



SURVEY OUTCOME
Three-Year Accreditation

CARF
Survey Report
for
Outreach
Management
Services, LLC

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Organization

Outreach Management Services, LLC (OMS)
1723 Armstrong Park Drive
Gastonia, NC 28054

Organizational Leadership

Alexander X. Walker, Executive Director

Survey Dates

May 19-20, 2008

Survey Team

Maurice T. Wilson, Ph.D., Administrative Surveyor
Phyllis C. Harris, M.S., CAAP, Program Surveyor

Programs/Services Surveyed

Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)



Survey Outcome

Three-Year Accreditation
Expiration: May 2011

SURVEY SUMMARY

Outreach Management Services, LLC (OMS), has strengths in many areas.

- The facilities are clean, well-kept, and inviting, with a welcoming atmosphere and a comfortable reception area with age-appropriate activities for individuals waiting for services that include a play area for children.
- The staff members are enthusiastic, highly motivated, and well qualified to provide services through trainings, certifications, or licensures.
- OMS is well respected in the community and has earned a reputation for providing quality services for persons who may be considered difficult to treat.
- Persons served praise staff members for addressing their needs in a sensitive, caring manner. Staff members are available by telephone 24 hours per day, seven days per week to assist in emergency situations.
- The board of directors is comprised of members who express a strong commitment to the organization's sustained growth and well-being, and they give willingly of their time, expertise, and financial support to improve service provision.
- OMS is highly respected by payors and referral sources for delivering quality services, especially to persons who are resistant to treatment.
- Although the current administrative management team has been in place less than two years, the visionary and dedicated leadership of the owner and executive director has successfully led OMS through the challenges of organizational establishment.
- Persons served are treated with dignity and respect. This is evidenced by satisfaction ratings and testimonials.
- OMS has implemented a quality improvement process in which input from persons served, personnel, and other stakeholders is systematically collected, analyzed, and reviewed by the quality assurance committee.

In the following areas Outreach Management Services demonstrates exemplary conformance to the standards.

- The owner and executive director of OMS is exemplary in his visionary leadership, strong commitment to optimum service delivery, and service to the community.
- Although normal work hours are Monday through Friday from 8:00 a.m. to 5:00 p.m., the staff, including the executive director, is on call 24 hours per day, 7 days per week to serve a predominately rural clientele. Persons served relay anecdotes of staff members assisting them during times of need, including helping them through personal or familial crises. Several persons served indicate that they consider the staff members "family."

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

On balance, the strengths of OMS are greater than areas for improvement. The organization is led by a bright executive director who has a clear vision for the organization. The senior management team is comprised of licensed and certified professionals who are both experienced and committed to the mission and vision of the organization. OMS has developed and implemented policies and procedures that conform to the CARF standards, which will assist the organization's continued growth and improvement. OMS has made tremendous progress in developing and implementing quality systems, and it appears well-positioned to continue to provide quality services.

Outreach Management Services, LLC has earned a Three-Year Accreditation. The leadership and staff members are congratulated on this accomplishment. They are encouraged to continue to use the CARF standards for continuous quality improvement.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Over the past eight months, OMS has systematically collected information from persons served, personnel, and other stakeholders. It is suggested that the organization take steps to ensure that the information collected is presented to the executive leadership in formats useful for performance improvement; advocacy; and program, strategic, and financial planning.

Criterion B. Accessibility

Principle Statement

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

Key Areas Addressed

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

Recommendations

B.2.a.(6)

Although OMS serves a diverse population with an increasing proportion of Spanish-speaking persons, it has not yet identified how it will address communication barriers to services for persons served who do not speak English. The organization's written accessibility plan should be expanded to fully address the identification of communication barriers. One way the organization might address this issue is by providing Spanish versions of marketing brochures and other organizational materials that describe services provided.

Criterion C. Information Management and Performance Improvement

Principle Statement

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

Key Areas Addressed

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

Recommendations

C.7.a. through C.7.c.

It is recommended that OMS share performance information in formats that are useful to persons served, personnel, and other stakeholders. This could be accomplished by periodically publishing a newsletter for persons served, personnel, and other stakeholders or by developing an annual report that summarizes progress in the areas of finances and customer satisfaction.

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

It is recommended that OMS have a written technology and system plan that includes hardware, software, security, confidentiality, backup policies, assistive technology, disaster recovery preparedness, and virus protection.

C.10.a. through C.10.d.

OMS should assess its use of technology to enhance individual services, improve personnel efficiency and productivity, communicate with stakeholders, and improve services to its isolated populations. This could be especially important with persons served who do not speak English.

Consultation

- OMS has collected data from a variety of sources and presents these data quarterly to the quality assurance committee. An annual analysis could be performed to assess trends, identify areas for improvement, and establish action plans that result in improved program quality.

Criterion D. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Criterion E. Health and Safety

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- OMS has consistently collected critical incident data over the past nine months and reported it quarterly. This information could be used to prepare an annual, written analysis of critical incidents that could identify trends that may negatively affect the organization, and the report could be presented to executive management with recommendations for addressing identified trends.
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Criterion F. Human Resources

Principle Statement

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

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

There are no recommendations in this area.

Criterion G. Leadership

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Exemplary Conformance

G.2.a.

The owner and executive director of OMS is exemplary in his visionary leadership, strong commitment to optimum service delivery, and service to the community.

Consultation

- It is suggested that OMS offer marketing literature with information about service provision and the rights of persons served in Spanish to address communication barriers that may impede service access for persons served who speak little to no English.
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Criterion H. Legal Requirements

Principle Statement

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

Criterion I. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

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

- Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

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

A. Program Structure and Staffing

Principle Statement

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

Key Areas Addressed

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

- Relevant education
 - Clinical supervision
 - Family participation encouraged
-

Recommendations

There are no recommendations in this area.

B. Screening and Access to Services

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

C. Individual Plan

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

D. Transition/Recovery Support Services

Principle Statement

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

The discharge plan is a clinical document that includes information about the person's progress in recovery, describes the completion of goals, services, and reasons for discharge. This document is prepared when the person leaves services for any reason (against medical advice, no show, infringement of program rules, etc.).

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

E. Pharmacotherapy

Principle Statement

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

F. Seclusion and Restraint

Principle Statement

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

H. Quality Records Review

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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.

B. Assessment and Referral

Principle Statement

Assessment and referral programs provide a variety of activities, including prescreening, screening, psychosocial assessment, determination of need, and referral to appropriate level of care. The provision of information on available resources is not considered a full assessment and referral program. An adequate assessment must be conducted to provide more informed referrals.

Such programs may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Organizations performing assessment and referral as a routine function of entrance into other core programs, such as their outpatient treatment, case management, or residential programs, are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

Recommendations

B.2.e.(1)

OMS should implement a method to determine if services were assessed by persons served.

B.2.e.(2)

It is recommended that OMS provide follow-up services on persons served who were referred to other agencies for service.

B.3.

It is recommended that OMS provide a written summary of the assessment and referrals to the person served or his or her legal representative.

C. Case Management/Services Coordination

Principle Statement

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

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

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

Recommendations

There are no recommendations in this area.

Exemplary Conformance

C.3.c.

Although normal work hours are Monday through Friday from 8:00 a.m. to 5:00 p.m., the staff, including the executive director, is on call 24 hours per day, 7 days per week to serve a predominately rural clientele. Persons served relay anecdotes of staff members assisting them during times of need, including helping them through personal or familial crises. Several persons served indicate that they consider the staff members “family.”

Q. 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.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

A. Children and Adolescents

Assessment and Referral: Mental Health
Case Management/Services Coordination: Mental Health
Outpatient Treatment: Mental Health

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

A.1.h.

It is recommended that immunization records be included in the assessments of persons served.

Consultation

- It is suggested that the clinical assessment be consistently signed by the person served or a legal representative. None of the assessment forms reviewed have signature lines.
 - It may be beneficial for the staff member who completes the intake assessment to sign it.
-