

CARF Accreditation Report
for
Division of Prevention and
Behavioral Health Services - State
of Delaware

Three-Year Accreditation



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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Division of Prevention and Behavioral Health Services - State of Delaware
1825 Faulkland Road
Wilmington, DE 19805

Organizational Leadership

Aileen Fink, PhD, Division Director
Stephanie Traynor, PsyD, MBA, Deputy Director

Survey Number

192978

Survey Date(s)

September 22, 2025–September 24, 2025

Surveyor(s)

Jeannette E. Anderson, Administrative
David G. Branding, PhD, Program
Natalie M. Herradon, MHSA, LMHC, Program

Program(s)/Service(s) Surveyed

Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Network
Prevention: Integrated: SUD/Mental Health (Children and Adolescents)
Residential Treatment: Mental Health (Children and Adolescents)

Previous Survey

April 11, 2022–April 13, 2022
Three-Year Accreditation

Accreditation Decision**Three-Year Accreditation**

Expiration: October 31, 2028

Executive Summary

This report contains the findings of CARF's site survey of Division of Prevention and Behavioral Health Services - State of Delaware conducted September 22, 2025–September 24, 2025. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Division of Prevention and Behavioral Health Services - State of Delaware demonstrated substantial conformance to the standards. Division of Prevention and Behavioral Health Services - State of Delaware (DPBHS) has made significant investments in technology, staff training, and organizational infrastructure to enhance both service quality and business operations. A comprehensive data collection and performance measurement system supports informed decision making and drives continuous improvement. This data-driven approach has enabled the organization to monitor service utilization, identify unmet needs, and make thoughtful adjustments to its treatment continuum (from adding trainings for network providers to adapting programs for emerging and special populations, such as individuals with intellectual and developmental disabilities). By leveraging additional funds, DPBHS expanded crisis bed capacity and repurposed the residential program for younger children into a diagnostic and stabilization program for adolescents. This commitment to using data to guide planning ensures that services remain responsive, effective, and aligned with the organization's core values. There are areas for improvements in health and safety, rights of persons served, program/service structure, screening and access to services, and promoting nonviolent practices.

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

Division of Prevention and Behavioral Health Services - State of Delaware has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Division of Prevention and Behavioral Health Services - State of Delaware was conducted by the following CARF surveyor(s):

- Jeannette E. Anderson, Administrative
- David G. Branding, PhD, Program
- Natalie M. Herradon, MHSA, LMHC, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Division of Prevention and Behavioral Health Services - State of Delaware and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
- Network
- Prevention: Integrated: SUD/Mental Health (Children and Adolescents)
- Residential Treatment: Mental Health (Children and Adolescents)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Division of Prevention and Behavioral Health Services - State of Delaware demonstrated the following strengths:

- The organization recognized that youth and families receiving acute care often needed care coordination and did not have it. DPBHS expanded the youth served through the care coordination unit and made some staffing changes to accomplish that. This reorganization also added a wraparound team within the care coordination unit to allow more intensive care coordination for a small group of higher-needs youth and families.
- The leadership team is enthusiastic, talented, and creative. The team members effectively manage their many functions, obligations, and responsibilities, and they demonstrate open and honest communications with all clients and personnel involved with the organization.

- Providers and other stakeholders spoke positively of the recent changes where providers and families have been invited to the assessment for residential treatment to present the needs and care of the family members. They reported that they feel as though they are part of the support team. Providers felt that this is an improvement and that their voices are heard.
- Stakeholders highlighted the organization's strong commitment to supporting families and prioritizing efforts to keep them together whenever it is safe to do so. The organization's dedication, coordination, and emphasis on reducing the number of children entering foster care were described as outstanding.
- The organization has continued to invest in the professional development of the provider network by leveraging additional American Rescue Plan Act (ARPA) funding through the Medicaid office to bring additional evidence-based practice training to the providers.
- The organization fosters a culture that prioritizes ongoing professional development and lifelong learning for team members in all areas. Staff members are consistently encouraged and supported to enhance their skills through training, continuing education, supervision, and opportunities for career advancement. Leadership demonstrates a clear investment in employee growth by providing access to workshops, certifications, and mentorship as well as recognizing and celebrating individual achievements. This emphasis on learning not only strengthens staff competence and confidence but also contributes to high morale, improved retention, and the delivery of high-quality services to the clients.
- DPBHS is complimented for its efforts to acknowledge and recognize staff members who have gone out of their way to assist their colleagues and other stakeholders through a focus on employee morale and wellness. There is a new and active employee wellness program that plans staff engagement activities and assists in planning for an annual employee recognition event. In addition, there is a strong commitment to communication via quarterly town halls and bimonthly newsletters.
- The office locations are spread across regions and colocated with Department of Services for Children, Youth, and their Families (DSCYF) divisions and services, which is convenient for some families seeking services and facilitates more integrated approaches to service delivery, especially in cases with significant complexity.
- The network management team has greatly improved the quality, comprehensiveness, and value of provider monitoring reports since the last survey. Starting from what was essentially a checklist, the new format is narrative and descriptive, includes color photos of facilities, and describes quantified capacities and performance.
- A provider portal was created and implemented to facilitate contract provider submissions of deliverables and facilitate electronic communication with care coordinators. Contracted providers described DPBHS as a problem solver and proactive. They said that the staff members are easy to work with and used the word "partnership" to describe their working relationships.
- The organization has implemented a suicide prevention media campaign (including billboards, bus wraps, and bus stop enclosure wraps) and a public safety awareness campaign on safe gun storage that has received millions of views through completion.
- Clients consistently reported that staff members are approachable, easy to talk to, and genuinely caring. This strong therapeutic rapport extends across all services and is evident throughout the organization's programs. Clients described feeling heard, respected, and valued, which fosters trust and encourages active participation in their treatment. Staff members are recognized for their ability to create a safe and welcoming environment where the clients feel comfortable sharing concerns, asking questions, and working collaboratively on goals. This culture of empathy and open communication is a significant strength, as it enhances client engagement, supports emotional well-being, and contributes to positive treatment outcomes across all service areas.

- The residential program demonstrates a strong commitment to family involvement by hosting regular Family Nights, which foster meaningful connections among youth, their families, and the treatment team. Events such as Art Night, BBQ gatherings, Taco Bar and Bingo, and Open Mic Night create a welcoming and interactive environment where families can participate in fun, therapeutic, and relationship-building activities. These events not only strengthen family bonds but also support the clients' treatment goals by promoting open communication, positive shared experiences, and a sense of community. This consistent emphasis on family participation reflects best practices in residential care and reinforces the program's holistic, family-centered approach to treatment.
- Some clients commented, "Having someone in your corner is life-changing," "They made me feel like I wasn't going through this alone," and "They helped me when I felt helpless."

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency, diversity, and inclusion
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- Although many of the policies within the organization do not indicate that they have been reviewed or updated, there is evidence through meetings, committees, and communications that this is an ongoing process. The organization is encouraged to continue its efforts to review and update its policies. The organization may find it helpful to develop a crosswalk that indicates policies that have been reviewed and submitted for approval. This could demonstrate the work that has taken place as well as keep the focus on reviewing and updating the policies.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

Consultation

- The organization has produced an appealing and easy-to-understand strategic plan. It is suggested that the strategic plan be shared with as broad an audience as possible. This could include making copies of the strategic plan available at specific sites or posting the plan on the existing website with the dashboard.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

Consultation

- The organization maintains contracts with service providers. While it is not directly responsible for the employees of the providers, it is suggested that contracts include a clause stating that contractors will comply with applicable CARF standards.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

1.H.7.c.(5)

Although the organization does conduct unannounced tests of each emergency procedure, it is recommended that the unannounced test of each emergency procedure be analyzed for performance that also addresses whether the actions taken accomplished the intended results.

1.H.11.b.(6)

Although the organization conducts a written analysis of all critical incidents, it is recommended that the written analysis also address whether the actions taken accomplished the intended results.

Consultation

- The organization has fire extinguishers in place; however, these extinguishers are out of date. It is suggested that, if the organization is going to have fire extinguishers available, the extinguishers be consistently inspected and maintained.
- The organization demonstrated that regular evacuation drills are conducted. It is suggested that the organization also practice alternative routes of egress. This could be done by engaging the persons served to construct a sample fire out of a cardboard box that is stuffed with colored paper and placed at certain exits. Staff members and the persons served could then use a different route of egress, rather than always relying on the same exit point.

- Although the organization has emergency exit plans in place, if an individual is not familiar with the building, the configuration of the building and hallways can be confusing. It is suggested that exit plans be modified to clearly indicate where an individual is in the building and the way to the nearest exit.
- It is suggested that the organization invest in grab bars with closure plates for bathrooms in both residential sites. The closure plates on the grab bars allow for the accessibility function of the grab bar while protecting the clients against self-harm with closure plates that are tamper resistant and eliminate gaps where ligatures could be used. These grab bars were observed in only one facility's client bathrooms.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

Consultation

- As recruitment and retention are ongoing challenges for many organizations, DPBHS might consider developing a "why work for us" pamphlet. This resource could highlight the benefits of employment and the rewards of supporting clients through DPBHS's programs and be designed for a broad audience.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

There are no recommendations in this area.

Consultation

- As the organization has made significant advancement in technology, it is suggested that the organization explore implementing an electronic client record.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

1.K.4.b.(6)

Although the organization conducts an analysis of all formal complaints, it is recommended that the analysis be expanded to include whether the actions taken accomplished the intended results. The organization might consider adding this statement to the existing forms.

1.L. Accessibility

Description

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

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

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.

2.A. Program/Service Structure

Description

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

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

2.A.12.a.

2.A.12.b.

2.A.12.c.

2.A.12.d.

The program clearly implements measurement-informed care, and a user manual is evidenced. However, there are no written procedures. It is recommended that the program implement written procedures for measurement-informed care that identify the tools to be used, prescribe intervals for administration of the tools, specify how results will be shared with the persons served, and identify personnel training required.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is

actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's 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, family, or significant others, or from external resources.

Key Areas Addressed

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

Recommendations

2.B.13.j.

It is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centered plan for each person served, including information about the person's use of complementary health approaches. Often this information is shared voluntarily by the client or parent/caregiver when discussing previous treatment; however, there are no questions in the assessment to address complementary health approaches. Complementary health approaches might include herbal remedies, dietary supplements, acupuncture, yoga, massage therapy, meditation, movement therapy, homeopathy, naturopathy, and traditional healers.

2.C. Person-Centered Planning

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the 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

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

Recommendations

There are no recommendations in this area.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning 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.

2.E. Medication Use

Description

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

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

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

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.F. Promoting Nonviolent Practices

Description

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

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

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

Even with support, there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

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

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

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
 - Briefly holding a person served, without undue force, for the purpose of comforting the individual or to prevent self-injurious behavior or injury to others.
 - Holding a person's hand or arm to safely guide the individual from one area to another or away from another person.
 - Security doors designed to prevent elopement or wandering.
 - Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel.
- When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

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

Key Areas Addressed

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

Recommendations

2.F.9.a.

It is recommended that, following the use of seclusion or restraint, a debriefing process be initiated as soon as possible and no more than 24 hours after the incident. Debriefing between the client and therapist occurs as soon as possible but not always within the first 24 hours. While on-site staff members may provide an informal debrief to the clients during this period, there is no formal process to document these interactions when the therapist is unavailable.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.I. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dieticians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
- Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.
 - Schools, work sites, libraries, community centers, and other community settings.
 - Congregate living, individual homes, and other residential settings.
- Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others.
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT
- Scope of ICT services

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

3.B. Case Management/Services Coordination (CM)

Description

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Key Areas Addressed

- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL activities

Recommendations

There are no recommendations in this area.

3.P. Residential Treatment (RT)

Description

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 4. Core Support Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

4.G. Prevention (P)

Description

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

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

- Universal programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.
- Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, tobacco use prevention, child abuse prevention, and suicide prevention.
- Training programs provide curriculum-based instruction to active or future personnel in human service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

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.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

Supplement. Network Standards

Network.A. Standards for the Network

Description

A network is a legal entity that contracts with two or more organizations that deliver health or human services to persons served ("participating providers") to coordinate functions between or on behalf of the participating providers. Various types of networks exist and they may have different purposes in the field. For example, business networks may be formed to establish strategic business arrangements with or among participating providers, and service delivery networks may establish an integrated system of service provision by participating providers to persons served. Other types of networks may combine the functions of business and service delivery networks. To promote service excellence and minimize risk, service delivery networks establish and implement a process for quality review of participating providers.

Network leadership is identified and guides:

- Participating provider contracts that address, depending on the type of network, business functions and/or service delivery.
- Operational links and integration with or among participating providers.
- A system to facilitate cooperation with participating providers, including:
 - Integrated strategic and financial planning.
 - Resource coordination.
 - Technology integration.
 - Performance measurement.
 - Development and improvement of participating providers.
 - Geographic areas served.

Networks that provide services to persons served may offer value in any or all of the following ways:

- Choice of services.
- Access to services based on the needs of the persons served and expectations of other stakeholders.
- Improved coordination of services among participating providers.
- Improved effectiveness and efficiency of service delivery.

Key Areas Addressed

- Network structure and scope
- Participating provider engagement in network planning
- Selection of participating providers
- Contracts with participating providers
- Network policies and procedures
- Quality review process for participating providers
- Data collection and performance management
- Communication and coordination regarding persons served

Recommendations

Network.A.12.a.(2)

Although the network collects data from participating providers, efficiency has yet to be addressed. It is recommended that the network collect data from participating providers, including resources used to achieve results for the persons served (efficiency).

Consultation

- The scope of services and its many elements are currently described across a variety of different documents. DPBHS might consider addressing each element of the standard in a single scope of service document, which might facilitate not only the consolidation of information but also the annual review of the scope of service.

Program(s)/Service(s) by Location

Division of Prevention and Behavioral Health Services - State of Delaware

1825 Faulkland Road
Wilmington, DE 19805

Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Network

Prevention: Integrated: SUD/Mental Health (Children and Adolescents)

Residential Treatment: Mental Health (Children and Adolescents)

Churchmans

92 Churchmans Road
New Castle, DE 19720

Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)

Concord Plaza

3411 Silverside Road, Hagley Building
Wilmington, DE 19810

Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)

Dover

821 Silver Lake Boulevard
Dover, DE 19904

Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)

Georgetown

546 South Bedford Street
Georgetown, DE 19947

Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)

Milford

253 Northeast Front Street
Milford, DE 19963

Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)

Silver Lake Treatment Consortium

493 East Main Street
Middletown, DE 19709

Residential Treatment: Mental Health (Children and Adolescents)