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

There are no recommendations in this area.

Criterion E. Health and Safety

Principle Statement

CARF-accredited organizations maintain accessible, healthy, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

Key Areas Addressed

- One annual external inspection
- Self-inspections twice a year
- Emergency procedures, including evacuation, tested/analyzed annually

- Access to emergency first-aid resources
 - Competency of personnel in safety procedures
 - Defined system for reporting/reviewing critical incidents
 - Infection control plan
 - Transportation requirements, if applicable
-

Recommendations

E.4.c.(4)

It is recommended that the organization address procedures for accounting for all individuals, particularly persons served, during facility evacuations.

E.19.

It is recommended that the organization develop procedures for the safe handling, storage, and disposal of hazardous materials. Procedures are in place for biohazardous materials.

Consultation

- It is suggested that staff continue to educate persons served on the importance of signing in and out each time they leave the organization.
-

Criterion F. Human Resources

Principle Statement

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 description/performance
- Policies regarding students/volunteers, if applicable

Recommendations

F.5.d.(4)(a)

Performance evaluations for all personnel should assess in writing performance related to objectives established in the last evaluation period.

F.5.d.(5)

It is recommended that the organization complete performance evaluations on all employees on an annual basis.

F.8.f.

Personnel policies should be reviewed annually and updated as needed.

Criterion G. Leadership

Principle Statement

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.

Criterion H. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

H.2.b. through H.2.d.

The organization is urged to expand confidentiality procedures to specifically include responses to search warrants, investigations, and other legal actions.

Criterion I. Financial Planning and Management

Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual 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
 - Annual review of service billing records, if applicable
 - Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

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.

A. Program Structure and Staffing

Principle Statement

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.

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed 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 strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, 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

There are no recommendations in this area.

C. Individual Plan

Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

Key Areas Addressed

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

Recommendations

C.2.a.

The organization is urged to consistently prepare an interpretive summary based on assessment data for each person served.

C.2.h.

Colonial Services Board is urged to offer a copy of the treatment plan to the person served.

Consultation

- The organization is encouraged to explore the possibility of incorporating all services provided into a single integrated plan in place of the current practice of developing a separate plan for each service modality.
-

D. Transition/Recovery Support Services

Principle Statement

In transition or discharge planning, the organization assists the persons served to obtain services that are needed but that are not available within the organization or in transitioning from one level of care to another 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. Transition services are critical for the support of the individual's ongoing recovery or well-being.

The discharge plan is a clinical document that includes information about the person's progress in recovery, describes the completion of goals, services, and reasons for discharge. This document is prepared when the person leaves services for any reason (against medical advice, no show, infringement of program rules, etc.).

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 contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services are needed.

The transition plan and/or discharge summary may be included in a combined document as long as it is clear whether the information relates to the transition or discharge planning.

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

D.5.

Individuals who participate in the development of the transition plan should receive copies of the plan when permitted.

Consultation

- The organization could add a field to the discharge summary whereby staff could indicate that a copy of the transition plan was offered to the person served and document if it was declined and the reason why it was declined.
-

E. Pharmacotherapy

Principle Statement

Pharmacotherapy is the practice of evaluating, 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 efficacious. Pharmacotherapy may 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.

Pharmacotherapy includes all prescribed medications, whereas medication monitoring includes prescribed medications and over-the-counter medications.

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.

F. Seclusion and Restraint

Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. 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.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

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 that are not in response to the behavioral health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

Key Areas Addressed

- Emergency intervention procedures
 - Patterns of use reviewed
 - Policies and procedures for use of seclusion and restraint
 - Persons trained in use
 - Designated room
-

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

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
 - Time frames for entries to records
 - Individual record requirements
 - Duplicate records
-

Recommendations

There are no recommendations in this area.

H. Quality Records Review

Principle Statement

The organization has 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.

Consultation

- Leadership could consider studying aggregate data from the outcomes rating scale to look for trends in needs of persons served and areas of potential performance improvement and training needs of staff.
-

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/disorders, such as mental illness and a developmental disability.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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.

C. Case Management/Services Coordination

Principle Statement

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

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

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

Recommendations

C.7.

The organization is urged to develop a process to ensure that consent and release forms are consistently and accurately completed.

Consultation

- It is suggested that the organization develop a procedure that matches the practice of joint planning and collaboration of services with staff and persons served.
-

Q. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family

relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

A. Children and Adolescents

Case Management/Services Coordination: Mental Health
Outpatient Treatment: Mental Health

Principle Statement

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Recommendations

There are no recommendations in this area.

PSYCHOSOCIAL REHABILITATION

Core programs in this field category demonstrate a strong collaborative partnership with the persons served, the development of opportunities for personal growth, a commitment to community integration, goal-oriented and individualized supports, and the promotion of satisfaction and success in community living. Programs in this category may serve persons with a variety of concerns, including persons with developmental or physical disabilities.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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.

E. Community Integration

Principle Statement

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. A psychosocial clubhouse, a drop-in center, an activity center, and a day program are examples of community integration services.

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.
-

Recommendations

There are no recommendations in this area.

INTEGRATED AOD/MENTAL HEALTH

Core programs in this field category are designed to provide a combination of alcohol and other drugs/addictions and mental health services. This may include services provided in a psychosocial format. Services may be provided through a seamless system of care for individuals with needs in one or both areas or for persons with the identified co-occurring disorders.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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.

C. Case Management/Services Coordination

Principle Statement

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

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

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

Recommendations

C.7.

The organization is urged to develop a process to ensure that consent and release forms are consistently and accurately completed.

Consultation

- It is suggested that the organization develop a procedure that matches the practice of joint planning and collaboration of services with staff and persons served.
-

O. Intensive Outpatient Treatment

Principle Statement

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

Recommendations

There are no recommendations in this area.

Q. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient

programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

SECTION 5. EMPLOYMENT AND COMMUNITY SERVICES

A. Individual-Centered Service Planning, Design, and Delivery

Principle Statement

Improvement of the quality of an individual's services 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 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 are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

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.

B. Employment Services Principle Standards

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.

I. Organizational Employment Services

Principle Statement

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

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

Key Areas Addressed

- Paid work provided by organization
 - Employment goals of persons served
 - Legal guidelines adherence
-

Recommendations

There are no recommendations in this area.

Exemplary Conformance

I.2.d.

The Colonial Workshop does an exemplary job of matching the individual's unique interests and abilities to employment opportunities. The organization has developed an extensive network with employers in the community, which allows it to offer an array of job opportunities to individuals.

J. Community Employment Services

Principle Statement

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

Individuals may be paid by community employers or by the organization.

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

- Job Development
- Job-Site Training
- Job Supports

Key Areas Addressed

- Integrated employment choice
 - Integrated employment obtainment
 - Integrated employment retention
-

Recommendations

There are no recommendations in this area.

L. Community Services Principle Standards

Key Areas Addressed

- Access to community resources and services
-

Recommendations

There are no recommendations in this area.

N. Community Integration

Principle Statement

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.

Key Areas Addressed

- Opportunities for community participation
-

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Colonial Services Board: Mental Health, Mental Retardation and Substance Abuse Services

1657 Merrimac Trail
Williamsburg, VA 23185

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Psychosocial Rehabilitation (Adults)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Community Services: Community Integration

Employment Services: Community Employment Services: Job Development
Employment Services: Community Employment Services: Job Supports
Employment Services: Community Employment Services: Job-Site Training
Employment Services: Organizational Employment Services

Peoples Place - Colonial Services Board

111 Warwick Court
Williamsburg, VA 23185

Community Integration: Psychosocial Rehabilitation (Adults)

Colonial Services Board: Mental Health, Mental Retardation and Substance Abuse Services

3804 George Washington Highway
Yorktown, VA 23692

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)