

CARF Accreditation Report
for
Mental Health Association of
Essex and Morris, Inc.

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

Mental Health Association of Essex and Morris, Inc.
33 South Fullerton Avenue
Montclair, NJ 07042

Organizational Leadership

Robert N. Davison, MA, LPC, Chief Executive Officer

Survey Number

201102

Survey Date(s)

April 22, 2026–April 24, 2026

Surveyor(s)

Lisa Jensen, DNP, APRN, Administrative
Karen Lau, PA-C, Program
Frank Sepetauc, PCC, CRC, Program

Program(s)/Service(s) Surveyed

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Criminal Justice)
Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Psychosocial Rehabilitation (Adults)
Crisis Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)
Health Home: Comprehensive Care (Adults)
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Prevention: Mental Health (Adults)
Supported Living: Mental Health (Adults)
Governance Standards Applied

Previous Survey

November 16, 2022–November 18, 2022
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation

Expiration: May 31, 2029

Executive Summary

This report contains the findings of CARF's site survey of Mental Health Association of Essex and Morris, Inc. conducted April 22, 2026–April 24, 2026. 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, Mental Health Association of Essex and Morris, Inc. demonstrated substantial conformance to the standards. Mental Health Association of Essex and Morris, Inc. (MHA) provides comprehensive mental health and substance use services to children, adolescents, adults, and families, focusing on the needs of its consumers. There is a strong leadership team as well as an active board of directors, both committed to fulfilling the mission of the organization. Extensive competency-based training is offered to employees, and the organization has lowered the turnover rate and increased retention of employees. There are opportunities for improvement in the areas of risk management and person-centered planning. The leadership and staff members are using the CARF standards to improve the services offered. Staff members were receptive to feedback provided during the survey.

Mental Health Association of Essex and Morris, Inc. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Mental Health Association of Essex and Morris, Inc. is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Mental Health Association of Essex and Morris, Inc. 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 Mental Health Association of Essex and Morris, Inc. was conducted by the following CARF surveyor(s):

- Lisa Jensen, DNP, APRN, Administrative
- Karen Lau, PA-C, Program
- Frank Sepetauc, PCC, CRC, 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 Mental Health Association of Essex and Morris, Inc. 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 (Adults)
- Case Management/Services Coordination: Integrated: SUD/Mental Health (Criminal Justice)
- Case Management/Services Coordination: Mental Health (Adults)
- Community Integration: Psychosocial Rehabilitation (Adults)
- Crisis Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)
- Health Home: Comprehensive Care (Adults)
- Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
- Prevention: Mental Health (Adults)
- Supported Living: Mental Health (Adults)
- *Governance Standards Applied*

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 Mental Health Association of Essex and Morris, Inc. demonstrated the following strengths:

- MHA is well known in the state for providing services for mental illness and substance use disorders and for offering a variety of wraparound services regarding education, advocacy, and support in the community via collaborations with organizations, businesses, providers, faith-based communities, and other entities across the state. The mission is to offer hope for those with mental health and substance use challenges and enhance the lives of consumers.
- The CEO is deeply committed to the organization's mission, bringing a sense of purpose that has guided his decades-long career in the field. With many years of experience and a long tenure within the organization itself, he possesses a rare combination of institutional knowledge and industry expertise. Beyond internal leadership, he serves as an active advocate for mental health issues, consistently elevating consumer needs in broader conversations and policy discussions. Known for a forward-thinking mindset, the CEO embraces and is willing to take calculated risks to drive meaningful progress. At the same time, he is an effective and persuasive communicator, able to clearly articulate vision and strategy to stakeholders at every level and inspire confidence and alignment across the organization.
- The organization has implemented a distinctive marketing approach by sponsoring a local university basketball team. This initiative is designed to reach elected officials and regional policymakers and includes in-game sponsorships, podcast interviews, and the production of an annual video. Through these efforts, the organization raises its profile and strengthens overall name recognition.
- The director of development and marketing has led highly effective fundraising campaigns that have enabled the organization to support special initiatives, including staff bonuses and enhanced 401(k) contributions. By introducing fresh, creative ideas each year, she has diversified fundraising opportunities rather than relying on a single recurring approach. As a result, she has consistently grown the organization's fundraising budget year over year.
- The board of directors is deeply committed to advancing the organization's mission, bringing together individuals who reflect a broad spectrum of professional expertise and diverse community perspectives. This range of experience strengthens the board's ability to thoughtfully address complex issues and support the organization's goals. Members have a clear understanding of their governance responsibilities, maintaining an appropriate focus on oversight, strategy, and accountability. Working collaboratively with the organization's leadership, the board provides informed guidance and constructive insight, fostering a strong partnership that helps drive continued success.
- Staff members are committed to the mission of the organization and to assisting the consumers in improving their quality of life. They work well together as a team. They are passionate in assisting the consumers to build strong foundations for their recoveries and life skills. The organization's culture is welcoming and inclusive despite its large size. This spirit of collaboration and teamwork is evident throughout the organization. Some staff members have been with the organization for over 20 years. The staff members demonstrate ingenuity and commitment to the mission, stating, "We will figure it out, and we don't turn anyone away."
- The organization's main office is housed in a building dating back to the 1800s, and many original architectural features have been carefully preserved. These historic elements offer a tangible connection to the past, reflecting both the story of the building and the broader history of the surrounding area. Thoughtful remodeling has seamlessly blended old and new, transforming the space into an efficient and comfortable workplace. Large windows fill the interior with natural light, while spacious offices and shared areas provide a functional and inviting environment for staff members and visitors alike.
- The organization offers a strong and supportive benefits package designed to promote employee well-being and long-term security. Staff members enjoy generous paid time off, allowing for meaningful rest and work-life balance. A culture of recognition is evident through regular "shout outs" that celebrate achievements and highlight significant employee milestones, as well as appropriate bonuses for high performers. The

organization also invests in its team's future with a generous, well-funded 401(k) retirement plan. Complementing these offerings is comprehensive health insurance coverage, ensuring that employees and their families have access to quality care and peace of mind. All the above has contributed to a decrease in employee turnover.

- External stakeholders consistently described the organization as essential to their day-to-day operations, noting that its services are truly beyond description. They highlighted the team's immediate responsiveness and emphasized that staff members are deeply committed to the mission. Observers also pointed to the organization's strong community involvement and its outstanding reputation, often expressing that they cannot speak highly enough of the impact made by the organization.
- Consumers benefit from on-site health events, including rapid HIV testing and Pre-Exposure Prophylaxis (PrEP) counseling, blood pressure clinics, mobile dental services, mammogram clinics, and preventative screening access.
- The Early Intervention Support Services (EISS) in Sussex County has implemented the concept of a "Therapeutic Living Room," where the waiting room mimics that of a home setting to increase the comfort level of the facility.
- The organization is a recipient of the New Jersey Crisis Intervention Team (CIT) Program of the Year in Morris County.
- The organization-owned supported living sites are exceedingly well maintained and comfortable and include serene, wooded walking paths on the properties and basketball courts.
- The family support program provides a consistent, welcoming space for loved ones through a weekly group known as "Thursdays," which acts as a prevention effort for families in a structured respite and stress relief model. Participants engage in social and wellness activities, helping to reduce caregiver burnout and increase resilience.
- The Prospect House promotes community integration by offering meaningful skill-building opportunities that encourage independence, creativity, and social connection. Through such structured activities, including art therapy, horticulture programming, and food service and menu planning, consumers gain practical experience that supports greater independence and potential pathways to employment.
- MHA provides rotation sites for interns at many of its facilities. This allows for education and guidance for the field and decreases stigma. Partnership with many universities and colleges have been established. The extensive supervision, guidance, and education help support the next generation of clinicians and providers.
- Therapy rooms are individualized and decorated to provide a comfortable environment for ease of therapy. The clinicians have personalized and styled their own offices, creating a relaxing and safe atmosphere so that the consumers can be engaged in their therapeutic sessions.
- The criminal justice program, with management on site in a correctional facility, is another example of the services MHA provides for the consumers and their reintegration into society. The telehealth court support on site allows guidance with the team to side with the consumer in all aspects of a legal challenge and plan.
- The health home services are well run, and consumers are appreciative of the support and care. Consumers stated, "We do it together"; "I love these people"; "They help and support you here. If not for them I don't know where I would be"; "We are a real group, and we come here weekly, even if we may miss church"; "They are dedicated, and I am so grateful. I was homeless, and now I have a home"; and "They're about getting it done for you. That's everybody here. They got me right in."

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.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
- Board selection, orientation, development, leadership, structure, and performance
- Linkage between governance and executive leadership
- Board meetings and committee work
- Executive leadership development, evaluation, and compensation

Recommendations

There are no recommendations in this area.

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.

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

1.G.1.a.(1)

1.G.1.a.(2)

1.G.1.a.(3)

1.G.1.a.(4)

1.G.1.a.(5)

1.G.1.a.(6)

1.G.1.a.(7)

1.G.1.b.(1)

1.G.1.b.(2)

The organization has identified some elements of risk management but does not address all elements in a risk management plan. It is recommended that the organization implement a risk management plan that includes identification of loss exposures, analysis of loss exposures, identification of how to rectify identified exposures, implementation of actions to reduce risk, monitoring of actions to reduce risk, reporting results of actions taken to reduce risks, and inclusion of risk reduction in performance improvement activities. The risk management plan should be reviewed at least annually for relevance and updated as needed. The organization might consider some areas of risk in its plan, such as loss of funding, potential data breaches, confidentiality violations, vehicular accidents, staff boundary violations, staff burnout, staff injuries, potential violence or aggression, and environmental risks.

Consultation

- The organization might consider changing the name of the crisis communication plan to include the term "media relations" to assist staff in readily locating the information on media relations.

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

There are no recommendations in this area.

Consultation

- A monthly health and safety newsletter is issued with excellent information for the staff to review. MHA might consider delaying the section on emergency procedures by a month to help ensure that emergency drills remain unannounced.

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.

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.

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

There are no recommendations in this area.

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.

Consultation

- The organization might consider denial rates for billed services, cash on hand, analysis of critical incidents, actions to reduce risk in the risk management plan, and timeliness of response to maintenance requests for repairs as possible measures of business function.

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.

Consultation

- The organization might consider displaying outcomes data on bulletin boards by using easy-to-view graphics, such as dashboards, graphs, and pie charts.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

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

2.C.2.a.(1)(a)

2.C.2.a.(1)(b)

Although documentation of the person-centered planning process includes goals for consumers, these were inconsistently expressed in the consumers' own words. It is recommended that documentation of the person-centered planning process consistently include the identification of the needs/desires of the consumer through goals that are expressed in the words of the consumer and that are understandable to the consumer. Doing so could better capture the consumer's intentions and aid in understanding their targets.

Consultation

- While timeframes are expressed in the plans (e.g., monthly), it is suggested that actual dates be utilized to better crystalize a target date.

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.

Consultation

- The organization could modify the peer review form to be easier for the staff to use, such as by adding a place to indicate that it was scanned and sent to the director.

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.

Consultation

- It is suggested that the staff members providing the virtual service note the exact location in the record if the consumer is at a location other than home. This could provide ready access as a safeguard in case of an emergency situation.

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.C. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Key Areas Addressed

- Opportunities for community participation
- Based on identified preferences of participants
- Times and locations meet the needs of participants

Recommendations

There are no recommendations in this area.

3.E. Crisis Programs (CP)

Description

Crisis programs include a continuum of services designed to rapidly respond to the needs of persons experiencing acute emotional, mental health, and/or substance use crises in order to keep them safe, seek to resolve the crisis, and maintain community tenure. Crisis response, depending on the immediate needs and preferences of the persons served, may be managed through a crisis contact center, a crisis intervention program that might include mobile crisis intervention services, or admission to a crisis stabilization program.

Key Areas Addressed

Crisis Intervention Programs:

- Services are available 24 hours a day, 7 days a week
- Assessment and immediate stabilization of acute symptoms
- Timely engagement
- Telephone and face-to-face crisis assessment
- Crisis intervention plan
- Qualified behavioral health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

Recommendations

There are no recommendations in this area.

3.H. Health Home (HH)

Description

A health home is a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral health, other healthcare, and community and social support services. A health home allows for individual choice and is capable of assessing the various physical and behavioral health needs of persons served. The program demonstrates the capacity to address, either directly or through linkage with or referral to external resources, behavioral health conditions, such as mental illness and substance use disorders, and physical health conditions. Programs may also serve persons who have intellectual or other developmental disabilities and physical health needs or those who are at risk for or exhibiting behavioral disorders. Care is coordinated over time across providers, functions, activities, and sites to maximize the value and effectiveness of services delivered to persons served.

A health home provides comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family/support services, and linkage and referral to community and social support services. Services are designed to support overall health and wellness and:

- Embody a recovery-focused model of care that respects and promotes independence and responsibility.
- Promote healthy lifestyles and provide prevention and education services that focus on wellness and self-care.
- Ensure access to and coordination of care across prevention, primary care (including ensuring that persons served have a primary care physician), and specialty healthcare services.
- Monitor critical health indicators.
- Support individuals in the self-management of chronic health conditions.
- Coordinate/monitor emergency room visits and hospitalizations, including participation in transition/discharge planning and follow-up.

A health home collects, aggregates, and analyzes individual healthcare data across the population of persons served by the program and uses that data and analysis to manage and improve outcomes for the persons served. If the health home is not the actual provider of a particular healthcare service, it remains responsible for supporting and facilitating improved outcomes by providing disease management supports and care coordination with other providers.

Key Areas Addressed

- Comprehensive care management
- Health assessment
- Utilization of health records/patient registries

- Program accessibility
- Education and training, including cross training of personnel
- The program measures: medical status, behavioral health status, and functional outcomes

Recommendations

There are no recommendations in this area.

3.L. Intensive Outpatient Treatment

Description

Intensive outpatient treatment programs are clearly identified as separate and distinct programs that provide culturally and linguistically appropriate services. The intensive outpatient program consists of a scheduled series of sessions appropriate to the person-centered plans of the persons served. These may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as a step-down program from partial hospitalization, detoxification/withdrawal support, or residential services; may be used to prevent or minimize the need for a more intensive level of treatment; and is considered to be more intensive than traditional outpatient services.

Key Areas Addressed

- Number of contact hours per week
- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

3.N. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

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.

4.H. Supported Living (SL)

Description

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long term in nature, but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sample of these sites will be visited as part of the interview process of the person served. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Key Areas Addressed

- Person-centered
- Education and wellness, recovery, and resiliency
- Independence and self-determination
- Education on health and safety

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.

5.E. Criminal Justice (CJ)

Description

Criminal justice programs serve special populations composed of accused or adjudicated individuals referred from within the criminal justice system who are experiencing behavioral health needs, including alcohol or other drug abuse or addiction, or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, in community-based or institutional settings, or in sex offender programs. Institutional settings may include jails, prisons, and detention centers. The services are designed to maximize the person's ability to function effectively in the community. The criminal justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Criminal justice educational programs may include either community-based or institution-based educational and training services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/DWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Key Areas Addressed

- May be community based or within correctional facility
- Team has specialized criminal justice knowledge

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Mental Health Association of Essex and Morris, Inc.

33 South Fullerton Avenue
Montclair, NJ 07042

Health Home: Comprehensive Care (Adults)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Mental Health (Adults)
Governance Standards Applied

Collaborative Justice Services

60 Washington Street, Suite 301
Morristown, NJ 07071

Case Management/Services Coordination: Integrated: SUD/Mental Health (Criminal Justice)
Crisis Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)

Essex County Correctional Facility

254 Doremus Avenue
Newark, NJ 07104

Case Management/Services Coordination: Integrated: SUD/Mental Health (Criminal Justice)
Health Home: Comprehensive Care (Adults)

Integrated Case Management Services

1373 Broad Street, Suite 312
Clifton, NJ 07512

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Health Home: Comprehensive Care (Adults)

Integrated Case Management Services/Supported Employment/Assisted OT Services/Supported Living/PATH

80 Main Street, Suite 150, 370, 500
West Orange, NJ 07052

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)
Health Home: Comprehensive Care (Adults)
Supported Living: Mental Health (Adults)

Mental Health Association of Essex and Morris

1160 Parsippany Boulevard
Parsippany, NJ 07054

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Adults)
Health Home: Comprehensive Care (Adults)
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Prevention: Mental Health (Adults)
Supported Living: Mental Health (Adults)

Mental Health Association of Essex and Morris

83 Spring Street, Suite 302B, 303
Newton, NJ 07860

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Health Home: Comprehensive Care (Adults)
Outpatient Treatment: Mental Health (Adults)
Prevention: Mental Health (Adults)

Prospect House Partial Care/Prospect Primary Healthcare

424 Main Street
East Orange, NJ 07018

Community Integration: Psychosocial Rehabilitation (Adults)
Health Home: Comprehensive Care (Adults)