CARF Accreditation Report

for

ShareHouse, Inc.

Three-Year Accreditation

CARF International Headquarters
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Contents

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 an on-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

ShareHouse, Inc.
4227 9th Avenue South
Fargo, ND 58103

Organizational Leadership

Roberta J. Griffin-Stinson, MS, MAC, LAC, LADC, LAT, Chief Compliance Officer
Tyrel J. Hegland, President/CEO

Survey Number

103291

Survey Date(s)

August 19, 2019–August 21, 2019

Surveyor(s)

Ruby E. Nicholson, RHIT, Administrative
Charles A. Dillon, PhD, Program

Program(s)/Service(s) Surveyed

Community Housing: Alcohol and Other Drugs/Addictions (Adults)
Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Partial Hospitalization: Alcohol and Other Drugs/Addictions (Adults)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
Governance Standards Applied

Accreditation Decision

Three-Year Accreditation
Expiration: August 31, 2022

Executive Summary

This report contains the findings of CARF's on-site survey of ShareHouse, Inc. conducted August 19, 2019–August 21, 2019. 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, ShareHouse, Inc. demonstrated substantial conformance to the standards. It is evident that the organization's leadership and direct service personnel are committed to providing quality services aimed at improving the lives of the persons served. External stakeholders as well as persons served comment on how staff members of the organization have helped individuals change their lives by giving them a safe place to live and quality recovery services. Leadership members are present and approachable by persons served, family members, staff members, and other stakeholders. The organization's board of directors is dedicated to the mission of ShareHouse and understands its role in oversight of the organization. Opportunities for improvement noted in the recommendations in this report include enhancing governance policies, financial planning and management, tests of emergency procedures on all shifts, semiannual health and safety self-inspections, workforce development and management, technology, policies that promote rights of persons served, performance measurement and management, performance analysis, clinical supervision, the assessment process, and person-centered planning. ShareHouse has the desire and resources needed to address the recommendations in this report, and the leadership, staff members, and board of directors are urged to do so and encouraged to continue to use the CARF standards to further their commitment to quality improvement.

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

ShareHouse, 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 ShareHouse, Inc. was conducted by the following CARF surveyor(s):

- Ruby E. Nicholson, RHIT, Administrative
- Charles A. Dillon, 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 ShareHouse, 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):

- Community Housing: Alcohol and Other Drugs/Addictions (Adults)
- Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
- Partial Hospitalization: Alcohol and Other Drugs/Addictions (Adults)
- Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
- *Governance Standards Applied*

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 on-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 ShareHouse, Inc. demonstrated the following strengths:

- The executive director provides outstanding leadership. He is considered approachable by staff and has led the organization to innovative and effective modifications in services that help ShareHouse adjust to the changing funding and treatment requirements. The high standards set by leadership have helped improve the organization, and this is greatly appreciated by the staff and board members.

- ShareHouse has a strong leadership and management team that is mission driven, proactive in addressing trends that impact the organization, and committed to the delivery of quality services. Executive management clearly demonstrates its commitment to the mission and principles it has established by incorporating feedback, using accurate data, becoming more financially secure, and providing quality services. The leadership of the organization is future oriented and looking to expand services in the community and in the state. External stakeholders as well as board members and personnel commented on how leadership and management really care about them and the persons served.
- An active, involved board of directors has demonstrated commitment to the organization over a long period of time.
- The organization has a reputation in the community for good clinical work, as evidenced by comments from external stakeholders. Referral sources particularly appreciate the timely follow-up provided by managers when there are questions or concerns regarding referrals.
- ShareHouse has well-maintained and attractive facilities that provide a safe, therapeutic, and healthy environment for persons served and staff members of the organization.
- ShareHouse has an extensive and well-thought-out emergency plan.
- The organization has provided a computer room for persons served that affords them the opportunity to search for employment while going through their recovery process.
- ShareHouse has brought together a clinical and management team that is held in high regard by the local professional community as well as by external stakeholders.
- Staff members at all levels of ShareHouse are committed to the organization's mission and take appropriate pride in their strong, well-organized, and person-centered services. The organization has dedicated staff members who are responsive to the needs of the persons served, and there is noticeable commitment to improving the quality of the lives of the persons served. This commitment is apparent throughout the organization.
- There are strong and positive lines of communication within the organization that are based on a sense of trust, respect, and appreciation that extend both upward from direct service staff and downward from supervisory and management level staff. One manager conveyed this in a statement that summarized the feelings of every manager interviewed during the survey: "They are not my staff. They are my coworkers." Direct service staff members appreciated the expertise of their supervisors and reported feeling comfortable seeking them out for guidance whenever they felt a need. They noted that this sense of mutual respect and trust also extended to their peers and that they always felt comfortable leaning on the special skills each of their colleagues could provide. Additionally, the good communication facilitates an effective transfer of innovative ideas and the resolution of issues. It provides the foundation for a healthy corporate culture.
- Referral sources, external stakeholders, and persons served all complimented the organization for its responsiveness to referrals through its rapid and easily accessed screening and intake. They noted that phone calls were consistently responded to quickly and that the Tuesday walk-in procedure allowed for speedy admissions. Despite the fact that on any given day the programs might be full, every effort was made to admit people in the shortest possible time, and the wait time was always surprisingly short, especially when compared with other service providers.
- Persons served spoke positively about their interactions with staff, saying that they are always treated with respect and that they never feel judged. For many, this is a new experience that increases their sense of self-worth and gives them hope that they can trust themselves to change and improve their lives. Persons served feel safe and are not reluctant to come back to ShareHouse when a relapse occurs.
- The organization effectively uses the American Society of Addiction Medicine (ASAM) criteria to guide its assessments and treatment. It was obvious that everyone was well trained and comfortable using these criteria as an aid for both developing and implementing treatment plans.

- ShareHouse is one of the few programs in the state that specifically offers services to treat co-occurring mental health issues. As noted by both the clinical staff and the persons served, this frequently helped relieve some of the triggers that had caused drug relapses in the past and improved the ability of persons served to effectively cope with emotional and cognitive issues in the future.
- The consistent implementation of a person-centered philosophy has helped many persons served achieve levels of self-respect and personal dignity that go beyond anything they had expected or even thought possible prior to receiving ShareHouse services.
- Being on the border of another state, the organization utilizes various assessment tools that allow for the complete integration of persons served from Minnesota into the full spectrum of available ShareHouse services. It has also developed excellent working relations with service providers in the neighboring state that facilitate ease of access and referrals to ShareHouse.
- The medical director freely contributes his time to supervise the partial hospitalization program and other services.

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.6.b.(2)(a)
1.A.6.b.(2)(b)
ShareHouse should include in the written procedures for dealing with allegations of violations of ethical codes timeframes that are adequate for prompt consideration and result in timely decisions.

1.A.7.c.(1)
Although the organization has identified an individual to serve as the compliance officer, this has not been documented. It is recommended that the organization document the designation of its compliance officer. The individual's job description could include this documentation.

1.B. Governance (Optional)

Description

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

Key Areas Addressed

■ Ethical, active, and accountable governance
■ Board selection, orientation, development, leadership, structure, and performance
■ Linkage between governance and executive leadership
■ Board meetings and committee work
■ Executive leadership development, evaluation, and compensation

Recommendations

1.B.2.g.(3)
1.B.2.g.(4)
Although a self-assessment has been developed for the board, it has not been implemented. It is recommended that governance policies address self-assessment of the entire board at least annually and periodic self-assessment of individual members.

1.B.5.a.(1)
1.B.5.a.(2)
1.B.5.a.(3)
1.B.5.a.(4)
1.B.5.a.(5)
Governance policies addressing executive leadership development and evaluation should include, at least annually, a formal written review of executive leadership's performance in relation to overall corporate performance versus target, individual performance versus target, professional development, professional accomplishments, and professional opportunities.

1.B.6.c.(1)
1.B.6.c.(2)
1.B.6.c.(3)
1.B.6.c.(4)
Governance policies addressing executive compensation should include defined total compensation mix, up to and including, as warranted, base pay, incentive plans, benefit plans, and perquisites.

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.

Consultation

- It is suggested that the goals of the strategic plan be prioritized.

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
■ Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the analysis of input obtained provide a future reference point for ongoing planning.

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

1.E.2.b.
1.E.2.c.
1.E.2.d.
It is recommended that ShareHouse implement written procedures to guide personnel in responding to search warrants, investigations, and other legal action.

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
■ Safeguarding funds of persons served, if applicable
■ Review/audit of financial statements

Recommendations

1.F.3.a.
1.F.3.b.(1)
1.F.3.b.(2)
1.F.3.b.(3)
1.F.3.c.
Although actual financial results are being reviewed semiannually, it is recommended that the organization review financial results compared to budget at least monthly and report these results, as appropriate, to personnel, persons served, and other stakeholders.

1.F.8.b.(1)
1.F.8.b.(2)
1.F.8.b.(3)
Fee structures have not been reviewed in several years. ShareHouse should demonstrate review of fee structures, comparison of fee structures, and modifications when necessary as part of its financial management.

Consultation

- It is suggested that ongoing training for personnel regarding changes in billing procedures be documented.

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

1.G.1.a.(2)
It is recommended that the risk management plan include an analysis of loss exposures. Risks identified could determine potential frequency and severity.

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

■ Competency-based training on safety procedures and practices
■ Emergency procedures
■ Access to first aid and emergency information
■ Critical incidents
■ Infection control
■ Health and safety inspections

Recommendations

1.H.7.a.(1)
1.H.7.a.(2)
1.H.7.b.
1.H.7.c.(1)
1.H.7.c.(2)
1.H.7.c.(3)
1.H.7.c.(4)
1.H.7.d.
ShareHouse should ensure that an unannounced test of each emergency procedure is conducted at least annually on each shift at each location. The tests should include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill. The tests should be analyzed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. The tests should be evidenced in writing, including the analysis.

1.H.9.e.
It is recommended that the organization implement written procedures regarding critical incidents that include timely debriefings conducted following critical incidents. Specific timeframes could be included in which a timely debriefing would be held.

1.H.14.a.
1.H.14.b.(1)
1.H.14.b.(2)
1.H.14.b.(3)
ShareHouse should ensure that comprehensive health and safety self-inspections are conducted at least semiannually on each shift. The self-inspections should result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

Consultation

- The organization might want to consider identifying trainings that are being used for a specific topic (e.g., active shooter for workplace violence, de-escalating techniques for reducing physical risks, certified nursing assistant training for medication management, etc.).
- The organization might want to consider having a first aid kit on each level of the housing programs.
- It is suggested that the written procedures identify the means by which hazardous materials are disposed.

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 background/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

1.I.3.c.
It is recommended that written job descriptions be reviewed and updated to reflect the actual duties of personnel as changes in duties occur.

1.I.4.a.(1)(a)
1.I.4.a.(2)(a)
1.I.4.a.(2)(b)
1.I.4.b.(1)
1.I.4.b.(2)
Although ShareHouse has a process for background checks, this is not in writing. It is recommended that the organization develop written procedures for criminal background checks. There is an online review for credentials; however, there are no written procedures for this process. It is recommended that the organization develop a written procedure for verification of credentials with primary sources and, when applicable, in other states/jurisdictions where the workforce will deliver services. The organization should also include in the written procedures actions to be taken in response to information received concerning background checks and credentials verification.

1.I.5.a.(5)
1.I.5.a.(6)
It is recommended that onboarding and engagement activities include orientation that addresses the organization's risk management plan and strategic plan.

1.I.7.b.
1.I.7.d.
Workforce development activities should include assessment of competencies and competency development, including the provision of resources.

1.I.8.b.
1.I.8.f.
1.I.8.h.
It is recommended that ShareHouse implement written procedures for performance appraisal that address the criteria against which people are being appraised, measurable goals, and opportunities for development.

1.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

■ Ongoing assessment of technology and data use
■ Technology and system plan implementation and periodic review
■ Technology policies and procedures
■ Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
■ ICT instruction and training, if applicable
■ Access to ICT information and assistance, if applicable
■ Maintenance of ICT equipment, if applicable
■ Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

1.J.2.b.(2)
It is recommended that the technology and system plan include priorities.

1.J.4.a.
1.J.4.b.(1)
1.J.4.b.(2)
1.J.4.b.(3)
1.J.4.b.(4)
1.J.4.b.(5)
1.J.4.c.
It is recommended that a test of the organization's procedures for business continuity/disaster recovery be conducted at least annually. The test should be analyzed for effectiveness, areas needing improvement, actions to be taken, results of performance plans, and necessary education and training for personnel. The test should be evidenced in writing, including the analysis.

1.J.5.a.
1.J.5.c.(1)
1.J.5.c.(2)
ShareHouse should provide documented initial and ongoing training to personnel on cybersecurity.

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

1.K.1.c.(2)
1.K.1.c.(3)
1.K.1.c.(5)
1.K.1.d.(1)
1.K.1.e.(1)
1.K.1.e.(2)
1.K.1.e.(3)
1.K.1.e.(4)
1.K.1.f.(1)
1.K.1.f.(2)
1.K.1.f.(3)
1.K.1.h.
ShareHouse should implement policies promoting the rights of the persons served that address freedom from financial or other exploitation, retaliation, and neglect; access to information pertinent to the person served in sufficient time to facilitate his/her decision making; informed consent or refusal or expression of choice regarding service delivery, release of information, concurrent services, and composition of service delivery team; access or referral to legal entities for appropriate representation, self-help support services, and advocacy support services; and investigation and resolution of alleged complaints.

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

There are no recommendations in this area.

1.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

■ Data collection
■ Establishment and measurement of performance indicators

Recommendations

1.M.3.c.
1.M.3.d.(2)(b)
The data collected by the organization should allow for comparative analysis. The data collected by the organization should also be used to set written service delivery performance indicators in the area of efficiency of services for each program seeking accreditation.

1.M.6.b.(2)
It is recommended that the organization measure service delivery performance indicators for each program/service seeking accreditation in efficiency of services.

1.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

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organizational decision making
- Communication of performance information

Recommendations

1.N.1.b.(2)(b)
It is recommended that the analysis of service delivery performance indicators in relation to performance targets include the efficiency of services for each program seeking accreditation.

1.N.3.a.(1)
1.N.3.a.(3)
1.N.3.b.(1)
1.N.3.b.(2)
1.N.3.b.(3)
1.N.3.c.
The organization currently shares performance information with personnel and the board; however, it is recommended that accurate performance information be communicated to the persons served and other stakeholders according to the needs of the specific group, including the format, content, and timeliness of the information communicated.

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.24.a.
2.A.24.b.
2.A.24.c.
2.A.24.d.
2.A.24.e.
2.A.24.f.
2.A.24.g.
2.A.24.h.
2.A.24.i.
Although it is clear that extensive clinical supervision is being conducted with all direct service staff, it is not consistently documented. It is recommended that documented ongoing supervision of clinical or direct service personnel address accuracy of assessment and referral skills; 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 his/her individual goals; risk factors for suicide and other dangerous behaviors; provision of feedback that enhances the skills of direct service personnel; 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. It is suggested that ShareHouse utilize its recently developed form for the documentation of supervision.

2.A.25.a.(1)(b)
2.A.25.a.(2)(c)
ShareHouse should implement policies and procedures that address the handling of prescription medication brought into the program by personnel.

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 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

2.B.3.c.(2)
Every person interviewed during the survey knew how admissions are prioritized, but none could find a policy or written procedure that defined this process. It is recommended that the organization implement policies and written procedures that clearly define its already established procedure regarding how admissions are prioritized.

2.B.8.d.(3)
ShareHouse should include education regarding advance directives as part of the orientation process for each person served, when indicated.

2.B.13.h.(2)
2.B.13.q.
2.B.13.r.
2.B.13.t.
The assessment process should include information about the efficacy of the person's previously used medications, literacy level, need for assistive technology in the provision of services, and advance directives.

2.B.14.a.
The assessment process should consistently include the preparation of a written interpretive summary that is based on the assessment data.

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 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

2.C.1.c.(3)
In addition to documenting the person's strengths, needs, and preferences, the written person-centered plan should be based upon the person's abilities.

2.C.2.b.(5)
2.C.2.b.(6)
2.C.2.b.(7)
2.C.2.d.
It is recommended that the person-centered plan include specific service or treatment objectives that are measurable, achievable, and time specific and the frequency of specific interventions, modalities, or services.

2.C.4.a.(1)
2.C.4.a.(2)
2.C.4.b.(1)
2.C.4.b.(2)
2.C.4.b.(3)
2.C.4.b.(4)(a)
2.C.4.b.(4)(b)
2.C.4.b.(5)(a)
2.C.4.b.(5)(b)
2.C.4.b.(6)
When assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan should be completed as soon as possible with the person served that includes triggers; current coping skills; warning signs; actions to be taken to respond to periods of increased emotional pains and restrict access to lethal means; preferred interventions for personal and public safety; and advance directives, when available.

2.C.5.a.
When the person served has concurrent disorders or disabilities and/or comorbidities, the person-centered plan should specifically address these conditions in an integrated manner.

2.C.6.a.(1)(a)
2.C.6.a.(1)(b)
It is recommended that progress notes document progress toward achievement of identified objectives and goals.

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 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

2.D.3.g.(3)
It is recommended that the written transition plan consistently include the abilities of the person served.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. 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, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to his/her own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose 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/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail 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

■ Scope of medication services provided by the program(s) seeking accreditation
■ Education and training provided to direct service personnel at orientation and at least annually
■ Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
■ Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
■ Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
■ Peer review of prescribing practices, if applicable to the program

Recommendations

2.E.2.a.(1)
2.E.2.a.(2)
Although it is recognized that ShareHouse provides adequate medication training to staff members who are responsible for the control of medications, it does not provide it to all direct service staff. It is recommended that all direct service staff receive the required training regarding medications at orientation and at least annually.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, 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.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space 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 only if freedom to leave the segregated room or space is denied.

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 as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
- 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 others.
- Holding a person's hand or arm to safely guide him or her from one area to another or away from another person.
- Security doors designed to prevent elopement or wandering.
- Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

■ Policy addressing how the program will respond to unsafe behaviors of persons served
■ Competency-based training for direct service personnel on the prevention of unsafe behaviors
■ Policies on the program's use of seclusion and restraint, if applicable
■ Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
■ Plan for elimination of the use of seclusion and restraint, if applicable
■ Written procedures regarding orders for and the use of seclusion and restraint, if applicable
■ Review and analysis of the use of seclusion and restraint, if applicable

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

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.M. Intensive Outpatient Treatment (IOP)

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/withdrawal support, 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.

Key Areas Addressed

- Number of contact hours per week
- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

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.

3.P. Partial Hospitalization (PH)

Description

Partial hospitalization programs are time limited, medically supervised programs that offer comprehensive, therapeutically intensive, coordinated, and structured clinical services. Partial hospitalization programs are available at least five days per week but may also offer half-day, weekend, or evening hours. Partial hospitalization programs may be freestanding or part of a broader system but should be identifiable as a distinct program or service line.

A partial hospitalization program consists of a series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency. Partial hospitalization programs are typically designed for persons who are experiencing increased symptomatology, disturbances in behavior, or other conditions that negatively impact the mental or behavioral health of the person served. The program must be able to address the presenting problems in a setting that is not residential or inpatient. Given this, the persons served in partial hospitalization do not pose an immediate risk to themselves or others.

Services are provided for the purpose of diagnostic evaluation; active treatment of a person's condition; or to prevent relapse, hospitalization, or incarceration.

Such a program functions as an alternative to inpatient care, as transitional care following an inpatient stay in lieu of continued hospitalization, as a step-down service, or when the severity of symptoms is such that success in a less acute level of care is tenuous.

Key Areas Addressed

■ Accessible services
■ Education on wellness, recovery, and resiliency
■ Creation of natural supports
■ Community reintegration

Recommendations

3.P.9.a.(1)(a)
It is recommended that an initial assessment of the person served include a physical examination that is completed within 24 hours of admission.

3.Q. Residential Treatment (RT)

Description

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Key Areas Addressed

- Interdisciplinary services
- Creation of natural supports
- Education on wellness, recovery, and resiliency
- Community reintegration

Recommendations

There are no recommendations in this area.

Section 4. Core Support 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.

4.B. Community Housing (CH)

Description

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

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

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

Community housing may include either or both of the following:

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

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

Key Areas Addressed

■ Safe, secure, private location
■ Support to persons as they explore alternatives
■ In-home safety needs
■ Access as desired to community activities
■ Options to make changes in living arrangements
■ System for on-call availability of personnel

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

ShareHouse, Inc.

4227 9th Avenue South
Fargo, ND 58103

Community Housing: Alcohol and Other Drugs/Addictions (Adults)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
Governance Standards Applied

Financial Services Office

505 40th Street South, Suite C
Fargo, ND 58103

Administrative Location Only

ShareHouse - Men's Building

4215 9th Avenue South
Fargo, ND 58103

Community Housing: Alcohol and Other Drugs/Addictions (Adults)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

ShareHouse Administrative Offices

505 40th Street South, Suite E
Fargo, ND 58103

Administrative Location Only

ShareHouse Outpatient Services

505 40th Street South, Suites A & B
Fargo, ND 58103

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Partial Hospitalization: Alcohol and Other Drugs/Addictions (Adults)