



Three-Year Accreditation

CARF
Survey Report
for
Northeast Florida
State Hospital

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Organization

Northeast Florida State Hospital (NEFSH)
7487 South State Road 121
Macclenny, FL 32063

Organizational Leadership

Joseph A. Infantino, Hospital Administrator

Survey Dates

September 17-19, 2012

Survey Team

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Programs/Services Surveyed

Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)
Crisis Stabilization: Mental Health (Adults)
Inpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Adults)

Previous Survey

November 16-18, 2009
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: November 2015



Three-Year Accreditation

SURVEY SUMMARY

Northeast Florida State Hospital (NEFSH) has strengths in many areas.

- NEFSH is committed to its mission to provide comprehensive mental health recovery services; timely transition into the community; and core values of people, partnerships, quality, accountability, teamwork, and integrity.
- The advisory board has a diverse membership and provides an important advocacy role in the community and at the state level in support of the needs of the organization.
- The management executive, human resources, quality assurance, and technology support teams collaborate extensively to obtain and analyze data to ensure continuous quality improvement of the services provided for the persons served.
- The staff members are compassionate and dedicated to the persons served. Staff members are committed to enhancing the quality of life of the persons served and continuously improving the services provided.
- The organization has established advocate boards in the units to assist with orientation of the persons served and to creatively decorate and organize fun activities.
- The organization has ensured that each unit has an easy-to-read and accessible medical and visual language translator chart to provide assistance in support of the diversity of the persons served.
- The organization values the persons served by recognizing one person served each month with an individual achievement award.
- The Sand Dollar Boutique provided by the organization is a wonderful asset and highly desired benefit to the persons served. It is stocked with affordable and beautiful apparel, accessories, toiletries, and goodies.
- The Behavioral Emergency Response Team (BERT) is a multidisciplinary approach to crisis prevention/intervention and has proved to be a tremendous asset to the decrease in the occurrence of seclusion and restraint, as well as a good resource for continued education and support for staff members and the persons served.
- The organization's policy and application of the three-tiered level debriefing process after the use of seclusion or restraint, including the person served, the staff member involved, and the peer review board, have resulted in a reduction in the use of seclusion and restraint throughout the facility and also given the persons served an opportunity to share their experiences in the process.
- The organization facilitates easy access for the persons served to voice concerns, complaints, grievances, and suggestions that are documented, reviewed, and resolved as much as possible.
- The organization maintains each unit to be uniquely designed and upgraded to ensure a homelike, comfortable, and safe environment. Many units have "comfort rooms" that provide a private area for those with special needs or who just need a quiet place to relax.
- The organization demonstrates extensive efforts to ensure that the persons served are engaged in the community. In addition to referrals, efforts are made for engagement through tracking and follow-up with each person served to minimize risk of inpatient hospitalization.

In the following areas NEFSH demonstrates exemplary conformance to the standards.

- The organization demonstrates exemplary practice in offering the persons served funds that can be transferred to a Personal Trust Fund Account at the Mirage Bank that is managed and staffed by employees of NEFSH. The organization ensures all persons served, including those who are indigent, the ability to access at least \$10 a month to be used at the Sand Dollar Boutique or Friendship Café. This unique and valued opportunity provides the persons served with the opportunity to enhance their financial skills and contributes to their financial independence and overall recovery. The Mirage Bank has wickets and deposit and withdrawal slips. It works on a token system to replace cash of equivalent value. It provides statements on demand and/or weekly. Interest is charged to the account daily based on the bank interest rate that day. The tokens can be used for food, snacks, clothing, etc., that are purchased at cost. Family members are encouraged to deposit money into the account for use by the person served. The persons served control all expenditures within guidelines that are tied to their service plan.
- The organization demonstrates exemplary practices by providing medications to the persons served, including the medication assistance program, samples, and community collaboration for the Indigent Drug Program. The organization has a nurse dedicated to the applications received for medication assistance, the purchase of medications, and collaboration with the Winn-Dixie pharmacy for packaging medications at affordable prices for the persons served. Outcomes since its initiation in January 2012 demonstrate upward trends of medications dispensed through these programs not otherwise available for the persons served, including 304 persons served, representing a savings to the organization of over \$190,000.

NEFSH 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, NEFSH provides quality inpatient and outpatient mental health services that clearly benefit the persons served. The organization has implemented extensive quality assurance processes that are used to promote continuous quality assurance. All levels of the organization are committed to the organization's mission of quality, person-centered services. The organization demonstrates substantial conformance to the CARF standards. There are areas for improvement as identified in the recommendations in this report. These include annual analysis of plans and data, enhanced performance evaluation of personnel, and increased referrals for community linkages. The organization demonstrates the willingness and ability to use its resources to address these areas.

Northeast Florida State Hospital has earned a Three-Year Accreditation. The leadership and staff members are congratulated on this achievement and are encouraged to continue to use the CARF standards as the framework for effective business practices and service delivery.

SECTION 1. ASPIRE TO EXCELLENCE®

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
-

Recommendations

There are no recommendations in this area.

C. Strategic 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 expectations and environmental impacts
 - Written strategic plan sets goals
 - Plan is implemented, shared, and kept relevant
-

Recommendations

There are no recommendations in this area.

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.

E. Legal Requirements

Principle Statement

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

E.1.c.

The organization should demonstrate a process to comply with the obligation to meet legal requirements on privacy of the persons served.

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.

Exemplary Conformance

F.9.a. through F.9.f.

The organization demonstrates exemplary practice in offering the persons served funds that can be transferred to a Personal Trust Fund Account at the Mirage Bank that is managed and staffed by employees of NEFSH. The organization ensures all persons served, including those who are indigent, the ability to access at least \$10 a month to be used at the Sand Dollar Boutique or Friendship Café. This unique and valued opportunity provides the persons served with the opportunity to enhance their financial skills and contributes to their financial independence and overall recovery. The Mirage Bank has wickets and deposit and withdrawal slips. It works on a token system to replace cash of equivalent value. It provides statements on demand and/or weekly. Interest is charged to the account daily based on the bank interest rate that day. The tokens can be used for food, snacks, clothing, etc., that are purchased at cost. Family members are encouraged to deposit money into the account for use by the person served. The persons served control all expenditures within guidelines that are tied to their service plan.

G. Risk Management

Principle Statement

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

- Identification of loss exposures
 - Development of risk management plan
 - Adequate insurance coverage
-

Recommendations

There are no recommendations in this area.

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.6.a.(1)

H.6.a.(2)

H.6.c.

H.6.d.

It is recommended that the organization conduct unannounced tests of all emergency procedures on each shift at each location. All tests should be analyzed for performance improvement and result in improvement or affirmation of satisfactory current practice.

H.9.b.(5) through H.9.b.(8)

In its quarterly written analysis of critical incidents, NEFSH is urged to address necessary education and training of personnel, prevention of recurrence, and internal and external reporting requirements.

H.11.h.

Although the written emergency procedures are available in some vehicles, these procedures should be consistently available in all vehicles used to provide transportation for the persons served, especially the buses.

Consultation

- Although the organization defines all services as essential, it is suggested that it consider identifying different key aspects of essential services, such as medication and food, in the event that it is not able to access the alternate receiving facility.
-

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

I.6.d.(1)(a)

I.6.d.(4)(a)

I.6.d.(4)(b)

Performance evaluations for all personnel directly employed by the organization should be based on job functions and used to assess performance related to objectives established in the last evaluation period and establish measurable performance objectives for the next year.

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.

K. Rights of Persons Served

Principle Statement

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

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

Recommendations

There are no recommendations in this area.

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

L.1.b.(4)

L.1.b.(5)

L.1.b.(8) through L.1.b.(9)(b)

NEFSH is urged to identify barriers in the areas of finances, employment, community integration, and any other barriers identified by the persons served or personnel.

L.2.a.

L.2.b.

Although there are action plans in place for some of the barriers included in the accessibility plan, the organization is urged to identify actions to be taken and time lines for all identified barriers.

L.3.c.(1)

L.3.c.(2)

The accessibility status reports should include progress made in the removal of identified barriers and areas for improvement.

Consultation

- Although requests for reasonable accommodations are integrated into the care of the persons served, it is suggested that the organization develop a tracking method to ensure that the requests are reviewed and documented.
-

M. Performance 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.

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.

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/Service Structure

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 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

- The organization conducts multiple in-depth clinical assessments of the persons served that result in individual summaries. It is suggested that the organization utilize those findings to create an integrated interpretive summary.
-

C. Person-Centered Plan

Principle Statement

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

C.2.b.(3)

It is recommended that the person-centered plans include specific service or treatment objectives that are responsive to the person's disabilities/disorders or concerns.

Consultation

- The organization effectively implements and utilizes a personal safety plan to identify and gather information from the person served in the development of strategies to de-escalate stressful situations so that restraint and seclusion can be averted. It is suggested that the organization include the signature of the person served on the personal safety plan and that a copy of the plan be provided to the person served as appropriate.
-

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 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 program (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 program 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 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.

E. Medication Use

Principle Statement

Medication use is the practice of handling, 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 deemed efficacious. Medication use may include self administration, or 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.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. 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, transporting, storing, and disposing of medications, including those self administered by the person served.

Self administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak 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 closely observing the person served self-administering the medication.

Self administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details 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

- 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.9.b.

E.9.c.

The organization has an extensive peer review process that is conducted and well attended in weekly medical staff meetings. It is recommended that the organization implement a method to document the outcomes and findings from the sample of records reviewed that is used to improve the quality of services provided and incorporated into the organization's performance improvement system.

Exemplary Conformance

E.2.b.(16)

The organization demonstrates exemplary practices by providing medications to the persons served, including the medication assistance program, samples, and community collaboration for the Indigent Drug Program. The organization has a nurse dedicated to the applications received for medication assistance, the purchase of medications, and collaboration with the Winn-Dixie pharmacy for packaging medications at affordable prices for the persons served. Outcomes since its initiation in January 2012 demonstrate upward trends of medications dispensed through these programs not otherwise available for the persons served, including 304 persons served, representing a savings to the organization of over \$190,000.

F. Nonviolent Practices

Principle Statement

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, 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. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. 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 self, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

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.

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 of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral health care setting.

Key Areas Addressed

- Training and procedures supporting nonviolent practices
 - Policies and procedures for use of seclusion and restraint
 - Patterns of use reviewed
 - Persons trained in use
 - Plans for reduction/elimination of use
-

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 Management

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

H.3.a.

H.3.b.

NEFSH is urged to ensure that, when records are selected for review, the person responsible for providing the service/treatment is not solely responsible for the selection of his/her records to be reviewed or a reviewer of his/her own records.

H.4.a.(1)

The quality record review should address whether the persons served were consistently provided with an appropriate orientation.

MENTAL HEALTH

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

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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

C. Case Management/Services Coordination

Principle Statement

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

Case management/services coordination may be provided by an organization as part of its 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.

Recommendations

C.3.e.(1)

Based on the needs of the person served, case management/services coordination should include optimizing resources and opportunities through community linkages. It is suggested that, when the diagnosis and treatment objectives are related to a co-occurring disorder, referrals and linkages to the community for substance abuse services be integrated into the case management service plan for the person served.

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. 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.

Recommendations

There are no recommendations in this area.

H. Crisis Intervention

Principle Statement

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

Recommendations

There are no recommendations in this area.

I. Crisis Stabilization

Principle Statement

Crisis stabilization programs are organized and staffed to provide the availability of overnight residential services 24 hours a day, 7 days a week for a limited duration to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop plans to meet the needs of the persons served. Often crisis stabilization programs are used as a preemptive measure to deter unnecessary inpatient hospitalization.

Recommendations

There are no recommendations in this area.

N. Inpatient Treatment

Principle Statement

Inpatient treatment programs provide coordinated and integrated services in freestanding or hospital settings. Inpatient treatment programs include a comprehensive, biopsychosocial approach to service delivery. There are daily therapeutic activities in which the persons served participate. Inpatient treatment is provided 24 hours a day, 7 days a week. The goal of inpatient treatment is to provide a protective environment that includes medical stabilization, support, treatment for psychiatric and/or addictive disorders, and supervision. Such programs operate in designated space that allows for an appropriate medical treatment environment.

Recommendations

There are no recommendations in this area.

S. Outpatient Treatment**Principle Statement**

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Northeast Florida State Hospital

7487 South State Road 121
Macclenny, FL 32063

Crisis Intervention: Mental Health (Adults)
Crisis Stabilization: Mental Health (Adults)
Inpatient Treatment: Mental Health (Adults)

NEFSH Community Behavioral Healthcare Services

84 West Lowder Street, Suite C
Macclenny, FL 32063

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