CARF Survey Report for Institute for Community Living, Inc.
Organization
Institute for Community Living, Inc.
125 Broad Street, Third Floor
New York, NY 10004

Organizational Leadership
Howard M. Goldberg, M.A.
Chief Quality and Compliance Officer

Survey Dates
June 1-3, 2016

Survey Team
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Programs/Services Surveyed
Community Housing: Integrated: AOD/MH (Adults)
Community Housing: Integrated: AOD/MH (Children and Adolescents)
Integrated Behavioral Health/Primary Care: Mental Health (Adults)
Integrated Behavioral Health/Primary Care: Mental Health (Children and Adolescents)
Outpatient Treatment: Family Services (Adults)
Outpatient Treatment: Family Services (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Rapid Rehousing and Homelessness Prevention Programs

Governance Standards Applied

Previous Survey
July 17-19, 2013
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: May 31, 2019
**Survey Summary**

Institute for Community Living (ICL) has strengths in many areas.

- The organization benefits from the active involvement of the board of directors that communicates and demonstrates an exceptional understanding of and commitment to fulfilling its governance responsibilities. The board is knowledgeable about the organization’s business functions and understands the services being provided.

- ICL has developed a particularly efficient and effective mechanism of sharing information with the board of directors in terms of board documents and resources prepared in anticipation of its regular meetings. The technology department has developed a board portal that allows board members to receive up-to-date/real-time data that inform its work.

- The chief executive officer brings years of experience, a clear sense of mission and purpose, and the ability to bring these resources to bear in the guidance and management of this large, complex, and progressive enterprise. The work of the organization is appropriately summarized in its stated goal of ensuring that “People Get Better With Us,” and the leadership’s commitment to pursuing this goal is evidenced throughout the organization, most notably that the staff members in each department clearly understand the impact of their work in supporting the persons served to achieve their desired treatment outcomes.

- The organization’s strategic planning process and the clearly stated goals and priorities truly provide a framework for operations throughout the organization. Personnel in each department are able to communicate their role in helping to pursue and achieve the stated goals.

- ICL engages in a robust process for developing budgets that are clearly designed to support and achieve identified business function goals and service delivery outcomes. Key to the success of this process has been the direct involvement of program leadership in the development, management, and monitoring of program-specific budgets. This involvement helps to support the understanding of the relationship between the application of resources and the achievement of desired treatment outcomes.

- Development of comprehensive and visionary technology and system plans and structures support the collection of data, development of information, and use of content that clearly links business functions to service delivery processes and improved outcomes on behalf of the persons served. Technology is used in powerful ways to help the organization understand and analyze service delivery data, including costs, outcomes, and ultimate value, in a way that supports decision making and improved outcomes.

- ICL enjoys a powerful, positive reputation in the communities served, and its stakeholders communicate a clear sense of confidence in the organization and appreciation for quality of services and the responsiveness of the leadership and program personnel.

- The organization makes particularly good use of input from its stakeholders, and this is recognized and appreciated by those from whom input is sought.

- The persons served have the opportunity to participate in internal and external advocacy through the activities of the Client Advisory Council, which helps individuals to develop and
apply advocacy skills and affords opportunities to engage in advocacy-related meetings with lawmakers.

- Careful management practices, including the use of technology resources to make best use of available data, and a comprehensive quality assurance/utilization review structure appear to have positioned the organization for continued, accountability, stability, growth, and success in the delivery and management of value-based services.

- Risk management structures and processes are evident throughout and integrated into the organization’s ongoing business function operations. Attention to mitigation and management of potential exposures is evident in the regular participation of representatives of the organization’s insurance broker in reorganized health and safety meetings and activities.

- The leadership of ICL is recognized for its ability to recruit, train, and retain a diverse group of knowledgeable, skilled, diverse, and committed staff members.

- The treatment approach with ICL’s services focuses on highly specialized supportive teams that integrate and consult with various disciplines to meet the ever-changing needs of the persons served. The team does whatever it takes to meet the needs of the persons served.

- The commitment to de-institutionalization and empowerment is evident. The staff members engage the persons with long histories of institutionalization to transition them to independent living and provide a preventative approach to needing hospitalization with a strong recovery focus.

- ICL has integrated itself into the service delivery system at multiple levels in order to ensure that it is coordinating care and providing services for a wide range of persons served with diverse languages and cultural influences in addition to complex health conditions. The integrated health care provided is evident throughout the organization. The staff members have developed strong partnerships that are collaborative and beneficial to service systems that benefit the persons served. The services are provided in the communities and impact the communities.

- ICL offers a range of quality housing options. The housing is unique, attractive, well maintained, and well integrated into the community. Living environments are personalized and meet the needs of the persons served. ILC promotes connections with the neighborhoods and communities the housing settings are located in. Residences provide the persons served with a sense of safety and belonging and a place they call home, which is vital aspect of their success.

- ICL is a leader in the community in the provision of behavioral health services; it is often the first organization to take on a partnering, consultative role with smaller providers who are not able to continue the service provision independently. The communities where services are present look to ICL to provide direction, support, and leadership.

- Programs maintain an open-door policy so that staff members at all levels are accessible and readily available to the persons served. The persons served and their families feel welcome and seek out support any time they have a need for assistance. Access to a new service is provided the same day. Transition from program to program is provided with a warm hand-off.

- ICL uses focus committees to elicit feedback and provide direction for the service provision within ICL. ICL has a strong peer support service that meets on a regular basis. Feedback from the staff members and persons served has excellent examples of successes, identifying the staff members going out of their way to meet the individual needs of the persons served.
ICL 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, ICL continues to demonstrate substantial conformance to the CARF standards and provide high-quality services and supports that are particularly responsive to the identified needs of the persons and communities served. The governance and leadership team ensure that the overarching goal of ensuring that “People Get Better With Us” is more than a slogan; it serves as an organizing principle that is evident throughout the organization’s business functions and service delivery processes. The organization is making extraordinary use of technology in understanding the relationship between the application of resources and the outcomes achieved on behalf of the persons served, and has positioned itself for continued success and growth in a rapidly changing funding and regulatory environment. The positive impact of these efforts is evident in the many successes of the persons served and in the continued confidence and appreciation of ICL’s stakeholders. Although there are very few opportunities for improvement in relation to the standards, as evidenced by the recommendations in this report, the organization clearly has the capacity and commitment to address these areas.

Institute for Community Living, Inc. has earned a Three-Year Accreditation. The board of directors, leadership team, and personnel are congratulated for this achievement. The organization is encouraged to continue to use the CARF standards and accreditation process to support ongoing improvement in its business functions and service delivery processes.

**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**
- ICL has developed documents, structures, and processes that support ongoing understanding and continuous improvement with regard to cultural competency and diversity. It is suggested that the written plan be restructured to identify the mechanisms by which the organization will assess its competencies, establish specific goals or targets, identify action steps to achieve established targets, monitor and report progress, and modify the action steps as needed.

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**B. Governance**

**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 composition, selection, orientation, development, assessment, and succession
- Board leadership, organizational structure, meeting planning, and management
- Linkage between governance and executive leadership
- Corporate and executive leadership performance review and development
- Executive compensation
Recommendations

B.2.g.(3)

Although the board of directors has historically completed annual self-assessments of the entire board consistent with its existing governance policies, it does not appear that a self-assessment was completed for the past fiscal year. Governance policies on board performance should include annual self-assessment of the entire board.

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
There are no recommendations in this area.
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.a.(1)
H.7.a.(2)
The administrative location relies on the completion of building-wide tests of some emergency plans, and, although the organization has developed site-specific emergency plans for this location, it does not appear that these have been tested on a regular basis. ICL should conduct unannounced annual tests of all emergency procedures on each shift at each location.
H.14.a. through H.14.b.(3)
Although it appears that ICL arranges for the completion of at least semiannual health and safety self-inspections, comprehensive health and safety self-inspections should be completed at least twice a year on each shift at each location. 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 recommendation(s).

Consultation

- It is suggested that ICL consider bringing additional standardization and scheduling in relation to planning, completion, and documentation of health and safety practices, including health and safety inspections and tests of emergency plans. It might be helpful to establish a single, annual calendar for the completion of specific types of inspections and tests for all locations throughout the year and a standard set of forms for documenting the completion of each type of test or drill. It is also suggested that the organization standardize the language used to identify the various types of emergencies. It might be helpful to simply use the language in the standards to identify the types of categories of potential emergencies, including fire, bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations.

- It is suggested that the organization expand and standardize the content of health and safety binders for each location. Use of these binders could be expanded beyond simply storage space for completed forms to supporting clear communication of important health and safety information in the event of an actual emergency. Content might be expanded to include emergency telephone numbers and contacts; a calendar for the completion of tests and inspections; site-specific written emergency plans; documentation of completed tests and inspections; and detailed floor plans that identify the location of utilities, including circuit boxes and water or gas shutoffs.

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**
There are no recommendations in this area.

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**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**
There are no recommendations in this area.

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**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.

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**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.

**Consultation**
- ICL has developed written accessibility plans, and each location conducts regular reviews of potential barriers. Most of these reviews result in the determination that no barriers were identified. It is suggested that the organization consider the use of additional resources or tools that might help in the identification of barriers that may present in more subtle ways, and consider additional training to help personnel recognize the potential impact of these subtle barriers, particularly those that may reflect potential environmental or attitudinal barriers.

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**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
Recommendations
A.25.a. through A.25.g.
Although ICL has a clinical supervision template, it is recommended that documented ongoing supervision of clinical or direct service personnel consistently address, when applicable, accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each person served; treatment/service effectiveness as reflected by the person served meeting his or her individual goals; the 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; and cultural competency issues. It is suggested that the template include a list of skill areas to address in supervision to more consistently document all areas of clinical supervision.

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.9.d.(1)(g)(iii)**

It is recommended that the persons served receive an orientation that includes, as applicable, the program rules and expectations that identify the means by which they may regain rights or privileges that have been restricted.

**B.15.a. through B.15.c.**

It is recommended that the assessment process consistently include the preparation of an interpretive summary that is based on the assessment data; identifies any co-occurring disabilities, comorbidities, and/or disorders; and is used in the development of the person-centered plan.

**Consultation**

- It is suggested that an advance directive be included in the template for the personal safety plan.

**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**

There are no recommendations in this area.
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

There are no recommendations in this area.

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
G.4.e.
It is recommended that the individual record include the location of any other records.

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.1.b.(4)
Although ICL conducts regular documented reviews of services provided, it is recommended that these reviews address model fidelity, when evidence-based practice is identified.
H.4.a.(1)
It is recommended that the records review address whether the persons served were provided with an appropriate orientation.

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.

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities and may provide services to those with behavioral health disabilities or co-occurring disabilities; intellectual or developmental disabilities; victims or perpetrators of domestic violence or abuse; persons needing treatment because of eating or sexual disorders; and/or drug, gambling, or internet addictions.

N. Integrated Behavioral Health/Primary Care

Description
Integrated behavioral health/primary care programs have an identified level of medical supervision and are supported by an “any door is a good door” philosophy. These programs allow for choice and are capable of assessing the various medical and behavioral needs of persons served in an integrated manner. Programs demonstrate competency to identify and treat behavioral health concerns, such as mental illness and substance use disorders, and general medical or physical concerns in an integrated manner. Integration is the extent to which care is coordinated across persons, functions, activities, and sites over time to maximize the value of services delivered to persons served. Programs may also serve persons who have intellectual or other developmental disabilities and medical needs, or those who are at risk for or exhibiting behavioral disorders.
Models may include, but are not limited to, the following: contractual, where two separate, legal entities enter into an agreement to staff and operate a single program either at a location specifically identified for the provision of integrated care or located within another institution (such as a school-based health center); a distinct, integrated program located within a larger entity such as a Veterans Health Administration campus; the colocating of complementary disciplines such as the placement of behavioral staff in a primary care setting (as in a federally qualified health center) or primary care staff in a community mental health center; or a single organization that incorporates both behavioral health and primary care services into an integrated model. Although most integrated models focus on primary care, the standards could also be applied to an integrated system located in specialty care settings such as ob-gyn and HIV.

Recommendations
There are no recommendations in this area.

**FAMILY SERVICES**

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

Q. Outpatient Programs

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.
INTEGRATED AOD/MENTAL HEALTH

Core programs in this field category are designed to provide a combination of alcohol and other drugs/addictions and mental health services. This may include services provided in a psychosocial format. Services may be provided through a seamless system of care for individuals with needs in one or both areas or for persons with the identified co-occurring disorders.

D. Community Housing

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.

Recommendations
There are no recommendations in this area.
Q. Outpatient Programs

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.

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.7.a. through B.7.c.
It is recommended that the environment be consistently configured appropriately to meet the needs of the children and adolescents served, including the physical plant, the furniture, and the equipment.
SECTION 5. COMMUNITY AND EMPLOYMENT SERVICES

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
- Services are person centered and individualized
- Persons are given information about the organization’s purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations
There are no recommendations in this area.

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

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

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed
- Services are person centered and individualized
- Persons are given information about the organization’s purposes and ability to address desired outcomes
**Recommendations**

B.5.b.(2)
B.5.b.(3)

It is recommended that the coordinated individualized service plans consistently identify measurable objectives and methods and techniques to achieve them. It is suggested that ICL consider adopting a process for creating a summary instrument to synthesize general findings from the information collected during the information gathering process.

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**C. Community Services Principle Standards**

**Description**

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

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

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

**Key Areas Addressed**

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

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**Recommendations**

There are no recommendations in this area.
Standards from the 2015 Employment and Community Services Standards Manual were also applied during this survey. The following sections of this report reflect the application of those standards.

SECTION 3. EMPLOYMENT AND COMMUNITY SERVICES

Description
An organization seeking CARF accreditation in the area of employment and community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program’s scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.
Economic self-sufficiency.

Employment with benefits.

Career advancement.

Z. Rapid Rehousing and Homelessness Prevention Program

Description
Rapid rehousing and homelessness prevention programs are short-term crisis response programs for persons and households that are experiencing homelessness or are at imminent risk of homelessness. These programs engage in ongoing outreach activities to maximize opportunities for contact with persons who, without assistance, are likely to remain or become literally homeless. Interventions are designed to reduce barriers to housing and help persons served and their families rapidly exit homelessness and return to stable housing or maintain stable housing. The programs are knowledgeable about and link with community resources as desired by the persons served.

Incorporating a housing first approach, individualized, person-centered housing plans guide service delivery. Each person served participates in the development of a housing plan that considers his or her desired housing outcome, barriers to housing, the need for financial assistance, and the financial resources available. As needed, the program offers education for the persons served on landlord-tenant relationships, self-advocacy, and rights and responsibilities as a tenant to support achievement of housing-specific goals. Personnel are trained in areas necessary to achieve the desired outcomes of persons served using a person-centered approach.

Key to the programs’ ability to secure housing for persons with high housing barriers are recruitment and retention of landlords who are willing to offer flexibility in applying tenant screening criteria and rent to persons exiting or at imminent risk of homelessness. The programs work to maximize suitable housing options and to access and manage the available financial resources to facilitate rapid rehousing and/or reduce the risk of homelessness.

Key Areas Addressed

- Outreach to persons in need of services
- Housing options optimized
- Persons most in need are prioritized
- Program works collaboratively with other community agencies
- No barriers to services
- Individualized housing plans
- Safe and secure housing
- Persons served exit homelessness
Recommendations
There are no recommendations in this area.
PROGRAMS/SERVICES BY LOCATION

Institute for Community Living, Inc.
125 Broad Street, Third Floor
New York, NY 10004
US
Administrative Location Only
Governance Standards Applied

Coney Island Community Residence
2855 West 37th Street
Brooklyn, NY 11224
US
Community Housing: Integrated: AOD/MH (Adults)

Eastern Parkway Residence
948 Eastern Parkway
Brooklyn, NY 11213
US
Community Housing: Integrated: AOD/MH (Adults)

Emerson - Davis Family Center
161 Emerson Place
Brooklyn, NY 11205
US
Community Housing: Integrated: AOD/MH (Adults)

Guidance Center of Brooklyn Heights
25 Chapel Street, Suite 903
Brooklyn, NY 11201
US
Outpatient Treatment: Family Services (Adults)
Outpatient Treatment: Family Services (Children and Adolescents)

Guidance Center of Brooklyn, Inc. - IS 220 Satellite Clinic
4812 Ninth Avenue
Brooklyn, NY 11220
US
Outpatient Treatment: Family Services (Children and Adolescents)
**Halsey House**
1225 Halsey Street
Brooklyn, NY 11237
US
Community Housing: Integrated: AOD/MH (Adults)

**Highland Park Clinic**
484 Rockaway Avenue
Brooklyn, NY 11207
US
Integrated Behavioral Health/Primary Care: Mental Health (Adults)
Integrated Behavioral Health/Primary Care: Mental Health (Children and Adolescents)
Outpatient Treatment: Family Services (Adults)
Outpatient Treatment: Family Services (Children and Adolescents)

**Lawton Street Residence**
25-29 Lawton Street
Brooklyn, NY 11221
US
Community Housing: Integrated: AOD/MH (Adults)

**Lewis Avenue**
44-52 Lewis Avenue
Brooklyn, NY 11206
US
Community Housing: Integrated: AOD/MH (Adults)

**Linden House Child Community Residence**
198 Linden Boulevard
Brooklyn, NY 11226
US
Community Housing: Integrated: AOD/MH (Children and Adolescents)

**Livonia Community Residence**
684 Livonia
Brooklyn, NY 11207
US
Community Housing: Integrated: AOD/MH (Adults)

**Pratt House**
518 Flatbush Avenue
Brooklyn, NY 11225
US
Community Housing: Integrated: AOD/MH (Adults)
PROS
2384 Atlantic Avenue
Brooklyn, NY 11233
US
Integrated Behavioral Health/Primary Care: Mental Health (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Prospect House
516 Flatbush Avenue
Brooklyn, NY 11225
US
Community Housing: Integrated: AOD/MH (Adults)

Rockaway Parkway Center
1310 Rockaway Parkway
Brooklyn, NY 11236
US
Integrated Behavioral Health/Primary Care: Mental Health (Adults)
Integrated Behavioral Health/Primary Care: Mental Health (Children and Adolescents)
Outpatient Treatment: Family Services (Adults)
Outpatient Treatment: Family Services (Children and Adolescents)

St. Marks Congregate Treatment I and II
839 Saint Marks Avenue
Brooklyn, NY 11213
US
Community Housing: Integrated: AOD/MH (Adults)

Stepping Stone Residence Congregate Treatment/Support/Apartment Program
50 Nevins Street
Brooklyn, NY 11217
US
Community Housing: Integrated: AOD/MH (Adults)

Wallit House
415-417 State Street
Brooklyn, NY 11217
US
Community Housing: Integrated: AOD/MH (Adults)
**Broadway Residence**
2643 Broadway
New York, NY 10025
US
Community Housing: Integrated: AOD/MH (Adults)

**Path Home SSVF**
221-10 Jamaica Avenue
Queens Village, NY 11428
US
Rapid Rehousing and Homelessness Prevention Programs

**Queens Treatment Apartment Program**
221-10 Jamaica Avenue
Queens Village, NY 11428
US
Community Housing: Integrated: AOD/MH (Adults)

**Pennsylvania ICL, Inc.**
230 Fitzwatertown Road
Willow Grove, PA 19090
US
Community Housing: Integrated: AOD/MH (Adults)