

Standard of Care Focus	EXEMPLARY (In addition to Core)	CORE (absence of a preponderance of core indicators may require a performance improvement plan)
ENGAGEMENT		
1.1 Active Engagement	<ol style="list-style-type: none"> 1) Programs offer a same-day program visit, if desired by the participant. 2) Screening and orientation is available at various times to accommodate participants' schedules. 3) Mechanisms for assisting participants in remembering appointment dates and times are established during the intake process. 4) The program has enlisted individuals with expertise to provide guidance in engaging and attending to cultural and demographic populations served. 	<ol style="list-style-type: none"> 1) Efforts at initial engagement are evident. Indicators may include pre-admission visits offered within one week of request for services, consideration of an individual's spiritual and cultural beliefs, phone calls to the participant and contact with the referral source in response to intake cancellation or no-show, prospective participants offered opportunity to try out different groups, consideration of participants' transportation needs, and inclusion of peers and significant others in orientation to the program. 2) Engagement remains active throughout the course of treatment. This includes evidence that the participant is involved in all aspects of their treatment and that inclusion of collaterals and peers is encouraged. If a participant is discharged, there is written correspondence welcoming the individual to re-engage in services at any time.
SCREENING & ASSESSMENT		
2.1 Substance Use Screening	<ol style="list-style-type: none"> 1) Standardized screening instruments recommended by OMH are used. 	<ol style="list-style-type: none"> 1) All participants are screened for alcohol and substance use, abuse and dependence. 2) Positive screens result in full diagnostic assessment and referrals to specialized services 3) All screening tools are valid for the intended purpose.
2.2 Risk of harm to self or others	<ol style="list-style-type: none"> 1) Staff collaborate with family, collaterals and other providers, as appropriate, in completing Risk Screening. 	<ol style="list-style-type: none"> 1) All participants are screened for risk of harm to self or others using standardized risk screening tools. 2) A positive screen results in a comprehensive assessment that considers static and dynamic factors together with mental status, supports and protective factors and includes means and access to weapons. 3) Determination of moderate to high risk prompts the development of a safety plan, clinical consultation and/or other immediate intervention. 4) Safety Plans are reviewed and updated after any critical event.
2.3 Assessment	<ol style="list-style-type: none"> 1) Multiple sources for obtaining information are pursued, including group participation and input from collaterals, as appropriate. 2) A single clinician or professional staff coordinates the assessment process with the participant. 3) Arrangements are made, as needed, for additional consultation or specialized assessments outside the program. 	<ol style="list-style-type: none"> 1) Literacy of participants and primary language, including sign language, is assessed when indicated and services are provided, as needed. 2) Natural supports are identified and included in the assessment process, as appropriate. 3) Comprehensive assessments are completed during the timeframe specified in regulation. 4) Psychiatric Rehabilitation assessment is comprehensive and includes the areas of living, learning, working, socializing, relationships, and leisure. 5) When there is an interest in employment, a comprehensive vocational assessment is completed. 6) The psychosocial assessment is strength-based and reflects cultural perspective of the participant. 7) For PROS with Clinical Treatment, a comprehensive psychiatric assessment is provided and the health assessment is reviewed and evaluated by a medical professional and includes screening for metabolic syndrome, diabetes, hypertension, and tobacco use, and other physical health issues impacting the participant's recovery. 8) Additional assessments specifically related to the participants' recovery goals are offered, and all assessments include recommendations which are formulated and prioritized for incorporation into the IRP, as appropriate.

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IRP		
3.1 IRP Development		<ol style="list-style-type: none"> 1) The ISR (Initial Service Recommendation) is completed and implemented prior to the completion of the IRP. 2) The IRP is developed in collaboration with the participant and any additional individuals (family, collaterals, etc.) desired by the participant. 3) The IRP is completed within regulatory timeframes. 4) A copy of the most current IRP is made available to the PROS participant.
3.2 IRP Document	<ol style="list-style-type: none"> 1) Participants consider their IRP central to their PROS experience and can routinely share how the services they engage in are related to the achievement of their overall recovery and life goals. 	<ol style="list-style-type: none"> 1) The IRP is person-centered. Goals, objectives and services are individualized and reflect the participant's circumstances and preferences. 2) The IRP includes a summary (formulation) of all assessment areas which provides a clear link between assessments, goals, objectives and services. 3) The IRP includes a Relapse Prevention Plan. 4) Objectives are measurable, have target dates, and clearly represent steps toward the achievement of goals. 5) Identified services are directly related to barriers associated with a mental health diagnosis and change as the participant's needs change. 6) The IRP is signed by the participant as well as any necessary members of the program staff.
3.3 IRP Review and Revision	<ol style="list-style-type: none"> 1) IRPs typically reflect the achievement of multiple objectives when reviewed and show a logical progression toward the overall recovery goals. 2) There is repeated evidence that IRPs are frequently revised and updated with the participant. 	<ol style="list-style-type: none"> 1) The IRP is reviewed at least every six months. If IR and/or ORS services are provided, it is reviewed at least every three months. 2) Goals, objectives and/or services are changed in response to changes in the participants' needs and circumstances; OR as progress is made; OR when there is an ongoing lack of progress. 3) The Relapse Prevention Plan is reviewed and changed (as necessary) as part of every IRP review AND following any critical event. 4) A Service Addition Form or progress note is used to make additions and changes to a participant's IRP between formal reviews. If an added service continues after the scheduled periodic IRP review, the service must be identified in the IRP.
3.4 Progress Notes	<ol style="list-style-type: none"> 1) In response to significant events, progress notes are completed more frequently than once a month. 	<ol style="list-style-type: none"> 1) Progress notes are linked to goals and objectives in the IRP by summarizing services provided and progress (or lack of progress) made toward goals. 2) Progress note are completed at least once per month, record any new information impacting the IRP, and clearly indicate the time period referred to. 3) Progress notes are written concurrently with the participant and indicate the participant's view of progress made.

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SERVICES		
4.1 PROS Components	<ol style="list-style-type: none"> 1) The program promotes a wellness-based lifestyle that is reflected in the formal curricula and in the recovery activities available. 2) The program shows evidence of active CRS and IR services to assist participants with their goal(s) to address tobacco use. 	<ol style="list-style-type: none"> 1) The PROS program must have the capacity to offer all PROS Components per NYCRR Part 512.7(a)(2 and 512.7(a)(3). 2) Specific services offered at any one time are based on the participant's current needs; i.e. needs identified in individuals' IRPs have corresponding services and services offered change over time. 3) The CRS component provides the services identified in NYCRR Part 512.7 (b)(2). 4) The IR component, as part of a comprehensive PROS program, includes the four services as identified in 512.7(b)(4). In addition, Family Psycho-education and IDDT services reflect current Evidence Based Practices (EBP). 5) ORS services are offered off-site when indicated.
4.2 PROS with Clinical Treatment	<ol style="list-style-type: none"> 1) There is evidence of communication with the participant's primary medical doctor, and results of current physical examinations are obtained for review. 2) Physical health treatment is available on site, either by the PROS program, or in a co-located medical service. 	<ol style="list-style-type: none"> 1) All clinical treatment services, per 512. 7(b)(9), are available and are offered with other PROS program components. 2) Medication management services include the prescribing and availability of the full range of atypical antipsychotic medications and injectable psychotropic medication administration. 3) Clinical treatment services are fully integrated with other PROS services, as evidenced by joint meetings, clinical reviews, and case conferences and inter-communication. 4) There is evidence that participants' health issues are monitored, as needed, beyond the initial assessment, by medically qualified staff. 5) Referral to primary care or specialty care is made upon the detection of any significant health-related problem.
4.3 Group Services	<ol style="list-style-type: none"> 1) The groups are scheduled at times that support participants' pursuit of life roles, availability, and preferences. 	<ol style="list-style-type: none"> 1) Group curriculum is clearly reflective of the PROS service for which it is provided. 2) Group size and number of facilitators are consistent with type of service provided. 3) Group content and process reflect EBP (Evidenced Based Practice) where indicated. 4) Groups offering skills training in the management and prevention of major health-related illnesses are available.
4.4 Activities	<ol style="list-style-type: none"> 1) Recipient employees and peers are utilized to provide encouragement and support for recovery activities. 	<ol style="list-style-type: none"> 1) Recovery resources and activities are available for participants throughout the program day, offering opportunities for self-directed, meaningful recovery-oriented activities and skill development.

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<p>4.5 Employment Services</p>	<ol style="list-style-type: none"> 1) More than one staff has expertise in work incentives. 2) One or more recipient employees and/or peer counselors are involved in providing employment services. 3) Agency QA process includes an explicit review of the Supported Employment program at least every six months through the use of the Supported Employment Fidelity Scale, or until achieving high fidelity. Reviews occur at least yearly thereafter. 	<ol style="list-style-type: none"> 1) The agency leadership communicates how Supported Employment services support the mission of the agency, and articulates clear and specific goals for employment outcomes. 2) There is at least one staff within the program who is primarily dedicated to assisting participants with vocational activities and community job development. 3) There is evidence through documentation and interviews with participants, staff and administration that the following principles are reflected in employment services: <ol style="list-style-type: none"> a) The benefits of competitive, integrated employment are discussed with every program participant, and individualized options for employment consistent with their preferences are discussed with every participant who expresses an interest in working, regardless of previous employment history or current barriers. b) Benefits and entitlement counseling is provided by staff with expertise in that area to participants from the very beginning of any discussion related to employment. c) The program provides support to participants on an individualized basis for as long as a need exists. d) Employment specialists are involved on an ongoing basis in developing relationships with local employers who can provide job opportunities consistent with the work preferences of program participants.
<p>4.6 Tobacco Dependence <i>Full compliance will not be expected until 2/1/14.</i></p>	<ol style="list-style-type: none"> 1) The Program provides support for staff who wish to reduce or eliminate tobacco use. 2) Assessments are conducted and reviewed by staff members who have completed a specialized training program on tobacco dependence treatment for individuals with SMI. 	<ol style="list-style-type: none"> 1) The program screens all recipients for tobacco use and dependence at intake. 2) The program provides information about the negative impact of tobacco use and the benefits of reduction and cessation to identified tobacco users at intake and at each IRP review. 3) Any participant who indicates a willingness to quit tobacco use or sets a goal to reduce or eliminate tobacco use is provided services to support that goal. 4) Prescribers have expertise in the use of medications which support smoking-cessation and monitor any impact with concurrent medications.
<p>4.7 Discharge</p>	<ol style="list-style-type: none"> 1) The program contacts individuals one month after discharge to determine life satisfaction and potential need for additional services. 	<ol style="list-style-type: none"> 1) Documentation indicates that a discharge plan has been developed collaboratively by the participant, staff, and relevant collaterals, and reflects an understanding by all parties about when discharge will occur based on the achievement of specific and measurable goals. 2) Arrangements for appropriate post-discharge services are made and discussed with participant and significant others prior to the planned discharge. 3) Discharge summaries identify services provided, progress toward goals and circumstances of discharge, and are made available to receiving service providers prior to the participant's arrival or within two weeks of discharge, whichever comes first. 4) Participants are informed that the program may be accessed again, subsequent to discharge.

ADMINISTRATION		
5.1 Recovery- related Data and Performance Improvement	<ol style="list-style-type: none"> 1) The program collects and utilizes additional data (i.e.: criminal justice involvement, disengagement factors, goal acquisition, health & wellness data) 2) The Program tracks disengagement. This includes efforts to identify salient factors leading to disengagement, as well as implementing an action plan to address participant disengagement. 3) The agency completes the self survey and submits an effective quality improvement plan prior to the certification visit. 	<ol style="list-style-type: none"> 1) The Program consistently submits data via the CAIRS system. 2) The Program actively and systematically seeks feedback from participants, peers, and collaterals regarding services. 3) Information is collected, analyzed and utilized on a routine basis to change and improve services, in response to identified needs and reviewed with participants and collaterals. 4) Employment data is maintained using NYESS. 5) Data obtained from Incident Review Committee (IRC) trends, Utilization Review (UR) and satisfaction surveys results in training and service initiatives.
5.2 Staff Competencies	<ol style="list-style-type: none"> 1) Peer staff and recipient employees are utilized in a broad range of services and program development. 2) All staff have training in and promote the Individual Placement Support model and employment goals. 3) All staff are trained in conducting screening for co-occurring disorders using standardized screening instruments recommended by OMH, OASAS or SAMHSA. 4) Prescribers have expertise in the treatment of addiction including the use of medications which support sobriety. 	<ol style="list-style-type: none"> 1) Staffs receive clinical supervision on a regular and “as needed” basis. 2) Individual and group supervision sessions result in the identification of individual and program -wide training needs, policy and procedure reviews, etc. 3) All staff have demonstrated competency in rehabilitation practices and staff providing special services have training related to their specialty (i.e.: family psycho-education, integrated treatment for Co-occurring disorders, benefits, etc) 4) Program leadership demonstrates knowledge of and monitors and promotes staff competence in the delivery of evidence-based practices; and the Program can demonstrate that each staff has received training and developed competency in one or more evidence-based practices including: <ol style="list-style-type: none"> a) Integrated Dual Disorders Treatment (IDDT) b) Wellness Self Management (Based on the evidence-based practice Illness Management and Recovery) c) Family Psycho-education d) Individualized Placement Support (IPS) 5) Staff are competent in the identification of risk factors for harm to self and/or others. 6) The Program’s cultural competency plan includes staff training to increase awareness and develop competency in cultural needs assessments and providing culturally competent services. 7) If a recipient employee is also a participant of the PROS service, their roles are separate; i.e. they do not receive PROS services during their scheduled work time and do not work during their scheduled service time.
5.3 Shared Information Practices	<ol style="list-style-type: none"> 1) Training and supervision focus on the coordination, collaboration, and partnership with other agencies, families, collaterals and other systems involved with the participants served. 	<ol style="list-style-type: none"> 1) The program has established linkages with various community resources and promotes appropriate information sharing within the program and with outside agencies, families and other collaterals in providing coordinated services for participants. 2) The value of sharing information with other parties is discussed with the participant and his or her consent is sought and documented as appropriate.

<p>5.4 Incident Management</p>	<p>1) The program engages in quality improvement activities to reduce the occurrence of serious incidents through proactive risk reduction strategies to identify potential problems and implement preventive measures.</p>	<p>1) All new staff receive training regarding the definition of incidents and reporting procedures for incidents; they are informed about the Incident Review Committee (IRC) process and the importance of risk management in maintaining safety and improving services. 2) The Incident Review Committee membership composition is appropriate; members meet qualifications and are properly trained and the IRC reviews incidents, makes recommendations, and ensures implementation of action plans with program's administrator. 3) The program uses NIMRS reports to assist in risk management activities and compiles and analyzes incident data for the purpose of identifying and addressing possible patterns and trends to improve service delivery.</p>
<p>5.5 Response to Participants at Risk</p>	<p>1) The program routinely utilizes a process reviews complex, high risk, high need cases and provides recommendations on treatment or treatment-related strategies developed by individuals with program staff expertise (participants, psychiatrists, quality assurance administrators, program staff administrators). 2) There is evidence of a Program-wide or multi-program risk management or review committee/process to assist the program to better address the needs of at risk or complex participants.</p>	<p>1) The Program identifies, tracks, monitors, assesses and treats at risk and high need participants. 2) There is evidence that the identification of individuals assessed at moderate/high risk results in program staff consultation and interventions appropriate to the degree of risk assessed. 3) There is a plan approved by OMH to appropriately respond to individuals needing assistance when the program is not in operation for PROS without clinical treatment per 512.9 (p), and for comprehensive PROS with clinical treatment, there is a mechanism to provide or arrange for face-to-face contact for individuals who need assistance when the program is not in operation per 512.9(o). 4) For participants disengaged from participating in the program, efforts to re-engage are commensurate with the degree of risk assessed.</p>
<p>5.6 Environment</p>	<p>1) The program has posters and reading material available in the waiting area that promote recovery, such as posters that are inspirational, motivational, and hopeful, and written accounts of success stories. 2) Individuals are provided private storage areas, or other accommodations are made for an individual's personal belongings. 3) Outcomes from satisfaction surveys, suggestion boxes and complaints are displayed prominently including the actions taken by the Program to improve services based on this customer feedback.</p>	<p>1) Information about community resources and supports is displayed prominently. 2) The environment is reflective of the community served in terms of ethnic and cultural background and age. For example, the literature, photos, and reading material are reflective of the population served. 3) The environment is pleasant, clean, welcoming, accessible, and safe;(e.g., proper exit signs are visible and working and evacuation signage is posted; records are maintained confidentially; medications are stored appropriately; sign-in procedures and therapy rooms promote confidentiality; there are a sufficient number of restrooms and all are available and accessible to both staff and participants; rights and advocacy information are prominently posted; all signage is positive, welcoming, helpful and respectful; and suggestion/complaint receptacles are prominently displayed and invite ongoing and spontaneous feedback.)</p>

6/26/13