



Providing Behavioral Health Care

Edward-t Moises, JD, PhD

Orpe Human Rights Advocates Operating Standards and Procedures deal with Seven Key Operating Subjects that Include:

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Objectives

Orpe Human Rights Advocates has established these Operating Standards and Procedures for the following objectives:

- Provide a harmonized organizational framework for compiled instructions to help OHRA leadership team, and its staff members carry out complex routine operations.
- OHRA aims to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with industry regulations
- Serve as a guide for accreditation before the Accreditation Commission for Health Care (ACH), and/or before the Commission on Accreditation of Rehabilitation Facilities (CARF)

Accreditation Preliminary Evidence Report (PER) Initial Checklist

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Behavioral Health accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Required items to be submitted to the Accreditation Commission for Health Care (ACHC):

- Organizational chart
- Descriptions of all services to be surveyed
- Service Recipient Rights and Responsibilities
- If the organization uses any form of restrictive intervention (physical/manual restraint or seclusion), submit policies and procedures ensuring that systems and structures are in place to facilitate appropriate and safe implementation and monitoring of such interventions; or Not Applicable, as restrictive interventions are not allowed

Verification of the following:

- The organization has provided care to a minimum of 3 service recipients, 1 active for single service line or 5 service recipients served, 3 active for multiple service lines being provided at time of survey unless state law requires more.

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards

_____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ (date)

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

****Compliance Statement:** ORPE Human Rights Advocates is committed to always be compliant with the State of Maryland Regulations.

REGULATIONS.

I, Edward-T Moses, having the authority to represent this organization, verify that **Orpe Human Rights Advocates** has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

Edward-t Moses, CEO

04/18/2020

Programs /Services

Orpe Human Rights Advocates is committed to providing programs and services with relevant, comprehensive standards and procedures that facilitate the highest level of performance. In order to ensure each standard is clear, concise, relevant, and meets all regulatory requirements, ORPE will be conducting an annual review of all standards by compiling feedback from clients, industry consultants, and regulatory bodies. At this time, ORPE standards for behavioral health are available for the following services and programs it will be providing:

- Case Management
- Integrated Behavioral and Health Care Services
- Outpatient Treatment
- Prevention Services
- Psychosocial Rehabilitation
- Residential Treatment
- Supported Employment Services
- Withdrawal Management with Extended On-Site Monitoring services

Organization & Administration

Chapter **1**

Section 1: OHRA Organization and Administration

SECTION 1: OHRA ORGANIZATION AND ADMINISTRATION

This section studies the standards related to Orpe Human Rights Advocates Leadership and its organizational structure. It also addresses all items referring to business licensure including federal, state, and local licenses that effect the day-to-day operations of the business . This section includes the Orpe Human Rights leadership structure including board of directors, advisory committees, management, and employees. Also included is information about leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

Compliance with the Standard BH1-1A

Orpe Human Rights Advocates is an established entity with legal authority to operate and has the appropriate licensure, Article of incorporation, and a IRS Recognition letter granting the entity the status of 501 (C)(3) tax-exempt Nonprofit entity. The organization was incorporated in the State of Maryland. Evidence of licensure and related legal documents can be uploaded on its website at www.orpe.us/

Compliance with the Standard BH1- 1B

Orpe Human Rights Advocates is in compliance with the disclosure of ownership and management information. The organization will be disclosing the following information to ACHC and state of Maryland or federal agencies at the time of initial application and within 30 days of any change in ownership or management. The following are names, titles, and addresses of the organization ownership and management:

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From standing and ad hoc committees to task forces and advisory councils, OHRA board accomplishes its work through a variety of small groups called committees. Our organization needs to regularly evaluate the existing committee structure and be ready to adjust it based on the organization's changing governance needs. To be effective (and to avoid burnout), OHRA board members should generally not serve on more than two committees.

OHRA Committees perform regular self-assessments to determine if they are working effectively, achieving their established goals, and providing value to the organization. This is done at the end of each committee meeting or on an annual or more frequent basis.

Committee chairs and vice chairs provide actual leadership to the committee. These are not empty titles but require real work in terms of translating the board's goals for the committee into meeting agendas and work plans. They work with staff as appropriate to prepare background materials for committee meetings, schedule committee meetings, prepare minutes and reports, and otherwise keep the committee functioning. Committee chairs have the difficult task of following up with absent committee members or addressing behaviors that are disruptive to the committee's work. Committee chairs also report on the work of their committee to the Executive Committee and the full board.

The board considers looking at the current committee structure and what the committees actually do. In case of overlapping responsibilities or no work being done, then committee structure has to be realigned. In case the committees have no work it can be abolished. Committees with overlapping work can be merged. The goal is to avoid committees to overshadow the board.

Board of Directors

Role & Responsibilities of Board of Directors

- Determine the Organization's Mission and Purpose.
- Support the Executive and Review His or Her Performance.
- Ensure Effective Organizational Planning.
- Ensure Adequate Resources.
- Manage Resources Effectively.
- Recruit, supervise, retain, evaluate and compensate the managers
- Provide direction for the organization
- Fiduciary duty to protect the organization's assets and member's investment
- Adopt and amend the Bylaws

Executive Committee

The original purpose of executive committees was to review major issues that organizations faced and make preliminary decisions for discussion and voting at the next full board meeting. Over time, many organizations have made the executive committee a standing committee that meets shortly before the full board meeting and acts as a steering committee.

The Executive Committee serves as the governing Board of the OHRA. As such, it provides oversight and governance for the OHRA's operations as a 501(c)3 non-profit charitable organization. A major responsibility of the EC is to ensure effective implementation of the OHRA's Strategic Plan, which needed to be updated and serve for the next tree years. The EC also works to ensure the financial sustainability of the OHRA.

CEO relies on the executive committee to vet matters that are highly confidential or aren't ready for formal, full-board deliberations. It's often easier for smaller executive boards to get together on an emergency or unplanned basis, than in a larger board, where most of the work is done in smaller committees. Executive committees handle routine matters that would otherwise take up the full board's limited time.

Composition of Leadership Structure

OHRA Committee Structure is composed of Standing Committee , Ad Hoc Committee., Advisory Councils, and Task Forces:

•Executive Committee

•Depending on the size of the board, it may be advantageous to form a small (three- to seven- member) Executive Committee that is authorized to meet and take action between board meetings when it is impractical to get the full board together for a special board meeting. The Executive Committee can also serve as an advisor to the chief executive officer and a liaison between the CEO and the full board.

•The Executive Committee is usually charged with oversight of the organization's chief executive officer. While there may be a separate CEO search committee or a compensation committee, the Executive Committee will often hire the CEO and work with the CEO in establishing goals for the year, evaluating performance, and setting compensation. The Executive Committee reports on these activities to the full board.

•The members of the Executive Committee are often on that committee due to the position they hold within the organization. The chair and any vice chairs are normally on the Executive Committee.

•Audit Committee

It is a small committee of three to five members. Its work is often seasonal, tied to the end of the organization's fiscal year. The Audit Committee selects the outside auditor, meets with the auditor to receive the audit report and management letter, and discusses the management letter with the full board and the senior staff. The Audit Committee may also be charged with auditing the expenses of the board, the chief executive officer, and the President. Members of the Audit Committee are expected to be financially savvy and at least one (and preferably more) should be financial professionals. While there may be some overlap in membership with the Finance Committee, the chair of the Finance Committee and the treasurer should not be on the Audit Committee. Likewise, the chair of the board, the CEO, and the President of OHRA are prohibited to be part of the Audit Committee.

•Governance Committee

•The Governance Committee is charged with the care and feeding of the board itself. The Governance Committee is responsible for board recruitment, orientation, self-assessment, continuing education, and board management.

•Finance Committee

•Finance Committee is also called Budget Committee or Budget and Finance Committee. This committee oversees the preparation of the annual budget and the performance of the organization in meeting its budgeted revenues and expenses. Finance Committees will be receiving regular reports on the organization's performance in meeting its budget and present that information to the full board.

•Membership Committee

•OHRA Membership Committee is tasked with developing criteria for membership, credentialing members, overseeing elections, and developing and delivering programs for members.

•Program Committee

•While staff often carries out the day-to-day activities that result in the development and implementation of the organization's programs, the Program Committee is charged with long-range planning and general oversight. Depending on the extent of the programs, there could be several committees devoted to programs that may bear other titles (for example, Government Relations, Technology, and Education). Each of these committees or subcommittees would be assigned a specific element of programs to plan and oversee. The Program Committee is a good way to involve them in the organization's work. Non-board members can serve on the Program Committee or on its subcommittees.

OHRA ad hoc committees are formed when they are needed and dissolved when their work is done. Below are situations that require to a formation of ad hoc committees.

Charter (Bylaws) Committee

•The Charter Committee is charged with reviewing the organization's Charter and current practices to ensure that they are synchronized. This is to avoid over time, a committee no longer follow the bylaws. The Charter Committee assesses why this has happened and recommends changes to either the organization's practices or the bylaws. This group can also be used to review current best practices and governance trends and make recommendations on those the organization should consider adopting. A Charter Committee may work with the Governance Committee or Membership Committee. Since a review of the organization's Charter and practices is usually only done every few years, this does not need to be a standing committee.

Capital Campaign Committee

•A capital campaign is usually expected to last for several years. OHRA may embark on a capital campaign only once a decade. Therefore a capital campaign committee is an ad hoc committee. Its goal is to raise funds for the capital campaign. Donors who are not on the board can serve on the Capital Campaign Committee. Their commitment is not open-ended, and they may be more willing to serve in this capacity. The Capital Campaign Committee may work with the Finance Committee, the Membership Committee, or the Program Committee.

Strategic Planning Committee

•Since it should take less than a year to develop or update an existing strategic plan, this task is to be assigned to an ad hoc committee or a task force. Actually, at OHRA Strategic Planning Committee is assigned to ad hoc committee. Members of the Strategic Planning Committee are responsible for developing or updating an existing strategic plan for the full board's approval. They may also monitor the implementation of the plan and report on its progress to the full board. This ad hoc committee may work closely with the Finance Committee, the Membership Committee, and the Program Committee.

Task Force

Task forces by their nature are designed to bring people together to solve a problem. Task forces are short in duration and specific in focus. Here are the circumstances that will require

Task Forces:

- New Program Development Task Force
- When it is time to brainstorm about ideas to keep an association relevant in the face of changing demographics or trends, a New Program Development Task Force might be the answer. It can bring board members, members, consultants, founders, and representatives of the community together to find a creative solution to the organization's challenges.
- Joint Activities Task Force
- An organization that is considering joining forces with one or more other organizations may want to study the issue through the use of a Joint Activities Task Force. Task forces are ideal for identifying issues, collecting information, reviewing and analyzing the information, and making recommendations to a committee or the full board.
- Special-Events Fundraising Task Force
- Organizations that use special-events fundraising such as concerts, golf tournaments, walk-a-thons, or auctions may use a Special-Events Fundraising Task Force to help plan and carry out an event. This task force may work with the Finance Committee or other committees involved in fundraising.
- Environmental Scanning Task Force
- It is advisable to conduct an environmental scan before making a decision that will impact the organization. A task force might be charged with conducting an environmental scan for proposed actions such as going global, forming a subsidiary, or launching a certification program.

Advisory Councils

Advisory Councils

Unlike task forces, advisory councils is expected to exist for many years. They have no governance responsibility, so they are not referred to as boards. The following are deemed to be of advisory councils.

•President's Council

•This advisory group usually comprises former board chairs who advise the organization's president on issues facing the organization. This is a way for former board chairs to stay engaged with the organization and move off the board to make way for new board members. It also provides the link to the organization's institutional memory. The organization should be careful to use an advisory council only so long as there is a benefit to the organization. Keeping a President's Council in place solely to provide a free trip to the annual meeting for former board chairs as a reward for past service does not meet that standard. Scheduling meetings with the CEO, the board leadership, and the President's Council one or more times a year to take advantage of the expertise and experience of the council's members can benefit the organization, particularly if members of the council are from different industries or bring other diverse views to the organization.

•Major Donor Council

•This advisory group often has a unique name to designate it as the pinnacle of volunteer involvement for donors. This group is given special access to the CEO and board, as well as advance briefings on issues. They receive special invitations to the organization's events. While they sometimes provide valuable advice to the organization, Major Donor Councils often serve the primary purpose of recognizing major donors and cultivating additional gifts from them or their friends and family.

•Professional Expertise Councils

•Sometimes an organization wants to formalize the way it receives advice from volunteer experts. An organization may form a council of scientists, physicians, educators, or other experts in a specific field to meet occasionally and provide advice as a group to the organization. Not only can the discussions by the experts advance the development of the organization's programs; the qualifications of the experts on the council can provide instant credibility to the organization.

Executive Committee

Standard BH1-3B requires committee members responsible for reviewing service recipient rights receive an orientation to their responsibilities and accountabilities.

The Executive Committee of the OHRA will be making sure that program council received orientation to their responsibilities and accountabilities as defined by the organization.

Orientation includes, but is not limited to:

- Service Recipient Bill of Rights
- Service Recipient grievance policies and procedures
- A review of the organization's values, missions and/or goals
- Conflict of interest
- Confidentiality

Evidence: Orientation Records

Conflict of Interest

Standard BH1-4A requires that written policies and procedures are established and implemented by the organization in regard to conflicts of interest and the procedure for disclosure.

The organization's policies and procedures define conflicts of interest and the procedure for disclosure and conduct in relationships with personnel, customers, and service recipients. The policies and procedures include the required conduct of any affiliate or representative of the following:

- Governing body
- Personnel having an outside interest in an entity providing services to the organization
- Personnel having an outside interest in an entity providing services to service recipients

In the event of proceedings that require input, voting, or decisions, the individual with a conflict of interest is excluded from the activity.

Governing body members, committee members and personnel demonstrate understanding of conflict of interest policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Duties and Responsibilities of OHRA Councils

The top three external positions:

1. Chairman of the Board of Directors
2. Vice Chairman of the Board
3. Board of Directors (Members)

Chairman of the Board, Vice Chairman of the Board, and the Board of Directors are external to the operations of the organization although the Chief Executive Officer sit on the Board.

Orpe Human Rights Advocates internal hierarchy:

1. Chief Executive Officer
2. Chief Operating Officer (COO)
 - Chief Campaign & Membership Officer (CCMO)
 - Chief Financial Officer (CFO)
 - Chief Technology Officer (CTO)
 - Chief Communication Officer (CCO)
 - Chief Knowledge Officer (CKO)
 - Chief Innovation Officer (CIO)
 - Chief Data Officer (CDO)
 - Chief Strategy Officer (CSO)
 - Chief Compliance Officer (CCO)
 - Chief Security Officer (CSO)
 - Chief Marketing Officer (CMO)
 - Chief Talent Officer
 - Chief Human Resources Officer (CHR)
 - Chief Administrative Officer (CAO)
 - Chief User Experience Officer (CUEO)

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Board of Directors

Standard BH1-2A requires that the existence of governing body which assume the full legal authority and responsibility for the management of the organization

Orpe Human Rights Advocates is governed by the Board of Directors. The Board assumes full legal authority and responsibility for the management of the organization, the provision of all services, its fiscal operations, and the continuous performance improvements that are consistent with acceptable standards of practice. ORPE Board of Directors activities include:

- Decision making
- Appointing a qualified Administrator
- Adopting and periodically reviewing written bylaws or equivalent
- Establishing or approving written policies and procedures governing overall operations
- Annual review of policies and procedures
- Human resource management
- Performance Improvement
- Community needs planning
- Oversight of the management and fiscal affairs of the organization

The ORPE is a multi-service organization. The board activities address the overall organization's activities; however, the day-to-day operations of each Program Unit are under the control of the Council associated with each Unit Program. Each Unit Council reports to the Executive Committee.

The organization's program will be evidenced by reports to the board or documented in minutes of board meetings.

- Evidence: Written Policies and Procedures

Standard BH1-3A: Service Recipient Rights Policies (Ethics Committee)

The Ethics Committee of the OHRA has established and implemented written policies and procedures in regard to the formulation, structure and purpose of a committee to review service recipient rights.

The committee will consist of the following members:

- Persons from different disciplines, services, or functions within or outside of the organization
- At least one person who represents service recipients (e.g., either a current or former service recipient, a responsible person for a service recipient, or a service recipient advocate)

Executive Committee

Standard BH1-2C requires that the governing body members receive an orientation to their responsibilities and accountabilities.

The Executive Committee of the OHRA is governed by the Chief Executive Officer. The mission of the Executive Committee is to establish and adopt governing overall strategies of the Orpe Human Rights Advocates. It has executive power. It oversees the Program Units. Each Unit is overseen by a Council. The Chairs of each Council Unit are automatically member of the Executive Committee. The Executive Committee directs the strategies to be implemented by each Unit Council. Chairs of each Unit Council have responsibilities and duties established by the organization statute and report and are accountable to the Executive Committee. Councils are provided the opportunity to evaluate the orientation process and raise observations if necessary. Orientation includes, but is not limited to:

- Organizational structure
- Confidentiality practices and signing of a confidentiality agreement
- Overview of programs, services and initiatives
- Philosophy of care
- Personnel and service recipient grievance policies and procedures
- Responsibilities for the performance improvement program
- Organizational ethics
- Conflict of Interest

Evidence: Orientation Records

Structure of OHRA_ link: <https://www.orpe.us/orpe-organizational-chart>

Written policies and procedures describe the functions and the responsibilities of the committee, its duties, activities, and frequency of meetings and evaluation of the committee. The major function of the committee is to review service recipient rights issues (e.g., restriction of rights, and restrictive interventions), render a decision on whether or not rights have been violated, and make recommendations to the administration and governing body/owner for changes or improvements to policies and procedures related to service recipient rights.

ORPE has adopted restrictive interventions option which drives the committee reviews the restrictive intervention policies and procedures at least annually, making recommendations to the administration and Board for changes or improvements.

Ethics Committee meets at least annually and meeting minutes are documented.

Evidence: Written Policies and Procedures

Evidence: Committee Meeting minutes

Program and Service Operations

Chapter 2

Program Goals Setting (Staff Training)

Orpe Human Rights Advocates

Developing Program Goals and Measurable Objectives

Program goals and objectives establish criteria and standards against which you can determine program performance. You will need to identify the goals and objectives of the program component or intervention you plan to evaluate. Logic models are a useful tool that can help you do this.

Goal	Objectives
<p>A broad statement about the long-term expectation of what should happen as a result of your program (the desired result). Serves as the foundation for developing your program objectives.</p> <p>Criteria: 1) Specifies the STD problem or STD-related health risk factors; 2) Identifies the target population(s) for your program.</p>	<p>Statement describing results to be achieved, and the manner in which they will be achieved. You usually need multiple objectives to address a single goal. Criteria: SMART attributes are used to develop a clearly-defined objective.</p>

Attributes of SMART objectives

- **Specific:** includes the “who”, “what”, and “where”. Use only one action verb to avoid issues with measuring success.
- **Measurable:** focuses on “how much” change is expected.
- **Achievable:** realistic given program resources and planned implementation.
- **Relevant:** relates directly to program/activity goals.
- **Time-bound:** focuses on “when” the objective will be achieved.

Objectives can be process or outcome oriented.

For more information and examples, see Steps 2.2–2.3 in the Practical Use of Program Evaluation among STD Programs manual.

<http://www.cdc.gov/std/program/pupestd.htm> TIP: Complete Exercise 2: “Writing Goals and Smart Objectives” on pages 64–65 of the manual

Process Objectives

Process objectives describe the activities/services/strategies that will be delivered as part of implementing the program. Process objectives, by their nature, are usually short-term.

Example of a SMART process objective

By (month/year), (X%) of providers who reported incorrect gonorrhea treatment in County Z will be contacted within 1 month.

Outcome objectives

specify the intended effect of the program in the target population or end result of a program. The outcome objective focuses on what your target population(s) will know or will be able to do as a result of your program/activity

Example of a SMART outcome objective:

By (month/year), increase the percentage from (X%) to (Y%) of providers in County Z that fully adhere to the CDC-STD treatment guidelines for appropriate treatment of gonorrhea. [Intermediate objective]

Outcome objectives can be classified as short-term, intermediate, or long-term. Well-written and clearly defined objectives will help you monitor your progress toward achieving your program goals.

- **Short-term outcome objectives** are the initial expected changes in your target population(s) after implementing certain activities or interventions (e.g., changes in knowledge, skills, and attitudes).
- **Intermediate outcome objectives** are those interim results that provide a sense of progress toward reaching the long-term objectives (e.g., changes in behavior, norms, and policy).
- **Long-term objectives** are achieved only after the program has been in place for some time (e.g., changes in mortality, morbidity, quality of life).

Note: Objectives are different from listing program activities. Objectives are statements that describe the results to be achieved and help monitor progress towards program goals. Activities are the actual events that take place as part of the program. Following is an example of how program activities differ from objectives.

Example: Activity versus Objective Goal:

Reduce gonorrhea rates among male adolescents in County Z. Activity: Educate providers on appropriate treatment for gonorrhea. SMART process objective: By (month/year), (X%) of providers who reported incorrect gonorrhea treatment in County Z will be contacted within 1 month.

Develop SMART Objectives

Evaluate a CoP

Once you have established the goals of your CoP, it is time to think about objectives and activities needed to accomplish these goals. First, ask yourself the following questions:

- **WHAT** are we going to do?
- **WHY** is it important for us to accomplish this activity?
- **WHO** is going to be responsible for the activities?
- **WHEN** do we want this to be completed?
- **HOW** are we going to do these activities?

Once you have answered the questions listed above, define your SMART objectives to move those ideas into action. SMART objectives are:

- **Specific:** Concrete, detailed, and well defined so that you know where you are going and what to expect when you arrive
- **Measurable:** Numbers and quantities provide means of measurement and comparison
- **Achievable:** feasible and easy to put into action
- **Realistic:** Considers constraints such as resources, personnel, cost, and time frame
- **Time-Bound:** A time frame helps to set boundaries around the objective

The following table lists questions for each SMART objective that will help your CoP translate objectives into SMART ones.

Specific	Measurable	Achievable	Realistic	Time- Bound
What exactly are we going to do in this CoP? What strategies will we use? Is the objective clear? Is the objective described with strong action verbs such as conduct, develop, build, plan, or execute? Who will be involved? Is the outcome specified? Will this objective lead to the desired results?	How will we know that change has occurred? Are we able to gather these measurements?	Can it be done in the proposed timeframe? Are the limitations and constraints understood? Can we do this objective with the resources available to the CoP?	Do we have the resources available to achieve this objective? Is it possible to achieve this objective?	When will this objective be accomplished? What is the stated deadline?

The “[SMART Objectives Template](#)” can guide you through the steps needed to define goals and SMART objectives.

Innovation Tracking

The CoP environment is proving to be a fertile one for generating new ideas and products, improving existing ones, and disseminating what is learned to improve the practice of public health.

The “Innovation Tracking Tool” is provided for documenting and monitoring work on products, ideas, and innovations within your community.

The following table provides an overview of resources that may help you with preparing and conducting an evaluation. Each Resource described below is also located in the [Resources](#) section.

Related Resources	Description	Audience
SWOT Analysis ToolCdc-word[DOC – 132KB]	A SWOT analysis will help you identify internal and external factors in the environment (strengths, weaknesses, opportunities, and threats) that can help with the development of your CoP’s goals and objectives.	Leaders of new and existing Communities of Practice (CoPs)
SMART Objectives TemplateCdc-word[DOC – 187KB]	When it comes time to define the goals and objectives of your CoP, this template will walk you through the process of developing specific, measurable, achievable, realistic, and time-based objectives.	Leaders of new and existing CoP
Evaluation Interview TemplateCdc-word[DOC – 189KB]	This template helps you start-off your evaluation process by aligning it with the standard evaluation for CoPs. The template contains sample evaluation objectives and sample questions. Each CoP can modify the template by modifying or adding additional questions that are specific to its goals and objects.	Leaders of new and existing Communities of Practice (CoPs)
Innovation Tracking ToolCdc-word[DOC – 227KB]	Creation and dissemination of new products and ideas are important outcomes of CoP collaborations. This template provides a means to record and track innovations that come from CoPs.	Leaders of new and existing Communities of Practice (CoPs)

Writing the Objectives -Example

- Example –Education about medication and diagnosis diagnosis
- Writing the Objective –What –The patient will be able to state the names of 2 of the medications he is currently taking and why he is taking them –Why –To increase his knowledge about his illness, assist with medication regime adherence so patient can function independently –When –By the end of the review period client will be able to state the names of the 2 medications and verbalize why he is taking them.

Method

- Describe what methods the Treatment Team will be providing to the patient to assist him in achieving the objective
- Include details
- Both the methods and progress towards goals are described in the progress notes.
- What will the Treatment Team do to bring about change? change?
- All services to be provided by the Treatment Team must be specific to that objective.
- There are likely several services pertaining to each objective
- **Example:** Nursing staff will prompt patient to state current medications while administering medication. Staff will provide patient with clinical pharmacology education materials, including the viewing of educational films and self-guided on-line education, pertaining to his medications, daily dosages and uses. Psychiatrist will educate patient concerning the effect of the medications on patient’s brain and general physical health. Staff will invite patient to attend weekly medication

Writing the Update - Example

Example –Patient will identify the names of two of his medications and why he is taking them.

- What was accomplished? Patient was able to state the names of 2 of his medications and why he is taking them.
- How was it accomplished? RN prompted patient daily during medication administration to state the names of his medications and why he is taking them. RN offered assistance when necessary. RN educated patient on the importance of knowing the names of his medication and why he is taking them as it relates to his recovery.
- When was it accomplished? By the end of review period

Setting Attainable Goals

Goal: Pt will improve social skills and build a healthy support system in Recovery
Objective: Recognition of need for better support system in Recovery → Goal Attained?

1 st Treatment Plan Objective	2 nd Treatment Plan Objective	3 rd Treatment Plan Objective	4 th Treatment Plan Objective
Patient will state three reasons she would benefit from OHRA Group attendance.	Patient will identify the location and schedule of 5 OHRA Group in this community.	Patient will attend two AA groups per week	Patient will get a sponsor.
Goal Attained	Goal Attained	Goal Attained	Goal Attained



Discontinue Objective

When should a objective be discontinued?

- The patient is not ready to work on the objective
- The objective was not achieved
- There were too many objectives (not specific enough)
- Be sure if you discontinue an objective that you state why it has been discontinued in the Update

What is a Treatment Plan?

A mental health treatment plan is simply a set of written instructions and records relating to the treatment of an ailment or illness. A treatment plan will include the patient or client's personal information, the diagnosis (or diagnoses, as is often the case with mental illness), a general outline of the treatment prescribed, and space to measure outcomes as the client progresses through treatment. A treatment plan does many things, the most important of which include:

1. Defining the problem or ailment
2. Describing the treatment prescribed by the health/mental health professional
3. Setting a timeline for treatment progress (whether it's a vague timeline or includes specific milestones)
4. Identifying the major treatment goals
5. Noting important milestones and objectives

This components of treatment helps the therapist and client stay on the same page, provides an opportunity for discussion of the treatment as planned, and can act as a reminder and motivational tool.

A wide range of people can benefit from mental health treatment plans, including:

- People living with a serious mental illness
- People experiencing distress in one or more areas of life
- Children, parents, and/or families
- The elderly
- Individuals
- Couples
- People with developmental disabilities
- People experiencing sexual or gender identity issues
- People being bullied and/or abused
- Bullies and/or abusers
- People in the criminal justice system
- Employers and/or employees.

Developing Goals, Objectives, and Interventions

I. Some considerations when developing goals

- Solicit the life-role goal statement at the very beginning of Individualized Recovery Plan (IRP) Planning. This conversation should be informed by the assessment process as well as your relationship and previous conversations with the Personalized Recovery Oriented Services (PROS) participant.
- Don't be concerned about whether or not the goal is "realistic." Identifying a goal is a process that you and the person will work on together. Your conversation with the person can focus on teasing out what the person would like to accomplish in his or her life.
- Goal setting is a collaborative process – it offers an important opportunity for you to partner with people and motivate them in treatment and with their lives.
- Encourage the PROS participant to prioritize and identify just a few key goal areas on the plan. Having too many goals may feel overwhelming to the person and may make the IRP overly complicated and unwieldy.

Some questions to ask if the person has "no" goals:

- Steer the conversation to a discussion of the person's strengths. Use some of the strengths identified in the assessments as a place to begin.
- Ask the person to visualize an "ideal day." What would this look like? What would the person be doing? Who would he or she be with?
- Ask the person to imagine that all the challenges of today have disappeared as if by magic. What would this be like? What would the person be doing/feeling?
- If a person focuses his or her goals on symptoms ("I want to feel less depressed"), the conversation can explore topics such as "If you were less depressed, what might you be doing? How would you spend your time? How would life be different for you?"

Goal Statements: Traditional Treatment Plan vs Person Centered IRP

Sam's Goals in a Traditional Plan	Sam's Goals in a person-centered Plan
Patient will be med-compliant over next 3 months.	I want to have enough energy to focus on my job. I don't want to feel dopey all the ti
Patient will refrain from verbal and physical aggression	I need to get along better with my co-workers. My boss said I could lose my job if I don't figure this out.
Patient will increase insight regarding mental illness and demonstrate realistic expectations.	I want to finish my General Education Diploma (GED) but I'm not sure where to start.
Patient will decrease denial of substance abuse and achieve and maintain abstinence.	I don't know how to cope with what I have been through. I need to figure out other ways of coping.

Treatment Plan Using the S.M.A.R.T. Model

Orpe Human Rights Advocates Treatment Plan Using the S.M.A.R.T. Model

S.M.A.R.T. TREATMENT PLANNING

Treatment plans are essential (and required) tools that provide a map to assist our patients/clients on the road to recovery. The treatment plan addresses problems identified in the client assessment, defines and measures interventions in their care and provides a measure for client's progress in treatment.

Treatment plans are key in demonstrating the effectiveness of our interventions to our patients as well as to accrediting bodies and third party payers

PC.4.40 requires that the organization develops a plan for care, treatment, and services that reflects the assessed needs, strengths, and limitations.

Elements of Performance require treatment plans that include the following:

- Clearly defined problems and needs statements, Measurable goals and objectives.
- The frequency of care, treatment, and services.
- Objectives are sufficiently specific to evaluate the client's progress and expressed in behavioral terms that specify measurable indices of progress.
- Goals and objectives are re-evaluated and, when necessary, revised.....at a minimum specified time interval established by organization policy

Joint Commission Standards PC.4.40 (Behavioral Health) and PC.4.10 (Hospital)

Goal

- A statement that describes in broad terms what the patient will learn from a particular treatment. It is a behavioral outcome statement.
- If a patient achieves a particular goal it could be measured by its objectives
- Example: Patient will be able to function independently

Developing Goals

- Review the patient problem areas and discuss the areas of strength/limitations based on assessments, with the patient
- Think of the long term goal for the patient and begin to formulate, with the patient if possible, what objectives would need to be

What is SMART?

- S.M.A.R.T. stands for Specific, Measurable, Attainable, Results Oriented and Timely. It was developed by George T. Doran –“There's a S.M.A.R.T. Way to Write Management Goals and Objectives”, November 1981, Management Review (AMA Forum)
- S.M.A.R.T. is a model for writing goals and objectives and has been used in business, management, project management and for writing personal goals
- Apply this acronym to your patient's goals and objectives –is your plan a S.M.A.R.T. one?

S.M.A.R.T. Objectives

- **Specific**–Concrete, use action verbs
- **Measurable**–Numeric or descriptive, quantity, quality
- **Attainable**–Appropriately limited in scope, feasible
- **Results-Oriented**–Measures outputs or results, includes accomplishments
- **Timely** –Identifies target dates, includes interim steps to monitor progress

Residential Treatment (RTX)

Standard BH4-3K: Residential Treatment (RTX) services have competent professional and support personnel who provide the services and treatments needed by the population served.

These services are provided under the clinical supervision of a licensed/certified clinician, who has training and experience with the population served. Other personnel consist of the following:

- Physician or consulting physician, to provide clinical, psychopharmacological and medical services
- Licensed/Certified clinicians, as appropriate to the age and population served
- Other licensed professionals, qualified professionals, and/or support personnel, based on the needs of the service population
- Specialized services are developed by credentialed professionals. The services are implemented with an adequate number of licensed/certified clinicians to insure that treatment and services are available to service recipients and their families and carried out consistent with the plan of care.

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: RTX

Standard BH4

Standard Bh4-3Q: Residential Treatment (RTX) services have a licensed/certified clinician train unlicensed personnel on the specific needs of the population.

Training provided to unlicensed personnel includes, but is not limited to, the special needs of the individual and population served.

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: RTX

Standard BH4-3L: Prevention Services (PVS) personnel are qualified and experienced in evidence-based practice models to address the identified issues.

Personnel involved in the development and implementation of the PVS are qualified and experienced with the health/psycho-social issues to be addressed and the population identified to be served.

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: PVS

Standard BH4-3P: Residential Treatment (RTX) services have a sufficient number of competent personnel to provide the treatments needed by the population served.

The service provides on-site supervision at all times when a service recipient's is in the facility. The number of personnel is determined and adjusted based on the age and needs of the service recipients. The organization ensures appropriate training of personnel and safety of service recipients and personnel at all times, including evenings, nights, weekends, and holidays (if applicable).

Evidence: Work Schedules

Evidence: Census Reports

Evidence: Response to Interviews

Services applicable: RTX

Standard BH4-3Z.1: The organization designates qualified personnel as care coordinators/case managers for each service recipient.

Qualified personnel are designated to provide case management functions for each service recipient. It is preferable for each service recipient to have one person acting as the case manager, but it is acceptable to have case management responsibilities shared by other appropriately trained and credentialed personnel. The case manager coordinates activities with the service recipient/responsible person, and other personnel or providers involved in the service recipient's care.

The case manager may be one of the following:

- An employee of the organization
- A consultant under agreement with another organization
- An individual under contract to perform specific case management functions

Evidence: Observation

Services applicable: BHH, ICS

Integrated Care service

As an Integrated Care Service, Orpe Human Rights Advocates is expected to have the appropriate qualified personnel to address the needs of its service recipients.

OHRA is expected to have employ and/or contracts with qualified professionals who have the training and expertise to meet service recipient needs. Personnel include, but are not limited to, medical and behavioral health care qualified professionals.

Evidence: Personnel Files
Services applicable: ICS

Standard BH4-4J: The organization has trained personnel to respond to after hour's emergency calls.

Emergency response personnel are trained in telephone emergency response and capable of evaluating the emergency situation and making appropriate referrals for additional services, as needed. Training includes, but is not limited to:

- Communication Skills
- Suicide risk assessment
- Identification of mental health, substance abuse, domestic violence, and other problems
- Problem solving
- Making appropriate referrals

Evidence: Personnel Files
Evidence: Response to Interviews
Services applicable: ACTT, BHH, CMGT, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, WME

Standard 4-4A.18: Integrated Home Care nursing services are provided by qualified clinicians who can assess both behavioral health and medical needs of the patient.

Because of the complex nature of IHC patient needs, skilled nursing services are provided by a Registered Psychiatric Nurse or a Registered Nurse with a specialty certification in mental health. The Registered Nurse is competent to assess both the behavioral and physical health aspects of the patient, providing therapy in the home as indicated and allowed by professional licensure.

A Registered Psychiatric Nurse is defined by the following criteria that are verified by the government-specified body, intermediary, or licensing board, as required:

- Nurses who provide psychiatric evaluation and therapy as skilled nursing care to patients of a home health agency are required to have special training and/or experience beyond the standard curriculum required for an RN.
- Special training and/or experience requirements is considered to met, if the registered nurse (RN) meets one of the following criteria:

* An RN with a Master's degree with a specialty in psychiatric or mental health nursing and licensed in the state where practicing would qualify. The RN must have nursing experience (recommended within the last three years) in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program or other outpatient psychiatric services.

• *A RN with a Bachelor's degree in nursing and licensed in the state where practicing would qualify. The RN must have one year of recent nursing experience (recommended within the last three years) in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program or other outpatient psychiatric services.

* An RN with a Diploma or Associate degree in nursing and licensed in the state where practicing would qualify. The RN must have two years of recent nursing experience (recommended within the last three years) in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program or other outpatient psychiatric services.

*An RN who has worked as a psychiatric Home Health (HH) Nurse within the last calendar year prior to the effective date of this policy will be grandfathered in.

On an individual basis, other combinations of education and experience may be considered. It is highly recommended that psychiatric RNs also have medical/surgical nursing experience because many psychiatric patients meet homebound criteria due to a physical illness.

Fiscal Management

Fiscal Management

Section 3

Fiscal Management standards apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

- Fiscal Management is the process of keeping an organization running efficiently within its allotted budget.
- Seeing to it that the organization has funds it requires to meet its goals and that such funds are used for the purposes for which they were meant.
- To improve the way the department operates by properly planning, recording, and performing procedures that relate to the budget. This involves a variety of tools, including budget spreadsheets, accounting, and guides outlining procedures for department management.
- The procurement of funds. Allocation of funds. Monitoring their use in the interest of accountability.
- Producing financial reports for the relevant stakeholders
- All financial regulations and procedures are complied. All financial transactions are recorded accurately. Adequate controls are in place to ensure that expenditures do not exceed income. Only authorized expenditures are incurred.
- Principles: 1) Transparency; 2) Competitiveness; 3) Procurement Process; 4) System of Accountability; 5) Public Monitoring
- Priority Expenditures 1) Basic utilities; 2) Office supplies; 3) Minors repairs; 4) Other supplies; 5) Salaries for Janitorial; Security services
- Expenses for the following are not allowed: 1) Procurement of textbooks; 2. Other instructional materials; 3. School supplies and equipment.

Standard BH3-1A requires that the organization's annual budget is developed in collaboration with management under the direction of the governing body.

There is an annual operating budget that includes all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expense items. However, it is not required that there be prepared, in connection with any budget, an item by item identification of the components of each type of anticipated income or expense.

The budget includes projected revenue and expenses for all programs and services it provides. The budget is reflective of and supports the organization's service, strategic plan, and programs.

The organization's leaders and the individuals in charge of the day-to-day program/service operations are involved in developing the budget and in planning and reviewing periodic comparisons of actual and projected expenses and revenues for the program/services.

The budget is reviewed and updated at least annually by the governing body/owner and leadership personnel of the organization.

Evidence: Copy of Current Annual Budget

Evidence: Governing Body Meeting Minutes, if applicable

Evidence: Response to Interviews

Human Resource Department

Section 4

Education Plan: In-Job Training Plan

Standard BH4-4A: Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.

The orientation policies and procedures include, but are not limited to:

- Review of the individual's job description and duties performed and their role in the organization
- Organizational chart
- Record keeping and reporting
- Confidentiality and Privacy of Protected Health Information (PHI)
- Service recipient's rights
- Advance Directives, if required by state law
- Conflicts of interest
- Written policies and procedures
- Training specific to job requirements
- Additional training for special populations, if applicable (e.g., developmentally disabled seniors, adolescent substance abuse, abused children)
- Cultural diversity
- Ethical issues
- Professional boundaries
- Performance Improvement Plan
- OSHA requirements, safety and infection control
- Orientation to special equipment, if applicable as outlined in job description
- Incident/variance reporting
- Handling of grievances/complaints
- Crisis training
- Emergency preparedness plan
- Communication barriers
- Conveying charges, if applicable
- Compliance program

The organization creates and completes a checklist or other method to verify that the topics have been reviewed with all personnel.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Standard BH4-4B: Personnel receive training on the prevention of dangerous situations and de-escalation of volatile behaviors.

All personnel who have direct contact with service recipients are trained prior to working unsupervised with service recipients and annually thereafter, on prevention of dangerous situations and de-escalation of service recipients who exhibit volatile behavior. This training includes, but is not limited to:

- Effective communication
- Having a therapeutic and accessible environment
- Least restrictive strategies that do not require physical interventions
- The organization's crisis response plan that describes actions to be taken in the event of a threatening situation or crisis

Evidence: Personnel Files

Evidence: Response to Interviews

Standard BH4-4C: All peer-supporters receive training and are competent to perform their job duties.

In addition to receiving training specific to the functions and scope of their jobs, peer-supporters also receive training and demonstrate competency including but not limited to:

- Recovery principles
- Wellness planning
- Advocacy skills

Evidence: Personnel Files

Education Plan: In-Job Training

Standard BH4-4D: A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of in-service training for each job classification of personnel.

The education plan includes training provided during orientation as well as ongoing in-service education. Organizations provide this training directly or arrange for personnel to attend sessions offered by outside sources.

The ongoing education plan is a written document that outlines the education to be offered for personnel throughout the year. The plan is based on reliable and valid assessment of needs relevant to individual job responsibilities. Ongoing education activities include methods for obtaining information about personnel learning needs, outcome data from competency assessments, and personnel input about the effectiveness of the in-services provided. Education activities also include a variety of methods for providing personnel with current relevant information to assist with their learning needs.

These methods include provision of journals, reference materials, books, internet learning, in-house lectures and demonstrations, and access to external learning opportunities.

The organization has written policies and procedures that define the number of hours for in-service or continuing education required for each job classification of personnel. Continuing education hours for maintaining professional licenses/certifications are acceptable.

Non direct care personnel have a minimum of 8 hours of ongoing education per year. Direct care personnel must have a minimum of 12 hours of ongoing education during each 12-month period.

It is preferred that organizations encourage supervisors to attend in-service education programs to improve their supervisory skills.

There is written documentation confirming attendance at in-service and/or continuing education programs.

The organization has an ongoing education plan that includes, but is not limited to:

- Emergency/disaster training
- How to handle grievances/complaints
- Infection control
- Cultural diversity
- Communication barriers
- Ethics training
- Work place (OSHA), service recipient safety and components of BH7-2A
- Service recipient rights and responsibilities
- Crisis training
- Continuing Education requirements per job classification
- Compliance program

Evidence: Written Policies and Procedures. Evidence: Personnel Files. Evidence: Response to Interviews
Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH4-4E: Written policies and procedures are established and implemented relating to specialized education, training, experience or certification requirements for personnel to administer pharmaceuticals and/or special treatments.

The organization has written policies and procedures defining any special education, training, experience, or licensure/certification requirements necessary for personnel to administer pharmaceuticals and/or special treatments.

Personnel files contain documentation of successful completion of all specialized education, experience, or licensure/certification requirements. Qualifications may vary, based upon state regulations or professional licensing boards of different disciplines.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Standard BH4-4F: Organizations that implement search and seizure policies and procedures provide training to personnel conducting searches of service recipient's personal property and living spaces, as applicable.

The organization provides training to personnel who are responsible for conducting search and seizures. The training includes, but is not limited to:

- Scope/limits of search and seizures
- Items considered inappropriate to the service
- Number of personnel required for the search and seizure
 - Retention and/or disposal of confiscated item
 - Documentation of the outcome of the search and seizure
- Evidence: Personnel Files

The OHRA Office of Personnel Administration (OPA) serves as the chief human resources agency and personnel policy manager for Orpe Human Rights Advocates. OPA provides human resources leadership and support to Orpe Human Rights Advocates and helps the ORPE workforce achieve their aspirations as they serve the interests of the underprivileged people, and advocating for the interest of people who cannot assert their own fundamental rights.

OPA directs human resources and employee management services, administers retirement benefits, manages healthcare and insurance programs, culture, oversees merit-based and inclusive hiring, and provides a secure employment process.

Key Functions

OPA's department, offices, and their employees implement the programs and deliver the services that enable the agency to meet its strategic goals. OPM works in several broad categories to lead and serve the Orpe Human Rights Advocates in of enterprise human resource management by delivering policies and services to achieve a trusted effective workforce. [These categories include Human Capital Management Leadership, Benefits, and Vetting.](#)

- [Complete e-Job Application](#)
- [Find Federal Holidays](#)
- [Find Salary & Wage Info](#)
- [Explore Healthcare Insurance](#)
- [Get Retirement Info](#)
- [Find Form\(s\)](#)
- [Research HR Policies](#)
- [Ask a Question](#)
- [Check DC Operating Status](#)

Our Mission, Role of APA

- [Human Capital Management Leadership](#)
- [Benefits](#)
- [Vetting](#)

OPA's divisions, offices, and their employees implement the programs and deliver the services that enable the agency to meet its strategic goals. OPA works in several broad categories to lead and serve the Orpe Human Rights Advocates in enterprise human resource management by delivering policies and services to achieve a trusted effective workforce.

Human Capital Management

- Policy
- Service
- Oversight

Benefits

- Benefits for Employees and Annuitant
- Retirement

Vetting

ORPE APA Chain of Command

Human Resource Management

Section 4

Orpe Human Rights Advocates

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

Standard BH4-1A requires written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records.

The written policies and procedures include, but are not limited to:

- Positions having access to personnel files
- Proper storage
- Procedures to follow for employees who which to review person files
- Time frames for retention of personnel files

The organization has complete personnel records for all employees of the organization that are available for inspection by federal, state regulatory and accreditation agencies

Standard BH4-1C requires that all personnel files at a minimum contain or verify the following items. (Informational Standard Only)

Description	Standards
Position application	BH4-1B
Dated and signed Withholding Statements	BH4-1B
Form I-9 (employee eligibility verification which confirms citizenship or legal authorization to work in the United States)	BH4-1B
Personnel credentialing	BH4-3B

Standard BH4-1B requires that prior to or at the time of hire all personnel complete appropriate documentation and the organization maintains a file on each employee.

Prior to or at the time of hire all personnel complete the appropriate documentation which includes, but is not limited to:

- Position application
- Dated and signed withholding statements
- Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)

Description	Standards
TB Screening	BH4-2B
Hepatitis B vaccination	BH4-2C
Job Description	BH4-2D
Motor Vehicle License, if applicable	BH4-2E
Criminal Background Check	BH4-2G
National Sex Offender check	BH4-2G
OIG's Exclusion List	BH4-2G
Personnel Policies review or Employee Handbook	BH4-2H
Annual Performance	BH4-2I
Verification of Qualifications	BH4-3A, BH4-3B, BH4-3C, BH4-3D, BH4-3E, BH4-3F
Orientation	BH4-4A
Confidentiality Agreement	BH2-6A
Competency Assessments	BH4-6A
Annual evaluation of job duties	BH4-6B

Human Resource (Continue)

Section 4

- Personnel includes, but is not limited to: support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory personnel, contract personnel, and volunteers.
- For contract staff, the organization must have access to all of the above items, except position application, withholding statement, I-9, and personnel handbook. The remainder of items must be available for review during survey but do not need to be kept on site.
- Direct service recipient care - care of a service recipient provided personally by a staff member or contracted individual/organization in a service recipient's residence or healthcare facility. Direct service recipient care may involve any aspects of the health care of a service recipient, including treatments, counseling, self-care, service recipient education, and administration of medication.

Evidence: None required/Informational Standard

Standard BH4-2C: Written policies and procedures are established and implemented that describe the process for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards.

The Hepatitis B vaccination program and post-vaccination antibody titer are performed in accordance with CDC and OSHA guidelines.

Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

The following are circumstances under which an organization is exempted from making the vaccination available:

- The complete Hepatitis B vaccination series was previously received
- Antibody testing shows the employee to be immune
- The vaccine cannot be given to the individual for medical reasons or the individual cannot receive antibody testing

Evidence: Written Policies and Procedures

Evidence: Personnel Files or Other Confidential Employee Records

Standard BH4-2D: There is a job description for each position within the organization which is consistent with the organizational chart with respect to function and reporting responsibilities.

The job description lists:

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience requirements, education, and training
- Requirements for the job
- Physical and environmental requirements with or without reasonable accommodation

Standard BH4-2B requires that written policies and procedures are established and implemented in regard to all direct care personnel having a baseline Tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to patient contact, an individual TB risk assessment and a symptom evaluation are completed.

Prior to patient contact, direct care personnel provide or have:

- Upon hire personnel provide evidence of a baseline TB skin or blood test.
- Prior to patient contact, an individual TB risk assessment and symptom evaluation are completed to determine if high risk exposures have occurred since administration of the baseline TB test.
- If there is no evidence of a baseline TB skin or blood test, TB testing is conducted by the organization.

An organization conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

Annual TB testing of health care professionals is not recommended unless there is a known exposure or ongoing transmission.

Upon hire tuberculin skin testing (PPD) or x-ray screening is performed on all direct care personnel. The test is performed in accordance with Center for Disease Control (CDC) guidelines.

Annual verification through a TB symptom screening tool or performance of a PPD on all direct care personnel is required. The determination of which tool is to be used is based upon the patients serviced and community's TB incidence and prevalence rates.

Evidence: Written Policies and Procedures

Evidence: Personnel Files or other Confidential Employee Records

The organization's job descriptions are consistent with the organizational chart with respect to function and reporting responsibilities.

Review of the job description with personnel takes place as part of the orientation process and whenever the job description changes.

There is documentation of receipt of the job description at time of orientation and whenever the job description changes. (e.g., signed job description, orientation checklist, or an electronic verification)

Evidence: Job Descriptions

Evidence: Personnel Files

Standard BH4-4K: Integrated Care Service organizations provide orientation and on-going training that covers behavioral health or medical conditions commonly seen in its service recipient population.

Integrated Care Service personnel who provide direct care receive an overview of intellectual/developmental disabilities, substance abuse, and medical illnesses based on the type of integrated care (i.e., Behavioral Health into a primary care practice or visa versa) and prevalence of such diagnoses seen in the population served. The training includes, but is not limited to:

- Diagnostic criteria associated with these illnesses/disorders
- Assessment of illnesses and disorders
- Interventions commonly used with these illnesses and disorders
- Assessing and managing suicidal/homicidal threats
- Other considerations for effectively working with service recipients diagnosed with these illnesses/disorders

Evidence: Personnel Files
Services applicable: ICS

Driver's License

Standard BH4-2E requires that all personnel who transport service recipients in the course of their duties, have a valid state driver's license appropriate to the type of vehicle being operated and are in compliance with state laws.

There is evidence that all personnel who transport service recipients as part of their job duties have a valid drivers' license appropriate to the type of vehicle being operated. The organization conducts a Motor Vehicle Records (MVR) check on all personnel who are required to transport service recipients as part of their job duties, at time of hire and annually.

Evidence: Personnel Files

Standard BH4-6A: Written policies and procedures are established and implemented requiring the organization to design a competency assessment program on the care/service provided for all direct care personnel.

The organization designs and implements a competency assessment program based on the/services provided for all direct care personnel. Competency assessment is an ongoing process and focuses on the primary care/service, and/or therapies being provided.

Competency assessment is conducted initially during orientation, prior to providing new task and annually thereafter. Validation of skills is specific to the personnel's role and job responsibilities.

Policies and procedures for determining that direct care personnel are competent to provide quality care/service are in place and may be accomplished through clinical observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable.

Peer review of clinical personnel competency by like disciplines is acceptable if defined by the organization. There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

Qualified personnel observe and evaluate each direct care/service personnel performing their job duties at frequencies required by state and/or federal regulations. If no regulation exists, the evaluation is performed at least once annually to assess that quality care/service is being provided.

This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

Evidence: Written Policies and Procedures
Evidence: Competency Assessment
Evidence: Response to Interviews

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Background Check

Standard BH4-2G: Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct care and/or access to patient records. Background checks include: Office of Inspector General (OIG) exclusion list, criminal background record and national sex offender registry.

The organization obtains a criminal background check, OIG exclusion list check and national sex offender registry check on all employees who have direct care with service recipients. The organization's contracts require that all contracted entities obtain criminal background check, OIG exclusion list check and national sex offender registry check on contracted employees who have direct service recipient care.

The organization obtains a criminal background check and OIG exclusion list check on all employees who have access to service recipient records. The organization's contracts require that all contracted entities obtain criminal background checks and OIG exclusion list check on contracted employees who have access to service recipient records.

Criminal background checks are obtained in accordance with state requirements. In the absence of state requirements, criminal background checks are obtained within three months of the date of employment for all states that the individual has lived or worked in the past three years.

It is preferred that the organization recheck criminal background history and the sex offender registry on all personnel that provide direct care to service recipient at least every three years.

The organization has policies and procedures regarding special circumstances, if any, for hiring a person convicted of a crime. The policies and procedures include, but are not limited to:

- Documentation of special considerations
- Restrictions
- Additional supervision

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Wages

Information is available on overtime, on-call, holiday pay, and exempt versus non-exempt status.

Benefits

An explanation of benefits is shared with all benefit eligible personnel. Organizations, which provide no benefits to some categories of personnel, communicate this fact in writing to affected personnel. For example, the contract/agreement with personnel who are utilized on an "as needed" basis may address that benefits are not available to persons employed in that classification.

Employee Handbook

Standard BH4-2H: Written personnel policies and procedures and/or an employee handbook are established and implemented describing the activities related to personnel management.

Personnel policies and procedures and/or an Employee Handbook include, but are not limited to:

- Wages
- Benefits
- Complaints and grievances
- Recruitment, hiring and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries and conflict of interest
- Performance expectations and evaluations

Personnel policies and procedures and/or an employee handbook are reviewed at least annually, updated as needed, and are in accordance with applicable law and regulations. Personnel policies and procedures show evidence of non-discriminatory practices.

Grievances/Complaints

Written grievance information addresses options available to personnel who have work-related complaints, including steps involved in the grievance process.

Recruitment, Hiring and Retention of Personnel

The organization has written policies and procedures on its recruitment, hiring, and retention of personnel who demonstrate nondiscriminatory practices.

Disciplinary Action and Termination of Employment

Disciplinary action and termination of employment policies and procedures define time frames for probationary actions, conditions warranting termination, steps in the termination process, and the appeal process.

Professional Boundaries

Written policies and procedures are established and implemented that define professional boundaries.

Conflicts of Interest

Written policies and procedures are established and implemented that define a conflict of interest.

Performance Expectations and Evaluations

The organization's policies and procedures outline general performance expectations of all personnel (e.g., dress code, professional conduct), along with the schedule for performance evaluations.

Written documentation is kept verifying that the employee has reviewed and has access to personnel policies and procedures.

Evidence: Written Policies and Procedures and/or Employee Handbook; Observation; Personnel Files

Job Descriptions

Standard BH4-2I: Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.

The organization has written policies and procedures addressing individual performance evaluations for all personnel. These policies and procedures describe how performance evaluations are conducted, who conducts them, and when they are to be conducted. The policies and procedures also identify any deviations to their policy.

Personnel evaluations are completed, shared, reviewed and signed by the supervisor and employee on an annual basis.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Non-Licensed Personnel

Standard BH4-3A: Non-licensed personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the organization.

Personnel hired for specific positions within the organization meet the minimum qualifications for those positions in accordance with applicable laws or regulations and the organization's job descriptions.

Education, training and experience are verified prior to employment. This can be accomplished by obtaining copies of resumes, applications, references, diplomas, certificates, and workshop attendance records.

Evidence: Personnel Files

Credentialing: Licenses, Certificates

Standard BH4-3B: Licensed/certified personnel credentialing activities are conducted at time of hire and upon renewal to verify qualifications of all licensed/certified personnel.

The personnel file or other personnel records contain validation that credentialing information is obtained at time of hire and upon renewal using primary source verification of the credentials or in accordance with specific state practice act requirements, whichever is more stringent.

Credentialing information includes a review of professional occupational licensure, certification, registration or other training as required by state boards and/or professional associations for continued credentialing.

It is a best practice to verify credentialing information on a monthly basis.

Evidence: Personnel Files

Outpatient Treatment Services

Standard BH4-3C: Outpatient Treatment (OTX) services are provided by qualified personnel as defined by state regulations that also possesses the knowledge, skills and experience to effectively treat the population served.

As appropriate to their qualifications, clinical personnel complete tasks that include, but are not limited to:

- Conducting comprehensive assessments
- Establishing diagnoses
- Developing plans of care that may include crisis plans, as appropriate
- Conducting individual and group therapies
- Ensuring arrangements for psychiatric and/or medical care from a qualified health professional, as needed

The organization is not required to have a psychiatrist or other qualified health professional on staff, but does have arrangements with providers to whom service recipients can be referred.

Service recipients with co-occurring disorders (e.g., mental health and substance abuse) are treated by clinicians who have training and experience in both fields, or services are coordinated among providers.

Evidence: Job Description. Personnel Files. Observation. Services applicable: OTX

Peer Support Services

Standard BH4-3D: Written policies and procedures are established and implemented when an organization providing peer support services hire peer-employees who are former service recipients of mental health and/or substance abuse services and are actively engaged in their own recovery.

When peer support services are provided, the organization has a process which it follows to recruit and hire potential peer supporters. The organization's recruitment criterion includes, but is not limited to:

- Experience with recovery
- References

Evidence: Written Policies and Procedures Personnel Files

Supported Employment Services (SES)

Standard BH4-3G: The Supported Employment Services (SES) employ qualified personnel.

The organization has a designated director of its SES who meets the educational and experience requirements determined by the organization. The organization employs personnel that have experience and knowledge of the population served and supported employment.

Personnel hired in supported employment receive training that includes, but is not limited to:

- Overview of SES, specific to the model being followed
- State and federal laws relating to employment of persons challenged with disabilities
- Overview of disabilities, specific to the population(s) being served
- Limitations connected to employment of persons challenged with disabilities where health and safety risks are involved
- Person-specific training (e.g., training about the specific service recipients with whom personnel will be working) that includes crisis prevention and management on the job site with the service recipient

Evidence: Personnel Files; Response to Interviews

Standard BH4-3H: Supported Employment Services (SES) employs a sufficient number of personnel to ensure implementation of the work plans, adequate supervision and safety of the service recipient.

SES organizations maintain an adequate number of personnel to ensure that service recipients' needs are met and that they are safe on the work site. The personnel to service recipient ratio is dependent upon the needs of the population, job demands, conditions of the work environment, skills of the service recipient, and the model of supported employment followed.

Evidence: Observation; Response to Interviews

Services applicable: SES

Licensed/Certified Clinician to Train Unlicensed

Standard Bh4-3Q: Residential Treatment (RTX) services have a licensed/certified clinician train unlicensed personnel on the specific needs of the population.

Training provided to unlicensed personnel includes, but is not limited to, the special needs of the individual and population served.

Evidence: Personnel Files / Response to Interviews

Competent professional and support personnel

Standard BH4-3K: Residential Treatment (RTX) services have competent professional and support personnel who provide the services and treatments needed by the population served.

These services are provided under the clinical supervision of a licensed/certified clinician, who has training and experience with the population served. Other personnel consist of the following:

- Physician or consulting physician, to provide clinical, psychopharmacological and medical services
- Licensed/Certified clinicians, as appropriate to the age and population served
- Other licensed professionals, qualified professionals, and/or support personnel, based on the needs of the service population

Specialized services are developed by credentialed professionals. The services are implemented with an adequate number of licensed/certified clinicians to insure that treatment and services are available to service recipients and their families and carried out consistent with the plan of care.

Evidence: Personnel Files. Response to Interviews. Services applicable: RTX

Sufficient Number of Competent Personnel

Standard BH4-3P: Residential Treatment (RTX) services have a sufficient number of competent personnel to provide the treatments needed by the population served.

The service provides on-site supervision at all times when a service recipient's is in the facility. The number of personnel is determined and adjusted based on the age and needs of the service recipients. The organization ensures appropriate training of personnel and safety of service recipients and personnel at all times, including evenings, nights, weekends, and holidays (if applicable).

Evidence: Work Schedules /Census Reports/Response to Interviews

Services applicable: RTX

Qualified Care Coordinators Case Managers

Standard BH4-3Z.1 requires that the organization designates qualified personnel as care coordinators/case managers for each service recipient.

Qualified personnel are designated to provide case management functions for each service recipient. It is preferable for each service recipient to have one person acting as the case manager, but it is acceptable to have case management responsibilities shared by other appropriately trained and credentialed personnel. The case manager coordinates activities with the service recipient/responsible person, and other personnel or providers involved in the service recipient's care.

The case manager may be one of the following:

- An employee of the organization
- A consultant under agreement with another organization
- An individual under contract to perform specific case management functions

Evidence: Observation /Services applicable: BHH, ICS

Standard 4-4A.18: Integrated Home Care nursing services are provided by qualified clinicians who can assess both behavioral health and medical needs of the patient.

Because of the complex nature of IHC patient needs, skilled nursing services are provided by a Registered Psychiatric Nurse or a Registered Nurse with a specialty certification in mental health. The Registered Nurse is competent to assess both the behavioral and physical health aspects of the patient, providing therapy in the home as indicated and allowed by professional licensure.

A Registered Psychiatric Nurse is defined by the following criteria that are verified by the government-specified body, intermediary, or licensing board, as required:

- Nurses who provide psychiatric evaluation and therapy as skilled nursing care to patients of a home health agency are required to have special training and/or experience beyond the standard curriculum required for an RN.
- Special training and/or experience requirements is considered to met, if the registered nurse (RN) meets one of the following criteria:

* An RN with a Master's degree with a specialty in psychiatric or mental health nursing and licensed in the state where practicing would qualify. The RN must have nursing experience (recommended within the last three years) in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program or other outpatient psychiatric services.

Qualified Personnel to Address the Needs of Recipients

Standard BH4-3Z.3: Integrated Care Service organizations have the appropriate qualified personnel to address the needs of its service recipients.

Integrated Care Service organizations employ and/or contracts with qualified professionals who have the training and expertise to meet service recipient needs. Personnel include, but are not limited to, medical and behavioral health care qualified professionals.

Evidence: Personnel Files
Services applicable: ICS

* An RN with a Bachelor's degree in nursing and licensed in the state where practicing would qualify. The RN must have one year of recent nursing experience (recommended within the last three years) in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program or other outpatient psychiatric services.

* An RN with a Diploma or Associate degree in nursing and licensed in the state where practicing would qualify. The RN must have two years of recent nursing experience (recommended within the last three years) in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program or other outpatient psychiatric services.

* An RN who has worked as a psychiatric Home Health (HH) Nurse within the last calendar year prior to the effective date of this policy will be grandfathered in. On an individual basis, other combinations of education and experience may be considered.

* It is highly recommended that psychiatric RNs also have medical/surgical nursing experience because many psychiatric patients meet homebound criteria due to a physical illness.

Orientation Process

Standard BH4-4A: Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.

The orientation policies and procedures include, but are not limited to:

- Review of the individual's job description and duties performed and their role in the organization
- Organizational chart
- Record keeping and reporting
- Confidentiality and Privacy of Protected Health Information (PHI)
- Service recipient's rights
- Advance Directives, if required by state law
- Conflicts of interest
- Written policies and procedures
- Training specific to job requirements
- Additional training for special populations, if applicable (e.g., developmentally disabled seniors, adolescent substance abuse, abused children)
- Cultural diversity
- Ethical issues
- Professional boundaries
- Performance Improvement Plan
- OSHA requirements, safety and infection control
- Orientation to special equipment, if applicable as outlined in job description
- Incident/variance reporting
- Handling of grievances/complaints
- Crisis training
- Emergency preparedness plan
- Communication barriers
- Conveying charges, if applicable
- Compliance program

The organization creates and completes a checklist or other method to verify that the topics have been reviewed with all personnel.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Training on Prevention of Dangerous Situations

Standard BH4-4B: Personnel receive training on the prevention of dangerous situations and de-escalation of volatile behaviors.

All personnel who have direct contact with service recipients are trained prior to working unsupervised with service recipients and annually thereafter, on prevention of dangerous situations and de-escalation of service recipients who exhibit volatile behavior. This training includes, but is not limited to:

- Identification warning signs
- Effective communication
- Having a therapeutic and accessible environment
- Least restrictive strategies that do not require physical interventions
- The organization's crisis response plan that describes actions to be taken in the event of a threatening situation or crisis

Evidence: Personnel Files

Evidence: Response to Interviews

Standard BH4-4C: All peer-supporters receive training and are competent to perform their job duties.

In addition to receiving training specific to the functions and scope of their jobs, peers- supporters also receive training and demonstrate competency including but not limited to:

- Recovery principles
- Wellness planning
- Advocacy skills

Evidence: Personnel Files

Written Education Plan

Standard BH4-4D: A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of in-service training for each job classification of personnel.

The education plan includes training provided during orientation as well as ongoing in-service education. Organizations provide this training directly or arrange for personnel to attend sessions offered by outside sources.

The ongoing education plan is a written document that outlines the education to be offered for personnel throughout the year. The plan is based on reliable and valid assessment of needs relevant to individual job responsibilities. Ongoing education activities include methods for obtaining information about personnel learning needs, outcome data from competency assessments, and personnel input about the effectiveness of the in-services provided. Education activities also include a variety of methods for providing personnel with current relevant information to assist with their learning needs. These methods include provision of journals, reference materials, books, internet learning, in-house lectures and demonstrations, and access to external learning opportunities.

The organization has written policies and procedures that define the number of hours for in-service or continuing education required for each job classification of personnel. Continuing education hours for maintaining professional licenses/certifications are acceptable.

Non direct care personnel have a minimum of 8 hours of ongoing education per year. Direct care personnel must have a minimum of 12 hours of ongoing education during each 12-month period. It is preferred that organizations encourage supervisors to attend in-service education programs to improve their supervisory skills. There is written documentation confirming attendance at in-service and/or continuing education programs.

The organization has an ongoing education plan that includes, but is not limited to:

- Emergency/disaster training
- How to handle grievances/complaints
- Infection control
- Cultural diversity
- Communication barriers
- Ethics training
- Work place (OSHA), service recipient safety and components of BH7-2A
- Service recipient rights and responsibilities
- Crisis training
- Continuing Education requirements per job classification
- Compliance program

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: ACTT, ARS, BHH, RTX

Specialized Education, Training, Experience or certification for Administrator/Pharmaceuticals

Standard BH4-4E: Written policies and procedures are established and implemented relating to specialized education, training, experience or certification requirements for personnel to administer pharmaceuticals and/or special treatments.

The organization has written policies and procedures defining any special education, training, experience, or licensure/certification requirements necessary for personnel to administer pharmaceuticals and/or special treatments.

Personnel files contain documentation of successful completion of all specialized education, experience, or licensure/certification requirements. Qualifications may vary, based upon state regulations or professional licensing boards of different disciplines.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Search and Seizures

Standard BH4-4F: Organizations that implement search and seizure policies and procedures provide training to personnel conducting searches of service recipient's personal property and living spaces, as applicable.

The organization provides training to personnel who are responsible for conducting search and seizures. The training includes, but is not limited to:

- Scope/limits of search and seizures
- Items considered inappropriate to the service
- Number of personnel required for the search and seizure
- Retention and/or disposal of confiscated item
- Documentation of the outcome of the search and seizure

Evidence: Personnel Files

Services applicable: DTX, FCS,, RTX,

Standard BH4-4J: The organization has trained personnel to respond to after hour's emergency calls.

Emergency response personnel are trained in telephone emergency response and capable of evaluating the emergency situation and making appropriate referrals for additional services, as needed. Training includes, but is not limited to:

- Communication Skills
- Suicide risk assessment
- Identification of mental health, substance abuse, domestic violence, and other problems
- Problem solving
- Making appropriate referrals

Evidence: Personnel Files / Response to Interviews

Integrated Care Service

Standard BH4-4K: Integrated Care Service organizations provide orientation and ongoing training that covers behavioral health or medical conditions commonly seen in its service recipient population.

Integrated Care Service personnel who provide direct care receive an overview of intellectual/developmental disabilities, substance abuse, and medical illnesses based on the type of integrated care (i.e., Behavioral Health into a primary care practice or visa versa) and prevalence of such diagnoses seen in the population served. The training includes, but is not limited to:

- Diagnostic criteria associated with these illnesses/disorders
- Assessment of illnesses and disorders
- Interventions commonly used with these illnesses and disorders
- Assessing and managing suicidal/homicidal threats
- Other considerations for effectively working with service recipients diagnosed with these illnesses/disorders

Evidence: Personnel Files
Services applicable: ICS

Design of Competency Assessment Program on Care/Service Provided

Standard BH4-6A: Written policies and procedures are established and implemented requiring the organization to design a competency assessment program on the care/service provided for all direct care personnel.

The organization designs and implements a competency assessment program based on the/services provided for all direct care personnel. Competency assessment is an ongoing process and focuses on the primary care/service, and/or therapies being provided.

Competency assessment is conducted initially during orientation, prior to providing new task and annually thereafter. Validation of skills is specific to the personnel's role and job responsibilities.

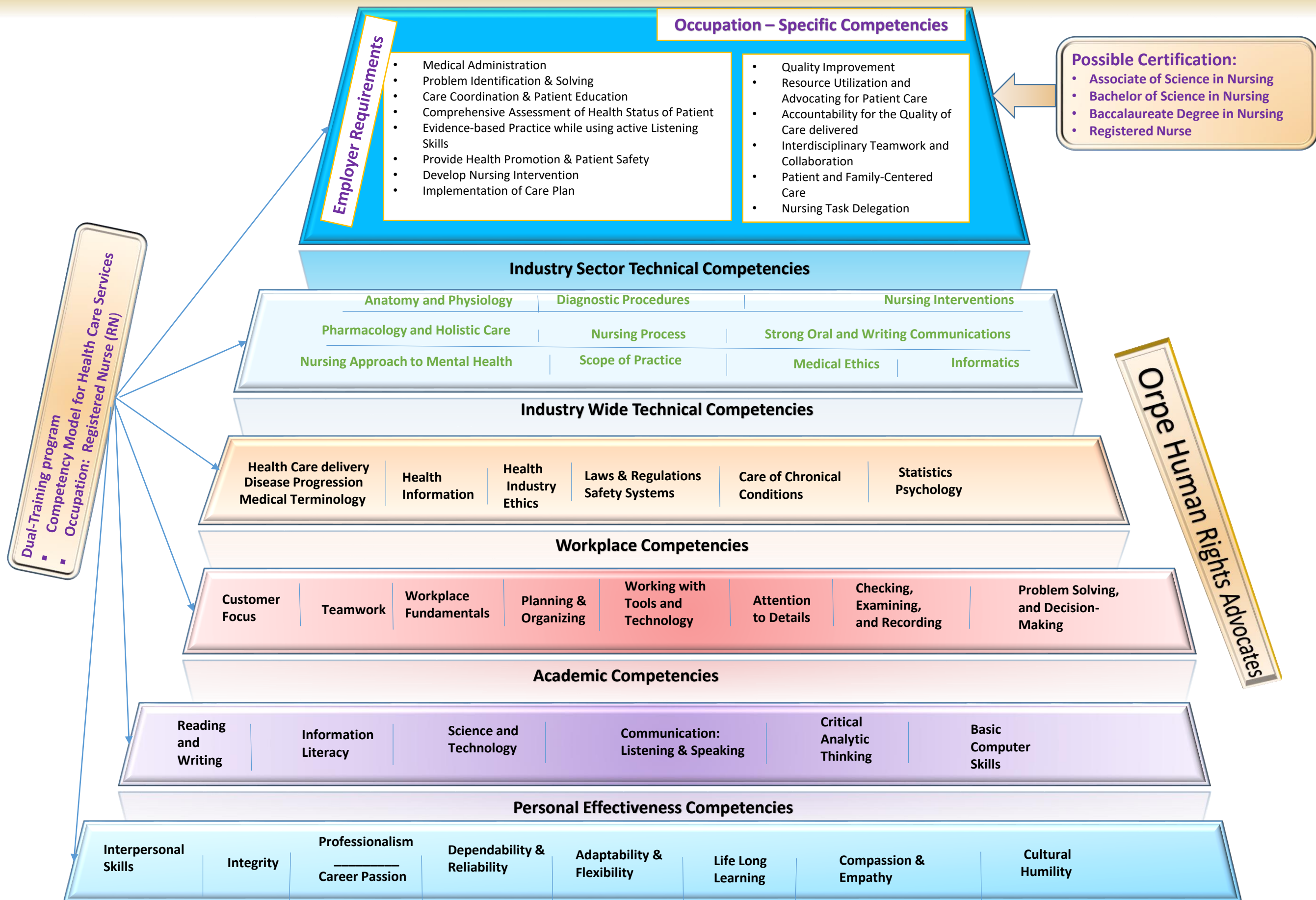
Policies and procedures for determining that direct care personnel are competent to provide quality care/service are in place and may be accomplished through clinical observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable.

Peer review of clinical personnel competency by like disciplines is acceptable if defined by the organization. There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

Qualified personnel observe and evaluate each direct care/service personnel performing their job duties at frequencies required by state and/or federal regulations. If no regulation exists, the evaluation is performed at least once annually to assess that quality care/service is being provided. This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

Evidence: Written Policies and Procedures
Evidence: Competency Assessment
Evidence: Response to Interviews

OHRA Competencies Model for Health Care



Peer Supervisor Training in Recovery Principles

Standard BH4-7B: Personnel responsible for supervising peer supporters receive training and demonstrate a working knowledge of recovery principles, peer-supporters as team members and role change from peer to peer supporter.

Personnel supervising peer supporters receive training related to the following aspects of peer support services:

- Recovery and wellness principles
- Peer supporter job matching
- Establishing realistic expectations for peer supporters
- Service recipients transitioning to peer supporter roles
- Managing potential peer supporter - service recipients dual relationships and conflicts of interest
- Managing relapse and peer supporter re-integration into the organization/team

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: ACTT, CRS, CS, DTX, PHS, PSR, PVS, SES, WM, WME

Emergency Situations: On-Call Schedule

Standard BH4-7D: The organization has an established means of providing appropriate supervision to direct care personnel during an emergency situation.

The organization ensures that direct care personnel have access to professional supervision and support 24 hours a day, 365 days a year to respond to emergency situations, as needed. The organization provides contact information to the appropriate personnel.

Evidence: On-Call Schedule

Evidence: Response to Interviews

Services applicable: ACTT, CMGT, CRS, CS, DTX, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SES, SGL, WM, WME

Service Contracts

- Answering call services for emergency
- Supported Employment Services

PSR Supervision and Support Personnel Training

Standard BH4-7C: The Psychosocial Rehabilitation (PSR) program provides supervision and training to its support personnel.

Personnel are supervised by a qualified professional with experience working with service recipients with severe and persistent mental illness and who may have a co-occurrence of substance abuse or intellectual/developmental disorders. The program operates with minimal professional facilitation. Personnel receive specific training concerning the needs of service recipients with severe and persistent mental illness and recovery principles. Training and supervision are documented.

If the supervisor is not licensed/certified, there is access to a licensed/certified clinician to discuss clinical matters and assess the service recipients' progress.

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: PSR, PSRM

Outsourcing/Consultant Contracts

Standard BH4-8A: Organizations that use outside personnel/organizations to provide service on behalf of the organization have written contracts/agreements which are kept on file with the organization.

Arranged services are supported by written agreements that require that all services are:

- Authorized by the organization
- Furnished in a safe and effective manner by qualified personnel/organizations
- Delivered in accordance with the service recipient's plan of care

The contract/agreement includes, but is not limited to:

- Name and type of service to be provided
- Duration of contract/agreement
- Responsibilities of each party

Case Load/Case Management

Standard BH4-9A: Written policies and procedures or job descriptions establish caseload size so it is appropriate to the needs of service recipients and skills of the case managers.

The organization's policies and procedures or job descriptions define the parameters for caseload size. Caseload size is determined by the needs of the service recipients in relation to the skills and competencies of the case management personnel. The caseload allows adequate time for the case managers to deliver quality services that meet the needs of the service recipient.

Evidence: Written Policies and Procedures or Job Description

Evidence: Response to Interviews

Services applicable: CMGT

Chapter 5

PROVISION OF CARE AND RECORDS MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/service recipient record. These standards also address the specifics surrounding the operational aspects of care/services provided.

Availability of Clinical Information

Standard BH5-1A: Written policies and procedures are established and implemented relating to the content of the service recipient record. An accurate record is maintained for each service recipient. The service recipient record contains correct clinical information that is available to the organization's personnel who are providing clinical and/or administrative services, as appropriate.

The organization has written policies and procedures that define the required contents of the service recipient records the organization maintains. The contents include, but are not limited to:

- Service recipient name and date of birth
- Date of admission to service
- Date of discharge, as applicable
- Allergies
- Name of emergency contact, as applicable
- Name of guardian and proof of guardianship (This includes a minor child in custody of someone other than the parent(s), or an adult adjudged incompetent), if applicable
- Name of qualified professional responsible for care
- Primary Care Physician
- Diagnosis
- Physician's orders that include medications and dietary, treatment and activity orders, if applicable
- Signed release of information and other documents for protected health information, if applicable
- Assessment of the home, if applicable
- Initial assessment/screening
- Comprehensive assessment, if applicable
- Plan of care
- Progress notes
- Referrals/consultations
- Follow-up reports (e.g., lab work, x-rays, psychological testing), if applicable
- Signed notice of receipt of Service Recipient Bill of Rights
- Advance Directives, if applicable

The original service recipient record is maintained on the premises where the service is provided. For organizations providing services in the community, records are maintained at the organization's office. It is preferred that the organization has written policies and procedures and a mechanism to maintain all service recipient records in an electronic format. The electronic medical record (EMR) is in compliance with federal and state EMR requirements.

Evidence: Written Policies and Procedures

Evidence: Service Recipient Records

Evidence: Observation

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IHH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH5-1B: Written policies and procedures are established and implemented that address access, appropriate documentation entries, storage, removal, and retention of service recipient records and information.

Written policies and procedures are consistent with Health Insurance Portability and Accountability Act (HIPAA) standards, which include, but are not limited to:

- Who can have access to service recipient records
- Personnel authorized to enter information and review the records
- Any circumstances and the procedure to be followed to remove service recipient records from the premises or designated electronic storage areas
- A description of the protection and access of computerized records and information
- Back-up procedures, which include, but are not limited to:
 - * Electronic transmission procedures
 - * Storage of back-up disks and tapes
 - * Methods to replace information if necessary
- Conditions for release of information
- The method defined by which a service recipient/responsible person may contest the accuracy, completeness or relevancy of information in the service recipient record and request alteration of the information.

All active service recipient records are kept in a secure location. Current electronic service recipient records are stored in an appropriate secure manner to maintain the integrity of the data through routine back-ups on or off-site.

Service recipient record information is safeguarded against loss or unauthorized use. An organization has written consent from the service recipient to release information not authorized by law.

Records of service recipients are retained as specified by state laws. In the event that no such laws exist, the organization retains service recipient records for six years from the date of the most recent discharge. Records of minors (or persons with legal guardians) are retained for at least one year following the person's eighteenth birthday.

Portions of service recipient records may be copied and removed from the premises where they are housed to ensure that appropriate personnel have information readily accessible to them to enable them to provide the appropriate level of service.

The service recipient record, whether in hard copy or electronic form, is made readily available on request by an appropriate authority.

The service recipient/responsible person is made aware of limitations pertaining to Federal Privacy Law 45 C.F.R. Part 164, protecting health information and re-disclosure, as well as substance abuse treatment information, protected by Federal Law 42 C.F.R. Part 2, as applicable.

Evidence: Written Policies and Procedures

Evidence: Observation

Standard BH5-1C: Service recipient records contain documentation of all services provided. All entries are legible, clear, complete and appropriately authenticated and dated in accordance with policies/procedures and currently accepted standards of practice.

The service recipient record contains documentation of all services provided, directly or by contract and have entries dated and signed by the appropriate personnel. Each home visit, treatment, or service is documented in the service recipient record and signed by the individual who provided the service. Signatures are legible, legal and include the proper designation of any credentials. Stamped physician or clinical personnel signatures on orders, treatments, or other documents that are part of the service recipient's record are not accepted.

Evidence: Service Recipient Records

Standard BH5-1F: Residential Treatment documentation is concise, timely and completed by appropriate personnel.

The minimum documentation required is a daily note or contact log with descriptions of treatment interventions utilized, activities, and other pertinent information concerning or impacting the service recipient. Documentation is signed and dated by personnel providing the treatment or service.

Evidence: Service Recipient Records

Standard BH5-1H: The organization maintains documentation of Prevention Service efforts.

The organization maintains information concerning the events in which its personnel are involved. Information maintained includes, at a minimum, the dates, and number of persons in attendance, topic presentation and other pertinent information, such as feedback or recommendations for additional training/presentations.

Evidence: Logs or Documentation of Events

Services applicable: PVS

Standard BH5-1E: Written policies and procedures are established and implemented in regard to documentation maintained in the service recipient's record when any form of restrictive intervention is utilized.

Policies and procedures for organizations that use restrictive interventions include requirements for documentation of the restrictive intervention and personnel responsible for the documentation. Documentation includes, but is not limited to:

- Personnel involved in the restrictive intervention
- Reason for use of restrictive intervention
- Least restrictive interventions that were attempted
- Length of time using restrictive intervention
- Any injuries resulting from restrictive intervention
- Order for restrictive intervention
- Summary of debriefing
- Notification of management and others, as required

Evidence: Written Policies and Procedures

Evidence: Service Recipient Records

RTX-Education Continuity for Children & Youth

Standard BH5-1G: Written policies and procedures define how Residential Treatment Services for children and youth address the continuation of the child's education.

Residential Treatment providers for children or adolescents make arrangements, either in-house or with a private or public school, to ensure the continuation of the child's education with a curriculum that is certified or otherwise approved by the appropriate state agency as meeting required educational components for the population served.

Documentation evidences communication and collaboration between residential treatment and education personnel. Efforts are made for the child/youth to participate in educational activities outside of the residential facility, when appropriate.

Evidence: Written Policies and Procedures

Evidence: Service Recipient Records

Services applicable: RTX

Standard BH5-2A: Written policies and procedures are established that describe the process for the initial assessment screening, comprehensive assessment and the plan of care.

Written policies and procedures describe the process for the initial assessment/screening, comprehensive assessment, the development of the plan of care, and the frequency and process for reviewing the plan of care. A qualified professional, as designated by state law and organizational policies and procedures, conducts an initial assessment/screening to determine the service recipient's eligibility/ appropriateness for services, care, and support needs. A comprehensive assessment is completed when a more in-depth review of the service recipient needs is required. The plan of care is appropriate for the type of treatment/service that is provided. Care planning is directed toward driving positive service outcomes.

If initial assessments/screenings and comprehensive assessments are completed by a state or local governmental agency, written policies and procedures specify the acceptance of those initial assessments/screenings and comprehensive assessments as meeting its eligibility determination.

Evidence: Written Policies and Procedures

Standard BH5-2A: Written policies and procedures are established that describe the process for the initial assessment/screening, comprehensive assessment and the plan of care.

Written policies and procedures describe the process for the initial assessment/screening, comprehensive assessment, the development of the plan of care, and the frequency and process for reviewing the plan of care. A qualified professional, as designated by state law and organizational policies and procedures, conducts an initial assessment/screening to determine the service recipient's eligibility/appropriateness for services, care, and support needs. A comprehensive assessment is completed when a more in-depth review of the service recipient needs is required. The plan of care is appropriate for the type of treatment/service that is provided. Care planning is directed toward driving positive service outcomes.

If initial assessments/screenings and comprehensive assessments are completed by a state or local governmental agency, written policies and procedures specify the acceptance of those initial assessments/screenings and comprehensive assessments as meeting its eligibility determination.

Evidence: Written Policies and Procedures

Standard BH5-2B: All service recipients referred for services receive an initial assessment/screening.

An initial assessment/screening is completed by a qualified professional on service recipients referred for treatment/services. The purpose of the initial screening is to determine the service recipient's eligibility and appropriateness for the services provided. The initial assessment/screening may be conducted by phone or face-to-face. It is preferred that the initial assessment/screening be face-to-face, whenever possible. The initial assessment/screening includes, but is not limited to:

- Date of initial assessment/screening
- Name of service recipient
- Date of birth
- Demographic information
- Contact information
- Emergency contact information
- Presenting problem(s)
- Recommendations/referrals
- Next appointment date, if applicable
- Name and credentials of person completing the initial assessment/screening

Evidence: Service Recipient Records

Standard BH5-2C: Written policies and procedures are established and implemented concerning physical examinations for service recipients admitted to twenty-four hour services.

The organization's policies and procedures include the requirements for physical examinations, communicable disease tests and other exams that must be obtained prior to or following, admission to the service. The policy includes specific timelines for completion of the exam, as appropriate.

Evidence: Written Policies and Procedures

Evidence: Service Recipient Records

Services applicable: FCS, RTX, SGL

Standard BH5-2D: Written policies and procedures are established and implemented concerning health screenings for service recipients admitted to day services.

The organization's policies and procedures include the requirements for health screenings that are obtained prior to or following, admission to the service. The policies and procedures include specific timelines for completion of the screenings and that referrals are made to health care providers, as appropriate.

Evidence: Written Policies and Procedures

Evidence: Service Recipient Records

Services applicable: DTX, IOTX, PSR, WM, WME

Standard BH5-2E: The organization uses the initial assessment/screening to determine if a more in-depth comprehensive assessment is required to meet the service recipient needs.

The organization specifies the content of the initial assessment/screening that would identify areas of the service recipients' needs that would require a more in-depth comprehensive assessment. A licensed/certified clinician or an advanced degree clinician working under the supervision of a licensed/certified clinician completes the comprehensive assessment and establishes the diagnosis. The organization outlines the timeframe for completion. A comprehensive assessment includes, but is not limited to:

- Physical/medical history
- Functional status
- Behavioral health
- Social
- Environment
- Trauma
- Substance abuse history

Assessments are culturally sensitive and follow diagnostic guidelines as noted in the most current edition of the DSM or ICD, as applicable.

For substance use disorder, standardized criteria for determining the level of care needed are used and noted in the comprehensive assessment.

Evidence: Service Recipient Records

Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, WME

Case Management Services

Standard BH5-2H: For Outpatient Treatment (OTX) services a comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and service specific criteria that address the service recipient's needs.

The comprehensive assessment reflects the service recipient's current physical and behavioral health status and aids in developing a plan of care that addresses the service recipient's needs and choices. The comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and the following areas, as appropriate:

- Education concerning diagnoses
- Symptom recognition and management
- Relapse prevention
- Recovery
- Life issues (e.g. relationships, separation/divorce, parenting, anger management, stress management, and grief and loss)

Psychological testing may also be utilized during the course of treatment as a means of providing insight and clarity into issues the service recipient is experiencing or as a means of monitoring progress. When psychological testing or screening tools are utilized as part of the assessment/monitoring, the organization uses those instruments that are standardized and have strong reliability and validity.

Psycho-education is provided to assist the service recipient in understanding his or her illness and recovery.

Evidence: Service Recipient Records

Services applicable: OTX

Standard BH5-2I: For Case Management Services a comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and service specific criteria that address the service recipient's needs.

The comprehensive assessment reflects the service recipient's current physical and behavioral health status. The comprehensive assessment aids in developing a plan of care that address the service recipient's needs and choices. The comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and the need for referral, linkage, and monitoring to the following resources, as appropriate:

- Medical
- Social
- Psychological
- Addiction recovery
- Vocational
- Financial
- Educational
- Legal, and/or other community services
- Housing
- Food assistance
- Obtaining assistive technology and/or durable equipment

Evidence: Service Recipient Records

Services applicable: CMGT

Psychosocial Rehabilitation Services

Standard BH5-2J: For Psychosocial Rehabilitation Services a comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and service specific criteria that address the service recipient's needs.

The comprehensive assessment reflects the service recipient's current physical and behavioral health status and aids in developing a plan of care that addresses the service recipient's needs and choices. The comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and the following areas, as appropriate:

- Community living (e.g., housekeeping, shopping, cooking, use of transportation services, money management, and obtaining housing and benefits)
- Self-management skills (e.g., health care, medication, and grooming)
- Social relationships
- Development of a natural support system
- Use of leisure time
- Educational activities (e.g., assisting the person in securing needed education services such as adult basic education and special interest courses)
- Wellness and recovery skill training
- Prevocational activities that focus on the development of positive work habits (e.g., following a schedule, proper attire, and communication skills) and participation in activities that increase the participant's self-worth, purpose and confidence (e.g., starting and completing projects, participating on a team and volunteering) these activities need not be job specific-training
- Vocational opportunities that may be supported employment, job training, job placement, consumer-run employment opportunities

Evidence: Service Recipient Records

Services applicable: PSR

Supported Employment Services (SES)

Standard BH5-2K: For Supported Employment Services a comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and service specific criteria that address the service recipient's needs.

The comprehensive assessment reflects the service recipient's current physical and behavioral health status. The comprehensive assessment includes a vocational assessment which aides in developing a work plan that addresses the service recipient's needs and choices. The vocational assessment is either performed in-house or through an agreement with other agencies. The purpose of the vocational assessment is to determine the service recipient's work skills, interests, abilities and work readiness at the beginning of supported employment. The comprehensive assessment includes the basic comprehensive assessment, as laid out in standard BH5-2E and a vocational assessment of the following areas, as appropriate:

- Interests
- Work history
- Social and communication skills
- Independent living skills
- Natural supports and resources
- Medical reports that assess general health/physical capacities
- Mental health or counseling summaries
- Psychological or functional assessments
- Aptitude and abilities
- Educational performance
- Assistive technology needs
- Results of the vocational assessment
- Other pertinent information (e.g. time management, money skills, work skills, public transportation use, etc.)

The findings from the assessment guide the organization and the service recipient in developing of a work plan which identifies appropriate employment for the service recipient and/or referrals, if needed.

Evidence: Service Recipient Records
Services applicable: SES

Residential Treatment Services

Standard BH5-2L: For Residential Treatment Services a comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and service specific criteria that address the service recipient's needs.

The comprehensive assessment reflects the service recipient's current physical and behavioral health status. Service recipients admitted to Residential Treatment services are physically and mentally stable to participate in the group/residential service. A service recipient is not admitted if they are in an acute physical (e.g., delirium tremens, present seizure activity, etc.) or psychiatric crisis (e.g., suicidal, homicidal, actively psychotic, etc.) that cannot be effectively managed by the service.

Evidence: Service Recipient Records
Services applicable: RTX

Integrated Care Services

Standard BH5-2P: For Integrated Care Services a comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E and service specific criteria that address the service recipient needs.

For Integrated Care Service organizations a comprehensive assessment reflects the service recipient's current physical and behavioral health status. The comprehensive assessment aides in developing a plan of care that address the service recipient's needs and choices. The comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and the following areas, as appropriate:

- Problem list/Diagnosis
- Physical/Medical history that includes risk factors for chronic medical conditions
 - * Allergies
 - * Blood pressure
 - * Body Mass Index (BMI)
- Education
- Legal, and/or other community services
 - * Housing
 - * Food assistance
 - * Obtaining assistive technology and/or durable medical equipment
 - * Interpretive services
- Potential barriers to goal attainment

Evidence: Service Recipient Records
Services applicable: ICS

Children and Adolescent

Standard BH5-2X: For children and adolescents a comprehensive assessment includes the basic comprehensive assessment, as defined in standard BH5-2E, and age specific criteria that address the service recipient's needs.

Organizations providing services to children/adolescents provide comprehensive assessments that include developmental and other pertinent histories. A comprehensive assessment is completed on all children/adolescents that includes, but is not limited to:

- Pregnancy and birth complications
- Developmental milestones and delays
- Medications utilized, including herbal and over-the-counter
- Diet and nutrition
- Functioning in child care, school, and with peers
- Psychosocial, including child and family strengths and any disruptions with caregiver relationships
- Trauma related to suspected or substantiated abuse or neglect
- Family resources

Evidence: Service Recipient Records
Services applicable: ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSS, RCS, RTX, SGL, WM, W

Written Plan of Care for Each Service Recipient

Standard BH5-3A: There is a written plan of care for each service recipient.

The plan of care is developed and is based on information received during the initial assessment/screening and/or the comprehensive assessment. Qualified professionals and other personnel collaborate with the service recipient, as appropriate, to develop the plan of care.

The initial plan of care includes, but is not limited to:

- Date of plan of care
- Orders, if applicable
- Diagnoses
- Specific needs, strengths and preferences of the service recipient as noted in the comprehensive assessment
- Service recipient's identified goals/outcomes in measurable terms
- Interventions/services to be used to achieve treatment goals
- Person responsible for each goal and timelines for completion
- Crisis plan, as appropriate
- Functional limitations, if applicable
- Safety measures, if applicable

If plans of care are completed by a separate entity, such as a State or local governmental agency, etc., written policies and procedures specify the agency and the organization's acceptance of the plans of care. The organization develops specific actions to implement the plans of care or those portions for which it responsible.

Evidence: Service Recipient Records

Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, ICS, IHH, IOTX, OTX, PHS, PSR, PSS, RCS, RTX, SGL, WM, WME

SES to Develop Written Plan with Service Recipient

Standard BH5-3B: For Supported Employment Services a written work plan is developed with the service recipient/responsible person that includes service specific criteria that address the service recipient's vocational needs.

The work plan goals and outcomes are appropriate to the service recipient's needs, strengths and preferences. The service recipient/responsible person participates in the work plan development. The method in which the organization documents participation includes, but is not limited to:

- The work plan may be signed by the service recipient/responsible person
- A notation may be made in the service recipient record that the service recipient/responsible person participated in the development of the plan of care
- There may be documentation in the service recipient record that the plan of care was reviewed and accepted by the service recipient/responsible person

Outcomes of supported employment may include, but are not limited to:

- Development of new work skills
- Increase in community involvement
- Improvement of communications and social skills
- Increase in independence and self-reliance
- Improvement in the service recipient's quality of life
- Gainful employment

The work plan is reviewed with the service recipient/responsible person, at least quarterly to determine if changes need to be made to the work plan, based upon assessment data (e.g., work performance, changing goals).

For organizations providing other services to the service recipients, in addition to Supported Employment, the work plan and plan of care may be integrated. However, the Supported Employment goals and outcomes must be clearly delineated.

Evidence: Service Recipient Records

Services applicable: SES

Evidence of Recipient's Participation in the Development of the Plan of Care

Standard BH5-3C: The organization shows evidence of the service recipient's and/or responsible person's participation in the development of the plan of care.

The service recipient/responsible person has a right to be involved in the development of the plan of care and any changes in that plan. The degree of involvement may vary depending on the status of the service recipient. At a minimum, the service recipient or responsible person agrees to the plan of care prior to the beginning of services and as subsequent changes occur. The method in which the organization documents participation includes, but is not limited to:

- The plan of care may be signed by the service recipient/responsible person
- A notation may be made in the service recipient record that the service recipient/responsible person participated in the development of the plan of care

There may be documentation in the service recipient record that the plan of care was reviewed and accepted by the service recipient/responsible person

Evidence: Service Recipient Records / Evidence: Response to Interviews

Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IHH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, WME

Services Delivered in Accordance to the Witten Plan of Care

Standard BH5-3D: Services are delivered in accordance with the written plan of care.

The service recipient record reflects that the services are delivered in accordance with the plan of care and directed at achievement of established goals. The documentation also shows effective communication and coordination between all personnel involved in a service recipient's care. If an organization provides after hours services, the services are provided according to the service recipient's plan of care.

Evidence: Service Recipient Records

Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, WME

Standard BH5-3E: Supported Employment Services are delivered in accordance with the written work plan.

The service recipient record reflects that the services are delivered in accordance with the work plan and directed at achievement of established goals. The documentation also shows effective communication and coordination between personnel and the employer.

Evidence: Service Recipient Records

Services applicable: SES

Standard BH5-3F: There is evidence that the plan of care is reviewed as frequently as necessary, but not less than quarterly.

The plan of care is reviewed and updated with the service recipient and any other persons whom he/she would like to have involved in the planning process. Review of the plan occurs at least every 90 days. Any changes to the plan are noted, along with timeframes for completion and assignment of person responsible for each goal. The plan of care review includes, but is not limited to:

- Appropriateness (service being provided is still needed)
- Effectiveness (service recipient's outcomes/response to services)
- Included in this review is a discussion with the service recipient/responsible person to determine the level of satisfaction with the services being provided. Notation of a review is made in the service recipient record, in minutes of meetings, such as team meetings or case conferences.

Evidence: Service Recipient Records / Evidence: Response to Interviews

Services applicable: ACTT, CRS, CS, FCS, IIH, IOTX, OTX, PHS, PSR, PSS, RCS, RTX, SGL, WM, WME

Standard BH5-3I: There is evidence of changes in the plan of care based on reassessment data.

Changes are noted on the plan of care and/or in the progress notes based on service recipient request, condition, response to services and when needs indicate appropriate changes.

There is evidence of communication among the involved service providers regarding the service recipient's condition. If new or revised goals are indicated, they are reflected in a revised plan of care. The revised plan of care is approved by the service recipient/responsible person, as appropriate.

Evidence: Service Recipient Records / Evidence: Response to Interviews

Services applicable: ACTT, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSS, RCS, RTX, SGL, WM, WME

Case Management Plan of Care

Standard BH5-3H: The Case Management plan of care is reviewed as frequently as necessary, but not less than quarterly. Monitoring and follow-up activities are provided, including activities and contacts that are necessary to ensure that the plan of care is effectively implemented and is adequately addressing the needs of the service recipient.

Monitoring and follow-up activities may be with the service recipient, family members, providers, and other entities involved in the service recipient's care, as appropriate. Monitoring consists of face-to-face and telephone contacts, conducted at least every 90 days, to determine if:

- Services are being furnished in accordance with the plan of care
- Services in the plan of care are in-fact meeting the needs of the service recipient
- Service recipient has encountered any changes in his/her life circumstance, personal goals or desired outcomes that would necessitate additional assessments, referrals, or modifications to the plan of care

If there are changes in the needs or status of the service recipient, monitoring and follow-up activities include making necessary modifications in the plan of care and service arrangements with providers.

Evidence: Service Recipient Records / Evidence: Response to Interviews / Services applicable: CMGT

Behavioral Intervention Plan or Crisis Plan

Standard BH5-3J: Written policies and procedures are established and implemented in regard to the development of a behavior intervention plan or crisis plan when service recipients exhibit aggressive or self-injurious behaviors on a regular basis; the behavior intervention plan or crisis plan outlines a protocol for planned, restrictive intervention to reduce the risk of service recipient injury to self or others.

A behavior intervention plan or crisis plan is developed in accordance with organization's policies and procedures by a licensed clinician, when the service recipient's injurious behavior towards self or others meets a frequency threshold established by the organization's policies and procedures or state guidelines. The plan is geared toward maintaining the service recipient's dignity and affording the service recipient with less restrictive choices of self-managing his/her behavior. The behavior intervention plan or crisis plan contains, but is not limited to:

- The plan is written by a licensed clinician who is familiar with the population served and the service recipient's medical, psychological, and developmental histories
- Triggers, specific to the service recipient that may lead to aggressive behavior
- Behavioral indicators that the service recipient is emotionally escalating
- Effective communication strategies
- De-escalation and other non-restrictive interventions
- Type of restrictive intervention to be used, if applicable
- The plan is signed and dated by the licensed clinician who developed the plan.
- Behavior intervention plans or crisis plans are reviewed at least every 180-days by a licensed clinician who determines the effectiveness of the current plan, needed changes to the plan, and/or whether there is a continued need for the behavior intervention plan or crisis plan.

Evidence: Written Policies and Procedures / Service Recipient Records/ Response to Interviews

Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, WME

Facilitate Communication between BHH, ICS & PCP

Standard BH5-3Q: For Behavioral Health Home and Integrated Care Service organizations facilitate communication between the service recipient/responsible person, PCP and others involved in the service recipient's care. This communication occurs to assess the progress, service delivery and needs of the service recipient.

The organization establishes a line of regular communication among the service recipient/responsible person and others involved in service recipients care. Communication is focused on the assessment of progress and ongoing needs. Methods of communication may include, but are not limited to:

- Input from the service recipient/responsible person, as appropriate
- Documentation of care coordination plans/referrals
- Consultations
- Treatment team minutes
- Progress notes
- Written patient summaries are provided at each visit which includes updated goals and care plans
- Evaluation and other diagnostic reports
- Recommendations

Evidence: Service Recipient Records / Evidence: Response to Interviews / Services applicable: BHH, ICS

Documented Care Coordination Activities of BHH and ICS

Standard BH5-3R: For Behavioral Health Home and Integrated Care Service organizations care coordination activities are documented.

Based on the needs of the service recipient and consistent with the plan of care, the organization has qualified clinicians who coordinate care through activities that include, but are not limited to:

- Requesting and tracking necessary labs and test results from Primary Care Physicians
- Service recipient education
- Consultation with other qualified clinicians
- Referral and linkage to other in-house or community resources
- Follow-up calls/contacts to monitor progress
- Tracking of outcomes
- Organizing treatment team meetings

Evidence: Service Recipient Records / Evidence: Response to Interviews/ Services applicable: BHH, ICS

Orientation & training of the work place and expectations

Standard BH5-4B: Each Supported Employment service recipient is provided an orientation and training of the work place and the expectations and requirements of the job.

Prior to beginning employment, the service recipient is provided an orientation specific to the job. This includes information concerning the following areas:

- Employer and products of the company
- Culture of the company
- Specific policies and procedures

Process for Service Recipient Education

Standard BH5-4A: Written policies and procedures are established and implemented that describe the process for service recipient/responsible person education.

The program has written policies and procedures that describe the education provided to the service recipient/responsible person. The policies and procedures include, but are not limited to:

- Treatment and symptom management education
- Plan of care
- How to notify the organization of problems, complaints, or grievances

Education of the service recipient is an integral part of services. Assessment of the service recipient's/responsible person's knowledge deficits and learning abilities are evaluated during the initiation of services. Education/instruction proceeds in accordance with service recipients/responsible person's willingness and ability to learn.

The service recipient record indicates education to the service recipient/responsible person about appropriate actions to take if an incident or emergency occurs.

The service recipient records include documentation of all training, service recipient's/responsible person's response to training, and the service recipient's level of progress/achievement of goals/outcomes. Written instructions are provided to the service recipient, as appropriate.

Evidence: Written Policies and Procedures/Service Recipient Records/Response to Interviews
Services applicable: ACTT, BHH, CMGT, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, RTX, SGL, WM, WME

- Work schedule
- Benefits
- Company contact information for the supported employment personnel and service recipient

Taking into account the service recipient's learning abilities and knowledge deficits, training is conducted that address the following areas:

- Job expectations and responsibilities (e.g. attendance)
- Specific tasks involved in the job
- Personal care and appearance
- Communication (e.g. who to contact, how to address conflicts, etc.)
- Ethics and personal conduct
- Employment rights/laws
- Work duties, productivity and pay
- Other areas indicated through evaluations

Service recipients are counseled concerning their rights and responsibilities in such matters as wages, hours, working conditions, social security, workers compensation for injury on the job, and the consequences of their own wrongful conduct. Supported employment services include the teaching of accident prevention and occupational safety specific to the job duties of each vocational placement.

Evidence: Service Recipient Records/Evidence: Response to Interviews/Services applicable: SES

Process for Service Recipient Education

Standard BH5-4D: For Behavioral Health Home and Integrated Care Services, written policies and procedures are established and implemented that describe the process for service recipient/responsible person education.

The program has written policies and procedures for Behavioral Health Home and Integrated Care Services that describe the education provided to the service recipient/responsible person. The policies and procedures include, but are not limited to:

- Treatment and symptom self-management education
- Plan of care
- How to notify the organization of problems, complaints, or grievances
- Evidence based guidelines to proactively remind patients and families of age/gender appropriate medical screens
- Wellness and Health Promotion

Education of the service recipient is an integral part of services. Assessment of the service recipient's/responsible person's preferred language, knowledge deficits and learning abilities are evaluated during the initiation of services. Education/instruction proceeds in accordance with service recipients/responsible person's willingness and ability to learn/understand.

The service recipient record indicates education to the service recipient/responsible person about appropriate actions to take if an incident or emergency occurs.

The service recipient records include documentation of all training, service recipient's/responsible person's response to training, and the service recipient's level of progress/achievement of goals/outcomes. Written instructions are provided to the service recipient, as appropriate.

Evidence: Written Policies and Procedures/Evidence: Service Recipient Records/Evidence: Response to Interviews Services applicable: BHH, ICS

Identification of the drugs & drug classifications & routes of administration

Standard BH5-5A: Written policies and procedures are established that identify the drugs or drug classifications and routes of administration that personnel can administer.

Written policies and procedures identify the drugs or drug classifications approved by the governing body, which may be administered by personnel. The policies include any exceptions, as well as the routes of administration that are allowed (e.g., oral, intramuscular, subcutaneous, intravenous, intrathecal, epidural, and rectal), and any special criteria for the acceptance or refusal to take medication by the service recipient/responsible person.

The organization may have policies and procedures that address drugs and drug classifications that are not allowed rather than listing all that are allowed. If the organization elects not to administer medications, the policies and procedures reflect this.

Organizations electing to administer medications have written policies and procedures that include, but are not limited to, the following items being completed and reviewed prior to administering a medication(s):

- Medication review and profile
- Administering medication, whether prescribed or over the counter, only on the written order of a licensed physician or other licensed clinician operating within the scope of his/her license to prescribe medications
- The date the service recipient last received the medication, including any response
- The history of being allergic to this class of medication
- For first time dosages, orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur
- The route of administration has been specified
- The location and phone numbers for emergency support have been identified and a procedure to utilize these resources has been developed

Evidence: Written Policies and Procedures/Services applicable: ACTT, BHH, CRS, DTX, FCS, ICS, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, WME

Administering Medications or Medical Management Documents and Review on a Routine Basis

Standard BH5-5B: Organizations administering medications or providing medication management have the service recipient's medications, both prescription and non-prescriptions, documented and reviewed on a routine basis by a clinician whose scope of licensure allows medication reviews.

Clinicians operating within their professional scope of practice, review all prescription and over the counter (OTC) medications that a service recipient is taking. The clinician is able to anticipate side effects which may rapidly endanger a service recipient's life or well-being, and instruct the service recipient/responsible person, as necessary, in following the prescribed regimen. Review of psychotropic and neuroleptic medications, occurs at least every six months.

A medication log or profile lists all current medications (prescribed or OTC), name of medication, dose, frequency, drug classification, date started and/or discontinued, and other comments and is included in the record of the service recipient. All entries are signed and dated by personnel administering the medication(s). Drug and/or food allergies are listed on the profile.

Evidence: Service Recipient Records/Response to Interviews/Services applicable: ACTT, BHH, CRS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RTX, SGL, WM, WME

Safe Storage of Medications

Standard BH5-5C: Written policies and procedures are established and implemented for organizations that maintain and administer medications for service recipients that ensure the safe storage and disposal of medications.

The organization's policies and procedures include requirements for safe storage and disposal of medications, sharps and other related bio-hazardous items.

Medications are stored separately for each service recipient in a secured, locked area. Only approved personnel have access to the medication.

If a service recipient has been approved to maintain and self-administer his/her own medications, precautions are taken to ensure the safe storage of the medications to prevent unauthorized access by others.

The policies and procedures specify the documentation requirements for the disposal of medications that meet state and federal regulations.

Evidence: Written Policies and Procedures/Observation

Services applicable: ACTT, BHH, CRS, DTX, FCS, ICS, IOTX, OTX, PHS, PSR, PSRM, RCS, RTX, SGL, WM, WME

Adverse Drug Reactions

Standard BH5-5E: Written policies and procedures are established and implemented that address the response to Adverse Drug Reactions (ADR).

The organization has written policies and procedures and ensures the implementation that defines an ADR and identifies potential drugs and drug classifications that may cause adverse reactions.

Policies and procedures include a protocol for managing and reporting an ADR. This includes standing orders to treat anaphylaxis and recommended dosages of drug per age group.

Written policies and procedures include requirements for documentation and education of the service recipient/responsible person about the medications being taken and potential adverse reactions associated with those medications. All actions taken by personnel in response to adverse reactions are documented.

Evidence: Written Policies and Procedures/ Variance/Incident Reports /Services applicable: ACTT, BHH, CRS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, RCS, RTX, SGL, WM, WME

Accounting and Documentation of Med Administered

Standard BH5-5D: Written policies and procedures are established and implemented for organizations that maintain and administer medications for service recipients that ensure proper accounting and documentation of the medications administered.

The organization's policies and procedures outline the method for accounting for medications for each service recipient, including the following practices:

Maintaining an individual medication profile/record for each service recipient that includes:

- Service recipient's name
- Name of each medication
- Dose
- Frequency
- Route
- Date started and discontinued

Documentation of administration that includes:

- Name of each medication administered
- Date and time of each medication administered
- Service recipient's acceptance or refusal
- Name of personnel administering the medications

Evidence: Written Policies and Procedures / Observation /Services applicable: ACTT, BHH, CRS, DTX, FCS, ICS, IOTX, OTX, PHS, PSR, PSRM, RCS, RTX, SGL, WM, WME

Med prescriber must educate recipient about the medication(s)

Standard BH5-5F: Organizations prescribing medications educate service recipients about the medication(s) prescribed.

The organization documents its effort to educate service recipients/responsible person about the medications it prescribes that includes, but is not limited to:

- Name of the medication(s)
- Medication purpose/benefits
- Dosage
- Frequency
- Potential side-effects
- What to do in the event of negative side-effects
- The service recipient's right to refuse medications, including negative effects of not taking the medication and/or not taking medication as prescribed
- The medication's interaction with alcohol and other drugs (AODs)

Evidence: Service Recipient Records

Services applicable: ACTT, BHH, CRS, CS, DTX, ICS, IOTX, OTX, PHS, PSR, PSRM, PSS, RTX, WM, WME

Med prescriber to monitor recipients' response to medic and their progress

Standard BH5-5G: Organizations prescribing medications provide medication management to monitor the service recipients' response to the medications and their progress.

The organization determines the frequency of follow-up appointments for service recipients who are prescribed medication(s). The appointments focus on determining service recipients' response to medication(s) prescribed and includes, but is not limited to:

- Improvement in symptomology
- Compliance with medication(s) regime
- Assessment of potential side-effects (e.g., abnormal involuntary movements, metabolic syndrome, liver functioning, medication toxicity, etc.)
- Assessment of the need for any changes to the medication(s)

Evidence: Service Recipient Records

Services applicable: ACTT, BHH, CRS, CS, DTX, ICS, IOTX, OTX, PHS, PSR, PSRM, PSS, RTX, WM, WME

Prescription Refills and Lost Prescriptions

Standard BH5-5I: Written policies and procedures are established and implemented for organizations prescribing medications addressing prescription refills and lost prescriptions.

The policies and procedures address how a service recipient can obtain a prescription to refill medications or the steps to follow to have a replacement prescription written if the original is lost.

Evidence: Written Policies and Procedures /Response to Interviews

Services applicable: ACTT, BHH, CRS, CS, DTX, ICS, IOTX, OTX, PHS, PSR, PSRM, PSS, RTX, WM, WME

Safe and Secure Transporting of Med during the Provision

Standard BH5-5J: Written policies and procedures are established and implemented to ensure safe and secure transporting of medications during service provision.

The organization's medication transportation policies and procedures include, but are not limited to:

- Personnel who may handle and transport medications
- Procedure for obtaining medications, including documentation of medications to be transported
- Secure storage of medications during transport
- Procedure for returning medications, including documentation of medications administered/not administered

Evidence: Written Policies and Procedures / Observation / Services applicable: ACTT, FCS, RTX, SGL

Telehealth med prescriber ensure service delivery of prescription

Standard BH5-5H: Written policies and procedures are established for organizations prescribing medications through telehealth that ensure that prescriptions are delivered to service recipients via methods which meet service recipients' needs.

Organizations can utilize various methods of delivering prescriptions to service recipients who are seen via telehealth that include, but are not limited to:

- Hand delivery by specific personnel
- Electronic delivery to the service recipient's pharmacy, as appropriate to the classification of medication prescribed
- Mail or carrier services, etc.

Evidence: Written Policies and Procedures

Services applicable: ACTT, BHH, CRS, CS, DTX, ICS, IOTX, OTX, PHS, PSR, PSRM, PSS, RTX

Communication with other practices also treating the service recipient

Standard BH5-5K: Organizations prescribing medications communicate with other practices that are also treating the service recipient.

Based on medical and psychiatric information provided by the service recipient, the organization communicates with other health providers treating the service recipient to prevent duplication and/or contraindications of medications prescribed. For example, if a service recipient who is being treated for depression is pregnant, the organization would be expected to have documentation showing consent to communicate with the service recipient's Obstetrician and that communication has occurred.

Evidence: Service Recipient Records

Services applicable: ACTT, BHH, CRS, CS, DTX, ICS, IOTX, OTX, PHS, PSR, PSRM, PSS, RTX, WM, WME

Knowledgeable of other services available in the community

Standard BH5-6A: Personnel are knowledgeable about other services available in the community.

Personnel are aware of other community services and make an effort to work cooperatively with these organizations to promote a full range of home and community based service options in the communities served. Service needs, either identified by personnel, referring physicians/agencies/other professionals, or requested by service recipient/families/responsible person, which cannot be met by the organization are addressed by referring the service recipient/responsible person to other community agencies.

Evidence: Response to Interviews / Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Case Management Referrals and Related Activities

Standard BH5-6B: Case Management referrals and related activities are provided to help the service recipient obtain needed services.

Services provided include referral or linkage to community resources such as medical, social services, educational, or other providers and programs that are capable of assisting the person in meeting his/her needs. Such activities include networking, advocating on behalf of the person, making phone calls to other community services to schedule appointments, or arranging for transportation.

Evidence: Service Recipients Records

Evidence: Response to Interviews

Services applicable: BHH, CMGT, ICS

Recipient Suspension and Subsequent Readmission to a Service

Standard BH5-7A: Written policies and procedures are established and implemented for the suspension and subsequent readmission of a service recipient. A service recipient may be suspended from services if the person engages in behaviors while in service that pose a threat to the health and safety of participants and personnel, disrupts the therapeutic operations of the service, and/or impedes the progress of the other participants in the services.

If an organization utilizes suspension from services, the service recipient/responsible person is made aware of the organization's policies and procedures for suspension and readmission prior to initiation of services. A notice of suspension is completed that specifies the reason for suspension, the length of time of the suspension, specific actions the service recipient takes to return to the service, and other resources available to the service recipient during the time of suspension. The notice of suspension is given to the service recipient/ responsible person, with explanation, and a copy is kept in the service recipient's record.

Evidence: Written Policies and Procedures / Evidence: Service Recipients Records / Services applicable: ACTT, CMGT, CS, DTX, FCS, IIH, IOTX, OTX, PHS, PSR, PSRM, RCS, RTX, SES, SGL, WM, WME

Process for transfer of a service recipient

Standard BH5-7C: Written policies and procedures are established and implemented that describe the process for transfer of a service recipient.

The organization's transfer policies and procedures define the circumstances when a service recipient would be transferred to another organization. Reasons for transfer include, but are not limited to:

- The service recipient moves outside of the organization's geographic service area
- The organization cannot meet the needs of the service recipient
- The service recipient requests to be transferred
- The organization is not a preferred provider by the service recipient's insurance company

If the service recipient has been receiving ongoing, intensive/services, a summary of services, treatment and ongoing needs is provided to the new organization. If the service recipient has been seen for routine, periodic appointments, service recipient records are copied and sent to the new provider organization, if requested.

Process for discharging a service recipient from behavioral services

Standard BH5-7B: Written policies and procedures are established and implemented in regard to the process for discharging a service recipient from behavioral health services.

The discharge policies and procedures define the circumstances when a service recipient would be discharged. Reasons for service recipient discharge include, but are not limited to:

- The service recipient's condition improves and therefore no longer needs the service provided
- The order for services is discontinued by the authorizing entity
- The service recipient consistently violates service rules
- The service recipient consistently engages in behavior that poses harm to other participants or personnel
- The service recipient consistently disrupts others' participation in the service
- The service recipient refuses the/service and requests discontinuation of services
- The service recipient dies

The service recipient record reflects discharge planning activities, coordination with other service providers, the service recipient's response and understanding to these activities and service recipient care instructions. Prior notice of discharge is given within timeframes as required by state law, unless there is imminent danger, and then the discharge is processed as soon as possible, to facilitate the service recipient accessing intensive services.

Where no timeframes for discharge notice exists, notification is given within 72-hours of discharge.

A copy of the discharge summary is maintained in the service recipient record and a copy is made available to service recipient/responsible person and other entities upon request. The discharge summary includes, but is not limited to:

- Date of discharge
- Demographic information
- Service recipient's physician and phone number, if applicable
- Diagnosis
- Reason for discharge
- A brief description of services provided
- Status of service recipient at the time of discharge
- Medications, if applicable
- Any instructions given to the service recipient/responsible person

Evidence: Written Policies and Procedures / Service Recipients Records / Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SES, SGL, WM, WME

Evidence: Written Policies and Procedures / Service Recipients Records

Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, WME

Actions to be Taken in the Case of Service Recipient Death

Standard BH5-7D: Written policies and procedures are established and implemented that outline actions to be taken in the case of a service recipient's death.

The policies and procedures include:

- Appropriate documentation of the event
- Cause of death (if determined)
- Reports to appropriate governmental agencies
- Notifying the family, responsible person, etc.
- Any actions taken to secure the service recipient's record (e.g., sealing, storage, etc.) that may be required by state law

Evidence: Written Policies and Procedures / Service Recipients Records

Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SES, SGL, WM, WME

Actions to be Taken in the Case of Service Recipient Death

Standard BH5-9A: Written policies and procedures are established and implemented for an emergency response system to respond to service recipient needs.

The organization has an emergency phone system to respond to service recipient emergency needs after business hours, 365 days of the year. The after hour's phone number is made known to the community, and service recipients through various means (e.g. advertisements, brochures, websites, marketing materials, etc.). Based upon the geographic area served, the organization also provides a toll-free number that service recipients can access in the event of an emergency.

Based upon the demographics of communities served the organization identifies language barriers and takes measures to reduce or eliminate those barriers in regard to the emergency response system.

Evidence: Written Policies and Procedures / Observation / Response to Interviews / Services applicable: ACTT, BHH, CMGT, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM,

Case Managers Advocate for the Service Recipient

Standard BH5-8A: Case Managers advocate for the service recipient.

Case Managers advocate for the needs and interests of service recipients in order to obtain services, assure fair and reasonable accommodations for special needs, and promote opportunities for maximum independence in the community. Advocacy may include the Case Manager interpreting the recipient's needs to providers and assistance in removal of barriers for the service recipient.

Evidence: Service Recipients Records / Response to Interviews

Services applicable: BHH, CMGT, ICS

SES to provide ongoing support to service recipients to help them maintain employment

Standard BH5-10A: Supported Employment services provide service recipients ongoing support to help them maintain employment.

Service recipients are provided ongoing support to ensure they maintain employment. This may be through the provision of additional training to prevent existing job skills from being lost, if a change in job responsibilities occurs; or through interventions, if there is a change in the service recipient's condition. Support may also include consultation to other employees, employers, family members and other natural supports, as appropriate.

Evidence: Service Recipient Records / Services applicable: SES

SES monitor service recipients skills and needs progress on their respective jobs

Standard BH5-10B: Supported Employment services monitor service recipients while working to access their progress on the job in relation to their skills and needs. The monitoring frequency is consistent with state/federal requirements.

Monitoring is individualized to the service recipient's needs. At a minimum, the organization provides monitoring twice a month, with at least one occurring at the work site to assess employment stability. Monitoring is suspended only at the request of the service recipient.

Evidence: Service Recipient Records

Evidence: Response to Interviews

Services applicable: SES

Orpe Human Rights Advocates



Edward-t Moises, JD, PhD

OHRA Operational Model

Orpe Human Rights Advocates

Chapter 6

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section show Orpe Human Rights Advocates' plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include:

- Who is responsible for the program
- Activities being monitored
- How data is compiled, and
- Corrective measures being developed from the data and outcomes.

Standard BH6-1A requires the organization develops, implements, and maintains an effective, ongoing, organization wide Performance Improvement (PI) program. The organization measures, analyzes, and tracks quality indicators that lead to positive service recipient and organizational outcomes and cost effectiveness. Such indicators include adverse service recipient events, and other aspects of performance that enable the organization to assess and improve processes of care, services, and operations. **Organizational-wide performance improvement efforts address priorities for improved quality of care and service recipient safety, and that all improvement actions are evaluated for effectiveness.**

OHRA will be developing a PI program that is specific to its needs. The methods used by the organization for reviewing data include, but are not limited to:

- Current documentation (e.g., review of service recipient records, incident reports, complaints, and service recipient satisfaction surveys)
- Service recipient care
- Direct observation of clinical performance
- Operating systems
- Interviews with service recipient and/or personnel

The information gathered by the organization is based on criteria and/or measures generated by personnel. This data reflects best practice patterns, personnel performance, and service recipient outcomes.

Ongoing means that there is a continuous and periodic collection and assessment of data. Assessment of such data enables identification of potential problems and indicates when additional data is needed.

The following elements are considered within the PI plan:

- Program objectives
- All service recipient care disciplines
- Description of how the program will be administered and coordinated
- Methodology for monitoring and evaluating the quality of care
- Priorities for resolution of problems
- Monitoring to determine effectiveness of the action
- Oversight and responsibility for reports to the governing body/owner

Evidence: Written Policies and Procedures

Services applicable: ACTT, ARS, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH6-2A: There is an annual Performance Improvement (PI) report written.

There is a comprehensive, written annual report that describes the PI activities, findings and corrective actions that relate to the service provided. In a large multi-service organization, the report may be part of a larger document addressing all of the organization's services.

While the final report is a single document, improvement activities are conducted at various times during the year. Data for the annual report may be obtained from a variety of sources and methods (e.g., audit reports, service recipient questionnaires, and feedback from referral sources and outside survey reports).

Evidence: Performance Improvement Annual Report

Standard BH6-1B: The organization ensures the implementation of an agency wide Performance Improvement (PI) plan by the designation of a person responsible for coordinating PI activities.

Duties and responsibilities relative to PI coordination include:

- Assisting with the overall development and implementation of the PI plan
- Assisting in the identification of goals and related service recipient outcomes
- Coordinating, participating and reporting of activities and outcomes

The position responsible for coordinating PI activities may be the owner, manager, supervisor, or other personnel and these duties are included in the individual's job description.

Evidence: Job Description

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH6-1C: There is evidence of involvement of the governing body/owner and organizational leaders in the Performance Improvement (PI) process.

The governing body/owner and organizational leaders are ultimately responsible for all actions and activities of the organization; therefore, their role in the evaluation process and the responsibilities delegated to personnel are documented. There is evidence that the results of performance improvement activities are communicated to the governing body/owner and organizational leaders. The organizational leaders allocate resources for implementation of the PI program. Resources include, but are not limited to:

- Training and education programs regarding PI
- Personnel time
- Information management systems
- Computer support

Evidence: Governing Body Meeting Minutes

Evidence: Response to Interviews

Standard BH6-1D: There is evidence of personnel involvement in the Performance Improvement (PI) process.

All personnel receive training related to PI activities and their involvement. Training includes, but is not limited to:

- The purpose of PI activities
- Person(s) responsible for coordinating PI activities
- Individual's role in PI
- PI outcomes resulting from previous activities

Personnel are involved in the evaluation process through carrying out PI activities, evaluating findings, recommending action plans, and/ or receiving reports of findings.

Evidence: Response to Interviews

Standard BH6-3A: Each Performance Improvement activity or study contains the required items.

Each PI activity/study includes the following items:

- A description of indicators to be monitored/activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting the activities
- Methods of data collection
- Acceptable limits for findings/thresholds
- Written plan of correction when thresholds not met
- Who will receive the reports
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulations

The above criteria are used to develop each required PI activity.

Evidence: Performance Improvement Activities/Studies

Standard BH6-3D: Performance Improvement activities include ongoing monitoring of processes that involve risks, including infections and communicable diseases.

A review of all variances, which includes but is not limited to incidents, accidents, grievances/complaints, and worker compensation claims, is conducted at least quarterly to detect trends and create an action plan to decrease occurrences.

Evidence: Performance Improvement Reports

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH6-3E: The organization has a means of collecting and tracking service recipient outcome data that is used in the development, modification and evaluation of service recipient plans of care.

As an extension of its monitoring of service recipient progress, the organization develops a process for tracking treatment outcomes for its service recipients. The results of outcome data are used to modify the plan of care and evaluate treatment practices, as appropriate.

Evidence: Collection and Outcome Tracking Data

Evidence: Performance Improvement Reports

Evidence: Response to Interviews

Standard BH6-3B: The organization maintains and analyzes data on all incidents of restrictive intervention and corrective actions taken.

As applicable, the organization gathers and analyzes data from all incidents of restrictive intervention to identify trends and areas for improvement and progress toward decreasing or eliminating restrictive interventions. Appropriate corrective action is taken and performance is monitored for continued improvement.

Evidence: Performance Improvement Reports

Standard BH6-3C: Written policies and procedures are established and implemented by the organization to identify, monitor, report, investigate and document all adverse events, incidents, accidents, variances or unusual occurrences that involve service recipients.

Written policies and procedures describe the process for identifying, reporting, monitoring, investigating and documenting all adverse events, incidents, accidents, variances or unusual occurrences. Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after hours' personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for accessing medical care, when applicable
- Follow-up reporting to the administration/Board/owner

There are written policies and procedures for the organization to comply with the FDA's Medical Device Tracking program and to facilitate any recall notices submitted by the manufacturer, if applicable.

Written policies and procedures identify the person(s) responsible for collecting incident data and monitoring for patterns or trends, investigating all incidents, taking necessary follow-up actions and completing appropriate documentation.

The organization investigates all adverse events, incidents, accidents, variances or unusual occurrences that involve services and develops a plan to prevent the same or a similar event from occurring again. Events include, but are not limited to:

- Unexpected death, including suicide of service recipient
- Any act of violence
- Adverse service outcomes
- Medication and treatment errors, if applicable
- Significant adverse drug reaction (ARD)
- Service recipient injury, including falls
- Unusual occurrences

There is a standardized form developed by the organization used to report all incidents.

This data is included in the PI plan. The organization assesses and utilizes the data for reducing further safety risks.

Evidence: Written Policies and Procedures / Incident/Variance Reports / Performance Improvement Reports

Standard BH6-3F: Performance Improvement activities include ongoing monitoring of at least one important aspect related to the service provided.

The organization conducts monitoring of at least one important aspect of the care/service provided by the organization. An important aspect of care/service reflects a dimension of activity that may be high volume (occurs frequently or affects a large number of service recipients), high risk (causes a risk of serious consequences if the service is not provided correctly), or problem-prone (has tended to cause problems for personnel or service recipients in the past).

Examples of activities include, but are not limited to:

- Delivery of service (e.g., timeliness)
- Medication administration
- Clinical procedures
- Determination of guardianship/power of attorney, if applicable

Evidence: Performance Improvement Reports

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH6-3I: Performance Improvement (PI) activities include ongoing monitoring of service recipient records.

The organization identifies the process and personnel responsible for the review of records, which includes a quality review of documentation and services. An adequate sampling of open and closed records is selected to determine the completeness and quality of documentation.

Evidence: Performance Improvement Reports

Standard BH6-3L: The organization analyzes and identifies outcomes and trends from Prevention Service (PVS) efforts.

The organization evaluates and analyzes the results of its prevention efforts to determine its impact on the population served and needs for additional training or project improvement. Examples of data that may be analyzed include, but are not limited to:

- Requests for additional education/training
- Requests for referrals to community resources

Evidence: Performance Improvement Reports

Services applicable: PVS

Standard BH6-3G: Performance Improvement (PI) activities include ongoing monitoring of at least one important administrative function of the organization.

The organization conducts monitoring of at least one important administrative/operational function of the organization. Examples of PI activities include, but are not limited to:

- Monitoring compliance of conducting performance evaluations
- In-service hours
- Billing audits

Evidence: Performance Improvement Reports

Standard BH6-3H: Performance Improvement (PI) activities include satisfaction surveys.

The PI plan identifies the process for conducting satisfaction surveys, which include, but are not limited to:

- Service recipient
- Personnel
- Referral sources

Evidence: Performance Improvement Reports

Standard BH6-3J: Performance Improvement (PI) activities include the ongoing monitoring of service recipient grievances / complaints.

PI activities include ongoing monitoring of service recipient grievances/complaints and the actions needed to resolve complaints and improve services.

Evidence: Performance Improvement Reports

Standard BH6-3M: Performance Improvement (PI) activities include feedback from current and former service recipients/responsible persons, physicians, clinicians and referral sources in regard to the evaluation and improvement of processes, day-to-day operation and services.

The organization actively seeks input from current and former service recipients/responsible persons, physicians, clinicians and referral sources in regard to the continuous improvement of the organization. Current and former service recipients/responsible persons, physicians, clinicians and referral sources input can be acquired by several methods that may include, but are not limited to:

- Questionnaires
- Focus group
- Service Recipient/Responsible person satisfaction Survey
- Advisory Councils
- Peer Review groups
- Targeted work groups

The organization will compile and review all information received. The review will produce suggestions for plans of action for improvements. The organization's annual performance improvement report provides summaries of all PI activities and outcomes. The report of these activities are shared with all appropriate stakeholders.

Evidence: Performance Improvement Reports - Services applicable: BHH, ICS

Risk Management: Infection and Safety Control

Chapter 7

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks.

The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation

Standard BH7-1A: Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards.

The organization maintains and documents an effective infection control program that protects service recipients and personnel by preventing and controlling infections and communicable diseases.

The organization's infection control program identifies risks for the acquisition and transmission of infectious agents in all service settings.

There is a system to communicate with all personnel and service recipients about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.

Written policies and procedures are established and implemented to include accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

Accepted standards of practice for health care providers are typically developed by government agencies, professional organizations and associations. Examples would include, but are not limited to:

- The Centers for Disease Control and Prevention (CDC)
- The Agency for Healthcare Research and Quality (AHRQ)
- State Practice Acts
- Commonly accepted health standards established by national organizations, boards, and councils (e.g., Association for Professionals in Infection Control and Epidemiology (APIC), American Nurses Association (ANA))

Written policies and procedures include, but are not limited to:

- General infection control measures appropriate for services provided
- Hand washing
- Use of standard precautions and personal protective equipment
- Needle-stick prevention and sharps plan, if applicable
- Appropriate cleaning/disinfecting procedures
- Infection surveillance, monitoring and reporting of employees and service recipients
- Disposal and transportation of regulated waste, if applicable
- Precautions to protect immune-compromised service recipients, if applicable
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program
- Protecting service recipient and personnel from blood borne or airborne pathogens
- Monitoring personnel for compliance with the organization's policies and procedures related to infection control
- Protocols for educating service recipient and personnel in standard precautions and the prevention and control of infection

The organization has written policies and procedures that detail OSHA Blood borne Pathogen and TB Exposure Control Plan training for all personnel providing direct care. The exposure control plans are reviewed annually and updated to reflect significant modification in tasks or procedures that may result in occupational exposure (e.g., use of respiratory protection devices). The Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent. Plans are available to the personnel at the workplace.

The TB Exposure Control plan includes a current organization assessment indicating the prevalence rate of TB in the communities serviced by the organization as well as the rate of TB of the service recipients serviced by the organization.

Written policies and procedures identify the person who has the responsibility for the implementation of the infection control activities and personnel education.

The organization provides infection control education to employees, contracted providers and services recipients regarding both basic and high risk infection control procedure as appropriate to the care/services provided.

All personnel demonstrate infection control procedures in the process of providing care/service to service recipient as described in OSHA and CDC standards and as adopted into program care/service policies and procedures.

Evidence: Written Policies and Procedures / Observation / Response to Interviews
Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH7-2A: Written policies and procedures are established and implemented that address education of personnel concerning safety issues relating to the provision of services.

Written policies and procedures include types of safety training as well as the frequency of training. Safety training is conducted during orientation and at least annually for all personnel. Safety training activities include, but are not limited to:

- Body mechanics
- Safety management:
 - * Fire
 - * Evacuation
 - * Security
 - * Office equipment
 - * Environmental hazards
 - * In-home safety
- Personal safety techniques

Evidence: Written Policies and Procedures / Observation / Response to Interviews
Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH7-2B: Written policies and procedures are established and implemented by organizations providing services in the home (including 24-hour services) that address service recipient's safety.

Written policies and procedures address service recipient safety in the home, the safety training activities include but are not limited to:

- Compliance monitoring measures relating to medication, if applicable
- Basic home safety measures (e.g., household chemicals, throw rugs, furniture layout, cluttered stairways, blocked exits, bathroom safety, electrical safety)
- Medical equipment safety, if applicable

Evidence: Written Policies and Procedures / Response to Interviews
Services applicable: CS, PSS, RCS, RTX, SGL

Standard BH7-2C: Written policies and procedures are established and implemented by organizations that provide transportation as part of the service provision that address transportation safety for service recipients.

Written policies and procedures include, but are not limited to:

- Service recipient's age considerations (e.g., type of restraint per height and weight)
- Factors regarding the type of vehicle needed (e.g., number of passengers, physical challenges of service recipients)
- Adaptive equipment needs (e.g., lifts, equipment to secure wheeled mobility devices)
- Number of personnel needed to safely transport service recipients based on the age and disabilities of the service recipients
- Emergency procedures for mechanical failure, including back-up transportation arrangements
- Emergency procedures in the event of a vehicle accident

Evidence: Written Policies and Procedures / Observation / Response to Interviews
Services applicable: ACTT, CMGT, CS, DTX, FCS, IIH, PHS, PSR, PSRM, PSS, RCS, RTX, SES, SGL

Standard BH7-2D: Facilities providing twenty-four hour or day services have at least one person who is trained and currently certified in CPR and First aid on-site anytime service recipients are served in the facility.

At least one personnel member that is trained and currently certified in CPR and First aid is available, on-site, when service recipients are receiving services in the facility. Personnel respond to the needs of service recipients and document the interventions

Documentation of current CPR and First aid is maintained in the personnel files.

Evidence: Response to Interviews
Evidence: Personnel Files
Services applicable: CRS, DTX, IOTX, PHS, PSR, PSRM, RCS, RTX, SGL, WM, WME

Standard BH7-3A: Written policies and procedures are established and implemented that outline the process for meeting service recipient needs in a disaster or crisis situation.

Written policies and procedures describe a process to organize and mobilize personnel adequately to secure resources needed to meet service recipient needs in the event of a disaster or crisis. The process includes:

- A system to identify alternative methods for contacting personnel
- Mobilizing resources to meet critical needs
- Alternative methods, resources, and travel options for the provision of service, as applicable
- Safety of personnel
- Identified time frames for initiation of the plan
- A method to identify and prioritize service recipients based upon their need so that services are ensured for service recipients whose health and safety might be at risk
- Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, and inclement weather)

The organization educates all personnel about the process to meet patient needs in a disaster or crisis situation.

The organization has, at a minimum, an annual practice drill to evaluate the adequacy of its plan.

The emergency plan also describes access to 911 services in the event of needed emergency services for service recipients, personnel, and visitors.

Evidence: Written Policies and Procedures / Disaster Drill log / Observation
Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SES, SGL, WM, WME

Standard BH7-3B: The organization provides education to the service recipient/responsible person regarding emergency preparedness.

This education includes information regarding individuals planning for emergencies/disasters such as:

- Evacuation plans
- Medications
- Food/water
- Important documents
- Care for pets, if applicable

Evidence: Service Recipient Education Material
Evidence: Service Recipient Records
Services applicable: ACTT, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES,

Standard BH7-5A: Written policies and procedures are established and implemented that address the organization's fire safety and emergency power systems.

Written policies and procedures or a fire safety plan addresses fire safety and management for all office and worksite environments.

The written policies and procedures include, but are not limited to:

- Providing emergency power to critical areas such as:
 - * Alarm systems, if applicable
 - * Illumination of exit routes
 - * Emergency communication systems
 - * Testing of emergency power systems (at least annually)

- A no smoking policy and how it will be communicated
- Maintenance of:
 - Smoke detectors
 - * Fire alarms
 - * Fire extinguishers
- Fire drills:
 - * Conducted at least annually
 - * Evaluated and results communicated to all personnel
 - * Personnel are trained on the fire safety plan and emergency power systems.

Evidence: Written Policies and Procedures or Fire Safety Plan

Evidence: Observation

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH7-6A: The organization provides a safe, secure and therapeutic environment for service recipients.

The organization promotes a safe environment in all buildings where services are provided. These include, but are not limited to:

- Steps for securing access into the building or treatment/service areas
- Visitor entrance and check-in
- Access to or availability of assistance for security and safety when needed (e.g., security personnel, police, sheriff, etc.)
- Efforts to minimize workplace violence

Evidence: Observation

Evidence: Response to Interviews

Services applicable: ARS, BHH, CMGT, CRS, DTX, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, RCS, RTX, SGL, WM, WME

Standard BH7-5B: Written policies and procedures are established and implemented regarding smoking or use of tobacco products in office buildings, facilities and during service provision in the community.

It is recommended that organizations encourage tobacco-free and other drug-free lifestyles. If smoking is permitted for service recipients and personnel, the organization makes provisions for alternate smoking areas that are well ventilated, external to the service environment and that provide for safe disposal of smoking materials (e.g., ashtrays).

Evidence: Written Policies and Procedures /Evidence: Observation

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH7-6B: Written policies and procedures prohibit the possession of fire arms and other weapons by personnel, service recipients, and visitors on the organization's premises (excluding emergency response personnel such as police) at all times.

Written policies and procedures prohibit personnel, service recipients, and visitors from having guns or other weapons on the organization's premises. Policies and procedures for responding to situations in which weapon possession is suspected include, but are not limited to:

- Action to take when a weapon is discovered or suspected
- Consequences specific to employment
- Continuation in services
- Returning to the premises, as appropriate

Evidence: Written Policies and Procedures / Observation

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH7-7A: Written policies and procedures are established and implemented for the acceptance, transportation, pick-up, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of services.

The organization's written policies and procedures include the safe method of handling, labeling, storage, transportation, disposal and pick-up of hazardous wastes, hazardous chemicals and/or contaminated materials used in services. The local Poison Control phone number(s) are posted in the event of ingestion of a hazardous chemical. The organization ensures implementation by following state/federal guidelines and organizational policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH7-7B: Written policies and procedures are established and implemented in regard to the OSHA's Hazard Communication Standard that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.

Written policies and procedures follow the OSHA's Hazard Communication Standard detailing:

- The labeling of containers of hazardous chemicals and/or materials with the identity of the material and the appropriate hazard
- Warnings
- Current Safety Data Sheets (SDS) must be accessible to personnel
- The proper use, storage, and disposal of hazardous chemicals and/or materials
- The use of appropriate personal protective equipment (PPE)

Evidence: Written Policies and Procedures / Observation

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Standard BH7-8A: The organization follows procedures for waived tests under the Clinical Laboratory Improvement Amendment (CLIA) and state regulations when personnel perform waived tests.

Organizations that conduct waived tests under CLIA obtain and maintain a current certificate of waiver from the Department of Health and Human Services. Examples of waived tests are blood glucose monitoring and dipstick urinalysis.

If an organization refers specimens for laboratory testing to an outside laboratory, the referral laboratory must be CLIA certified. The organization has a copy of the referral laboratory's CLIA certificate.

Evidence: Current Certificate of Waiver

Services applicable: ACTT, ARS, BHH, CRS, DTX, ICS, IOTX, OTX, PHS, PSR, PSRM, RTX, SGL, WM, WME

Standard BH7-8B: Written policies and procedures are established and implemented that define utilization purposes and personnel training requirements for the use of waived tests.

The organization has policies and procedures that address how waived test will be utilized in service provision for screening, treatment, or diagnostic purposes.

The organization identifies which personnel may perform waived tests and conducts appropriate training for these individuals.

Evidence: Written Policies and Procedures

Evidence: Training Logs/Files

Services applicable: ACTT, ARS, BHH, CRS, DTX, ICS, IOTX, OTX, PHS, PSR, PSRM, RTX, SGL, WM, WME

Standard BH7-8C: Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.

Policies and procedures for the use of equipment in the performance of conducting waived tests include:

- Instructions for using the equipment
- The frequency of conducting equipment calibration, cleaning, testing and maintenance
- Quality control procedures

Evidence: Written Policies and Procedures

Evidence: Calibration and Maintenance Logs

Services applicable: ACTT, ARS, BHH, CRS, DTX, ICS, IOTX, OTX, PHS, PSR, PSRM, RTX, SGL, WM, WME

Standard BH7-8D: Written policies and procedures are established and implemented for the use of equipment in the provision of care to the service recipient.

The written policies and procedures include, but are not limited to:

- Storage and transportation of equipment used to provide services
- Electrical safety of the equipment (sling lifts, glucose meters)
- Use of cleaning and disinfecting agents
- Cleaning of equipment after each use
- Maintenance and repair of equipment
- Calibration per manufacturer's guidelines, if applicable
- Manufacturer recalls

Personnel implement the policies and procedures for the use of the organization's equipment/supplies in the provision of care to the service recipient. The cleaning and maintenance of equipment used in the provision of care and dispensed supplies are documented.

Evidence: Written Policies and Procedures / Maintenance/Calibration Logs

Evidence: Observation / Responses to Interviews

Services applicable: ACTT, BHH, CRS, DTX, FCS, ICS, IOTX, OTX, PHS, RCS, RTX, SGL, WM, WME

Standard BH7-9A: Written policies and procedures are established and implemented for participating in clinical research/experimental therapies and/or administering investigational drugs. This criterion is applicable to organizations that are participating in clinical research/experimental therapies, or administering investigational drugs.

Written policies and procedures include, but are not limited to:

- Informing service recipients of their responsibilities
- Informing service recipients of their right to refuse acceptance of investigational drugs or experimental therapies
- Informing service recipients of their right to refuse participation in research and clinical studies
- Notifying service recipients that they will not be discriminated against for refusal to participate in research and clinical studies
- Stating which personnel will administer investigational medications/treatments
- Describing monitoring of the service recipient's response to investigational medications/treatments
- Identifying the responsibility for obtaining informed consent
- Defining the use of experimental and investigational drugs and other atypical treatments and interventions

Personnel implement the organizations policies and procedure in regard to the documentation of service recipients who participate in clinical research/experimental therapies and/or administrating of investigational drugs.

Evidence: Written Policies and Procedures

Evidence: Service Recipient Records

Services applicable: ACTT, BHH, CRS, DTX, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, RCS, RTX, SGL, WM, WME

Standard BH7-10A: Written policies and procedures are established and implemented that define any form of restrictive intervention that is permitted and under what circumstances it may be used.

If the organization does not permit any form of restrictive intervention, its policies and procedures state that and the actions that will be taken in the event of behavior that threatens the health and safety of the service recipient, other participants (if applicable) or personnel.

Non-medical community based facilities that serve children and adolescents must abide by the Public Health Service Act, as amended by the Children's Health Act of 2000 or state laws whichever are more stringent.

Written policies and procedures limit the use of restrictive interventions to either:

- 1) Emergency situations when a service recipient's actions are unanticipated and could inflict harm to self or others or cause destruction of property that could result in harm to the service recipient or others; or
- 2) As a planned intervention that is part of an individualized behavior intervention plan for service recipients that regularly display behavior that could inflict harm to self or others or cause destruction of property that could result in harm to the service recipient or others.

Written policies and procedures include, but are not limited to, the following actions:

- Procedures for emergency manual restraint when the service recipient's behavior poses an imminent risk to self or others that limits the use of the manual restraint to 15 minutes and requires orders by a licensed clinician for subsequent use of the restraint following an assessment by a licensed clinician who, is knowledgeable of the service recipient's medical, psychological, and developmental histories, the use of restraint and seclusion, and operating within the scope of his/her license, is qualified to assess and order the use of restraint and seclusion
- Orders for restraint and seclusion are not standing orders, are documented in the service recipient record, and comply with state and federal requirements and organizational policies and procedures.
- Orders for restraint and seclusion are not given for more than 1 hour for children and not more than 4 hours for adults.
- An order can be renewed after an in-person assessment by a licensed clinician who, is knowledgeable of the service recipient's medical, psychological, and developmental histories, the use of restraint and seclusion, and operating within the scope of his/her license, is qualified to assess and order the use of restraint and seclusion.
- Procedures that require the development and implementation of a behavior intervention plan or crisis after the use of more than 3 emergency restrictive interventions in a 30 day period.
- Planned restraint and seclusion must be part of a behavior intervention or crisis plan and are only ordered by a licensed clinician who, is knowledgeable of the service recipient's medical, psychological and developmental histories, the use of restraint and seclusion and operating within the scope of his/her license, is qualified to order the use of restraint and seclusion. The licensed clinician that orders a planned intervention must monitor the implementation of the plan every 2 weeks.
- Frequency of monitoring and assessing for physical and emotional complications during and following the intervention
- Monitoring follows state and federal requirements and organizational policies and procedures
- Monitoring of the service recipient begins immediately, is documented in the service recipient record, and is done in person by an appropriately trained qualified professional, every 15 minutes throughout the time the intervention is used to assess the service recipient's physical, psychological, and behavioral status and to determine if the continuation of the restraint or seclusion is needed. Any use of mechanical restraints requires continuous monitoring.
- Monitoring of the service recipient continues at least 30 minutes following the termination of restraint and seclusion and is documented in the service recipient record
- The use of a restraint or seclusion is terminated immediately when the service recipient is no longer a danger to self or others
- Who is to be notified following the restrictive intervention
- Debriefing with the service recipient, appropriate personnel, and responsible person following the intervention is conducted at least within 24 hours of the restraint and seclusion and documented

The organization provides written information to the service recipient/responsible person concerning the organization's response to threatening, aggressive or destructive behavior and prior to the initiation of services.

Evidence: Written Policies and Procedures

Evidence: Service Recipient Records

Evidence: Response to Interviews

Services applicable: ACTT, CMGT, CRS, CS, DTX, FCS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, W

Standard BH7-10B: Written policies and procedures are established and implemented in regard to personnel assessing and documenting the service recipient's need for personal care, such as food, water and toileting, during the use of mechanical restraint or seclusion.

The organization's policies and procedures address the procedures for personnel to follow to ensure the service recipient is not unduly restricted from food or access to rest room facilities.

Evidence: Written Policies and Procedures / Service Recipient Records
Services appli: CMGT, CRS, CS, DTX, IOTX, OTX, PHS, PSR, PSRM, PSS, RTX, WM, WME

Standard BH7-10C: A room used for seclusion complies with state requirements and organization policies and procedures, has sufficient lighting and ventilation, and is equipped for personnel to observe the service recipient.

A room used for seclusion is free from structures or obstacles that could result in harm to the service recipient and has adequate lighting and ventilation. The room has a window or other method of allowing personnel to observe the service recipient in the room.

The use of restraint and seclusion at the same time is prohibited.

Evidence: Observation
Services applicable: CMGT, CRS, CS, DTX, IOTX, OTX, PHS, PSR, PSRM, RTX, WM, WME

Standard BH7-10D: Written policies and procedures are established and implemented in regard to providing and arranging for medical attention to service recipients and/or personnel who may have received an injury resulting from a restrictive intervention.

In the event that an injury occurs to the service recipient and/or personnel, the organization's medical emergency plan is followed. Documentation is maintained in the service recipient's record and an incident report is completed.

Evidence: Written Policies and Procedures / Incident Reports / Service Recipient Records
Services applicable: ACTT, CMGT, CRS, CS, DTX, FCS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, WME

Standard BH7-12A: Facilities that provide meals ensure that they are nutritious and meet any clinically ordered dietary requirements.

The facility establishes healthy menus and addresses special dietary needs of service recipients, consulting with a qualified clinician, as needed. Service recipients are allowed to provide input into their menus.

The kitchen and dining area is clean, safe and in accordance with state regulations.

Evidence: Observation
Evidence: Response to Interviews
Services applicable: CRS, DTX, IOTX, PHS, PSR, PSRM, RCS, RTX, SGL, WM, WME

Standard BH7-10E: Written policies and procedures are established and implemented in regard to the notification of the responsible person/advocate/guardian of a minor child or adult that has been adjudged incompetent following the use of a restrictive intervention.

The organization's policies and procedures indicate who is to be notified following the use of a restrictive intervention, personnel responsible for the notification, and timelines for the notification. Notification does not exceed 8 hours following the incident. The person(s) contacted is provided the opportunity to meet with personnel to discuss circumstances surrounding the incident and alternative actions that might have been taken. Documentation of efforts to contact the person and results of the contact are documented in the service recipient's record.

Based on the debriefings, the plan of care and/or crisis plan is evaluated and updated, as appropriate, to reflect alternatives to the use of restrictive intervention.

Evidence: Written Policies and Procedures / Service Recipient Records/Response to Interviews / Services applicable: ACTT, CMGT, CRS, CS, DTX, FCS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, RCS, RTX, SGL, WM, WME

Standard BH7-11A: Written policies and procedures are established and implemented for services to children and adults regarding service recipient elopement.

The organization develops and implements policies and procedures for handling elopement of service recipients. The policies and procedures include, but are not limited to:

- Training personnel on elopement prevention
- Who and when to contact in the event of an elopement
- Documentation
- Debriefing following elopements to determine what can be done to prevent further occurrences

Evidence: Written Policies and Procedures / Response to Interviews / Observation
Services applicable: CMGT, CRS, CS, DTX, FCS, IOTX, OTX, PHS, PSR, PSRM, RCS, RTX, SGL, WM, WME

Standard BH7-13A: Twenty-four hour facilities provide safe, appropriate space that allows privacy and accessibility for service recipients and personnel.

- Residential/group living services ensure privacy and accessibility in bedrooms and bathrooms for service recipients, as per state regulations.
- Each service recipient has a separate bed, clean linens, and the bedroom area has space for storage of personal belongings. Service recipients are allowed to decorate and personalize their bedrooms, with respect for others and property. There are separate bedrooms for males and females. Consideration is given to the age of service recipients when rooms are shared.
- Measures are taken to ensure that accessibility considerations are identified and addressed, specific to the population served.
- Personnel that sleep overnight, as part of the service provision, are provided living space in compliance with state regulations.

Evidence: Observation / Services applicable: CRS, PSS, RCS, RTX, SGL

Standard BH7-14A: Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.

Written policies and procedures describe the process for reporting, monitoring, investigating and documenting a variance. Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after hours' personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for medical care
- Follow-up reporting to the administration/board/owner

Written policies and procedures address the compliance with OSHA guidelines regarding the recording of work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional and any work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.11, as applicable.

Written policies and procedures identify the person responsible for collecting incident data and monitoring for patterns or trends, investigating all incidents, taking necessary follow-up actions and completing appropriate documentation. Incidents to be reported include, but are not limited to:

- Personnel injury or endangerment
- Motor vehicle accidents when conducting agency business
- Environmental safety hazards
- Equipment safety hazards, malfunctions or failures
- Unusual occurrences

There is a standardized form developed by the organization used to report incidents. The organization documents all incidents, accidents, variances, and unusual occurrences. The reports are distributed to management and the governing body/owner and are reported as required by applicable law and regulation. This data is included in the Performance Improvement program. The organization assesses and utilizes the data for reducing further safety risks.

The organization educates all personnel on its policies and procedures for documenting and reporting incidents/variances.

Evidence: Written Policies and Procedures

Evidence: Incident Report

Evidence: PI Reports

Evidence: Observations

Services applicable: ACTT, ARS, BHH, CMGT, CRS, CS, DTX, FCS, ICS, IIH, IOTX, OTX, PHS, PSR, PSRM, PSS, PVS, RCS, RTX, SES, SGL, WM, WME

Appendix A & B

BH4-3A	X	X	X	X	X	X	X	X
BH4-3B	X	X	X	X	X	X	X	X
BH4-3C				X				
BH4-3D		X			X	X		X
BH4-3G								X
BH4-3H								X
BH4-3K							X	
BH4-3L						X		
BH4-3P							X	
Bh4-3Q							X	
BH4-3Z.1			X					
BH4-3Z.3			X					
4-4A.18			X					
BH4-4A	X	X	X	X	X	X	X	X
BH4-4B	X	X	X	X	X	X	X	X
BH4-4C		X			X	X		X
BH4-4D	X	X	X	X	X	X	X	X
BH4-4E			X		X		X	
BH4-4F					X		X	
BH4-4G	X	X		X	X	X	X	X
BH4-4H	X	X	X		X		X	X
BH4-4I	X	X		X	X		X	
BH4-4J	X	X	X	X	X		X	
BH4-4K			X					
BH4-6A	X	X	X	X	X	X	X	X
BH4-7B		X			X	X		X
BH4-7C					X			
BH4-7D	X	X		X	X		X	X
BH4-8A	X	X	X	X	X	X	X	X
BH4-8D	X	X	X	X	X	X	X	X
BH4-8E	X	X	X	X	X		X	X
BH4-8F								X
BH4-9A	X							
BH4-9B				X				
BH5-1A	X	X	X	X	X	X	X	X
BH5-1B	X	X	X	X	X	X	X	X
BH5-1C	X	X	X	X	X	X	X	X
BH5-1E	X	X		X	X		X	
BH5-1F							X	
BH5-1G							X	
BH5-1H						X		
BH5-2A	X	X	X	X	X		X	X
BH5-2B	X	X	X	X	X		X	
BH5-2C							X	
BH5-2D					X			
BH5-2E	X	X	X	X	X		X	
BH5-2F		X						
BH5-2H				X				
BH5-2I	X							
BH5-2J					X			
BH5-2K								X
BH5-2L							X	
BH5-2P			X					
BH5-2X	X	X	X	X			X	
BH5-3A	X	X	X	X	X		X	
BH5-3B								X
BH5-3C	X	X	X	X	X		X	
BH5-3D	X	X	X	X	X		X	
BH5-3E								X
BH5-3F		X		X	X		X	
BH5-3H	X							
BH5-3I	X	X	X	X	X		X	
BH5-3J	X	X	X	X	X		X	
BH5-3Q			X					
BH5-3R			X					

BH5-4A	X	X	X	X	X		X	
BH5-4B								X
BH5-4D			X					
BH5-5A			X	X	X		X	
BH5-5B			X	X	X		X	
BH5-5C			X	X	X		X	
BH5-5D			X	X	X		X	
BH5-5E			X	X	X		X	
BH5-5F		X	X	X	X		X	
BH5-5G		X	X	X	X		X	
BH5-5H		X	X	X	X		X	
BH5-5I		X	X	X	X		X	
BH5-5J							X	
BH5-5K		X	X	X	X		X	
BH5-6A	X	X	X	X	X	X	X	X
BH5-6B	X		X					
BH5-7A	X	X		X	X		X	X
BH5-7B	X	X	X	X	X		X	X
BH5-7C	X	X	X	X	X		X	
BH5-7D	X	X	X	X	X		X	X
BH5-8A	X		X					
BH5-9A	X	X	X	X	X		X	
BH5-10A								X
BH5-10B								X
BH6-1A	X	X	X	X	X	X	X	X
BH6-1B	X	X	X	X	X	X	X	X
BH6-1C	X	X	X	X	X	X	X	X
BH6-1D	X	X	X	X	X	X	X	X
BH6-2A	X	X	X	X	X	X	X	X
BH6-3A	X	X	X	X	X	X	X	X
BH6-3B	X	X		X	X		X	X
BH6-3C	X	X	X	X	X	X	X	X
BH6-3D	X	X	X	X	X	X	X	X
BH6-3E	X	X	X	X	X		X	X
BH6-3F	X	X	X	X	X	X	X	X
BH6-3G	X	X	X	X	X	X	X	X
BH6-3H	X	X		X	X	X	X	X
BH6-3I	X	X	X	X	X	X	X	X
BH6-3J	X	X	X	X	X	X	X	X
BH6-3K	X	X	X	X	X		X	X
BH6-3L						X		
BH6-3M			X					
BH7-1A	X	X	X	X	X	X	X	X
BH7-2A	X	X	X	X	X	X	X	X
BH7-2B		X					X	
BH7-2C	X	X			X		X	X
BH7-2D					X		X	
BH7-3A	X	X	X	X	X		X	X
BH7-3B	X	X	X	X	X	X	X	X
BH7-5A	X	X	X	X	X	X	X	X
BH7-5B	X	X	X	X	X	X	X	X
BH7-6A	X		X	X	X		X	
BH7-6B	X	X	X	X	X	X	X	X
BH7-7A	X	X	X	X	X	X	X	X
BH7-7B	X	X	X	X	X	X	X	X
BH7-8A			X	X	X		X	
BH7-8B			X	X	X		X	
BH7-8C			X	X	X		X	
BH7-8D			X	X			X	
BH7-9A			X	X	X		X	
BH7-10A	X	X		X	X		X	
BH7-10B	X	X		X	X		X	
BH7-10C	X	X		X	X		X	
BH7-10D	X	X		X	X		X	
BH7-10E	X	X		X	X		X	

BH7-11A	X	X		X	X		X	
BH7-12A					X		X	
BH7-13A							X	
BH7-14A	X	X	X	X	X	X	X	X

Appendix B: Reference Guide for Required Documents, Policies and Procedures
 Customized for: CMGT, CS, ICS, OTX, PSR, PVS, RTX, SES

Standard #	Documents, Policies and Procedures	Agency Notes
BH1-2A	Written Policies and Procedures	
BH1-3A	Written Policies and Procedures	
BH1-4A	Written Policies and Procedures	
BH1-6B	Organizational Chart	
BH2-1A	Written Policies and Procedures	
BH2-1H	Written Policies and Procedures	
BH2-1K	Written Policies and Procedures	
BH2-1R	Written Policies and Procedures	
BH2-2A	Written Policies and Procedures	
BH2-2B	Written Policies and Procedures	
BH2-2C	Written Policies and Procedures	
BH2-3A	Written Policies and Procedures	
BH2-4A	Written Policies and Procedures	
BH2-5A	Written Policies and Procedures	
BH2-6A	Written Policies and Procedures	
BH2-7A	Written Policies and Procedures	
BH2-7B	Written Policies and Procedures	
BH2-8A	Written Policies and Procedures	
BH2-9A	Written Policies and Procedures	
BH2-10A	Written Policies and Procedures	
BH2-11B	Written Policies and Procedures	
BH3-1B	Written Policies and Procedures	
BH3-5B	Written Policies and Procedures	
BH3-5D	Written Policies and Procedures	
BH4-1A	Written Policies and Procedures	
BH4-2B	Written Policies and Procedures	
BH4-2C	Written Policies and Procedures	
BH4-2G	Written Policies and Procedures	
BH4-2H	Written Policies and Procedures and/or Employee Handbook	
BH4-2I	Written Policies and Procedures	
BH4-3D	Written Policies and Procedures	
BH4-4A	Written Policies and Procedures	
BH4-4D	Written Policies and Procedures	
BH4-4E	Written Policies and Procedures	
BH4-6A	Written Policies and Procedures	
BH4-9A	Written Policies and Procedures or Job Description	
BH4-9B	Written Policies and Procedures or Job Description	
BH5-1A	Written Policies and Procedures	
BH5-1B	Written Policies and Procedures	
BH5-1E	Written Policies and Procedures	
BH5-1G	Written Policies and Procedures	
BH5-2A	Written Policies and Procedures	
BH5-2C	Written Policies and Procedures	
BH5-2D	Written Policies and Procedures	
BH5-3J	Written Policies and Procedures	
BH5-4A	Written Policies and Procedures	

BH5-4D	Written Policies and Procedures	
BH5-5A	Written Policies and Procedures	
BH5-5C	Written Policies and Procedures	
BH5-5D	Written Policies and Procedures	
BH5-5E	Written Policies and Procedures	
BH5-5H	Written Policies and Procedures	
BH5-5I	Written Policies and Procedures	
BH5-5J	Written Policies and Procedures	
BH5-7A	Written Policies and Procedures	
BH5-7B	Written Policies and Procedures	
BH5-7C	Written Policies and Procedures	
BH5-7D	Written Policies and Procedures	
BH5-9A	Written Policies and Procedures	
BH6-1A	Written Policies and Procedures	
BH6-3C	Written Policies and Procedures	
BH7-1A	Written Policies and Procedures	
BH7-2A	Written Policies and Procedures	
BH7-2B	Written Policies and Procedures	
BH7-2C	Written Policies and Procedures	
BH7-3A	Written Policies and Procedures	
BH7-5A	Written Policies and Procedures or Fire Safety Plan	
BH7-5B	Written Policies and Procedures	
BH7-6B	Written Policies and Procedures	
BH7-7A	Written Policies and Procedures	
BH7-7B	Written Policies and Procedures	
BH7-8B	Written Policies and Procedures	
BH7-8C	Written Policies and Procedures	
BH7-8D	Written Policies and Procedures	
BH7-9A	Written Policies and Procedures	
BH7-10A	Written Policies and Procedures	
BH7-10B	Written Policies and Procedures	
BH7-10D	Written Policies and Procedures	
BH7-10E	Written Policies and Procedures	
BH7-11A	Written Policies and Procedures	
BH7-14A	Written Policies and Procedures	

GLOSSARY OF TERMS

Glossary of Terms Behavioral Health

Advance Directive: A written legal document that pertains to a person's preferences and the specification of a surrogate decision-maker in the event that the person becomes unable to make medical decisions on his/her own behalf. The three most common types of advance directives include living wills, power of attorney and health care proxy.

Advanced Degree Clinician: A clinician with at least a Master's degree in a human services discipline (which includes completion of training in assessment and diagnosis of behavioral health disorders and treatment modalities), who provides clinical functions under the supervision of a licensed/certified clinician.

Administrator: The person who heads an organization and has the authority and responsibility, as delegated by the governing body, to accomplish program-specific goals and objectives, implement program policy, and manage personnel and resources. In some organizations, this person may also be referred to as the "Chief Executive Officer."

Adverse Event: Any unwanted change in health or "side-effect" that occurs in a person who is receiving medical or behavioral health treatment or within a specified period of time after their treatment has been completed. A common example is an Adverse Drug Reaction (ADR).

Best Practice: A method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. It is not synonymous with an "Evidence-Based Practice (EBP)." ACHC's use of "best practice" in the standards does not mean that the organization must implement that best practice to meet the standard. Rather, the best practice statement is provided as a further goal that the organization may wish to work towards.

Bylaws: Rules, regulations, or laws adopted by the organization for the regulation of its internal affairs and dealings with external entities.

Comprehensive Assessment: A systematic and comprehensive evaluation of a service recipient's physical/medical, functional, behavioral health, social, environmental, trauma, and substance use histories, present status, strengths, areas of needed assistance, and personal desires that is completed to establish diagnoses and develop a plan of care.

Certified Clinician: A clinician who is certified or otherwise regulated by the State in which he/she is practicing; and, is recognized by that State as having met clinical training and experience requirements to engage in assessment, diagnosis, specialized tasks and treatment modalities, and carry out functions within the scope of his/her professional, certified practice. Examples: Certified Clinical Supervisors, Board Certified Psychiatrist, etc. Personnel working towards full certification may perform functions of a certified clinician only if they are working under the appropriate supervision determined by their respective certification board.

Case Management: The ongoing assessment and monitoring of a service recipient's needs in relation to his/her plan of care, leading to advocacy for services and appropriate referral and linking to needed services.

Conflict of Interest: A situation in which a person's impartiality could be compromised by his/her self-interest and his/her responsibilities to the organization. (e.g. a member of the organization's governing body profits, or is subject to profit, from a real estate transaction).

Crisis Plan: A proactive crisis contingency plan that outlines the steps a service recipient agrees to follow if he/she has a crisis situation. The crisis plan is developed with the participation of the service recipient/responsible person.

Day Service: A service provided on a routine basis in a structured environment for a minimum of 3 hours per day within a 24-hour period. Examples of day services include: Day Treatment, Intensive Outpatient Treatment, Psychosocial Rehabilitation, etc.

Direct Care: Care provided directly to service recipients by organization personnel, including those who are licensed/certified clinicians, qualified professionals, advance degree clinicians, support personnel, or peer supporters.

Disclosure: A public statement of an individual's conflict of interest. The statement may be made in writing, orally, or both.

Emergency Medical Plan: A plan for evaluating the extent of and response to a medical problem exhibited by a service recipient or personnel.

Elopement: An incident in which a service recipient leaves during service provision without permission or notification of direct care personnel working with him/her.

Foster Parent: A responsible adult, as defined by the organization and state, who has successfully completed an approved training curriculum, specific to the requirements and obligations of being a foster parent.

Hazardous Material: Any substance or material defined by OSHA as hazardous to a person's health.

Job Coach: Personnel who have completed appropriate training to work in supported employment services. Job coaches provide specialized, on-site training to assist service recipients in learning and performing job duties and adjusting to the work environment.

Licensed Clinician: A clinician who is licensed or otherwise regulated by the State in which he/she is practicing; and, is recognized by that State as having met clinical training and experience requirements to engage in assessments, diagnosis, specialized tasks, techniques, and treatment modalities and carry out functions within the scope of his/her professional, licensed practice. Examples of such clinicians include, but are not limited to: Licensed Physician; Licensed Psychologists; Licensed Clinical Social Workers; Licensed Clinical Addictions Specialist; etc. Personnel working towards full licensure may perform functions of a licensed clinician only if they are working under the appropriate supervision determined by their respective licensure board.

Natural Supports: Are non-paid relationships, typically with family, friends, neighbors, club members, acquaintances, etc. The nature of these supports is one of reciprocity (i.e., give-and-take) within the relationship. In contrast, paid supports are those in which payment for a service is made to providers or organizations, such as support personnel, counselors, doctors, etc.

Peer Supporter: A personnel member who identifies him/herself as a current or former recipient of mental health and/or substance abuse services, has progressed in his/her own recovery to discuss and consistently display recovery and wellness principles, and has successfully completed a formal recovery curriculum.

Personnel: This term refers to any of the following category of persons who work for the organization: Full-time/part-time employees; exempt/non-exempt employees; volunteers; students; independent contractors.

Physician: A person with a current license or board certification to practice medicine in the state where his/her services are being provided.

Plan of Care: A written course of action that is based upon a comprehensive assessment. The plan of care outlines the interventions and services that are to be utilized to assist the service recipient in achieving his/her defined goals and who is responsible for each. The plan of care always includes the participation of the service recipient/responsible person and may contain a crisis plan, as appropriate to the service recipient.

Nutrition Professional: An individual who, by specialized education and experience, is qualified to provide diet and nutrition counseling, consultation, specialized meal planning and make recommendations to assist others in achieving healthy dietary goals. Examples of such professionals may include, but are not limited to: Registered/Licensed Dietitians, Nutritionists, Registered Nurses, etc.

Qualified Professional: An individual that has appropriate experience for the position held with evidence of education and training in accordance with applicable laws or regulations. Personnel with this designation hold at least a Bachelor's degree consistent with the human/social/health discipline in which they work.

Qualified Supervisor:

An individual employed directly or through contract, who possesses:

1. Evidence of verification of education and training requirements in accordance with applicable laws or regulations, and the organization's policy; and
2. Evidence that clinical and supervisory knowledge and experience are appropriate to his/her assigned supervision responsibilities.

Recovery Orientation: An approach that is based upon the beliefs that people challenged with substance abuse and mental health issues have the ability to recover from their disability by adherence to the following general concepts of recovery:

- a. Recovery is possible
- b. Instillation of hope
- c. Dignity and respect of self and others
- d. Healthy relationships with others
- e. Personal responsibility and accountability
- f. Understanding through education
- g. Self-advocacy
- h. Self-determination

Responsible Person: Parent of a minor child, Guardian Ad Litem, legal guardian of minor child or adjudged incompetent adult, and/or the person having legal power of attorney for medical, behavioral health and/or financial decision-making on behalf of someone who is not of age or otherwise incapacitated and unable to make decisions for him/herself.

Restrictive Intervention: The ACHC Accreditation Standards provide parameters for handling emergent situations without the intent of supporting the use of restrictive interventions. Interventions that include:

1. Chemical restraint: The use of medication to control a person's behavior or restrict his/her freedom of movement that is not a part of the usual treatment for his/her medical or psychiatric condition.
2. Mechanical restraint: The use of any device (e.g., bed sheets, etc.) to restrict a service recipient's freedom of movement. Protective equipment (i.e., protective helmets, mittens, surgical bandages, geri-chairs, etc.) when prescribed by a physician, are not considered mechanical restraints.
3. Manual restraint: The use of one's body to restrain or restrict another person's movement, sometimes referred to as a "therapeutic hold." Techniques not considered to be manual restraints include:
 - a. Physical guidance, gentle physical prompting, or escorting an individual who is walking
 - b. Escorting means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a person to walk to a safe location
 - c. Briefly touching a person without undue force for the purpose of comforting him/her or to prevent an injury
 - d. Separating individuals threatening to harm one another, without implementing a manual restraint
4. Seclusion: A person being isolated and confined to an area or room and physically prevented (i.e., via a locked door or other means) from leaving. This is not "time out."
5. Time out: A person, either voluntarily or through prompting, goes to a designated area or room for a period of time to give him/her an opportunity to become calm and regain self-control. Egress from the area or room is not prevented; therefore, it is not considered seclusion.

Organizations that use restrictive interventions have specific policies and procedures regarding each type of restrictive intervention that is permitted. If the organization does not use any form of restrictive intervention, it states that in its policies and procedures and informs service recipients/responsible persons what measures it will use in responding to instances of service recipient self-injurious, assaultive or destructive behavior.

Service Recipient: The person who is receiving services.

Service Recipient Record: File of information relative to a service recipient. The records usually contain the initial assessment and periodic reassessments, the plan of care, documentation of visits and other contacts with the service recipient, notes made by personnel on the condition of the service recipient, referrals for other services, and other information pertinent to the care of a particular service recipient.

Support Personnel: Personnel charged with following and providing services as outlined within the Plan of Care and under the supervision of a Qualified Professional. Support personnel may include persons with a Bachelors or advanced degree in a field other than human/social/health services or persons with a High School Diploma or GED. Regardless of educational background, support personnel must successfully complete all training required to carry out their job functions.

Supported Employment Services: Services that assist persons challenged with mental health, intellectual and/ or developmental, substance abuse, and/or physical disabilities, to find competitive wage jobs of their choice in integrated work settings that are common to the general community.

Twenty-four (24) Hour Service: As service that is provided to the same service recipient(s) for a 24-hour continuous basis. Examples of 24-hour services include; Supervised Group Living, Residential Treatment, etc.

Service Abbreviations

Assertive Community Treatment Team (ACTT)	Intensive Outpatient Treatment (IOTX)
Assessment and Referral Services (ARS)	Outpatient Treatment (OTX)
Behavioral Health Home (BHH)	Partial Hospitalization Services (PHS)
Case Management (CMGT)	Personal Support Services (PSS)
Community Support (CS)	Prevention Services (PVS)
Crisis Response Services (CRS)	Psychosocial Rehabilitation (PSR)
Day Treatment (DTX)	Respite Care Services (RCS)
Foster Care Services (FCS)	Residential Treatment (RTX)
Integrated Care Services (ICS)	Supervised Group Living (SGL)
Intensive In-Home (IIH)	Supported Employment Services (SES)
Withdrawal Management Services (WM)	Withdrawal Management with Extended on-site Monitoring Services (WME)

GLOSSARY

It takes an entire community to implement and sustain high-quality Wraparound. While there are myriad successful system structures and terms for participating entities, the standards have to have consistent and clear terminology to distinguish between different groups of community members and professionals. Therefore, the standards use following terms:

Caregiver(s): The person(s) primarily responsible for supervising the youth and meeting their basic needs. Often, but not always is, a biological parent or relative. Typically, the caregiver(s) and youth live in the same residence.

Community support: an organization within the youth's physical or cultural community that provides programming capable of increasing a youth or family member's social ties and/or improving their functioning. Examples include: parks and recreation programs, volunteer mentoring programs, religious services, affinity groups, etc.

Care Coordinator: the professional primarily in charge of facilitating team meetings, coordinating the family's service plan, and generally moving the Wraparound process forward. Other local terms for this position may include a "facilitator" or "intensive case manager."

Formal Services: Services provided by a professional paid to work directly with a youth or family member. Examples include: Wraparound, therapy or counseling, educational services, parent training, probation, medical treatment, etc.

Natural support: an individual within a youth or family's social network that provides consistent and/or meaningful support above and beyond any formal organizational ties and without remuneration. Examples include: relatives, friends, neighbors, clergy, business owners, etc.

Supervisor: the person directly responsible for supervising care coordinators.

Wider organizational leadership: higher-level administrators within a Wraparound provider organization, such as a program or division director, an Executive Director or CEO, etc., who manage and oversee administrative details, such as human resources, strategic decision making, community outreach, etc.; the people that make up the hierarchy above the supervisor.

Wraparound initiative: the collective momentum and activities undertaken by a wide variety of stakeholders to develop, strengthen, and oversee a System of Care and the implementation of the Wraparound model within their community. The work of this entity is often executed within a formal collaborative structure, sometimes called a "Community Team." An Initiative may have multiple Wraparound provider organizations. The Wraparound initiative is the focal point of the standards in the System Support Domain.

Wraparound provider organization: the entity responsible for hiring and overseeing Wraparound care coordinators. A single organization is the focal point of the standards in the Implementation Domain.

Youth and family: the constellation of people, including a youth and their caregiver(s), that present and engage in Wraparound. This could include siblings, extended family members, etc.

Youth: person whose problematic behaviors warranted enrollment in Wraparound; may also be referred to as the child, adolescent, young adult, etc.

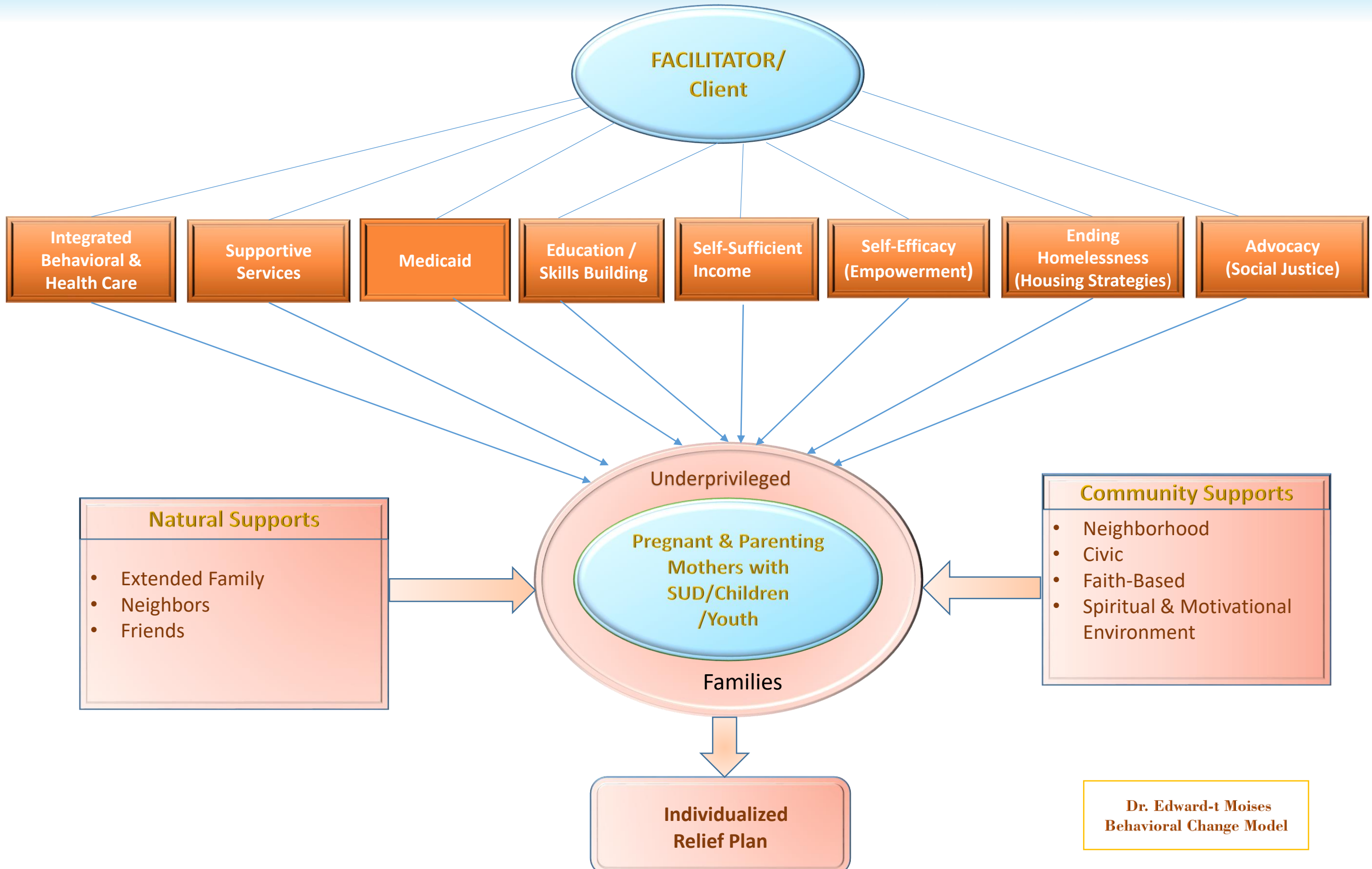
ORPE Wraparound is A Theory of Change-Based Model

Orpe Human Rights Advocates

Figure in the following page provides a ORPE Model of theory of change. Beginning at the left, the figure illustrates how, when wraparound is “true” to the principles and practice described by the NWI, the result is a wraparound process with certain characteristics. Moving across the figure to the right, the various boxes summarize the short-, intermediate- and long-term outcomes that are expected to occur. The figure illustrates with arrows several “routes” by which the wraparound process leads to desired outcomes. It is important to remember, however, that this figure is a highly simplified representation of an extremely complex process. The various routes to change described here are not independent. They interact with and reinforce one another. Furthermore, the changes that emerge as a result of wraparound do not come about in a linear fashion, but rather through loops and iterations over time. Thus, an intermediate outcome that apparently emerges from one of the various “routes” may stimulate or reinforce a short-term.

ORPE Integrated Behavioral Change and Health Care Wraparound Model

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ORPE Wraparound is a Theory of Change – Based Model

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