



CARF
Survey Report
for
Psychotherapeutic
Services

CARF INTERNATIONAL

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Organization

Psychotherapeutic Services
942 Walker Road, Suite B
Dover, DE 19904

Organizational Leadership

Deborah C. Jones, CSN-P, M.B.A., Chief Executive Officer

Survey Dates

March 1–2, 2007

Survey Team

Sandra L. Wummer, CPHQ, Administrative Surveyor
Richard H. Ward, LMFT, LISAC, Program Surveyor

Programs/Services Surveyed

Assertive Community Treatment: Integrated: AOD/MH (Adults)



Survey Outcome

Three-Year Accreditation
Expiration: March 2010

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SURVEY SUMMARY

Psychotherapeutic Services has strengths in the following areas.

- Staff members are viewed as interested, compassionate, and enthusiastic toward the persons served.
- The relationships among staff members and persons served are respectful and beneficial for persons served and their families and referral sources.
- The management team and direct care staff members demonstrate a commitment to the mission of the organization. This is demonstrated by a genuine respect for persons served.
- Persons served and their families report that they believe the management team and staff members are available and communicate with them in a positive way. They report that they are comfortable with staff members and that they have input into their services.
- The individual service plans of the organization are well organized, and information is easily accessed.
- The organization's success in achieving and maintaining good clinical outcomes is evidenced by excellent hospital readmission rates and the high esteem held by payers/contractors. In addition, it has received the governor's award for service provider of the year.

Psychotherapeutic Services should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate nonconformance to standards but are offered as consultation for further quality improvement.

On balance, Psychotherapeutic Services has made a commitment to conform to the CARF standards. It is encouraged to address the recommendations noted in this report and to use the standards to ensure that the services provided are optimal. The organization's long-term presence in the community provides the persons served with reliable and quality services. Its commitment to a high quality of service drives the organization for innovation and improvements in the provision of services. Although funding sources pose continual challenges, Psychotherapeutic Services has adapted well. The creative responses to community and personal needs, combined with the dedication of a competent and caring staff, ensure that the individuals of Kent County have a dependable program to receive mental health and alcohol and other drug services for the seriously and persistently mentally ill.

Psychotherapeutic Services has earned a Three-Year Accreditation. The leadership and staff members are congratulated on this achievement and are encouraged to continue efforts for continuous quality improvement of its programs in conformance to the CARF standards.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Criterion B. Accessibility

Principle Statement

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

Key Areas Addressed

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

Recommendations

B.1.a. through B.1.c.

Although there has been a recent corrective action plan for accessibility barriers, the planning items should better enhance the quality of life for the persons served and address the needs of personnel and other stakeholders.

B.2.a.(1) through B.2.a.(7)

The organization is urged to review and revise the written accessibility plan to address barriers in the areas of architecture, environment, attitudes, finances, employment, communication, and transportation.

Criterion C. Information Management and Performance Improvement

Principle Statement

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

Key Areas Addressed

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

Recommendations

C.8.a.(1) through C.8.b.

Although there are clear policies related to information management, there should also be a technology and system plan that includes hardware, software, security, confidentiality, backup policies, assistive technology, disaster recovery preparedness, and virus protection. The plan should be used to support information management and performance improvement activities.

Criterion D. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Criterion E. Health and Safety

Principle Statement

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

Key Areas Addressed

- One annual external inspection
 - Self-inspections twice a year
 - Emergency procedures, including evacuation, tested/analyzed annually
 - Access to emergency first-aid resources
 - Competency of personnel in safety procedures
 - Defined system for reporting/reviewing critical incidents
 - Infection control plan
 - Transportation requirements, if applicable
-

Recommendations

E.2.a.(1) through E.2.b.(4)(a)

Although the organization conducted an internal walkthrough inspection, there should be a comprehensive inspection conducted by a qualified external authority at all facilities where the organization delivers services or provides administration on a regular and consistent basis. This

should be conducted annually. The inspection should also result in a written report that identifies the areas inspected, recommendations for areas for improvement, and actions taken in response to the recommendations.

E.3.a.(1) through E.3.b.(4)(a)

The organization conducted one internal inspection. However, this should be done at least twice a year and should result in a written report that identifies the areas inspected, recommendations for areas for improvement, and actions taken in response to the recommendations.

E.6.a.(1) through E.6.b.

Although there were fire drills conducted monthly, tests of all the emergency procedures for fires, bomb threats, natural disasters, utility failures, medical emergencies, and safety during violent or other threatening situations should be conducted at least once a year.

E.7.a. through E.7.c.(1)

The tests of all emergency and evacuation procedures should be documented in writing, analyzed for performance improvement, and result in either improvement or affirmation of satisfactory current practice.

E.11.d.(4)

E.11.d.(5)

Although the organization has a clear policy and procedure for prevention, reporting, and remedial action on the list of incidents, it is recommended that communicable diseases and infection control issues be added.

E.23.b.

There is fire suppression equipment in all the vehicles used to transport persons served; however, it should be securely fastened to prevent safety hazards.

Criterion F. Human Resources

Principle Statement

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

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts

- Personnel skills/characteristics
 - Annual review of job description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

F.5.a.

Job descriptions were found in personnel records. The organization should review and/or update job descriptions annually.

F.9.b.

Although most personnel files contain primary verification of credentials, there were files that contained professional licensure with verification not documented. It is urged that a mechanism be implemented to ensure primary verification.

Criterion G. Leadership

Principle Statement

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

Key Areas Addressed

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

Recommendations

G.8.a.

Psychotherapeutic Services is urged to implement a mechanism for all policies to be reviewed on an annual basis by the leadership.

Criterion H. Legal Requirements

Principle Statement

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

Criterion I. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

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

- Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

Consultation

- The risk management plan contains many areas of risk identification. It is suggested that financial risks also be more specifically identified.
-

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

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

A. Program Structure and Staffing

Principle Statement

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

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups

- Team composition/duties
 - Relevant education
 - Clinical supervision
 - Family participation encouraged
-

Recommendations

There are no recommendations in this area.

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, or from external resources.

Key Areas Addressed

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

Recommendations

B.9.f.

B.9.m.(6)(a)

B.9.m.(6)(b)

It is recommended that the initial assessment of the person served include preferences and history of abuse and neglect.

B.10.b.(1) through B.10.b.(3)

Psychotherapeutic Services should ensure that the primary assessment results in the development of an interpretive summary that is based on the assessment data, is used in the development of the treatment plan, and identifies any co-occurring disabilities or disorders that should be considered when developing the plan.

C. Individual Plan

Principle Statement

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

Key Areas Addressed

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

Recommendations

C.2.a.

As an interpretive summary is developed and completed, it should be used to develop the treatment plan.

D. Transition/Recovery Support Services

Principle Statement

In transition or discharge planning, the organization assists the persons served to obtain services that are needed but that are not available within the organization or in transitioning from one level of care to another within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system. Transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to contact the persons served

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

Key Areas Addressed

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

Recommendations

D.9.d.(3) through D.9.d.(6)

It is recommended that the discharge summary specify the person's current strengths, needs, abilities, and preferences.

E. Pharmacotherapy

Principle Statement

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

Key Areas Addressed

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

Recommendations

E.2.c.

Although Psychotherapeutic Services has a written procedure for when a medication is to be discarded, it is recommended that it include how it is to be safely discarded.

E.5.b. through E.5.p.

E.5.r.

E.5.s.

The organization should prepare written policies and procedures that provide for the availability of a physician for consultation 24 hours a day, 7 days a week; identification and documentation of any medication reactions; a review of past medication use, including effectiveness, side effects, and allergies or adverse reactions; and evaluation of coexisting medical conditions. There should be policies and procedures for the identification of alcohol and other drug use; documentation or confirmation of informed consent for each medication prescribed, when possible; documentation and reporting of medication errors; use of over-the-counter medications; and use of medications by women of childbearing age and during pregnancy. The policies and procedures should also address the management of biohazards associated with the use of medications, access to the poison control number by staff members and the persons served, a review of pharmacotherapy activities, special dietary needs associated with medications, notification of the prescribing professional regarding medication reactions or problems, coordination when a medication is prescribed by a source outside the organization, and coordination with the physician providing primary care needs.

E.6.a.(2)

E.6.b.

It is recommended that Psychotherapeutic Services develop policies and procedures that address the safety of the person served and a program of medication utilization evaluation.

E.7.a.

E.7.b.

E.7.f.

E.7.g.

E.7.i.(3)

There should be policies and procedures for medications, including samples, that address purchase, transportation and delivery, safe disposal, inventory, and documentation of the use and benefits of as needed (prn) doses.

E.8.a.(1) through E.8.e.

The use of medications by the person served should be regularly reviewed by a physician or other qualified professional licensed to prescribe medications, addressing the appropriateness of each medication as determined by the needs and preferences of each person served, the efficacy of the medication, side effects, contraindications, documented assessment of abnormal involuntary movements at the initiation of treatment and every three months thereafter for persons receiving antipsychotic pharmacotherapy, the use of simultaneous medications, and medication interactions.

F. Seclusion and Restraint

Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time-out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

H. Quality Records Review

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

INTEGRATED AOD/MENTAL HEALTH

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

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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

A. Assertive Community Treatment

Principle Statement

Assertive Community Treatment (ACT) is a multidisciplinary team approach that assumes responsibility for directly providing acute, active, and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. The program team provides assistance to individuals to maximize their recovery, ensure consumer-directed goal setting, assist the persons served to gain hope and a sense of empowerment, and provide assistance in helping the persons served become respected and valued members of their community. The program provides psychosocial services directed primarily to adults with severe and persistent mental illness who often have co-occurring problems, such as substance abuse, or are homeless or involved with the judicial system.

The team is the single point of clinical responsibility and is accountable for assisting the person served to meet his or her needs and to achieve his or her goals for recovery. Multiple members of the team are familiar with each person served to ensure the timely and continuous provision of services. Services are provided on a long-term care basis with continuity of caregivers over time. The majority of services are provided directly by ACT team members, with minimal referral to outside providers, in the natural environment of the person served and are available 24 hours a day, 7 days per week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served.

Assertive Community Treatment has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services. Desired outcomes specific to ACT services may include positive change in the following areas: community tenure, independent living, quality of life, consumer satisfaction of the person served, functioning in work and social domains, community integration, psychological condition, subjective well-being, and the ability to manage his or her own health care.

In certain geographic areas, Assertive Community Treatment programs may be called Community Support programs, Intensive Community Treatment programs, Mobile Community Treatment Teams, or Assertive Outreach Teams.

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Psychotherapeutic Services

942 Walker Road, Suite B
Dover, DE 19904

Administrative Location Only

Psychotherapeutic Community Services Association, Kent County Community Continuum of Care Program

630 West Division Street
Dover, DE 19904

Assertive Community Treatment: Integrated: AOD/MH (Adults)

Cross Roads Consumer Center

10 Southwest Front Street
Milford, DE 19963

Assertive Community Treatment: Integrated: AOD/MH (Adults)
