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March 10, 2016

Karen B. Beck, B.S.N.
Anderson Oconee Behavioral Health Services
226 McGee Road
Anderson, SC 29625

Dear Mrs. Beck:

It is my pleasure to inform you that Anderson Oconee Behavioral Health Services has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s):

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Prevention: Alcohol and Other Drugs/Addictions (Adults)
Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)

This accreditation will extend through March 31, 2019. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The survey report is intended to support a continuation of the quality improvement of your organization's program(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A quality improvement plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (*customerconnect.carf.org*), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Shanna Lawson by email at slawson@carf.org or telephone at (888) 281-6531, extension 7189.

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

Brian J. Boon, Ph.D.

Brian J. Boon, Ph.D.
President/CEO

Enclosures

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CARF Survey Report for Anderson Oconee Behavioral Health Services

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Organization

Anderson Oconee Behavioral
Health Services (AOBHS)
226 McGee Road
Anderson, SC 29625

Organizational Leadership

Karen B. Beck, B.S.N.
Executive Director

Jere E. DuBois
Chairperson

Joanne O. Houston, LPC, CACII
Privacy Officer, Corporate Compliance

Survey Dates

February 22-23, 2016

Survey Team

Deanna L. Janus, M.S., Administrative Surveyor

Jerilynn Stegman, M.A., MFTI, RAS, Program Surveyor

Programs/Services Surveyed

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Prevention: Alcohol and Other Drugs/Addictions (Adults)
Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Previous Survey

January 28-29, 2013
Three-Year Accreditation

Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: March 31, 2019

SURVEY SUMMARY

Anderson Oconee Behavioral Health Services (AOBHS) has strengths in many areas.

- The organization is highly regarded by its referral sources for providing high-quality services that make a positive impact on the lives of the persons served.
- AOBHS has a clear mission that drives service delivery and is embraced by the organization's leadership team.
- AOBHS provides an extensive and through orientation and ongoing training program to its staff members and supports them in attending additional outside conferences and training opportunities.
- The CEO is a highly skilled leader who has guided the organization in the development of programs and collaborative relationships throughout the community. The organization has strong, dedicated administrative team members who are committed to the mission and values of the organization.
- AOBHS has successfully transitioned to a fully paperless system of recordkeeping.
- The organization offers a warm, welcoming, and professional environment. It is clean, safe, and comfortable.
- The organization has a comprehensive system for supervision. The organization clearly places a great deal of emphasis on supervision and allows time for supervision of its clinical staff members.
- The clinical staff members are passionate about their work and the services they provide. Senior clinical staff members are knowledgeable and committed to using evidence-based best practice treatments.

AOBHS 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, AOBHS demonstrates substantial conformance to the CARF standards and displays a focused commitment to utilize them to ensure continuous quality improvement. AOBHS is dedicated to meeting the needs of the clients. The well-being of the clients is protected and they report that they are treated with dignity and respect. The staff members are caring, committed, and invested in the treatment provided. The clients and other stakeholders express a great deal of satisfaction with the staff members and their ongoing dedication and availability. The organization has established itself as a valuable asset to the local community. This organization is considered a primary resource for treatment substance use disorders. The organization has highly qualified leadership team members who have been employed by the organization for many years. The AOBHS board and staff members believe in the mission of the organization and are enthusiastic about making necessary changes in the areas that should be addressed. There are opportunities for improvement in the areas of health and safety, human resources, technology, and program structure. The organization demonstrates the willingness and ability to use its resources to address these areas.

Anderson Oconee Behavioral Health Services has earned a Three-Year Accreditation. The leadership and staff members are congratulated on this achievement and their efforts to provide quality services. They are encouraged to continue using the CARF standards to guide them in ongoing quality improvement.

SECTION 1. ASPIRE TO EXCELLENCE®

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the policy on ethical codes of conduct be updated to more clearly specify that allegations of violations are addressed through grievance procedures.

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

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

Recommendations

There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

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

- 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

Description

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

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 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

F.3.c.

It is recommended that AOBHS review its actual financial results monthly.

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

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

Recommendations

There are no recommendations in this area.

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

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

H.7.c.(1) through H.7.d.

It is recommended that unannounced tests of all emergency procedures be analyzed in writing for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. It is suggested that the form used to document tests of emergency procedures be revised to include prompts for this information.

Consultation

- It is suggested that the evacuation procedures be updated to clearly identify the person responsible for the emergency information during an emergency evacuation, including the 3 by 5 index card box of emergency personnel information and a tablet to access client information in the electronic health record.

- Although the actions taken to respond to the recommendations of external inspections are on the reports, they are difficult to find in some cases. It is suggested that the organization also document these actions as a routine part of health and safety committee meetings.

I. Human Resources

Description

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

Key Areas Addressed

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

Recommendations

I.6.b.(4)(a)

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

It is recommended that performance evaluations for all personnel directly employed by the organization be used to assess performance related to objectives established in the last evaluation period and to establish measurable performance objectives for the next year.

Consultation

- It is suggested that AOBHS track trends in turnover in a more planned manner and include goals in the performance improvement plan to address the trends that have been identified.

J. Technology

Description

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
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

J.1.a.(1)
J.1.a.(2)
J.1.a.(6)
J.1.a.(8) through J.1.d.

It is recommended that the organization include hardware, software, assistive technology, and virus protection in its technology and system plan. The plan should support information management and performance improvement activities for service delivery and business functions. It is further recommended that the plan be reviewed annually and updated as needed.

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

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

Recommendations

There are no recommendations in this area.

L. Accessibility

Description

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

Key Areas Addressed

- Written accessibility plan(s)
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Description

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

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

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.

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

A.1.a.(6) through A.1.a.(8)

It is recommended that the organization document payer sources, fees, and referral sources regarding its scope of services.

A.5.

The organization should implement procedures that address unanticipated service modification, reduction, or transitions precipitated by funding or other resource issues.

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 his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material; and from various sources, including the person served, his or her family or significant others, or from external resources.

Key Areas Addressed

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

Recommendations

B.14.t.

It is recommended that the assessment process include information about the person's advance directives, when applicable.

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

Key Areas Addressed

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

Recommendations

C.1.c.(1) through C.1.c.(4)

It is recommended that written person-centered plans be based on the person's strengths, needs, abilities, and preferences.

C.2.a.(1)

It is recommended that all person-centered plans include goals that are expressed in the words of the persons served.

C.5.a.

It is recommended that the person-centered plans consistently address concurrent disorders or disabilities and/or comorbidities in an integrated manner.

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 person served when he or she moves to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the 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.

E. Medication Use

Description

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

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self administered by the person served.

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

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

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

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

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

Recommendations

E.2.b.(7)
E.2.b.(11) through E.2.b.(13)
E.2.b.(16)

It is recommended that training and education regarding medications include risks associated with pregnancy, early signs of relapse related to medication efficacy, signs of nonadherence to medication prescriptions, potential drug reactions when combining prescription and nonprescription medications, and the availability of financial supports and resources to assist the persons served with handling the costs associated with medications.

F. Nonviolent Practices

Description

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

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

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

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

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

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to self, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

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

Recommendations

There are no recommendations in this area.

H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

H.4.e.

It is recommended that the records reviews address whether the actual services were related to the goals and objectives in the person's plan.

SECTION 3. BEHAVIORAL HEALTH CORE 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.

ALCOHOL AND OTHER DRUGS/ADDICTIONS

Core programs in this field category are designed to provide services for persons who have or are at risk of having harmful involvement with alcohol or other drugs/addictions. These programs use a team approach to minimize the effects and risks associated with alcohol, other drugs, or other addictions.

Q. Outpatient Programs

Intensive Outpatient Treatment

Description

Intensive outpatient treatment programs are clearly identified as separate and distinct programs that provide culturally and linguistically appropriate services. The intensive outpatient program consists of a scheduled series of sessions appropriate to the person-centered plans of the persons served. These may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as a step-down program from partial hospitalization, detoxification, or residential services; may be used to prevent or minimize the need for a more intensive level of treatment; and is considered to be more intensive than traditional outpatient services.

Outpatient Treatment

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.

Recommendations

There are no recommendations in this area.

S. Prevention

Description

Prevention programs are proactive and evidence based/evidence informed, striving to reduce individual, family, and environmental risk factors; increase resiliency; enhance protective factors; and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse or neglect, exposure to or experience of violence in the home and community; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings.

Organizations may provide one or more of the following types of prevention programs, categorized according to the population for which they are designed:

- *Universal* programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.
- *Selected* programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors.

  Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.
- *Training* programs provide curriculum-based instruction to active or future personnel in human services programs.

  Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

- Personnel qualifications
- Public awareness
- Appropriate program activities
- Program strategies

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

B. Children and Adolescents

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.

Recommendations

B.1.p.

It is recommended that the assessments of each child or adolescent served include information on his or her parental/guardian custodial status.

PROGRAMS/SERVICES BY LOCATION

Anderson Oconee Behavioral Health Services

226 McGee Road
Anderson, SC 29625

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
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Anderson Oconee Behavioral Health Services

691 South Oak Street
Seneca, SC 29678

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
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GUIDELINES FOR SUBMITTING A QUALITY IMPROVEMENT PLAN

Attached is a form for your use in submitting a quality improvement plan (QIP). Quality improvement efforts are regarded by CARF as integral and critical facets of the accreditation process. Guidelines for completing the form are as follows:

1. Respond to all items listed as **Recommendations** in the body of the survey report. You need not respond to consultative points or suggestions made in other paragraphs.

2. Identify each recommendation standard number as it is listed in your Survey Report (for example, E.2.a). Follow with a brief response that indicates the steps that have been taken or are being taken to address the recommendation. Indicate estimated dates for completion of "in process" items, where appropriate. Do not repeat the wording of the recommendation from the survey report in your QIP.

3. Do not include any copies of your organization's forms, policies, procedures, memos, pamphlets, documents, or other attachments with the QIP. CARF will only review your written response to each recommendation.

Upon receipt of the QIP, CARF will review your progress toward addressing the recommendations and acknowledge the plan in a letter to your operational leadership. The QIP will be included in the packet of materials sent to the next survey team. During the next survey visit the team will review this further to make the determination whether the actions you have taken have brought your organization into conformance to the standards. Additional information concerning the interpretation of specific standards is available by calling the CARF office.

Please note that the submission of a QIP within 90 days (45 days for a preliminary survey) following your initial notice of accreditation is a CARF Accreditation Condition and is required to maintain accredited status. For more information refer to the Accreditation Conditions in the current standards manual.

We encourage you to approach the completion of the QIP as an additional opportunity to enhance the quality, value, and outcomes of your services. If you would like further assistance, please do not hesitate to contact us toll free at (888) 281-6531.

Please send the completed QIP electronically to asc@carf.org.

If you are unable to submit the QIP electronically, you may send the completed plan via regular mail to the Tucson, Arizona, office or fax it to (520) 495-7080.

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

QUALITY IMPROVEMENT PLAN

BH

Company ID Number: 20358

Survey Number: 82264

Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: 3/31/2019
Survey Date(s): 2/22/2016 through 2/23/2016

Anderson Oconee Behavioral Health Services
226 McGee Road
Anderson, SC 29625
US

Return to CARF by 6/10/2016

Completed by (Name): _____ Date Completed: _____

Job Title: _____

Standard Number for Recommendation	Action to be Taken	Completion Date (Actual or Estimated)

(Please make additional copies of this form as needed)