

**CARF Accreditation Report
for
Phoenix Resource Center, Inc.

Three-Year Accreditation**



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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Phoenix Resource Center, Inc.
85 Tyus Carrollton Road
Carrollton, GA 30117

Organizational Leadership

Allison Pressley, MEd, Co-Founder
Deborah Stewart, LPC, Co-Founder
Elizabeth Reaves, MEd, LPC, NCC, Program Director

Survey Number

161579

Survey Date(s)

September 29, 2022–September 30, 2022

Surveyor(s)

Thomas R. Alf, LICSW, CPRP, Administrative
Karen Busha, DCC, LPCS, PhD, Program

Program(s)/Service(s) Surveyed

Outpatient Treatment: Family Services (Adults)
Outpatient Treatment: Family Services (Children and Adolescents)

Previous Survey

September 12, 2019–September 13, 2019
Three-Year Accreditation

Accreditation Decision**Three-Year Accreditation**

Expiration: October 31, 2025

Executive Summary

This report contains the findings of CARF's site survey of Phoenix Resource Center, Inc. conducted September 29, 2022–September 30, 2022. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Phoenix Resource Center, Inc. demonstrated substantial conformance to the standards. Phoenix Resource Center, Inc. (PRC) is highly regarded and respected by stakeholders and the community. The organization demonstrates good corporate citizenship through proactive involvement in activities that benefit the entire community. The organization embraces well-established evidence-based practices and takes a holistic approach to treatment and service delivery. Skilled and highly dedicated staff members deliver individualized services with a team ethic. PRC actively embraces the use of technology to optimize its services and to enhance the lives of the persons served. Its facility is conducive to the behavioral services provided and populations served. Persons served and other stakeholders, including referral sources, were highly complimentary of the organization, its services, and the staff members. The persons served had many positive remarks regarding how the organization has helped them. PRC incorporates the CARF standards in its day-to-day service delivery practices and business functions. Opportunities for improvement are noted in the areas of leadership, health and safety, accessibility, performance measurement and management, performance improvement, program/service structure, and quality records management. The receptivity of the leadership and staff members to the feedback provided during this survey instills confidence that PRC possesses the willingness and capacity to bring it into full conformance to the standards.

Phoenix Resource Center, Inc. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Phoenix Resource Center, Inc. is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Phoenix Resource Center, Inc. has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Phoenix Resource Center, Inc. was conducted by the following CARF surveyor(s):

- Thomas R. Alf, LICSW, CPRP, Administrative
- Karen Busha, DCC, LPCS, PhD, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Phoenix Resource Center, Inc. and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Outpatient Treatment: Family Services (Adults)
- Outpatient Treatment: Family Services (Children and Adolescents)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Phoenix Resource Center, Inc. demonstrated the following strengths:

- PRC uses a variety of evidence-based practices in person-centered, family-focused treatment. The organization's holistic approach to treatment and services includes supporting persons served to secure housing and other essentials of daily living. It closely coordinates with Georgia's Division of Family & Children Services to support family reunification, and the organization goes above and beyond typical expectations to assist persons served to remove barriers so that they may be reunited with their family members.
- The well-maintained facility features play areas for children that are stocked with age-appropriate toys.

- The skilled staff members are highly motivated and exceptionally enthusiastic about providing excellent services to the persons and families served. An atmosphere of mutual respect and congeniality is noticeable among team members. In fact, the organization refers to its team as the “Phoenix Phamily.” Staff members commented that they feel supported in meaningful ways by their coworkers and the administration. They expressed appreciation for the administration’s flexibility, which contributes to their personal well-being and professional development. The many years of employment longevity of a significant number of staff members promote service consistency for the persons served and stability for the organization.
- PRC is commended for using technology to enhance its programs. For example, QR codes located at the front entrance of its building make it easy for persons served to sign in and access rights policies and the formal complaint process. Persons served also have the option of signing in via a tablet that is available for their convenience.
- PRC is a well-established, vital member of the community it serves. It supports other organizations in addition to its own persons served and staff members. For example, the organization hosts a special party each year for the women and children residing at a local women’s shelter. It also provides clothing essentials to the men’s shelter. Furthermore, the organization sponsors an annual dog show to support the local humane society and donates gifts and money to children in the community for Christmas gifts. PRC also hosts an annual fish fry and celebrates holidays and birthdays. Staff members are free to use the organization’s facilities for personal celebrations.
- Persons served stated that they are highly satisfied with the services they receive from PRC. They commented that staff members are caring, easily accessible, and diligent in meeting them where they are in the treatment process and at days and times that are convenient for their families. Without exception, the persons served commented that the organization has been an invaluable asset to their families and that they would highly recommend it to others.
- Referral sources praised the assessments completed by PRC’s staff, which they described as being very thorough and of high quality. They also were highly complimentary regarding the organization’s staff members and management, particularly their consistent availability to provide assistance, even after normal working hours.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

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 and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

1.A.3.c.

1.A.3.g.

The identified leadership is urged to comprehensively guide achievement of outcomes in the programs and services offered and ongoing performance improvement.

1.A.6.a.(3)

1.A.6.a.(6)(e)

1.A.6.a.(10)(a)

1.A.6.a.(10)(b)

1.A.6.a.(10)(c)

1.A.6.a.(10)(d)

It is recommended that corporate responsibility efforts include written ethical codes of conduct in the areas of contractual relationships; service delivery, including witnessing of legal documents; and prohibition of waste, fraud, abuse, and other wrongdoing.

1.A.7.b.

As an organization in the United States receiving federal funding, PRC should demonstrate corporate compliance through implementation of written procedures that address exclusion of individuals and entities from federally funded healthcare programs.

1.C. Strategic Planning

Description

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

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and 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

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

1.H.11.b.(1)

1.H.11.b.(2)

1.H.11.b.(3)

1.H.11.b.(4)

1.H.11.b.(5)

1.H.11.b.(6)

1.H.11.b.(7)

1.H.11.b.(8)

1.H.11.b.(9)

1.H.11.b.(10)

The annual written analysis of all critical incidents should consistently address causes, trends, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, necessary education and training of personnel, prevention of recurrence, internal reporting requirements, and external reporting requirements.

Consultation

- Although all types of critical incidents listed in the associated CARF standard were addressed in the organization's written critical incident procedures, some were not listed on its critical incident report form. It is suggested that all incident types listed in the CARF standards also be listed on the form.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

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

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

1.L.1.a.(1)

1.L.1.a.(2)

1.L.1.a.(3)

1.L.1.b.(7)

The organization's leadership is urged to comprehensively assess the accessibility needs of persons served, personnel, and other stakeholders and implement an ongoing process for identification of barriers in the area of technology.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

1.M.1.a.

The leadership is urged to fully demonstrate accountability for performance measurement and management in service delivery.

1.M.3.a.(2)(a)

1.M.3.a.(2)(b)

1.M.3.a.(2)(c)

1.M.3.a.(2)(d)

1.M.3.a.(2)(e)

It is recommended that the performance measurement and management plan be expanded to address identification of measures for service delivery objectives for each program/service seeking accreditation, including results achieved for the persons served (effectiveness), resources used to achieve results for the persons served (efficiency), and service access. In addition, the plan should comprehensively address, for each program/service seeking accreditation, identification of measures for service delivery objectives regarding experience of services received and other feedback from the persons served and experience of services and other feedback from other stakeholders.

1.M.4.a.

1.M.4.b.(1)

1.M.4.b.(2)

1.M.4.b.(3)

1.M.4.b.(4)

1.M.4.b.(5)

To measure its results achieved for the persons served (effectiveness), it is recommended that each program/service seeking accreditation document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.5.a.

1.M.5.b.(1)

1.M.5.b.(2)

1.M.5.b.(3)

1.M.5.b.(4)

1.M.5.b.(5)

To measure experience of services received and other feedback from the persons served, it is recommended that each program/service seeking accreditation consistently document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.6.a.

1.M.6.b.(1)

1.M.6.b.(2)

1.M.6.b.(3)

1.M.6.b.(4)

1.M.6.b.(5)

To measure experience of services and other feedback from other stakeholders, it is recommended that each program/service seeking accreditation consistently document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.7.a.

1.M.7.b.(1)

1.M.7.b.(2)

1.M.7.b.(3)

1.M.7.b.(4)

1.M.7.b.(5)

To measure the resources used to achieve results for the persons served (efficiency), it is recommended that each program/service seeking accreditation document an objective(s) and a performance indicator(s), including to whom or what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.8.a.

1.M.8.b.(1)

1.M.8.b.(2)

1.M.8.b.(3)

1.M.8.b.(4)

1.M.8.b.(5)

To measure service access, it is recommended that each program/service seeking accreditation document an objective(s) and a performance indicator(s), including to whom or what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

1.N.1.c.(4)

1.N.1.c.(5)

1.N.1.d.(1)

1.N.1.d.(2)

1.N.1.e.(1)

1.N.1.e.(2)

1.N.1.e.(3)

1.N.1.f.(1)

1.N.1.f.(2)

1.N.1.f.(3)

1.N.1.f.(4)

Following implementation of comprehensive service delivery objectives and performance indicators, the documented analysis of service delivery performance should address service delivery indicators for each program/service seeking accreditation, including results achieved for the persons served (effectiveness), experience of services received and other feedback from the persons served, experience of services and other feedback from other stakeholders, resources used to achieve results for the persons served (efficiency), and service access. The analysis should also comprehensively incorporate the characteristics of the persons served and impact of extenuating or influencing factors; include comparative analysis and identification of trends and causes; and be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

1.N.3.a.

1.N.3.b.(1)

1.N.3.c.

The results of performance analysis should be used to comprehensively improve the quality of programs and services, facilitate organizational decision making regarding service delivery, and guide changes to the performance measurement and management plan.

Section 2. General Program Standards

Description

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.

2.A. Program/Service Structure

Description

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

2.A.26.b.(1)

2.A.26.b.(2)

2.A.26.b.(3)

2.A.26.b.(4)

2.A.26.b.(5)

2.A.26.b.(6)

2.A.26.b.(7)

2.A.26.b.(8)

PRC provides ongoing supervision of clinical personnel that is documented; however, ongoing supervision of clinical or direct service personnel should address accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each person served; treatment/service effectiveness as reflected by the person served meeting goals identified in the person-centered plan; risk factors for suicide and other dangerous behaviors; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices. The organization might consider revising its clinical supervision form to include all elements of the associated CARF standard to assist clinical supervisors in preparing for and documenting supervision.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, family or significant others, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.

- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

There are no recommendations in this area.

2.C. Person-Centered Plan

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

Recommendations

There are no recommendations in this area.

2.D. Transition/Discharge

Description

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

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

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

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

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
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

The organization implements 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

2.H.1.b.(1)

2.H.1.b.(2)

2.H.1.b.(3)

2.H.1.b.(4)

Although the program conducts a documented review of the services provided at least quarterly, it is recommended that the documented review of the services provided be expanded to address, as evidenced by the record of the person served, the quality of service delivery; appropriateness of services; patterns of service utilization; and model fidelity, when an evidence-based practice is identified. It is suggested that guidance for staff members reflecting the elements of this standard be added to the organization's chart audit tool to facilitate conformance.

2.I. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in remote settings.

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of professionals such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, rehabilitation engineers, assistive technologists, and teachers.
- Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.
 - Schools, work sites, libraries, community centers, and other community settings.
 - Congregate living, individual homes, and other residential settings.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others.

- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

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.

3.O. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. 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, and substance use disorders and other addictive behaviors.

Key Areas Addressed

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

Description

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.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Phoenix Resource Center, Inc.

85 Tyus Carrollton Road
Carrollton, GA 30117

Outpatient Treatment: Family Services (Adults)

Outpatient Treatment: Family Services (Children and Adolescents)