

**CARF
Survey Report
for
Gibson Recovery
Center, Inc.**

Organization

Gibson Recovery Center, Inc.
340 South Broadview
Cape Girardeau, MO 63703

Organizational Leadership

John H. Gary, Executive Director
Ryan E. Essex, Chief Operating Officer

Survey Dates

November 7-9, 2016

Survey Team

Vincenzo M. Brancaccio, M.S.S.A., LISW-S, Administrative Surveyor
Gloria Woodruff, M.A., M.B.A., Program Surveyor

Programs/Services Surveyed

Detoxification/Withdrawal Support: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Residential Treatment: Integrated: AOD/MH (Adults)
Community Employment Services: Employment Supports
Community Employment Services: Job Development

Previous Survey

December 11-13, 2013
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: January 31, 2020



Three-Year Accreditation

SURVEY SUMMARY

Gibson Recovery Center, Inc. has strengths in many areas.

- The organization's staff is committed to the mission and vision of the organization. The mission is to provide comprehensive services that promote new behaviors for a healthy lifestyle. The organization provides a vast array of comprehensive services that provide a full continuum of seamless care and do not allow clients to fall between the cracks. The staff members are highly motivated and quite competent. They embrace the virtues of the organization, including a person-centered approach.
- In speaking with the stakeholders, Gibson Recovery Center is their "agency of choice" when it comes to referrals. The reputation and growth of the organization are respected in the community. The organization's board is committed and focused on the change of the organization. The leadership is actively involved in advocacy at the local, state, and federal level.
- The staff members are proud of many things they are doing to impact the community. They are currently involved in a study surrounding infant mortality. They are also part of the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN). The leadership is constantly looking at additional revenues for support and expansion of the organization's programs. Along with the expansion, the leadership has made a valiant effort of balancing the integrity of the programs and demands of the persons served.
- The organization offers well-maintained and attractive facilities that provide a safe and healthy environment for staff members and persons served. The Hillcrest Pointe location is the jewel of Gibson Recovery Center and is located in a scenic setting that opens doors for residential services for persons of all economic levels. The program focuses on treatment for co-occurring disorders and case management. The Vision House program for women offers case management services and transitional counseling for at least 90 days.
- The organization's leadership provides freedom to staff members to provide input about the implementation of programs. Staff members work well together as a team and utilize one another as resources in addressing challenging issues.
- The clients report that they feel privileged to receive their treatment at Gibson Recovery Center and share the pride they feel and the respect they hold for all staff members. The employment staff members are committed to helping persons served achieve their goals, placement, and effective relationship building with potential employers.

Gibson Recovery Center should seek improvement in the area(s) identified by the recommendation(s) in the report. Any consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Gibson Recovery Center provides valuable services to the city of Cape Girardeau, the county, and the state. The organization is seen as a preferred provider in addiction treatment. The focus of treatment is on adult men and women who are struggling with addiction. The services are along a full continuum of care, ranging from inpatient detoxification to residential treatment and outpatient treatment. The organization also provides treatment for co-occurring substance abuse and mental health disorders and a DUI school. Gibson Recovery Center is committed to helping persons served who to lead healthy and productive lives and to learn to cope with life's problems.

The organization is committed to a person-centered approach to treatment and is invested in providing evidence-based and cutting-edge best practices that are proven to work well with the persons served and their families. A commitment to the CARF International standards surrounding quality and excellence is also evident as noted in conversations with staff members, external stakeholders, and clients, in addition to the documents reviewed. There are some opportunities for improvement noted in the recommendations in this report in the areas of strategic planning, health and safety, performance improvement, human resources, and programming. The organization's leadership is encouraged to use its resources to address these recommendations. The staff of Gibson Recovery Center was open minded and receptive to feedback. It is obvious that the organization is committed to the care and well-being of the recovery community.

Gibson Recovery Center, Inc. has earned a Three-Year Accreditation. The leadership and staff members are congratulated for this achievement. They are encouraged to maintain their commitment to quality services for the recovering community and to continue to use the CARF accreditation standards for optimal business practices and service delivery.

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

- Although the organization is committed to performance improvement as is evident in the staff and management meeting notes, it is suggested that documentation be more specific in identifying performance improvement initiatives along with progress and completion dates.
 - The organization has an agreement with an outside person to be the corporate compliance officer. There have not been any reported corporate compliance issues during the past three years, and the organization is encouraged to report this regularly in board meeting minutes.
-

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

D.2.a. through D.2.b.(6)

The organization was able to demonstrate extensive data received surrounding input; however, there was no analysis noted of this information. The leadership of the organization should analyze the input it obtains from the persons served, personnel, and other stakeholders and use it for program planning, performance improvement activities, strategic planning, organizational advocacy efforts, financial planning, and resource planning.

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.

Consultation

- Although the organization has a strong policy on confidentiality, and there is evidence of this in the various programs, the mock chart that was provided and transported to the hotel had the client's name evident, even though there was an attempt to blacken it out. It is suggested that in future surveys to either use a permanent marker or copy the document without the name on it.
-

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.4.a.(1) through H.4.b.(8)

The organization has a software package that was purchased earlier in the year that is used to provide the competency training surrounding health and safety; however, not all staff members are utilizing it. All personnel should receive documented competency-based training upon hire and annually thereafter regarding health and safety practices; the identification of unsafe environmental factors; the organization's emergency and evacuation procedures, if appropriate; the identification and reporting of critical incidents; medication management, if appropriate; and reducing physical risks.

H.6.b.(1) through H.6.b.(3)

The organization has the evacuation routes posted, but the print is too small, it does not have "You are here" indicators, and it does not indicate clear direction. It is recommended that the evacuation routes be understandable to the persons served; personnel; and other stakeholders, including visitors.

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

All emergency procedures (i.e., fire, bomb threat, natural disaster, utility failure, medical emergency, and violent or other threatening situation) should be tested at least once a year on each shift at each location owned or operated by the organization. The tests should be unannounced and include actual or simulated physical evacuation drills. The tests should be analyzed for performance that addresses areas needing improvement, actions to be taken, the results of improvement plans, and necessary education and training of personnel. The tests should be evidenced in writing, including the analysis.

H.10.a. through H.10.b.(8)

The organization should develop at least an annual written analysis of all critical incidents that is provided to or conducted by the leadership. The written analysis should address causes, trends, actions for improvement, the results of performance improvement plans, necessary education and training of personnel, the prevention of recurrence, internal reporting requirements, and external reporting requirements.

I. Human Resources

Description

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

Key Areas Addressed

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

Recommendations

I.4.b.

The organization should consistently assess the current competencies of personnel at least annually.

I.5.a.(2) through I.5.b.(11)

In addition to orientation, the organization should provide documented personnel training at regular intervals. The training should address the identified competencies needed by personnel, confidentiality requirements, customer service, diversity, ethical codes of conduct, promoting the wellness of the persons served, person-centered practice, the reporting of suspected abuse and/or neglect, the rights of the persons served, the rights of personnel, and the unique needs of the persons served. The organization is encouraged to create a document, such as an Excel[®] spreadsheet, to show the staff members who participated in what type of training.

Consultation

- The leadership is able to discuss personnel turnover and issues surrounding this; however, there is no formal process. It is suggested that exit interviews be conducted to help identify trends surrounding employee turnover.
-

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.

K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- The organization has acquired a vast amount of data and information from both the state and self-generated surveys surrounding the clients served, staff, and other stakeholders. With the addition of the research and development staff person, the organization is encouraged to analyze the data and produce information that supports strategic planning and performance improvement functions of the organization.
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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.

Consultation

- In review of the management meeting minutes, there is regular discussion of performance improvement initiatives between staff members. It is suggested that a formal process be implemented to address and document performance improvement initiatives either by breaking it out as its own heading within the note or as a separate chart created, outlining the initiative and progress made along with the staff members involved.
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SECTION 2. GENERAL PROGRAM STANDARDS

Description

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

A. Program/Service Structure

Description

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

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity

- Assistance with advocacy and support groups
 - Team composition/duties
 - Relevant education
 - Clinical supervision
 - Family participation encouraged
-

Recommendations

There are no recommendations in this area.

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 external resources.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization identify the “interpretive summary” by title. This could be at the top of the current page or written in bold letters. It is currently blended in a progress note, making it difficult to identify.
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C. Person-Centered Plan

Description

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

Key Areas Addressed

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

Recommendations

C.4.a.(1) through C.4.b.(5)

When the assessment identifies a potential risk for dangerous behavior, a personal safety plan should be completed with the person served as soon as possible after admission. The plan should include triggers, current coping skills, warning signs, preferred interventions necessary for personal and public safety, and advance directives when available.

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 reentry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when 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 or her body, and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister pack 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 repackaged 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 is 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 healthcare setting.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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.

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.

I. Detoxification/Withdrawal Support

Description

Detoxification/withdrawal support programs provide support to the persons served during withdrawal from alcohol and/or other drugs. Services may be provided in a unit of a medical facility, in a freestanding residential or community-based setting, or in the home of the person served. The following types of detoxification/withdrawal support may be provided:

- *Social detoxification/withdrawal support:* Social detoxification/withdrawal support is provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring, observation, and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. Social detoxification/withdrawal support is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, nonmedical alternative to inpatient detoxification/withdrawal support.
- *Outpatient detoxification/withdrawal support:* Persons served receiving outpatient detoxification/withdrawal support treatment usually are expected to travel to a hospital or other treatment facility daily or on a regular basis for detoxification/withdrawal support treatment sessions. Sessions may be scheduled for daytime or evening hours. Outpatient detoxification/withdrawal support programs may also be combined with a day program. Outpatient detoxification/withdrawal support programs may also include provision of medically monitored medications used in the detoxification/withdrawal support process.
- *Inpatient detoxification/withdrawal support:* The inpatient setting offers the advantages of 24-hour medical care and supervision provided by a professional staff and the easy availability of treatment for serious complications. In addition, such a setting prevents persons served access to alcohol and/or other drugs and offers separation from the substance-using environment. Inpatient detoxification/withdrawal support is often provided to individuals with co-occurring health conditions that would be impacted by the detoxification/withdrawal support process. It is also appropriate for individuals who need extensive medical monitoring during detoxification/withdrawal support.

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.

T. Residential Treatment**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.

Recommendations

There are no recommendations in this area.

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

There are no recommendations in this area.

D. Employment Services Principle Standards

Description

An organization seeking CARF accreditation in the area of employment services provides individualized services and supports to achieve identified employment outcomes. The array of services and supports may include:

- Identification of employment opportunities and resources in the local job market.
- Development of viable work skills that match workforce needs within the geographic area.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources and supports to achieve and maintain employment.
- Coordination of and referral to employment-related services and supports.

The organization maintains its strategic positioning in the employment sector of the community by designing and continually improving its services based on input from the persons served and from employers in the local job market, and managing results of the organization's outcomes management system. The provision of quality employment services requires a continuous focus on the persons served and the personnel needs of employers in the organization's local job market.

Some examples of the quality results desired by the different stakeholders of these services and supports include:

- Individualized, appropriate accommodations.
- A flexible, interactive process that involves the person.
- Increased independence.
- Increased employment options.
- Timely services and reports.

- Persons served obtain and maintain employment consistent with their preferences, strengths, and needs.
- Person served obtains a job at minimum wage or higher and maintains appropriate benefits.
- Person served maintains the job.

Key Areas Addressed

- Goals of the persons served
 - Personnel needs of local employers
 - Community resources available
 - Economic trends in the local employment sector
-

Recommendations

There are no recommendations in this area.

N. Community Employment Services

Description

Community employment services assist persons to obtain successful community employment opportunities that are responsive to their choices and preferences. Through a strengths-based approach the program provides person-directed services/supports to individuals to choose, achieve, and maintain employment in integrated community employment settings.

Work is a fundamental part of adult life. Individually tailored job development, training, and support recognize each person's employability and potential contribution to the labor market. Persons are supported as needed through an individualized person-centered model of services to choose and obtain a successful employment opportunity consistent with their preferences, keep the employment, and find new employment if necessary or for purposes of career advancement.

Such services may be described as individualized competitive employment, individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups in the community, community-based SourceAmerica® contracts, and other business-based work groups in community-integrated designs. In Canada, employment in the form of bona fide volunteer placements is possible.

Individuals may be paid by community employers or by the organization. Employment is in the community.

Job Development

Description

Successful job development concurrently uses assessment information about the strengths and interests of the person seeking employment to target the types of jobs available from potential employers in the local labor market. Typical job development activities include reviewing local employment opportunities and developing potential employers/customers through direct and indirect promotional strategies. Job development may include facilitating a hiring agreement between an employer and a person seeking employment. Some persons seeking employment may want assistance at only a basic, informational level such as self-directed job search.

Some examples of the quality outcomes desired by the different stakeholders of these services include:

- Persons obtain community employment.
- Persons obtain individualized competitive employment.
- Employment matches interests and desires of persons.
- Wages, benefits, and hours of employment achieved as desired.
- Average number of hours worked per week increases.
- Average number of hours worked per week meets the desires of the person served.
- Full-time employment with benefits.
- Transition-age youth move directly from their educational environment into community employment.
- Job retention/length of employment.
- Potential for upward mobility.
- Self-sufficiency.
- Integration.
- Responsive services.
- Safe working conditions.
- Cost-effective for placement achieved.
- Reasonable length of time from referral to placement.
- Employers satisfied with the services.

Employment Supports

Description

Employment support services are activities that are employment-related to promote successful training of a person to a new job, job adjustment, retention, and advancement. These services are based on the individual employee with a focus on achieving long-term retention of the person in the job.

The level of employment support services is individualized to each employee and the complexity of the job.

Often supports are intensive for the initial orientation and training of an employee with the intent of leading to natural supports and/or reduced external job coaching. However, some persons may not require any employment supports at the job site; others may require intensive initial training with a quick decrease in supports, while some will be most successful when long-term supports are provided.

Supports can include assisting the employee with understanding the job culture, industry practices, and work behaviors expected by the employer. It may also include helping the employer and coworkers to understand the support strategies and accommodations needed by the worker.

Supports are a critical element of the long-term effectiveness of community employment. Support services address issues such as assistance in training a person to complete new tasks, changes in work schedule or work promotion, a decrease in productivity of the person served, adjusting to new supervisors, and managing changes in nonwork environments or other critical life activities that may affect work performance. Routine follow-up with the employer and the employee is crucial to continued job success.

Some examples of the quality outcomes desired by the different stakeholders of these services include:

- Performance level achieved meets requirements of job or position.
- Increase in skills.
- Increase in hours worked independently.
- Increase in productivity.
- Increase in hours worked.
- Increase in pay.
- Employment retention.
- Full-time employment.
- Employment with benefits.
- Increase in natural supports from coworkers.
- Persons served treated with respect.
- Increase in participation in the community.

- Minimize length of time for supports.
- Type and amount of staff interaction meet needs.
- Job/career advancement.
- Employer satisfaction.
- Satisfaction outcomes that reflect needs and expectations of the employee are met.
- Responsiveness to customers.
- Job club to provide a forum for sharing experiences.

Key Areas Addressed

- Integrated employment choice
 - Integrated employment obtainment
 - Employment provided in regular business settings
 - Integrated employment retention
 - Provides career advancement resources
-

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Gibson Recovery Center, Inc.

340 South Broadview
Cape Girardeau, MO 63703
US

Outpatient Treatment: Integrated: AOD/MH (Adults)

Gibson Recovery Center (Linden St. Site)

1112 Linden Street
Cape Girardeau, MO 63702
US

Detoxification/Withdrawal Support: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Residential Treatment: Integrated: AOD/MH (Adults)

Community Employment Services: Employment Supports

Community Employment Services: Job Development

Gibson Recovery Center (Sprigg St. Site)

213 North Sprigg Street
Cape Girardeau, MO 63701
US

Outpatient Treatment: Integrated: AOD/MH (Adults)

Community Employment Services: Employment Supports

Community Employment Services: Job Development

Hillcrest Pointe

1281 County Road 638
Cape Girardeau, MO 63702
US

Residential Treatment: Integrated: AOD/MH (Adults)

Community Employment Services: Employment Supports

Community Employment Services: Job Development

Gibson Recovery Center, Inc. (Marble Hill Site)

208 West Broadway
Marble Hill, MO 63764
US

Outpatient Treatment: Integrated: AOD/MH (Adults)

Perryville Site

1418 West St. Joseph Street, Suite 60
Perryville, MO 63775
US

Outpatient Treatment: Integrated: AOD/MH (Adults)

Sikeston Site

137 East Front Street
Sikeston, MO 63801
US

Outpatient Treatment: Integrated: AOD/MH (Adults)