



CARF Survey Report for HomeLife, Inc.

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**Organization**

HomeLife, Inc.
5420A Beckley Road, PMB 234
Battle Creek, MI 49015

Organizational Leadership

Scott M. Christ, B.A., Vice President/Co-Owner

Survey Dates

February 17–18, 2005

Surveyor

Janice B. Robbins, M.S.

Programs/Services Surveyed

Residential Treatment: Psychosocial Rehabilitation (Adults)

Previous Survey

March 14–15, 2002
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation

Expiration: April 2008

SURVEY SUMMARY

HomeLife, Inc., has strengths in many areas.

- The leadership and staff members at HomeLife are committed to assisting persons to live in the least restrictive environment in the community.
- HomeLife has implemented a safety awareness practice that allows each house manager to visually show staff members when incidents occur. Since the implementation of this practice, there has been a dramatic decrease in the occurrence of incidents.
- A strength of the organization is the collaboration it has with other stakeholders and the utilization and integration of their input into the annual planning process and business practices.
- Autonomy is given to each home manager to be responsible for fiscal and clinical operations, including bimonthly intensive reviews with the leadership.

- The organization has instituted the use of a report card throughout its operation. This process has helped to provide persons served, staff members, and leadership ready access to services, facilities, personnel, and other needs immediately.

In the following area HomeLife demonstrates exemplary conformance to the standards.

- HomeLife is commended for its efforts to make each residential home unique based on the needs and wishes of the persons served and the staff members.

In the following areas HomeLife should seek improvement.

- The organization should prepare an interpretive summary that is based on assessment data and used in the development of the individual plan for each person served.
- The procedures for evaluation should address accounting for all persons involved in an emergency evacuation, including visitors.
- Transition planning should be initiated with the person served at the earliest point in the individual planning and service delivery process.
- The quality records reviews should not be conducted by the staff member who is the sole reviewer of the services for which he or she is responsible.
- Evidence-based and research-supported practices, such as individual and group counseling, should be implemented in the treatment schedule.

On balance, HomeLife is already addressing many of the issues noted in this report. The organization has tremendous support from all funding and regulatory agencies. The board of directors, administrative staff members, and direct care providers are committed to the provision of quality services in conformance to CARF standards. The organization has the resources and the willingness to implement the recommended changes and improvements.

HomeLife, Inc., has earned a Three-Year Accreditation. The board of directors, administrative staff members, and direct care providers are complimented on this achievement and are encouraged to continue their commitment to conformance to the CARF standards.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from the Persons Served

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in Criterion A direct the organization's focus to soliciting, collecting, analyzing, and using input from persons served to create services that meet or exceed the expectations of the persons served, the community at large, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
 - Annual analysis and integration into business practices
 - Leadership response to information collected
-

Recommendations

There are no recommendations in this area.

Criterion B. Accessibility

Principle Statement

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served. Standards in Criterion B focus on identifying the key components of accessibility to address.

Key Areas Addressed

- Written accessibility plan(s)
 - Status report regarding removal of identified barriers
 - Requests for reasonable accommodations
-

Recommendations

There are no recommendations in this area.

Criterion C. Information Management and Performance Improvement

Principle Statement

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. CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. Information is collected and used to manage and improve service delivery.

Key Areas Addressed

- Information collected, analyzed, and used to address critical customer needs
 - Accurate and consistent information collection
 - Proactive performance improvement
 - Performance information shared with all stakeholders
 - Written technology and system plan
-

Recommendations

There are no recommendations in this area.

Criterion D. Rights of Persons Served

Principle Statement

CARF-accredited organizations protect and promote the rights of the persons served. This commitment guides the delivery of services and ongoing interactions with the persons served. Organizations identify and address the unique and specific cultural and diversity issues of the persons served to ensure and support engagement in their individualized service plans.

Key Areas Addressed

- Meaningful communication of rights
 - Commitment to diversity
 - Policies promote rights of persons served
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

There are no recommendations in this area.

Consultation

- The organization could review its current procedures for communication of rights policies to ensure that the information is communicated in a way that is meaningful to the persons served, including complaint forms and procedures that are clear and concise.
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Criterion E. Health and Safety

Principle Statement

CARF-accredited organizations maintain accessible, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

Key Areas Addressed

- One annual external inspection
 - Self-inspections twice a year
 - Emergency procedures, including evacuation, tested/analyzed annually
 - Annual demonstration of personnel competency
 - Access to emergency first aid resources
 - Competency of personnel in safety procedures
 - Defined system for reporting/reviewing critical incidents
 - Transportation requirements, if applicable
-

Recommendations

E.4.c.

It is recommended that procedures for evaluation address accounting for all persons involved in an emergency evacuation, including visitors.

Criterion F. Human Resources

Principle Statement

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 description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

There are no recommendations in this area.

Criterion G. Leadership

Principle Statement

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
 - Corporate responsibility
 - Corporate compliance
-

Recommendations

There are no recommendations in this area.

Criterion H. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Review of legal reports
 - Synopsis reports of litigation, allegations, malpractice, or violations of ethical codes
 - Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

Criterion I. Financial Planning and Management

Principle Statement

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
 - Quarterly review of service billing records, if applicable
 - Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

SECTION 2. BEHAVIORAL HEALTH LEADERSHIP AND MANAGEMENT

A. Information Management

Key Areas Addressed

- Ongoing collection of information from a variety of sources
 - Annual analysis and integration into business practices
 - Leadership response to information collected
-

Recommendations

There are no recommendations in this area.

B. Rights of Persons Served

Key Areas Addressed

- Policies promoting rights of persons served
 - Restricting of rights of persons served
 - Release of information
-

Recommendations

There are no recommendations in this area.

C. Health and Safety

Key Areas Addressed

- External inspections for congregate residential programs
 - Documentation of debriefings
 - Written procedures for handling/storage/disposal of medications
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Recommendations

There are no recommendations in this area.

D. Human Resources

Key Areas Addressed

- Credential verification with primary source
 - Personnel training
-

Recommendations

There are no recommendations in this area.

E. Leadership

Key Areas Addressed

- Representative board membership
 - Written cultural competency/diversity plan
 - Public education to promote elimination of discrimination and stigma for persons served
-

Recommendations

There are no recommendations in this area.

SECTION 3. GENERAL PROGRAM STANDARDS

Principle Statement

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 Structure and Staffing

Intent

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
- Team composition/duties
- Crisis intervention provided
- Relevant education
- Medical consultation
- Clinical supervision

- Services relevant to diversity
 - Family participation encouraged
 - Assistance with advocacy and support groups
-

Recommendations

There are no recommendations in this area.

B. Screening and Access to Services

Intent

The process of screening and assessment is designed 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 strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means, including face-to-face contact, telepsychiatry, or external resources.

Key Areas Addressed

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

Recommendations

B.11.b. through B.11.b.(3)

It is recommended that the organization prepare an interpretive summary that is based on assessment data, is used in the development of the individual plan, and identifies any co-occurring disabilities that should be addressed in the individual plan.

C. Individual Plan

Intent

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served as well as identified challenges and problems. Planning is consumer directed and person centered.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

D. Transition/Recovery Support Services

Intent

The organization assists the persons served to obtain services that are needed but that are not available within the organization and to plan for transition from services and follow-up, when needed. 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. 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 contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. The organization reviews the postdischarge information to determine the effectiveness of its services and determine if additional services are needed.

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

D.2.

It is recommended that transition planning be initiated with the person served at the earliest point in the individual planning and service delivery process as part of the person-centered planning process.

E. Pharmacotherapy

Intent

Pharmacotherapy is the practice of evaluating, 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 efficacious. Pharmacotherapy may 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.

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. Seclusion and Restraint

Intent

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to deescalate aggressive or life-threatening behavior toward self or others. 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.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to deescalate the threatening behavior.

Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another is not a restraint.

Seclusion or restraint 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. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional or secure setting, the use of seclusion or restraint for purposes that are not in response to the behavioral health needs of the person served is not considered seclusion or restraint under these standards. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed are not subjected to these standards.

Key Areas Addressed

- Emergency intervention procedures
 - Patterns of use reviewed
 - Policies and procedures for use of seclusion and restraint
 - Persons trained in use
 - Designated room
-

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Intent

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 Review

Intent

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

Recommendations

H.4.

The quality records reviews should be not conducted by a staff member who is the sole reviewer of the services for which he or she is responsible. The quality records review should be conducted as a peer review process.

I. Individual-Centered Service Planning in Community Integration or Consumer-Run Programs

Intent

Improvement of the quality of an individual's situation requires a focus on the persons 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 are relevant to their maximum participation in their environments of their choice.

The person served participates in decision making and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services are evident. The service environment reflects identified cultural needs and diversity. The person served is given information about the purposes of the organization.

Key Areas Addressed

- Membership/acceptance criteria
 - Ineligibility for services
 - Coordinated individual service planning
 - Discharge summary
-

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH CORE PROGRAM AND SPECIFIC POPULATION DESIGNATION STANDARDS

Principle

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.

Psychosocial Rehabilitation

Core programs in this field category demonstrate a strong collaborative partnership with the persons served, the development of opportunities for personal growth, a commitment to community integration, goal-oriented and individualized supports, and the promotion of satisfaction and success in community living. Programs in this category may serve persons with a variety of concerns, including persons with developmental disabilities.

R. Residential Treatment

Program 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 disabilities or disorders; victims or perpetrators of domestic violence or other abuse; or persons needing treatment because of eating or sexual disorders or drug, gambling, or Internet addictions. Residential treatment services are organized to provide environments in which the persons reside and receive services from personnel who are trained in the delivery of services for

persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Recommendations

R.1.a.

It is recommended that evidence-based and research-supported practices, such as individual and group counseling, be implemented as part of the four-hour-per-day treatment activities.

Exemplary Conformance

R.4.g.

HomeLife is commended for its efforts to have each residential home be uniquely decorated based on the needs and wishes of the persons served and the staff members.

PROGRAMS/SERVICES BY LOCATION

824 Home

824 West Kalamazoo Avenue
Kalamazoo, MI 49007

Residential Treatment: Psychosocial Rehabilitation (Adults)

12th Street

10713 South 12th Street
Schoolcraft, MI 49087

Residential Treatment: Psychosocial Rehabilitation (Adults)

Interlochen

8038 Interlochen Road
Kalamazoo, MI 49009

Residential Treatment: Psychosocial Rehabilitation (Adults)

Eighth Street

5359 North Eighth Street
Kalamazoo, MI 49009

Residential Treatment: Psychosocial Rehabilitation (Adults)

J Avenue

10633 West J Avenue
Kalamazoo, MI 49009

Residential Treatment: Psychosocial Rehabilitation (Adults)

HomeLife, Inc.

100 Country Pine Lane, Suite 1
Battle Creek, MI 49008

Administrative Location Only
