



**SURVEY OUTCOME**  
**Three-Year Accreditation**

**CARF**  
**Survey Report**  
**for**  
**Psychotherapeutic**  
**Services, Inc.**

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## Organization

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

## Organizational Leadership

Terry Bartz, LPCMH-DE, QI/Accreditation Officer

## Survey Dates

October 22-24, 2008

## Survey Team

Robert C. Rihn, LCSW, Administrative Surveyor

Linda McCall Davis, Program Surveyor

## Programs/Services Surveyed

Assertive Community Treatment: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Adults)  
Community Integration: Mental Health (Adults)  
Community Integration: Psychosocial Rehabilitation (Adults)  
Crisis and Information Call Centers: Mental Health (Adults)

**Note: The organization was surveyed and accredited for Assertive Community Treatment: Integrated: AOD/MH (Adults) March 1-2, 2007. The purpose of this visit was to survey additional program and location areas that the organization requested be added to its existing accreditation.**



## Survey Outcome

Three-Year Accreditation  
Expiration: March 2010

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# SURVEY SUMMARY

**Psychotherapeutic Services, Inc., has strengths in many areas.**

- Psychotherapeutic Services provides much-needed services in the rural towns of Burlington and Greensboro and surrounding areas in North Carolina to individuals most in need of the services.
- The organization has been able to attract high-level, caring, and devoted staff members who work long hours to ensure the highest level of services to persons served.
- Together House provides for excellent club house services that promote independence, respect, and member involvement. Persons served express pride in their quality of life, the center, and the work they are doing there. Members expressed appreciation for the changes in their lives.
- The assertive community treatment teams in Burlington and Greensboro provide excellent services and care to many in these remote areas. Persons served express that they receive excellent services and believe there is always someone they can call for help when needed.
- The community support services in Burlington and Greensboro communities provide many with opportunities for success that they would not have had without the services.
- All programs are praised for their outcomes of keeping persons served out of hospital settings and stable within the community.
- The long-term and diverse leadership sets the stage for and models positive engagement in all aspects of the business and clinical program management.
- Local staff members (Burlington and Greensboro) are consistently responsive to one another, displaying an effective team approach to both the service array offered and, more important, persons served.
- Staff members express a very high level of pride in the organization and indicate the leadership is clearly supportive of staff development and improvement. This is further validated in the long-term employment and relatively minimal turnover experienced by the organization.
- “I am the face of the company” is the statement of one employee who speaks with pride of his position in the organization. The implication is that “I must put my best foot forward.”
- The organization’s reputation in the community is very positive. The organization’s external funding source (LME) recognizes the timely and consistent response of the organization’s employees to issues identified and meeting contract obligations. The LME also made particular note of the local leadership of Ms. Debbie Dross, the regional director.
- The organization’s positive leadership presence is felt via engagement in community activities such as speaking engagements and supportive positive interaction with other behavioral health providers in the community.
- The organization effectively uses data-gathering systems and uses these data to improve its programs and services while monitoring outcomes and financial stability.

**Psychotherapeutic Services should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.**

On balance, Psychotherapeutic Services leadership strengths are displayed via mentoring organizational development through strategic identification and having like-minded and supportive program leadership throughout this multi-location organization. Although very diverse as to geographic locations, the organization has developed effective and efficient local and long-range communication and decision-making capabilities that in turn enhance its timely response to localized issues while remaining constant to the corporate mission and values. The organization's personnel display consistent interest in placing a positive face on the organization's service delivery to a fragile population. Areas for improvement include continuing to address recommendations noted in the survey conducted in March 2007 before this supplemental survey in October 2008; conducting more comprehensive health and safety self-inspections; conducting an annual documented review of the organization's policies and procedures; and ensuring that all records of persons served are complete and legible and contain required signatures. The organization understands what is required and has the resources and will to make the necessary improvements. The organization is solid and provides much-needed services in the remote areas of North Carolina. The organization is congratulated on its accomplishments.

Psychotherapeutic Services, Inc., has earned a Three-Year Accreditation. The administration and staff are commended for their commitment to the pursuit of accreditation and encouraged to use the organization's resources to address opportunities for improvement.

## **SECTION 1. ASPIRE TO EXCELLENCE<sup>®</sup>**

### **A. Leadership**

#### **Principle Statement**

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

#### **Key Areas Addressed**

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

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## **Recommendations**

### **A.4.a.(2)**

Although the organization has implemented various ethical codes in various policy documents, an element of the ethical code related to the organization's marketing activities should be added. In addition, it would be helpful to include the existing ethical code elements in a single document, including the new marketing code element in an overall ethical code of conduct document.

### **A.8.b.**

Although the organization's executive leadership reviews corporate policy and indicates that it records approval annually in the executive committee/board of directors minutes, the leadership should implement a signed and dated annual review of all corporate policies and procedures.

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## **C. Strategic Integrated Planning**

### **Principle Statement**

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**

- Strategic planning considers stakeholder expectation and environmental impacts
  - Written strategic plan sets goals
  - Plan is implemented, shared, and kept relevant
- 

### **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

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**

- 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.

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## **E. 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.

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## **F. 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

- Review of service billing records and fee structure
  - Financial review/audit
  - Safeguarding funds of persons served
- 

### **Recommendations**

There are no recommendations in this area.

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## **G. Risk Management**

### **Principle Statement**

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

### **Key Areas Addressed**

- Written risk management plan
  - Adequate insurance coverage
- 

### **Recommendations**

There are no recommendations in this area.

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## **H. Health and Safety**

### **Principle Statement**

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**

- Inspections
- Emergency procedures
- Access to emergency first aid

- Competency of personnel in safety procedures
  - Reporting/reviewing critical incidents
  - Infection control
- 

## **Recommendations**

### **H.4.b.(1)**

Although the organization follows health and safety practices, it is recommended that it provide instruction to ensure proper storage of sterile materials if opened to reduce the potential for infection.

### **H.5.a.(1)**

It is recommended that the organization establish procedures to ensure that materials that might create or promote fire, such as flammable materials, are placed in proper storage or moved off the premises.

### **H.6.b.**

Although first aid supplies are available in each location and in vehicles used by the organization, it is recommended that Psychotherapeutic Services establish a process to ensure that the equipment and supplies are inventoried and kept up to date.

### **H.7.a. through H.7.c.**

### **H.7.d.(4) through H.7.d.(7)**

### **H.7.d.(9)**

### **H.7.d.(11)**

### **H.7.d.(13)**

### **H.7.d.(14)**

Although there are policies and procedures relating to critical incident reporting, it is recommended that all elements related to critical incident reporting standards be included in written form, including prevention, reporting, remedial action, and specific incidents as appropriate such as aggression or use of weapons and other such elements in the noted standards. It might be helpful to include all elements in one procedural location, either directly or by reference, to ensure that each standard and element is clearly addressed.

### **H.10.i.**

The policy relating to automobile safety references the reporting of accidents; however, it is recommended that the procedure identify actions/procedures for handling immediate emergencies and individual emergencies that may occur during the operation of a vehicle. This information could then be reported per the current procedure. It is suggested that this written procedural information be in each vehicle.

### **H.12.a.**

Although evidence of one comprehensive self-inspection is documented as occurring in August 2008, the organization is urged to complete self-inspections semi-annually at all its facilities/programs.

## Consultation

- Although first aid supplies are available in vehicles and at program locations, it is suggested that a procedure to inventory and regularly maintain that inventory be implemented.
  - The organization may wish to be more comprehensive in its safety self-inspections to ensure that safety issues beyond basic fire prevention compliance are addressed. This could further ensure that most safety issues would be reviewed and addressed.
  - It is suggested that all fire suppression containers/equipment currently housed in the trunk of each vehicle be secured to the vehicle.
- 

## I. 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 descriptions/performance
  - Policies regarding students/volunteers, if applicable
- 

### Recommendations

There are no recommendations in this area.

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## J. Technology

### Principle Statement

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

## **Key Areas Addressed**

- Written technology and system plan
- 

## **Recommendations**

There are no recommendations in this area.

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## **K. 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**

- Communication of rights
  - Policies that promote rights
  - Complaint, grievance, and appeals policy
  - Annual review of complaints
- 

### **Recommendations**

There are no recommendations in this area.

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## **L. Accessibility**

### **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- The organization is encouraged to continue the newly established process of developing forms used to identify and highlight conformance to specific areas in CARF standards. It is suggested that the organization consider implementing a follow-up mechanism to report on the progress of document development. This could improve the prospect that the forms will be completed by the targeted completion date.
- 

## **M. Information Measurement and Management**

### **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.

### **Key Areas Addressed**

- Information collection, use, and management
  - Setting and measuring performance indicators
- 

### **Recommendations**

There are no recommendations in this area.

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## **N. Performance Improvement**

### **Principle Statement**

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**

- Proactive performance improvement
  - Performance information shared with all stakeholders
- 

### **Recommendations**

There are no recommendations in this area.

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## **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.

### **Consultation**

- Although the organization utilizes check-off sheets to show who attended team meetings, it is suggested that staff members in attendance use a sign-in sheet with each individual signing in at the meetings.
- 

## **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

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## **Recommendations**

### **B.4.a. through B.4.c.**

The organization is urged to ensure that, when a person is found ineligible for services, the person is informed as to the reasons. Also, the referral source, with the consent of the person served, should be informed as to the reasons for ineligibility, and recommendations should be made for alternative services or disposition.

### **B.6.b.(4) through B.6.b.(5)(d)**

### **B.6.b.(7)(a) through B.6.b.(11)**

It is recommended that the organization ensure that each person served receives an orientation that is appropriate to his/her needs and the type of services provided that includes familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits; the use of seclusion or restraint; the smoking policy; and rules regarding illicit or licit drugs or weapons brought into the program. The organization is also urged to ensure that the orientation process for persons served includes providing them with a copy of the program rules; identifies any restriction the program may place on the person served; any events, behaviors, or attitudes that may lead to the loss of rights or privileges for the person served; means by which the person served may regain rights or privileges that have been restricted; education regarding advance directives if appropriate; identification of the purpose and process of the assessment; a description of how the individual plan will be developed and the person's participation in it; and information regarding transition criteria and procedures.

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

The organization is urged to ensure that the primary assessment process gathers sufficient information to develop a person-centered plan, including information about a person's history of neglect.

### **B.10.a. through B.10.c.**

The organization is urged to ensure that the assessment consistently results in the preparation of an interpretive summary that is based on assessment data, used in developing the individual plan, and identifies any co-occurring disorders or disabilities and how they will be addressed in developing the individual plan. Even though Psychotherapeutic Services addresses co-occurring disabilities, disorders, and medical concerns, it is suggested that more emphasis be placed, organizationwide, on this area.

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## **C. Individual Plan**

### **Principle Statement**

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

## Key Areas Addressed

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

## Recommendations

### C.2.a.

The organization is urged to ensure that the individual plan is prepared consistently by using information from the assessment and interpretive summary.

### C.3.a.(1)

### C.3.b.(7)

It is recommended that the organization consistently include in the individual plan goals expressed in the words of the person served and specific service or treatment objectives that are measurable.

### C.7.a.(1)

It is recommended that the organization provide for signed and dated progress notes that consistently document the achievement of identified objectives.

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## D. Transition/Discharge

### Principle Statement

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 clinical document that includes information about the person's progress in recovery and describes the completion of goals and the efficacy of services provided. It is prepared to ensure a seamless transition to another level of care, another component of care, or an after care program.

A discharge summary, identifying reasons for discharge, is completed when the person leaves services for any reason (planned discharge, against medical advice, no show, infringement of program rules, etc.).

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

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

### **Key Areas Addressed**

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

### **Recommendations**

#### **D.1.**

It is recommended that the organization have written transition and discharge criteria that are established and consistently used.

#### **D.5.a.(1) through D.5.f.**

The organization is urged to ensure that a written transition plan is prepared or updated to ensure a seamless transition when a person served is transferred to another level of care, another component of care, or an aftercare program or prepares for a planned discharge. This plan is to be developed with the input and participation of the person served, family, legal guardian when applicable or permitted, legally authorized representative when appropriate, personnel, referral source when appropriate, and other community services when appropriate and permitted. The plan should identify the person's progress in his/her own recovery or move toward well-being, gains achieved during program participation, the person's need for support, medications, referral source information, and include communication of information about options available if symptoms recur or additional services are needed when applicable.

#### **D.7.**

The organization is urged to ensure that individuals who participate in developing the transition plan receive copies of the plan when permitted.

#### **D.8.a. through D.8.c.**

The organization is urged to ensure that, when the transition plan indicates the need for additional services or supports, personnel are identified who will be responsible for follow-up after transition to maintain the continuity and coordination of needed services, determine with the person served whether further services are needed, and offer or refer to needed services.

**D.9.a.****D.9.b.**

It is recommended that the organization ensure that, when an unplanned transition or discharge occurs personnel are identified who will be responsible for follow-up to determine with the person served whether further services are needed and offer or refer to needed services.

**D.10.a.****D.10.b.**

The organization is urged to ensure that when a person is discharged or removed from a program for aggressive or assaultive behavior follow-up occurs within 72 hours postdischarge to ensure linkage to appropriate care.

**D.11.d.**

The organization is urged to ensure that the written discharge summary describes the extent to which established goals and objectives were achieved.

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## **E. Pharmacotherapy**

### **Principle Statement**

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

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

### **Key Areas Addressed**

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

### **Recommendations**

#### **E.5.j. through E.5.l.**

The organization is urged to ensure that there are written policies and procedures that provide for use of over-the-counter medications, use of medications by women of childbearing age, and use of medications during pregnancy.

**E.7.g.**

Although the organization has a policy on the inventory of samples, it is not consistently followed. The organization is urged to consistently follow its policies and procedures for the inventory of medication samples.

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**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.

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## **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**

#### **G.1.c.**

#### **G.1.e.**

The organization is urged to ensure that the individual record communicates information that is complete and legible.

#### **G.2.**

It is recommended that all documents generated by the organization that require signatures include an original or electronic signature.

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## 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.

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## MENTAL HEALTH

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

## SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

### Principle Statement

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

program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

## **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.

ACT 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 healthcare.

In certain geographic areas, ACT programs may be called community support programs, intensive community treatment programs, mobile community treatment teams, or assertive outreach teams.

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### **Recommendations**

There are no recommendations in this area.

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## C. Case Management/Services Coordination

### Principle Statement

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

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

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

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### Recommendations

There are no recommendations in this area.

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## E. Community Integration

### Principle Statement

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

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

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.

- Cultural activities.
  - Vocational pursuits.
  - Development of work attitudes.
  - Employment activities.
  - Volunteerism.
  - Educational and training activities.
  - Development of living skills.
  - Health and wellness promotion.
  - Orientation, mobility, and destination training.
  - Access and utilization of public transportation.
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### **Recommendations**

There are no recommendations in this area.

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## **F. Crisis and Information Call Centers**

### **Principle Statement**

Crisis and information call centers respond to a variety of immediate requests identified by the persons served and may include crisis response, information and referral, or response to other identified human service needs.

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### **Recommendations**

There are no recommendations in this area.

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## **PSYCHOSOCIAL REHABILITATION**

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

# SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

## Principle Statement

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

## E. Community Integration

### Principle Statement

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- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.

- Health and wellness promotion.
  - Orientation, mobility, and destination training.
  - Access and utilization of public transportation.
- 

### **Recommendations**

There are no recommendations in this area.

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# PROGRAMS/SERVICES BY LOCATION

## **Psychotherapeutic Services, Inc. - CST**

Three Centerview Drive, The Hickory Building, Suite 150  
Greensboro, NC 27401

Assertive Community Treatment: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Adults)

## **Psychotherapeutic Services, Inc.**

1159 Huffman Mill Road  
Burlington, NC 27215

Assertive Community Treatment: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Adults)  
Community Integration: Mental Health (Adults)  
Crisis and Information Call Centers: Mental Health (Adults)

## **Psychotherapeutic Services - Together House**

405 Rudd Street  
Burlington, NC 27217

Assertive Community Treatment: Mental Health (Adults)  
Community Integration: Psychosocial Rehabilitation (Adults)