

**CARF Accreditation Report**  
**for**  
**Mental Health Association of**  
**Essex and Morris, Inc.**

**Three-Year Accreditation**



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## About CARF

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

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

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

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

## **Organization**

Mental Health Association of Essex and Morris, Inc.  
33 South Fullerton Avenue  
Montclair, NJ 07042

## **Organizational Leadership**

Robert N. Davison, MA, LPC, Chief Executive Officer

## **Survey Number**

123702

## **Survey Date(s)**

September 25, 2019–September 27, 2019

## **Surveyor(s)**

Emmett Ervin, MPA, CPHQ, Administrative  
Anita Mitchell, BA, MM, SST, Program  
Tony C. Dattilo, Program

## **Program(s)/Service(s) Surveyed**

Case Management/Services Coordination: Integrated: AOD/MH (Adults)  
Case Management/Services Coordination: Integrated: AOD/MH (Criminal Justice)  
Case Management/Services Coordination: Mental Health (Adults)  
Community Integration: Psychosocial Rehabilitation (Adults)  
Health Home: Comprehensive Care (Adults)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)  
Prevention: Mental Health (Adults)  
Supported Living: Mental Health (Adults)  
*Governance Standards Applied*

## **Previous Survey**

September 12, 2016–September 14, 2016  
Three-Year Accreditation

## **Accreditation Decision**

### **Three-Year Accreditation**

**Expiration: November 30, 2022**

# Executive Summary

This report contains the findings of CARF's on-site survey of Mental Health Association of Essex and Morris, Inc. conducted September 25, 2019–September 27, 2019. This report includes the following information:

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

## Accreditation Decision

On balance, Mental Health Association of Essex and Morris, Inc. demonstrated substantial conformance to the standards. Mental Health Association of Essex and Morris, Inc. (MHAEM) has done a stellar job of conforming to the CARF standards and remaining committed to consumers by providing high-quality, comprehensive care in an environment that fosters respect, communication, and compassion. The organization has extremely competent and effective leadership and staff members who provide quality services to meet the consumers' needs. Well-written and organized documents, including policies, procedures, and plans, are evident. The organization demonstrates a strong commitment to using the CARF standards to enhance the delivery of quality care, and substantial resources and effort were devoted to the pursuit of accreditation. Although not required, the leadership believes CARF accreditation provides a solid framework for sound quality care and good business practices. Staff members at all levels of the organization understand and are committed to implementing the CARF standards in the provision of quality services. The organization is complimented for addressing all recommendations from the prior survey. During this survey, only a few minor areas were offered as consultation. The administration and staff members are encouraged to continue using the CARF standards for continuous quality improvement of business practices and the services provided.

Mental Health Association of Essex and Morris, Inc. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement.

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

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

# Survey Details

## Survey Participants

The survey of Mental Health Association of Essex and Morris, Inc. was conducted by the following CARF surveyor(s):

- Emmett Ervin, MPA, CPHQ, Administrative
- Anita Mitchell, BA, MM, SST, Program
- Tony C. Dattilo, Program

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

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

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

## Survey Activities

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

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

## Program(s)/Service(s) Surveyed

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

- Case Management/Services Coordination: Integrated: AOD/MH (Adults)
- Case Management/Services Coordination: Integrated: AOD/MH (Criminal Justice)
- Case Management/Services Coordination: Mental Health (Adults)
- Community Integration: Psychosocial Rehabilitation (Adults)
- Health Home: Comprehensive Care (Adults)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Prevention: Mental Health (Adults)
- Supported Living: Mental Health (Adults)
- *Governance Standards Applied*

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

## Representations and Constraints

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

## Survey Findings

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

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

## Areas of Strength

CARF found that Mental Health Association of Essex and Morris, Inc. demonstrated the following strengths:

- MHAEM operates with an elevated level of transparency and communication exchange for clarifying clinical and case issues. Teamwork and cooperation are evident throughout the organization's fabric. There is a keen sense of collaboration and integration between clinical and administrative staff members that results in more consistent experiences for the consumers.
- The mission and values of MHAEM clearly reflect a person-centered environment. Consumers are treated with dignity and respect, and their quality of life is truly the focus of the organization's staff members and leadership. The organization is complimented for expanding its service area since the last survey as a result of a merger and also acquiring another service provider at the request of the state authority. In both cases, the expansions appear seamless and without any loss in the quality of care to persons served.
- MHAEM has an engaged and effective board of directors, which is chaired by an individual who appears to be results oriented and socially sensitive and demonstrates a healthy sense of urgency. There appears to be an excellent rapport between staff members and the board.
- Staff members at all levels of the organization are quite proud of the organization's past, present, and future. They make significant efforts to maintain the positive reputation the organization has earned in providing quality services and to promote an organizational culture of continuous quality improvement. Strong, experienced leadership in top and middle management demonstrates commitment to the community, staff members, and the organization through longevity and dedication to retention and staff recruitment.
- The professional community of stakeholders describes MHAEM as being an organization of excellence with competent, compassionate, enthusiastic, and qualified staff members. Stakeholders describe staff members as being easy to work with, responsive, and flexible. The organization has a proactive professional advisory committee that meets monthly.
- The organization has an effective strategic planning process. The organization's leadership verbalizes that the plan is a sound way of describing how it is going to get things done, while considering existing barriers and resources, such as people, money, power, and materials. The strategic plan also identifies MHAEM's overall vision, mission, and objectives of the initiative.
- MHAEM has an outstanding human resources department. The leadership views human capital as its prime investment. It is apparent that personnel feel cared for in a way that allows them to be productive and to flourish as individuals. The human resources department appears to be fair, supportive, nurturing, and an available resource to personnel. It is also apparent that the department considers culture fit when hiring.
- The leadership team of MHAEM demonstrates an awareness of, respect for, and attention to the diversity of the consumers, personnel, and other stakeholders, as reflected in attitudes, organizational structures, and the services provided. The organization employs culturally diverse staff members that reflect the population served, which fosters and enhances the relationship between consumers and personnel.
- The organization has benefited from the excellent retention of core staff members. A large percentage of the staff members have been employed at MHAEM for more than a decade, and several have been employed for more than 20 years. Staff members present a very positive outlook on the organization and seem to enjoy their positions after many years.
- The organization's comprehensive health and safety program is focused on the proactive mitigation and management of risk, including a significant emphasis on the safety of personnel and the provision of safety measures pertinent to the individual needs of consumers. MHAEM is complimented for its highly detailed and well-organized safety manual that includes numerous staff training and sign-off sheets, internal/external inspection forms, emergency drill reports, critical incident reports with detailed analyses, and other safety-related documentation. The organization is acknowledged for placing a strong emphasis on health and safety.

- A grant awarded to the Morris County campus in 2017 became a valuable tool for MHAEM post merger to monitor 54 of the vehicles in three counties when GPS devices were installed in several vehicles. Because the devices also are tied to fuel purchases, MHAEM can better track employees' use of gas cards and fuel expenses. The devices also contribute to stakeholder safety and efficient use of staff and consumer time. For example, one vehicle suffered a flat tire while the staff member and consumer were in the car. Using the GPS, the organization was able to find another vehicle close by to pick up the consumer and continue to the appointment while the original staff member stayed with the vehicle. The leadership also receives speeding reports on each vehicle, allowing the organization to discuss appropriate driving habits and speed control with those staff members who are exceeding the speed limit. In June 2018, MHAEM was awarded another grant to install the devices in the remaining vehicles. To complement this process, the organization developed and affixed Safety First™ (How's My Driving?) decals to all organizational vehicles, which has reduced motor vehicle accidents and promoted safe driving. 2018 was the first time since the program/location implementation that MHAEM received a compliment for how well staff members obeyed the traffic rules as it relates to school buses and crosswalks near school.
- The organization has a very effective information and technology department that is committed to exploring and, within its resources, acquiring and implementing technology systems and solutions that support MHAEM's business processes; privacy and security of protected information; service delivery; performance management and improvement; and satisfaction of consumers, personnel, and other stakeholders. Department staff members are sensitive to users; ensure that MHAEM's software is up to date, especially on the security side; have a full understanding of both clinical and business sides of operations; communicate clearly and with as little jargon as possible; are team players; and are always evolving to meet the needs of consumers.
- An excellent performance improvement process is embedded throughout the organization, and sound data-gathering processes are in place. MHAEM uses its performance measurement and management system with a commitment to continually improve the organization. The leadership successfully uses data to move the organization forward, while responding to the consumers' needs. The organization is fortunate to have a dedicated leadership team led by an individual with the drive, determination, and skills to take the organization to the next level.
- The organization is recognized for developing and sharing very comprehensive management reports. The reports inform personnel, consumers, and other stakeholders of different aspects of the business and help them make better-informed decisions. MHAEM routinely collects data from various departments of the organization, tracking key performance indicators, and presents them in an understandable way. The reports clearly show the worth of MHAEM over specified time periods by disclosing financial and operational information while providing insights on how the organization is doing and empowering decision makers to find the right path to increase operating efficiency and make pertinent decisions to remain competitive in the marketplace.
- Clinical documentation is excellent, thorough, complete, electronic, and consistent among all programs and locations.
- The Projects for Assistance in Transition from Homelessness (PATH) program has staff members dedicated to ensuring that the needs of the consumers are addressed. The outreach person for the program shares many stories of assisting consumers.
- Having someone who is willing to share his/her story in support of the program and the families served in the Intensive Family Support Services has proven to be beneficial.
- The organization offers a wide variety of excellent outreach-oriented case management/community support programs throughout its service area, including Integrated Case Management Services and Assisted Outpatient Treatment Services to adults and the criminal justice population, the homeless population, and in its supported living services.
- The health home service is embedded in all the programs, provided through a collaboration of program and specialized health home staff, and producing quality outcomes for the organization.

- The organization offers a creative array of mental health prevention services featuring a wide variety of educational opportunities, Mental Health First Aid, performances by the Mental Health Players, and a faith liaison program.

## Opportunities for Quality Improvement

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

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. Mental Health Association of Essex and Morris, Inc. received no recommendations from this survey. This accomplishment is achieved on approximately 3 percent of CARF surveys.

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

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

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

# Section 1. ASPIRE to Excellence®

## 1.A. Leadership

### Description

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

### Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility

- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

### **Recommendations**

There are no recommendations in this area.

## **1.B. Governance (Optional)**

### **Description**

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

### **Key Areas Addressed**

- Ethical, active, and accountable governance
- Board selection, orientation, development, leadership, structure, and performance
- Linkage between governance and executive leadership
- Board meetings and committee work
- Executive leadership development, evaluation, and compensation

### **Recommendations**

There are no recommendations in this area.

## **1.C. Strategic Planning**

### **Description**

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

### **Key Areas Addressed**

- Environmental considerations
- Strategic plan development, implementation, and periodic review

### **Recommendations**

There are no recommendations in this area.

## 1.D. Input from Persons Served and Other Stakeholders

### Description

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

### Key Areas Addressed

- Collection of input
- Integration of input into business practices and planning

### Recommendations

There are no recommendations in this area.

## 1.E. Legal Requirements

### Description

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

### Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

### Recommendations

There are no recommendations in this area.

## 1.F. Financial Planning and Management

### Description

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

### Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

### Recommendations

There are no recommendations in this area.

## 1.G. Risk Management

### Description

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

### Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

### Recommendations

There are no recommendations in this area.

## 1.H. Health and Safety

### Description

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

### Key Areas Addressed

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

### Recommendations

There are no recommendations in this area.

### Consultation

- MHAEM is encouraged to note those staff members not present at health and safety committee meetings in minutes as well as amend the format of committee meeting minutes to note (total) page numbers.

## 1.I. Workforce Development and Management

### Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

## **Key Areas Addressed**

- Composition of workforce
- Ongoing workforce planning
- Verification of background/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- It is suggested that leadership continue to ensure that the goals listed in performance evaluations are consistently measurable.

# **1.J. Technology**

## **Description**

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

## **Key Areas Addressed**

- Ongoing assessment of technology and data use
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

## **Recommendations**

There are no recommendations in this area.

# **1.K. Rights of Persons Served**

## **Description**

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

## **Key Areas Addressed**

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

## **Recommendations**

There are no recommendations in this area.

## 1.L. Accessibility

### Description

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

### Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

### Recommendations

There are no recommendations in this area.

### Consultation

- It is suggested that policy 6.0.02, Accessibility Plan, be updated to reflect the assessment of barriers pertaining to technology and community integration. The actual accessibility plan reflects these two areas.

## 1.M. Performance Measurement and Management

### Description

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

### Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

### Recommendations

There are no recommendations in this area.

## 1.N. Performance Improvement

### Description

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

### Key Areas Addressed

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organizational decision making
- Communication of performance information

## **Recommendations**

There are no recommendations in this area.

# **Section 2. General Program Standards**

## **Description**

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

## **2.A. Program/Service Structure**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.B. Screening and Access to Services**

### **Description**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- MHAEM is encouraged to ensure that all documentation is appropriately completed.
- It is suggested that the organization separate the gender section of the assessment to include gender, orientation, preferences, and identification.

## **2.C. Person-Centered Plan**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.D. Transition/Discharge**

### **Description**

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

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of person served when he or she moves to another level of care, after-care

program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.E. Medication Use**

### **Description**

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

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

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to his/her own body. This may include the

program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

### **Key Areas Addressed**

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

### **Recommendations**

There are no recommendations in this area.

## **2.F. Promoting Nonviolent Practices**

### **Description**

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these

interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

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

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
  - Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to others.
  - Holding a person's hand or arm to safely guide him or her from one area to another or away from another person.
  - Security doors designed to prevent elopement or wandering.
  - Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel.
- When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

### **Key Areas Addressed**

- Policy addressing how the program will respond to unsafe behaviors of persons served
- Competency-based training for direct service personnel on the prevention of unsafe behaviors
- Policies on the program's use of seclusion and restraint, if applicable
- Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
- Plan for elimination of the use of seclusion and restraint, if applicable
- Written procedures regarding orders for and the use of seclusion and restraint, if applicable
- Review and analysis of the use of seclusion and restraint, if applicable

### **Recommendations**

There are no recommendations in this area.

## **2.G. Records of the Persons Served**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.H. Quality Records Management**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **Section 3. Core Treatment Program Standards**

### **Description**

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

### **3.B. Case Management/Services Coordination (CM)**

#### **Description**

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

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

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

### **Key Areas Addressed**

- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL activities

### **Recommendations**

There are no recommendations in this area.

## **3.C. Community Integration (COI)**

### **Description**

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

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

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

### **Key Areas Addressed**

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

## Recommendations

There are no recommendations in this area.

## 3.I. Health Home (HH)

### Description

A health home is a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral health, other healthcare, and community and social support services. A health home allows for individual choice and is capable of assessing the various physical and behavioral health needs of persons served. The program demonstrates the capacity to address, either directly or through linkage with or referral to external resources, behavioral health conditions, such as mental illness and substance use disorders, and physical health conditions. Programs may also serve persons who have intellectual or other developmental disabilities and physical health needs or those who are at risk for or exhibiting behavioral disorders. Care is coordinated over time across providers, functions, activities, and sites to maximize the value and effectiveness of services delivered to persons served.

A health home provides comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family/support services, and linkage and referral to community and social support services. Services are designed to support overall health and wellness and:

- Embody a recovery-focused model of care that respects and promotes independence and responsibility.
- Promote healthy lifestyles and provide prevention and education services that focus on wellness and self-care.
- Ensure access to and coordination of care across prevention, primary care (including ensuring that persons served have a primary care physician), and specialty healthcare services.
- Monitor critical health indicators.
- Support individuals in the self-management of chronic health conditions.
- Coordinate/monitor emergency room visits and hospitalizations, including participation in transition/discharge planning and follow up.

A health home collects, aggregates, and analyzes individual healthcare data across the population of persons served by the program and uses that data and analysis to manage and improve outcomes for the persons served. If the health home is not the actual provider of a particular healthcare service, it remains responsible for supporting and facilitating improved outcomes by providing disease management supports and care coordination with other providers.

### Key Areas Addressed

- Comprehensive care management
- Health assessment
- Cross-training of personnel
- Utilization of health records/patient registries

## Recommendations

There are no recommendations in this area.

### **3.O. Outpatient Treatment (OT)**

#### **Description**

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

#### **Key Areas Addressed**

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

#### **Recommendations**

There are no recommendations in this area.

## **Section 4. Core Support Program Standards**

#### **Description**

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

### **4.G. Prevention (P)**

#### **Description**

Prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse or neglect, exposure to or experience of violence in the home and community; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings.

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

- Universal programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.
- Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, tobacco use prevention, child abuse prevention, and suicide prevention.
- Training programs provide curriculum-based instruction to active or future personnel in human service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

### **Key Areas Addressed**

- Personnel qualifications
- Appropriate program activities
- Public awareness
- Program strategies

### **Recommendations**

There are no recommendations in this area.

## **4.H. Supported Living (SL)**

### **Description**

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

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

### **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

# **Section 5. Specific Population Designation Standards**

## **5.C. Children and Adolescents (CA)**

### **Description**

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

### **Key Areas Addressed**

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

### **Recommendations**

There are no recommendations in this area.

## **5.E. Criminal Justice (CJ)**

### **Description**

Criminal justice programs serve special populations comprised of accused or adjudicated individuals referred from within the criminal justice system who are experiencing behavioral health needs, including alcohol or other drug abuse or addiction, or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, in community-based or institutional settings, or in sex offender programs. Institutional settings may include jails, prisons, and detention centers. The services are designed to maximize the person's ability to function effectively in the community. The criminal justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Criminal justice educational programs may include either community-based or institution-based educational and training services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/DWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

### **Key Areas Addressed**

- May be community based or within correctional facility
- Team has specialized criminal justice knowledge

### **Recommendations**

There are no recommendations in this area.

# Program(s)/Service(s) by Location

## **Mental Health Association of Essex and Morris, Inc.**

33 South Fullerton Avenue  
Montclair, NJ 07042

Health Home: Comprehensive Care (Adults)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)  
Prevention: Mental Health (Adults)  
*Governance Standards Applied*

## **Essex County Correctional Facility**

254 Doremus Avenue  
Newark, NJ 07104

Case Management/Services Coordination: Integrated: AOD/MH (Criminal Justice)  
Health Home: Comprehensive Care (Adults)

## **Integrated Case Management Services**

530 Main Avenue  
Passaic, NJ 07055

Case Management/Services Coordination: Integrated: AOD/MH (Adults)  
Health Home: Comprehensive Care (Adults)

## **Integrated Case Management Services/Supported Employment/Assisted OT Services/Supported Living/PATH**

80 Main Street  
West Orange, NJ 07052

Case Management/Services Coordination: Integrated: AOD/MH (Adults)  
Case Management/Services Coordination: Mental Health (Adults)  
Health Home: Comprehensive Care (Adults)  
Supported Living: Mental Health (Adults)

## **Mental Health Association of Essex and Morris**

300 Littleton Avenue, Suite 300  
Parsippany, NJ 07054

Case Management/Services Coordination: Integrated: AOD/MH (Adults)  
Case Management/Services Coordination: Integrated: AOD/MH (Criminal Justice)  
Case Management/Services Coordination: Mental Health (Adults)  
Health Home: Comprehensive Care (Adults)  
Prevention: Mental Health (Adults)  
Supported Living: Mental Health (Adults)

**Mental Health Association of Essex and Morris**

83 Spring Street, Suite 302B  
Newton, NJ 07860

Case Management/Services Coordination: Integrated: AOD/MH (Adults)  
Health Home: Comprehensive Care (Adults)  
Prevention: Mental Health (Adults)

**Prospect House Partial Care/Prospect Primary Healthcare**

424 Main Street  
East Orange, NJ 07018

Community Integration: Psychosocial Rehabilitation (Adults)  
Health Home: Comprehensive Care (Adults)