



CARF
Survey Report
for
A.W.A.R.E., Inc.

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Organization

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Organizational Leadership

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Survey Dates

January 20-22, 2010

Survey Team

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Programs/Services Surveyed

Community Services: Child and Youth Services
Community Services: Family Services
Community Services: Supports for Children with Autism Spectrum Disorder
Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)
Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)
Community Housing: Psychosocial Rehabilitation (Adults)
Community Housing: Psychosocial Rehabilitation (Children and Adolescents)
Intensive Family-Based Services: Family Services (Children and Adolescents)

Governance Standards Applied

Previous Survey

April 24-26, 2006
Three-Year Accreditation



Survey Outcome

Three-Year Accreditation
Expiration: October 2012

SURVEY SUMMARY

A.W.A.R.E., Inc., has strengths in many areas.

- The organization is a strong advocate for persons with serious mental illness and developmental disabilities throughout the state. The expansion of services to meet the ever-increasing needs has been ongoing. This includes developing programs and facilities to return patients from state hospitals to community living environments.
- The centerpiece of the A.W.A.R.E. quality and outcomes management system is the Corporate Congress Strategic Planning Process. The process is designed to solicit and utilize input from staff members, management, consumers of services, and other stakeholders. The Corporate Congress meeting is held for three days each year and includes a blend of training, presentations, and strategic planning sessions. The Corporate Congress culminates with the annual A.W.A.R.E. awards banquet in which employees, persons served, and leaders in Montana are recognized for their special efforts on behalf of the individuals served. The documentation of the Corporate Congress, the outcomes, and the follow-through and implementation are all noteworthy.
- The organization continues to enhance its technology area, including the web-based billing preparation that has resulted in service efficiencies and improved fiscal reporting, the implementation of a time and attendance payroll, the installation of the exchange server allowing staff members to access e-mail outside of the work environment, and the videoconferencing system. A.W.A.R.E.'s comprehensive technology plan includes a statement of needs, recommendations, project sequencing, and equipment requirements.
- A.W.A.R.E. staff members benefit from the staff intranet that provides access to corporate, operations, and regulatory/compliance policies and procedures, forms, manuals, and handbooks. This is a tremendous tool to assist in making information available to staff members throughout the organization.
- The human resource department has done an outstanding job in developing and updating the employee handbook, job descriptions, and the performance measurement system. Job descriptions are well written, comprehensive, and in place for all staff positions. Personnel files are well organized and up to date with performance evaluations and documentation of staff training. Staff members do an excellent job of tracking and monitoring files to ensure that everything meets A.W.A.R.E.'s record and training requirements.

- A.W.A.R.E.'s Unconditional Care Values are evident throughout the organization's services. These values, which were developed and approved at the Corporate Congress, have become the cornerstone of the employee recognition program.
- Fiscal stability and proactive management support the commitment to quality that drives the organization's vision. Financial reports are produced and reviewed at all levels. The organization appears to be well positioned to continue to implement its vision to continue to expand and develop new services and housing.
- The partnerships with Head Start have enhanced opportunities for young children and their families to achieve educational, social, and behavioral goals.
- Staff members are matched to families in services in a thoughtful manner that supports choice and builds trusting relationships.
- Services focus on the needs of the families, and staff members demonstrate creativity in their efforts to meet these needs.
- Families report that they feel "listened to" and are valued members of the team. Persons served demonstrate their familiarity and understanding of the individual plans.
- Assistive technology needs are addressed during intake and as part of the individual planning process. Individuals are referred to MONTECH for augmentative communication evaluations, and programs such as Boardmaker®, Writing with Symbols, and Picture Exchange Communication System are used to encourage language development. Sensory needs are addressed through the use of equipment such as weighted vests and blankets.
- Families and persons served give high praise for the services they receive and the individualized aspects of their plans. Many of the persons served report that A.W.A.R.E. is the first organization to meet their needs in such a comprehensive manner.
- Families and persons served emphasize that they developed their own individualized plan and felt empowered by the process.
- Many staff members have longevity with A.W.A.R.E., which provides stability and continuity of services to the persons served.
- A.W.A.R.E. has developed a video system in each office throughout the state to provide training, telepsychiatry, supervision, and consultation. In some locations, the video system is used to provide youths and staff members with the opportunity for family meetings when families are some distance from where their youths are placed.
- The case management services for adults and children continue to expand to meet the identified needs.
- The A.W.A.R.E. website provides information and education for the persons served, families, potential employees, referral sources, and other stakeholders.
- The Galen site makes special efforts to provide cultural activities available to youths, which includes having a member of the North American Indian Alliance providing cultural training and activities for the youths.
- The Galen site has a neuropsychologist, which has enhanced the assessment and treatment services to the youths.

- The comprehensive psychiatric services throughout the state are highly respected and utilized through direct contact or through the videoconferencing and provide a service to rural areas of Montana that have been underserved in the past.
- *AWARE Ink* is a publication developed by the administration and management to keep all A.W.A.R.E. employees informed of new programs, events, successes of employees and persons served, planning progress, and general current information all staff members need to know. This publication has enhanced the communication between the many services and offices throughout Montana. The public relations department writes this publication, which is highly respected and utilized by the staff members.
- At the Galen residential site, the treatment plans have an added page that states “I will” and “If I” for each goal and objective on the treatment plan. The “I will” statements state what the youth will do to meet the goals and objectives, and the “If I” statements state the consequences if the youth does not follow the goals and objectives.
- At the Galen residential site, the youths develop the menus, which are reviewed by the dietician. A biomedical physician is employed to develop diets.

In the following areas A.W.A.R.E. demonstrates exemplary conformance to the standards.

- *Apostrophe* magazine clearly demonstrates the organization’s commitment to collaborative efforts, education, and advocacy across a wide spectrum of disability populations and stakeholders. Current *Apostrophe* circulation is 4,500 readers and growing. The publication is widely distributed throughout the state and the Northwest and Canada. Many articles in the magazine are written by persons in services.
- The organization has developed services that are based on evidence-based research findings, including applied behavior analysis. Persons served at the residential sites and in the Enterprise Learning Center demonstrate progress in a variety of skill areas as a result of the treatment they are receiving. Staff members are trained to implement techniques and collect a significant amount of data in order to monitor the outcomes of the services provided. State-of-the-art behavioral attention and interventions are apparent throughout the program areas. In addition, A.W.A.R.E. staff members act as a resource for community professionals regarding autism spectrum disorder (ASD) as a result of their educational backgrounds and certifications. The organization has played a significant role in bringing resources to the state, including consultants from Kennedy Krieger Institute; Richard Solomon, M.D., with The P.L.A.Y. Project[®]; and Heather Clare, OTR, for Informative Pointing.
- A.W.A.R.E. offers the only two residential programs for children with ASD in the state. Staff members are well trained, responsive to the needs of families and the individuals living at the home, and passionate about the well-being of the children they support. Staff members demonstrate a genuine concern for the individuals served in A.W.A.R.E. programs as well as those individuals not yet in services, such as persons served in state facilities. Homes are attractive, well maintained, and located in desirable neighborhoods.
- A.W.A.R.E. is commended for the development and assistance in obtaining housing and assisting persons in services to purchase homes, while recognizing the persons’ abilities and preferences to become homeowners. The program has been lauded by state and national housing authorities featured on local media.

A.W.A.R.E. 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, A.W.A.R.E. has worked hard and accomplished a great deal in its efforts to once again achieve international accreditation. It demonstrates many strengths that contribute to the positive services and outcomes for persons with disabilities. A.W.A.R.E. is an organization that applies the standards, as well as understands and incorporates the philosophy behind them, ensuring that it is on the leading edge of service provisions and that the persons served are benefiting from what is offered. A.W.A.R.E. has demonstrated its commitment to continue to use the CARF standards to ensure that services provided continue to be the best possible.

A.W.A.R.E., Inc., has earned a Three-Year Accreditation. The board, leadership, employees, and persons served are congratulated for the positive efforts they have made in the pursuit of accreditation, their dedication to quality improvement, and their use of international accreditation in this process. A.W.A.R.E. is encouraged to continue to use its resources to address the recommendations noted in the body of this report as well as new opportunities for improvement.

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

A.4.a.(1)

A.4.a.(2)

It is recommended that A.W.A.R.E. expand its written code of ethical conduct to include business and marketing.

A.5.a.

A.5.b.

The organization should demonstrate corporate compliance through a policy on corporate compliance that has been adopted by the organization's leadership, including a formal resolution or other document that authorizes establishment of the compliance program, as well as written designation of a personnel member to serve as the organization's primary point of contact for monitoring and reporting on matters pertaining to corporate compliance.

Exemplary Conformance

A.4.e.

Apostrophe magazine clearly demonstrates the organization's commitment to collaborative efforts, education, and advocacy across a wide spectrum of disability populations and stakeholders. Current *Apostrophe* circulation is 4,500 readers and growing. The publication is widely distributed throughout the state and the Northwest and Canada. Many articles in the magazine are written by persons in services.

B. Governance

Principle Statement

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

Key Areas Addressed

- Ethical, active, and accountable governance
- Board composition, selection, orientation, development, assessment, and succession
- Board leadership, organizational structure, meeting planning, and management

- Linkage between governance and executive leadership
 - Corporate and executive leadership performance review and development
 - Executive compensation and other financial matters
-

Recommendations

B.2.a.(3) through B.2.a.(5)

B.2.c.(4) through B.2.c.(5)(e)

B.2.c.(6)(b)

B.2.c.(7) through B.2.c.(10)

Governance policies and practices should be expanded to address board member orientation; board education and development; the exit process; board size; board composition; definition of independent, unrelated board representation; and duration of board membership. Policies regarding board structure and performance should also include compensation, loans, expense reimbursement, stock ownership, and other matters of financial interest as well as the use of executive compensation advisors. Furthermore, it is recommended that policies include annual self-assessment of the entire board, periodic self-assessment of individual members, annual written and signed conflict-of-interest declaration, and annual written and signed ethical code-of-conduct declaration.

B.5.a.(1) through B.5.b.

Governance policies should address executive leadership development and evaluation, including formal annual written review of executive leadership performance in relation to overall corporate performance versus target; individual performance versus target; and professional development, accomplishments, and opportunities as well as annual review of the written executive leadership succession plan.

B.6.a. through B.6.e.(7)

Governance policies should address executive compensation, including a written statement of total executive compensation philosophy and a review by an authorized board committee comprised of independent, unrelated board members. Governance policies should also address defined total compensation mix, up to and including, as warranted, base pay, incentive plans, benefit plans, and perquisites; total compensation references to market comparator data and functionally comparable positions; and a documented process that outlines terms of compensation arrangements, approval date, names of board members on the committee who approved the compensation decision, data used in the compensation decision, disclosures of conflict of interest (if any), annual review of executive compensation records, and authority of board members to exercise executive compensation actions.

B.7.

The governing board is urged to review its governance policies annually.

Consultation

- It is suggested that the A.W.A.R.E. board member development activities include a subscription to a nonprofit periodical and the distribution, review, and discussion of other resource material.

- The staff intranet is a tremendous tool to assist in making information available to staff members throughout the organization. The organization may want to consider developing a similar intranet area for its board members.
-

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.

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 the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

E.2.a. through E.2.d.

A.W.A.R.E. is urged to have written procedures to guide personnel in responding to subpoenas, search warrants, investigations, and other legal actions.

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.

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

G.1.a. through G.1.g.

Although the organization appears to have systems in place to manage risk and reduce the severity of a loss if one were to occur, it has not yet developed a comprehensive plan. It is recommended that A.W.A.R.E. have a risk management plan that includes identification of loss exposures, evaluation and analysis of loss exposures, identification of how to rectify identified exposures, implementation of actions to reduce risk, monitoring of actions to reduce risk, reporting of results of actions taken to reduce risks, and inclusion of risk reduction in performance improvement activities.

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.7.d.(4)

H.7.d.(5)

H.7.d.(10)

It is recommended that the organization expand its policies and written procedures regarding critical incidents to include communicable disease, infection control, and biohazardous accidents.

H.8.a. through H.8.b.(7)

A written analysis of all critical incidents identified should be conducted by or provided to the leadership at least annually that addresses causes, trends, actions for improvement, results of performance improvement plans, necessary education and training of personnel, prevention of recurrence, and internal and external reporting requirements. The organization could utilize the information and reporting capacity from its quality improvement specialist incident tracking system to generate a written critical incidents analysis.

H.13.a. through H.13.e.

A.W.A.R.E. should consistently conduct unannounced tests of all emergency procedures at least once a year on each shift. Tests should include actual or simulated physical evacuations, when included in the procedures. Tests should be in writing, analyzed for performance improvement, and result in improvement of or affirm satisfactory current practice.

Consultation

- Comprehensive health and safety inspections are conducted annually by the organization's workers' compensation insurer. It is suggested that all of the inspection forms be signed and dated by the inspector and that actions taken in response to recommendations be clearly documented in writing.
- It is suggested that the corporate safety committee assume the leadership role in monitoring the completion of each site's self-inspection and tests of emergency procedures. The committee might also consider standardizing forms from across all locations for tests of emergency procedures and safety committee minutes.
- The organization is encouraged to include information obtained from safety inspections and drills in the risk management planning and reporting processes.

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 description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

I.3.c.

A.W.A.R.E. should demonstrate identification of any trends in personnel turnover. Collecting and analyzing trends in personnel turnover could assist in the development of strategies to assist in the management of recruitment and retention efforts.

I.5.b.

I.5.d.(1)

I.5.d.(2)

I.5.d.(4)(a) through I.5.e.(1)

I.5.e.(4)

Although opportunities for promotion are evident throughout the organization, promotion guidelines have not been formalized. Performance management should include promotion guidelines. These could be included in the A.W.A.R.E. employee handbook. In addition, performance evaluations are completed annually for all staff members except management. Performance evaluations for all personnel directly employed by the organization should be conducted annually, based on job functions and competencies identified, evident in personnel files, and used to assess performance related to objectives established in the last evaluation period and to establish measurable performance objectives for the next year. Furthermore, annual reviews of all contract personnel utilized by the organization should be conducted to assess performance of their contracts.

Consultation

- The organization is encouraged to secure the historical record storage area in the basement at its corporate headquarters to ensure that human resource files and finance records are maintained in locked areas with controlled access.
-

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

J.1.a.(6)

It is recommended that A.W.A.R.E.'s technology and system plan address assistive technology.

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
-

Recommendations

K.2.c.(2)

K.2.c.(4)

A.W.A.R.E.'s policies regarding rights of the persons served should promote freedom from financial or other exploitation and from humiliation.

K.4.a. through K.4.b.(3)

A review of formal complaints should be conducted annually to determine trends, areas for performance improvement, and actions to be taken.

Consultation

- The organization is encouraged to consider removing language from the consent-to-treatment form that refers to restrictions regarding weapons. This information might be better included in the program rules and reviewed during program orientation.

- Although the policy identifies that reprisal or barriers to services will not occur, the organization is encouraged to include this language in the bill of rights for persons served.
-

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.2.a.(3) through L.2.c.

Although documentation and actions demonstrate a commitment to accessibility planning and the elimination of barriers, the organization does not have a comprehensive accessibility plan. It is recommended that A.W.A.R.E. develop and implement a comprehensive written action plan for accessibility that also addresses attitudinal, financial, employment, communication, transportation, community integration, and other barriers identified by the persons served, personnel, and other stakeholders. The accessibility plan should identify time lines for removal of identified barriers and actions for removal of identified barriers.

L.3.a. through L.3.c.(2)

The organization should prepare a written status report about the removal of barriers annually that includes the progress made in the removal of identified barriers and the areas for improvement.

Consultation

- The organization is encouraged to review and update current policies and procedures regarding access to translator or interpreter services.
-

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

M.3.c.(2)

M.3.c.(5)

M.3.c.(7)

The organization is urged to expand its performance indicators to include data from accessibility, risk analysis, and human resources in setting and measuring performance indicators.

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. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

A. Individual-Centered Service Planning, Design, and Delivery

Principle Statement

Improvement of the quality of an individual's services requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

Key Areas Addressed

- Services are person-centered and individualized
 - Persons are given information about the organization's purposes and ability to address desired outcomes
-

Recommendations

A.21.a. through A.21.c.

When restrictions are placed on the rights of persons served, it is recommended that the organization follow its policies and procedures, obtain informed consent prior to implementation, and have methods to reinstate rights as soon as possible.

Consultation

- The strengths, needs, abilities, and preferences (SNAP) elements used in the individualized plan could be enhanced during the assessment, planning, and transition/discharge phases of treatment. The organization is encouraged to link the SNAP elements throughout clinical documentation.
 - The organization is encouraged to continue training of personnel and review of clinical records to ensure that the words of the persons served are always used in the development of the individual plan.
-

B. Records of the Persons Served

Principle Statement

The organization maintains complete records and treats all information related to persons served as confidential.

Key Areas Addressed

- Complete, confidential records are maintained
-

Recommendations

B.3.b.

The organization does not appear to consistently use the checklist on the release/request of information form that stipulates the specific information identified for release to other parties. Any release of confidential information should be limited to the specific information identified.

Consultation

- The organization is encouraged to cite federal regulations (42 CFR) regarding the handling of substance abuse information on the release-of-information form.
-

C. Medication Monitoring and Management

Principle Statement

These standards apply only to programs that are responsible for monitoring and/or managing medications for the persons served.

Key Areas Addressed

- Current, complete records of medications used by persons served
 - Written procedures for storage and safe handling of medications
 - Educational resources and advocacy for persons served in decision making
 - Physician review of medication use
 - Training and education for persons served regarding medications
-

Recommendations

C.1.g.(2)

It is recommended that the organization consistently identify the dispensing pharmacy and contact information on the medication administration record.

C.2.d.

Although the organization has a written policy for safe disposal of medications, it does not appear to align current practice with the written policy. The organization should have written procedures that fully address safe disposal.

C.5.a.**C.5.c.****C.5.d.(3)**

It is recommended that the organization have written procedures that address purchase of medications, including processes for handling medication shortages on weekends, off-site use, and documentation of the use and benefits, or lack thereof, of as-needed (prn) doses.

Consultation

- A.W.A.R.E. is encouraged to provide more training to families regarding medication side effects and importance.
 - The organization is encouraged to provide and document training on organizational policies that support the state curriculum on medication management.
 - The organization is encouraged to include a review of medication policies and procedures as part of the organization's risk analysis and risk management planning process.
 - The organization is encouraged to standardize procedures for integrating any prescribed medications into the person's overall plan.
-

F. Community Services Principle Standards

Principle Statement

The standards in this subsection assert basic principles that should be demonstrated by any organization seeking accreditation in the area of community services.

Key Areas Addressed

- Access to community resources and services
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Recommendations

There are no recommendations in this area.

SECTION 4. COMMUNITY SERVICES

Principle Statement

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing generic opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, self-reliance, and self-esteem.

C. Child and Youth Services

Principle Statement

Child and youth services provide one or more services, such as prenatal counseling, service coordination, early intervention, prevention, preschool programs, and after-school programs. These services may be provided in any of a variety of settings, such as a family's private home, the organization's facility, and community settings such as parks, recreation areas, preschools, or child day care programs not operated by the organization.

In all cases, the physical settings, equipment, and environments meet the identified needs of the children and youth served and their families. Families are the primary decision makers in the process of identifying needs and services.

Key Areas Addressed

- Individualized services based on identified needs and desired outcomes
- Healthcare, safety, emotional, and developmental needs of child/youth

Recommendations

There are no recommendations in this area.

Consultation

- The organization is encouraged to continue offering opportunities to families to learn about child development, medication services, and community resources.
 - Although the organization obtains immunization data from child and adolescent school records, the organization is encouraged to document immunization data on children who are not enrolled in school.
 - The organization may wish to consider implementing the “learning center model” in Bozeman and Missoula. Children in services could benefit from increased consistency and continuity of intervention techniques and teaching styles in both residential and educational settings.
 - The organization is encouraged to implement the environmental changes that are planned for the Enterprise Learning Center to better meet the needs of children and families.
-

F. Family Services

Principle Statement

Family services are provided to persons served and/or their families, either to enable the person and the family to stay together or to enable the person served to remain involved with his or her family. Families, including the persons served, are the decision makers in identifying the services needed and in choosing how those services will be delivered.

Key Areas Addressed

- Families enabled to stay together
 - Persons served remain involved with their families
-

Recommendations

There are no recommendations in this area.

Consultation

- Staff members are encouraged to seek out resources such as Sibshops to provide services to siblings of children with disabilities. Other potential family services might include community projects that could involve typically developing children with children who have developmental disabilities or delays, such as theater projects or recreation programs.
-

M. Supports for Children with Autism Spectrum Disorder

Principle Statement

Early identification, intervention, and education of children with autism spectrum disorder (ASD) remain a challenge for families, their physicians, community supports, and educational systems. Early recognition of the condition allows families to receive advice and support to help them adjust to the child's learning and development challenges and to mobilize resources to provide the best early intervention services for the child. Evidence shows that early intervention improves long-term function for the child.

Services for children with ASD are designed to provide to the child and family a variety of resources that reflect sound research. By basing the early intervention services, treatment planning, transition to school, and educational strategies for the child with ASD on guidance from an organization whose services and supports are outcomes-focused, the family will be able to take advantage of the results-oriented therapies, education, advocacy, and supports for their child's optimal progress and to establish a lifetime of positive learning and behaviors.

Organizations with accredited services/supports for children with ASD are a resource for families, community services, and education. With the focus on continuous learning about ASD, the organization can assist parents with:

- Obtaining early intervention screening.
- Obtaining early intervention services.
- Obtaining an interdisciplinary evaluation by a team experienced in evaluating children with ASD to improve treatment and outcomes.
- Navigating the multiple and complex systems that families need to coordinate, including medical, educational, mental health, disability, and community services.
- Connecting to resources to identify and treat medical or other conditions associated with ASD, as they are needed, to improve independence, family well-being, and adaptive behavior.
- Gaining understanding of the core features of ASD and associated conditions.
- Adjusting and adapting to the challenges of raising a child with ASD.
- Understanding the future opportunities, services, and challenges that lay before them as they raise their child to adult transition from school to life planning.
- Connecting with mentors and parent-to-parent support groups or contacts.
- Connecting with community organizations and support groups dedicated to people with ASD.
- Becoming an advocate for policy changes, as desired.

Key Areas Addressed

- Program promotes awareness and understanding of ASD in families and the community
 - Staff trained specific to ASD
 - Family supports
 - Early diagnostic services and interventions
 - Comprehensive evaluations
 - Individualized learning models
 - Support for transitions
-

Recommendations

There are no recommendations in this area.

Exemplary Conformance

M.1.c. through M.1.f.

The organization has developed services that are based on evidence-based research findings, including applied behavior analysis. Persons served at the residential sites and in the Enterprise Learning Center are demonstrating progress in a variety of skill areas as a result of the treatment they are receiving. Staff members are trained to implement techniques and collect a significant amount of data in order to monitor the outcomes of the services provided. State-of-the-art behavioral attention and interventions are apparent throughout the program areas. In addition, A.W.A.R.E. staff members act as a resource for community professionals regarding ASD as a result of their educational backgrounds and certifications. The organization has played a significant role in bringing resources to the state, including consultants from Kennedy Krieger Institute; Richard Solomon, M.D., with The P.L.A.Y. Project; and Heather Clare, OTR, for Informative Pointing.

M.12.h.

A.W.A.R.E. offers the only two residential programs for children with ASD in the state. Staff members are well trained, responsive to the needs of families and the individuals living at the home, and passionate about the well-being of the children they support. Staff members demonstrate a genuine concern for the individuals served in A.W.A.R.E. programs as well as those individuals not yet in services, such as persons served in state facilities. Homes are attractive, well maintained, and located in desirable neighborhoods.

SECTION 5. PSYCHOSOCIAL REHABILITATION PROGRAMS

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 disabilities/disorders, harmful involvement with alcohol and/or other drugs, or who have other behavioral health needs. Through a team approach, the goal of each such program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competence and relevance. Family members and significant others are involved in the programs of the persons served, as appropriate and to the extent possible.

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 section.

Consultation

- The organization is encouraged to clearly document the content of team meetings as well as attendance.
-

B. 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 include over-the-counter or alternative medications provided to the person served as part of the therapeutic treatment/service program. 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.

Recommendations

B.3.d.

B.3.i.

Although the organization has a written procedure for storage of prescribed medication, it does not include the storage and use of samples. The organization should have written procedures for safe storage. In addition, although the organization inventories prescribed medications, it is recommended that A.W.A.R.E. have written procedures for inventory of samples.

B.5.i.

It is recommended that the organization have written procedures for documented assessment of abnormal involuntary movements at the initiation of treatment and every six months thereafter for persons served receiving typical antipsychotic medications.

B.6.d.

Although the prescribers appear to verbally obtain informed consent for prescribing of medications, this information is not included in the clinical record. It is recommended that the organization's written procedures ensure documentation or confirmation of informed consent for each medication prescribed, when possible.

B.8.a. through B.8.e.(2)

A.W.A.R.E. is urged to ensure that a documented peer review is conducted at least annually on a representative sample of records of persons for whom prescriptions were provided. The review should assess the appropriateness of each medication, as determined by the needs and preferences of the person served and the efficacy of the medication; determine if the presence of side effects, unusual effects, and contraindications were identified and addressed; and determine whether necessary tests were conducted. Furthermore, this process should identify the use of multiple simultaneous medications and medication interactions.

B.9.a. through B.9.c.

The organization is urged to ensure that the information collected from the peer review process is reported to applicable staff members, used to improve the quality of services provided, and incorporated into the organization's performance improvement system.

C. 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 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 employment and community services, 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 or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary administration of medication, in immediate response to a dangerous behavior, to temporarily subdue a person or manage their 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 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.

Recommendations

There are no recommendations in this area.

D. 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.

Recommendations

There are no recommendations in this area.

Exemplary Conformance

D.3.f.(2)(a)

D.3.f.(2)(b)

A.W.A.R.E. is commended for the development and assistance in obtaining housing and assisting persons in services to purchase homes, while recognizing the persons' abilities and preferences to become homeowners. The program has been lauded by state and national housing authorities featured on local media.

F. Community Housing

Principle Statement

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased, or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for 6 to 12 months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the Intent to Survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

Recommendations

There are no recommendations in this area.

K. Children and Adolescents

Case Management/Services Coordination: Psychosocial Rehabilitation Community Housing: Psychosocial Rehabilitation

Principle Statement

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

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization collects information regarding immunization records from local schools and discusses immunizations with all children entering services, it is suggested that the information obtained on children who are not enrolled in school be clearly noted in the assessment documentation.
-

Standards from the 2009 Behavioral Health Standards Manual were also applied during this survey. The following sections of this report reflect the application of those standards.

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.

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 include over-the-counter or alternative medications provided to the person served as part of the therapeutic treatment/service program. 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.3.d.

E.3.i.

Although the organization has a written procedure for storage of prescribed medication, it does not include the storage and use of samples. The organization should have comprehensive written procedures for safe storage. In addition, although the organization inventories prescribed medications, it is recommended that A.W.A.R.E. have written procedures for inventory of samples.

E.5.i.

It is recommended that the organization have written procedures for documented assessment of abnormal involuntary movements at the initiation of treatment and every six months thereafter for persons served receiving typical antipsychotic medications.

E.6.d.

Although the prescribers appear to verbally obtain informed consent for prescribing of medications, this information is not included in the clinical record. It is recommended that the organization's written procedures ensure documentation or confirmation of informed consent for each medication prescribed, when possible.

E.8.a. through E.8.e.(2)

A.W.A.R.E. is urged to ensure that a documented peer review is conducted at least annually on a representative sample of records of persons for whom prescriptions were provided. The review should assess the appropriateness of each medication, as determined by the needs and preferences of the person served and the efficacy of the medication; determine if the presence of side effects, unusual effects, and contraindications were identified and addressed; and determine whether necessary tests were conducted. Furthermore, this process should identify the use of multiple simultaneous medications and medication interactions.

E.9.a. through E.9.c.

The organization is urged to ensure that the information collected from the peer review process is reported to applicable staff members, used to improve the quality of services provided, and incorporated into the organization's performance improvement system.

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 members 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 physical environment, 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 to 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 or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary administration of medication, in immediate response to a dangerous behavior, to temporarily subdue a person or manage their 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 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

- 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.

FAMILY SERVICES

Core programs in this field category are designed to maintain or improve the quality of life for children, adolescents, or other family members individually or in their relationships with their families, their environments, or other individuals. Core programs in this field category are directed at the reduction of symptoms and/or the improvement of functioning for the person served or family unit.

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.

O. Intensive Family-Based Services

Principle Statement

These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach to treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed toward family restoration when a child has been in an out-of-home placement.

Recommendations

O.2.

The organization is urged to consistently complete all areas of the written assessment describing family functioning.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

A. Children and Adolescents

Intensive Family-Based Services: Family Services

Principle Statement

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

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization collects immunization information on all children during the assessment process, it is suggested that the immunization data on children who are not enrolled in school be clearly identified in the assessment.
-

PROGRAMS/SERVICES BY LOCATION

A.W.A.R.E., Inc.

205 East Park Street
Anaconda, MT 59711

Administrative Location Only

Governance Standards Applied

A.W.A.R.E. Miles City

305 South Fourth
Miles City, MT 59301

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)
Intensive Family-Based Services: Family Services (Children and Adolescents)

A.W.A.R.E. Bozeman

1811 West Koch
Bozeman, MT 59715

Community Services: Family Services

Community Services: Supports for Children with Autism Spectrum Disorder

Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)

Intensive Family-Based Services: Family Services (Children and Adolescents)

A.W.A.R.E. Butte

227 East Mercury Street
Butte, MT 59701

Community Services: Family Services

Community Services: Supports for Children with Autism Spectrum Disorder

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)

Intensive Family-Based Services: Family Services (Children and Adolescents)

Gold Creek

1347 Cottage Circle
Galen, MT 59722

Community Housing: Psychosocial Rehabilitation (Children and Adolescents)

Lost Creek

1346 Cottage Circle
Galen, MT 59722

Community Housing: Psychosocial Rehabilitation (Children and Adolescents)

A.W.A.R.E. Missoula

2300 Regent, Suite 103
Missoula, MT 59801

Community Services: Family Services

Community Services: Supports for Children with Autism Spectrum Disorder

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)

Intensive Family-Based Services: Family Services (Children and Adolescents)

Pintlar

1318 Galen Street
Galen, MT 59722

Community Housing: Psychosocial Rehabilitation (Children and Adolescents)

Washoe

1321 Galen Street
Galen, MT 59722

Community Housing: Psychosocial Rehabilitation (Children and Adolescents)

A.W.A.R.E. Helena

616 Helena Avenue, Suite 305
Helena, MT 59601

Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)

Intensive Family-Based Services: Family Services (Children and Adolescents)

A.W.A.R.E. Kalispell

20 Third Street East
Kalispell, MT 59901

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)

Intensive Family-Based Services: Family Services (Children and Adolescents)

A.W.A.R.E. Great Falls

600 Street Northwest, Suite 4
Great Falls, MT 59404

Community Services: Family Services

Community Services: Supports for Children with Autism Spectrum Disorder

Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)

Intensive Family-Based Services: Family Services (Children and Adolescents)

A.W.A.R.E. Dillon

610 North Montana
Dillon, MT 59725

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)
Intensive Family-Based Services: Family Services (Children and Adolescents)

Georgetown Center

1400 Lighthouse Lane
Deer Lodge, MT 59722

Community Services: Child and Youth Services

Mount Powell

1362 Galen Street
Galen, MT 59722

Community Housing: Psychosocial Rehabilitation (Children and Adolescents)

A.W.A.R.E. Livingston

326 Main Street, Suite A
Livingston, MT 59047

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)
Intensive Family-Based Services: Family Services (Children and Adolescents)

Mercury House

246 East Mercury Street
Butte, MT 59701

Community Housing: Psychosocial Rehabilitation (Adults)

Grant Home

520 Grant Avenue
Glendive, MT 59330

Community Housing: Psychosocial Rehabilitation (Adults)

Little Belts

3333 12th Avenue South
Great Falls, MT 59405

Community Housing: Psychosocial Rehabilitation (Adults)

A.W.A.R.E. Anaconda

524 East Park
Anaconda, MT 59711

Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)
Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)
Intensive Family-Based Services: Family Services (Children and Adolescents)

Clark Fork

1354 Lighthouse Lane
Galen, MT 59722

Community Housing: Psychosocial Rehabilitation (Children and Adolescents)

A.W.A.R.E. Billings

1050 South 25th Street West, Suite Two
Billings, MT 59102

Community Services: Child and Youth Services

Community Services: Family Services

Community Services: Supports for Children with Autism Spectrum Disorder

Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents)

Intensive Family-Based Services: Family Services (Children and Adolescents)

Candlelight

115 Candlelight Drive
Bozeman, MT 59718

Community Services: Supports for Children with Autism Spectrum Disorder

Community Housing: Psychosocial Rehabilitation (Children and Adolescents)

Frazer Court

5201 Frazer Court
Missoula, MT 59803

Community Services: Supports for Children with Autism Spectrum Disorder

Community Housing: Psychosocial Rehabilitation (Children and Adolescents)