

BH Section 3 Core Treatment Program Standards

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Behavioral Health Field Categories

For each behavioral health core program selected for accreditation, an organization must identify under which behavioral health field category the core program operates. Field categories are used to characterize the purpose, intent, and overall focus of a core program and to distinguish the specific fields in behavioral health that the core program reflects and serves.



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Behavioral Health Field Categories

See pp. 175-176 in the 2024 BH Standards Manual

- Addictions Pharmacotherapy
- Substance Use Disorders/Addictions
- Mental Health
- Psychosocial Rehabilitation
- Family Services
- Integrated SUD/Mental Health
- Integrated IDD/Mental Health
- Comprehensive Care

Section 3: 2024 BH Core Treatment Programs

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| A. Assertive Community Treatment | K. Intensive Family-Based Services |
| B. Case Management/Services Coordination | L. Intensive Outpatient Treatment |
| C. Community Integration | M. Office-Based Opioid Treatment |
| D. Court Treatment | N. Outpatient Treatment |
| E. Crisis Programs | O. Partial Hospitalization |
| F. Day Treatment | P. Residential Treatment |
| G. Detoxification/Withdrawal Management | Q. Specialized or Treatment Foster Care |
| H. Health Home | R. Student Counseling |
| I. Inpatient Treatment | S. Therapeutic Communities |
| J. Integrated Behavioral Health/Primary Care | |

A. Assertive Community Treatment

- Multidisciplinary team members—team leader, nursing staff, psychiatrist or physician, peer
- Staff-to-client ratios
- Treatment plan review (every 3 months)
- ACT team provides crisis intervention, case management, community integration
- ACT team helps person meet basic needs, secure housing, maintain daily living, vocational and substance abuse services, outreach, medication management
- Regular access to records of persons served
- Community interaction to facilitate integration

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B. Case Management/Service Coordination

- The linking of the persons served to resources
- Working knowledge of the personnel
- Case management coordination includes:
 - The location and intensity of case management services varies
 - Multiple case managers
 - Advocate by sharing feedback with providers

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C. Community Integration

- The person served moves toward independence
- Time and location of services varies
- Availability of personnel
- Information or referral to assist in meeting basic needs
- Outreach and follow-up procedures

D. Court Treatment

- Court treatment programs may provide services to persons referred through various problem-solving courts including drug, mental health, veteran's, family dependence, tribal, re-entry, and others.



E. Crisis Programs

- Crisis Programs are organized into a continuum consisting of:
 - Crisis Contact Centers
 - Crisis Intervention Programs
 - Crisis Stabilization Programs



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Crisis Programs

- All crisis programs:
 - Demonstrate capability to make appropriate clinical decisions
 - Ensures placements in the least intrusive care to safely meeting persons needs
 - Maintain community resource lists
 - Manages dispatching (when responsible for this function)
 - Determines thresholds for response, and monitors results against anticipated responses
 - Implements efforts to support the well-being of personnel

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Crisis Contact Centers

- Operates 24/7
- Written procedures for handling and managing contacts, and determination of person's needs
- Determines additional responders as needed
- Determines and ensures maintenance of competencies of all personnel

Crisis Intervention

- Conducts written, crisis-focused assessments
- Develops individualized, crisis intervention plans
- Documents resolution or conclusion of crisis encounters
- Qualified behavioral health practitioners available at all program hours of operation
- Manages mobile crisis teams when used
- Ensures competencies of personnel

Crisis Stabilization

- Residential setting with 24/7 admission capacity and on-site personnel
- Conducts crisis-focused assessments upon admission
- Includes initial crisis stabilization plan
- Availability of licensed medical personnel
- Documented daily therapeutic interventions
- Program is vigilant to safety of the milieu
- Evaluation of transitional needs with referral and linkage, and transportation arrangements
- Ensures competencies of program personnel in the program

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F. Day Treatment

- Program available at least 3 hours/day, 4 days/week
- Majority of hours are in treatment services
- Additional services are recovery/skills focused
- Services provided by an interdisciplinary team
- Provides for or arranges psychiatric services as needed

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G. Detoxification/Withdrawal Management

- Organizes standards into 3 potential settings: Inpatient, Residential, and Ambulatory
- Program documents admission criteria
- Ensures person served is placed in the appropriate setting based on need
- Medical evaluation is performed on all persons served
- Risk assessment is performed at admission
- Utilized standardized symptom scales for admission and continued stay
- Program has qualified director and medical director
- Services provided by interdisciplinary team
- Persons served are provided with motivational counseling services

G. Detoxification/Withdrawal Management

- Program develops referral network for ongoing care that includes both abstinence-based and MAT programs
- All direct service personnel trained in First Aid and CPR
- Develops procedures for medical emergencies
- Personnel receive competency-based training in specialty
- Program conducts annual quality review of medical services
- Program measures its performance in engaging persons into treatment post-discharge
- Additional specific standards based on setting

H. Health Home

- Health home is a healthcare delivery approach that integrates and coordinates primary care, behavioral health and other healthcare, and social supports
- The health home has a written description of the populations served and how it provides its services
- The program demonstrates competency to identify and treat behavioral health concerns, such as mental illness and substance use disorders/addictions, and recognize general medical or physical concerns
- The program is responsive to persons served with flexible scheduling and rapid response to calls
- Care is coordinated across persons, functions, activities, and sites over time to maximize the value of services delivered to persons served by a coordinated team

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H. Health Home

- Programs services are thoroughly described in 3.L.5.
- Health assessments are completed upon admission and annually, ensuring chronic disease management
- Education and training services are provided to persons served and families
- The health home uses patient registries and/or electronic health records

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I. Inpatient Treatment

- Inpatient treatment is a 24/7 program that is medically supervised
- A medical evaluation is provided within 24 hours of admission
- Assessment is completed within 24 hours of admission that results in a treatment plan
- Qualifications for the medical director are described in 3.J.4.
- Services are provided by a coordinated team.
- Program makes formal arrangements for ancillary services

I. Inpatient Treatment

- The program integrates ongoing care providers into the treatment program
- Program ensures persons served have sufficient medications upon discharge
- Facilities are adequate to ensure privacy, quiet time, therapeutic activities, recreation, meals, etc.
- Physician determines needs for ongoing services each day
- Barriers to interaction between persons served and personnel are reduced
- Engagement of persons in post-discharge services is measured as a performance indicator

- Describes populations served and disciplines available
- Offers medical services and behavioral health services during hours of operation
- Program offers services designed to improve health and behavioral health conditions in an integrated manner whenever possible
- Initial assessment leads to integrated/linked response

- “Wraparound” concept of services that includes:
 - Written assessment of family functioning
 - Child and family centered planning
 - Policy for clinical consistency
 - Information on and collaboration with community resources and programs
 - Contingency plans for crises
 - Access to respite care (24 hour emergency care)
 - Supervision by and plan for access to QBHPs 24/7

L. Intensive Outpatient Treatment

- Nine direct contact hours per week for adults; six for children, adolescents or family members
- Capacity to provide two or more: individual, family and/or group counseling/therapy
- Education on wellness and recovery and resiliency
- Services in locations and at days and times to meet needs of persons served
- Coordination with other treatment services
- Clinical appropriateness by QBHP
- Review of plan at least once per month

M. Office-Based Opioid Treatment (OBOT)

- Provides or arranges for comprehensive counseling, case management, and medical services
- Has appropriately trained medical director, who actively supervises care delivery
- Follows written procedures for induction, stabilization, maintenance, and weaning (when appropriate)
- Staff are trained in the specialized needs of persons with OUD
- Program measures retention of persons served in PM&M system

N. Outpatient Treatment

- Capacity to provide one or more of individual, family, or group counseling/therapy
- Education on wellness and recovery and resiliency
- Locations, days, times meet the needs of the persons served
- Coordination and integration of treatment services with other services
- Assists person to develop natural supports

O. Partial Hospitalization

- Clinical director directs
- Program available 5 days/week and 3 hours/day
- Multidisciplinary team, including availability of a registered nurse
- Psychiatrist availability, when applicable
- Medical or psychiatric necessity determination

P. Residential Treatment

- Staffed 24/7
- Active treatment services 7 days/week
- Services provided by a coordinated team
- Risk assessments conducted with all persons served
- Engages family/supports into treatment.
- Dietitian is consulted for meal plans
- Facilities are adequate to ensure privacy, quiet time, therapeutic activities, recreation, meals, etc
- All direct service staff trained in CPR and first aid
- The program reduces barriers between personnel and persons served
- The program works with surrounding community to improve community integration

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Q. Specialized or Treatment Foster Care

- Ensures competency-based training of personnel to meet the needs of persons served
- Ensures access to needed professional services
- Written agreements ensure comprehensive approach to support persons served



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R. Student Counseling

- Program for organizations that provide a counseling resource for higher education campus communities and their students
- Plan, discharge summary and record is less comprehensive than in traditional outpatient settings
- Services include counseling and education on wellness and recovery
- Systems in place for warning of potential threats to personal or campus safety



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S. Therapeutic Communities

- A model of residential treatment that views the community as the modality for individual change
- Demonstrates evidence of the “mutual-help” principle
- Availability of staff 24/7 (residential setting)
- Uses peer mentors as role models
- Staff demonstrate skills in TC core competencies



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Core Support Programs

Section 4: 2024 BH Core Support Programs



- A. Assessment and Referral
- B. Information Call Centers
- C. Community Housing
- D. Comprehensive Suicide Prevention Program
- E. Diversion/Intervention
- F. Employee Assistance
- G. Prevention
- H. Supported Living

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A. Assessment and Referral

- Procedures for assessment and referral
- Services provided in collaboration with the person served
- Written assessment summary

B. Information Call Centers

- Written procedures for handling various call types
- Training of personnel
- Calls are handled within identified thresholds
- Referral resources are maintained



C. Community Housing

- Residential setting with personal space & community living components
- In-home safety needs, including separate sleeping areas based on age, gender & developmental need
- Options to make changes in living arrangements and procedures for securing housing
- Skill development and support services
- On-site personnel and on-call availability
- Congregate housing has areas for quiet time, visits, etc
- Information provided on community resources, safety issues, access to emergency care, healthcare, contingency plans, and emergency/evacuation procedures

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D. Comprehensive Suicide Prevention Program

- Program develops a comprehensive plan for service delivery based on an environmental scan
 - Provides evidence-informed activities
 - Develops a network of referrals
 - Provides training and life skills development activities
- Program engages stakeholders in design and capacity building activities
- Personnel receive competency-based training on relevant job skills
- Personnel are afforded supports when suicide events occur

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E. Diversion/Intervention

- Separated from prevention; traditionally thought of as early intervention
- Serves specifically identified persons exhibiting early signs of identified problems
- Utilizes a screening or assessment process and includes a documented plan for individual outcomes

F. Employee Assistance

- Worksite programs designed to assist employee clients in preventing, identifying and resolving personal concerns
- May include assessment, short-term intervention, referral and consultation with the work site



G. Prevention

- Includes training programs for caseworkers, foster parents, guardians, etc.
- Programs increase public awareness in identified area as well as providing prevention activities
- Written program plan with identified strategies
- Program evaluates its efforts

H. Supported Living

- Services provided to persons living in their own environment – home, apartment, etc.
- Assistance in securing housing, providing in home safety needs, home décor, and access to needed services
- Support is offered related to lifestyles, personal care, home maintenance, social and community life, financial stability



BH Section 5 Specific Population Designation Standards

Specific Population Designation Standards

Specific Population Designations



- A. Autism Spectrum Disorder
- B. Children and Adolescents w/ASD
- C. Children and Adolescents
- D. Consumer-Run
- E. Criminal Justice
- F. Eating Disorders
- G. Juvenile Justice
- H. Medically Complex
- I. Older Adults

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A. & B. Autism Spectrum Disorder

- There are two designations that may be applied for:
 - ASD:A – Adults with ASD
 - Standards 4.B.1-10 and 4.B.18-22
 - ASD:C – Children/Adolescents with ASD
 - Standards 4.B.1-17

C. Children & Adolescents



NOTE:

If children or adolescents are served in any program for which the organization is seeking accreditation (other than Prevention or Diversion), these standards or those of Juvenile Justice must be applied.

- Age appropriate assessment, with reasonable limitations for short-term programs
- Continuity of education, including educational specialist
- Staff 24/7 in residential
- Age appropriate physical environment
- Include juvenile status offenders
- P/P for background checks

D. Consumer-Run Programs

- These standards replace the majority of the standards in Section 2, including A–D, G and H.



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E. Criminal Justice and G. Juvenile Justice

- Organizations that provide community-based services for which they are seeking accreditation, but also provide those services in a correctional facility, may choose to apply these standards
- If the core program for which the organization is seeking accreditation is primarily operated in the correctional facility — such as residential or therapeutic community treatment — these standards must be applied
- The JJ standards replace the need for application of the Child and Adolescent standards

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F. Eating Disorders

- Applicable for inpatient and residential, and *partial hospitalization* programs only
- Support Clinical Practice Recommendations from Academy for Eating Disorders Credentialing Task Force, www.aedweb.org/AED_Inpatient_Standards.htm
- If program services Children or Adolescents, 4.B. must also be applied
- Standards primarily focus on additional assessment information, timelines for assessment and plan development, specific staffing and services provision requirement, nutritional practices, and identified outcomes

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H. Medically Complex

- If a program is designed primarily to serve persons who meet the definition of medically complex, or the program services only this population, the medically complex standards must be applied



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I. Older Adults

- Comprehensive assessment with particular attention to issues of aging
- Includes family involvement
- High levels of care coordination
- Education to persons served and families/support systems
- Plans for end-of-life care
- Appropriate physical plan and furnishings
- Background checks for personnel
- Training for staff on topics unique to older adults



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BH Section 6 Certified Community Behavioral Health Clinic Program Standards

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Section 6: CCBHC

- Provide whole-person care to vulnerable individuals by integrating physical health with a comprehensive range of mental health and substance use disorder services.
- Standards are based upon SAMHSA's 2023 certification criteria for CCBHCs.
- Must use Integrated MH/SUD field category, and apply applicable standards from Sections 1 and 2.

Section 6: CCBHC

CCBHCs offer nine types of services:

- Crisis mental health services
- Screening, assessment and diagnosis
- Person-centered treatment planning
- Outpatient MH and SUD services
- Outpatient clinic primary care screening and monitoring
- Targeted case management
- Psychiatric rehabilitation services
- Peer support, counselor services, and family supports
- Intensive, community-based mental health care

THANK YOU!
Any questions?

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