CARF Accreditation Report

for

Ark Regional Services

Three-Year Accreditation

Contents

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

Ark Regional Services
1150 North Third Street
Laramie, WY 82072

Organizational Leadership

Bob Sell, President and CEO

Survey Number

142085

Survey Date(s)

November 8, 2021–November 10, 2021

Surveyor(s)

Michael Powers, Administrative
Robyn Kaufman, Program
Juliana M. Mwose, DNP, ACNS-BC, RN, Program

Program(s)/Service(s) Surveyed

Community Housing
Community Integration
Supported Living

Previous Survey

April 23, 2018–April 25, 2018
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: May 31, 2024

Executive Summary

This report contains the findings of CARF's site survey of Ark Regional Services conducted November 8, 2021–November 10, 2021. 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, Ark Regional Services demonstrated substantial conformance to the standards. Ark Regional Services provides services that are highly valued by the persons served and their families in the Laramie, Wyoming, area. The persons served and other stakeholders express high levels of satisfaction with the services, and the persons served appear to benefit from the services provided by the organization. The organization's leadership is well respected and actively seeks the input of the persons served, staff members, and other stakeholders. Ark Regional Services has made strides in incorporating the CARF standards into its daily practices. The services are provided in safe locations and monitored by a team of dedicated staff members. The organization appears to be financially solvent with adequate cash reserves. Sound business practices, internal controls, and well-developed processes are in place to ensure transparency. There are several areas for improvement, including implementing additional written procedures on fundraising, enhancing the factors taken into consideration in ongoing strategic planning, updating the written strategic plan to set organizational goals for the future and guide its decision making, revising the risk management plan to include measurable action goals that further guide risk management activities and the effectiveness of these in reducing risks, enhancing its critical incident procedures, and conducting an annual written analysis of all critical incidents. The organization should expand its performance measurement and management plan to address business function objectives and it should set and measure business function performance indicators. The organization should complete analyses of its service delivery and business function performance and demonstrate how it uses the results of these analyses in its business operations and service delivery. The scope of services should be enhanced to include the items noted and it should also be reviewed at least annually and updated as needed. In addition, the medication management procedures should be expanded to further implement and follow consistent organizationwide procedures for handling controlled substances.

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

Ark Regional Services 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 Ark Regional Services was conducted by the following CARF surveyor(s):

- Michael Powers, Administrative

- Robyn Kaufman, Program

- Juliana M. Mwose, DNP, ACNS-BC, RN, 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 Ark Regional Services 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):

- Community Housing
- Community Integration
- Supported Living

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 Ark Regional Services demonstrated the following strengths:

- Ark Regional Services provides residential, day, and employment services in the Laramie, Wyoming area. Its mission is to provide services that facilitate opportunities for the persons served to increase their independence where they live, learn, work, and play. The services are provided by offering individualized choices, options, personal growth, self-respect, dignity, and learning new skills in safe and secure environments. The vision of the organization is that all "people have the opportunity to experience the world in which we all live." In supporting this vision, Ark Regional Services has demonstrated the ability to facilitate opportunities for people to live the mission of the organization.

- The organization is commended for its continuity in providing services, despite the challenges of the COVID-19 pandemic. Although some activities were delayed, community housing and supported living services continued without interruption. Safety guidelines and protocols were put in place to ensure that everyone remains healthy and safe. The families and stakeholders expressed their appreciation for the efforts taken by the organization to ensure safety while continuing to meet the mission.

- Ark Regional Services is led by an experienced, qualified, and professional president/CEO. His caring and engaged leadership provides vision, direction, and structure to the organization. He is well respected and visible to the persons served, their families, and staff members throughout the organization's day-to-day operations. He is actively involved in the local business community, statewide provider groups, and the Wyoming legislature.

- The organization is governed by a diverse and involved board of directors with members representing a wealth of business and nonprofit experiences. Working together with the president/CEO, the governing board ensures that the organization continues to be financially strong and that the programs and services continue to flourish.

- Ark Regional Services has a strong, talented leadership team composed of experienced, knowledgeable, and dedicated individuals who display enthusiasm for what they do. There is a good mix of tenured staff members and new directors who embrace the values and mission of the organization. The leadership ensures that the organization remains on the cutting edge of service provision and current trends.

- The organization appears to be financially solvent with adequate cash reserves. Sound business practices, internal controls, and well-developed processes are in place to ensure transparency. This success has allowed the organization to continue to provide quality services in the communities it serves.

- The organization appears to have a positive reputation and strong working relationships with the local university and many businesses in the community. These relationships have resulted in partnerships and collaborative efforts in meeting the organization's mission. Many students from the University of Wyoming work part time for the organization while completing their studies.

- The administrative office, homes, and services are located in modern, attractive, safe, and well-maintained facilities in the community. The facilities appear to have adequate space and be fully accessible to the persons served.

- There is a well-designed and active safety program in place that ensures that the services are provided in healthy and safe environments. There are emergency procedures in place and emergency plans are regularly tested to make improvements or affirm current practices.

- The organization has an extensive transportation service with a significant number of vehicles in its fleet. Transportation is provided for the persons served at their homes and around the community. Training is provided to the staff members and persons served on vehicle safety.

- Ark Regional Services is commended for its person-centered, holistic approach to services that emphasizes empowerment and ensures that the persons served have the necessary services and supports to be successful in the community and reach their full potential.

- The organization is commended for its internal certified direct support professional (DSP) training program that was developed to prepare the support staff for career advancement and encourage staff retention. The staff members who complete the additional training receive a wage increase and are recognized as future leaders at Ark Regional Services.

- The stakeholders expressed satisfaction with the organization's "adaptability," explained as the organizational ability to adapt each person served to an individualized and person-focused plan.

- The supported living and community housing services are provided in attractive, accessible, and well-maintained facilities. The residential living areas are spacious and well maintained to ensure that supports are provided in a safe manner. The living areas reflect the interests and desires of each person served and support/accommodate the needs of the persons served. The door keypad devices have enhanced the safety and independence of several persons served.

- Ark Regional Services demonstrates a great commitment to Laramie, and its community connections and collaborations are strengths. The Cooper Center for Community Arts offers opportunities for members of the community to attend numerous events such as art shows, community theater, and dance presentations, including an upcoming Christmas variety show that will include comedy sketches, dance, and music under rehearsal presently. Although it typically held four art shows each year prior to the pandemic, in September the center celebrated its first show of the year, appropriately titled, "Worth the Wait—A Color Infused Art Show." The student artists participate in community art shows such as the Laramie Pop-Up Art event, have art displayed in local coffee and gift shops, and are currently exploring options to sell prints online. Many classes are held in the community such as at the library or on the campus of the University of Wyoming. For example, the Dungeons and Dragons class utilized the university's 3-D printer and Makers Space to create figurines to be used in their class. The employees are involved in numerous community groups such as the Professional Association of Therapeutic Horsemanship International (PATH), Laramie Public Art Coalition, and groups affiliated with the Art Museum and American Heritage Center. The organization taps into community opportunities and expertise in developing classes for the participant students such as utilizing a local expert on permaculture and accessing community gardens.

- Ark Regional Services' COVID-19 response was responsive and effective. The leadership quickly and creatively developed protocols to make changes that allowed for business and service continuity, which can be challenging for programs such as theater and arts. The organization for the first time developed a film class to create a comedy sketch. Filming could be completed with individuals or very small groups, rather than the larger groups typically associated with theater productions. The students also had the opportunity to learn and perform all the functions needed to create the film, including costumes, prop design, acting, editing, and sound. The organization also sent out art kits and provided instruction at residences or one-on-one at the center. As many students increased their use of social media during the pandemic, the organization developed a social media ethics class to teach the students how to use social media appropriately and safely.

- It is apparent that the employees embrace the mission and values and are dedicated to the vision of the organization "…that all people have the opportunity to experience the world in which we all live." The employees help grow the positive culture and sense of family within the organization and speak passionately about the organization's programs, persons served, and mission. Some employees shared their personal connection to people with disabilities, not only bringing additional empathy to their work but also a sense of gratitude that these services are available to others. The staff members described the organization's culture as creative, collaborative, and inclusive. Other staff members shared their philosophy that "artists are artists." The organization thoughtfully made significant changes to its day program and other services nine years ago to create a more inclusive culture.

- Longevity of employees is another strength. Members of the leadership team as well as many program staff members have been with the organization for years. The dedication and compassion of the employees is found throughout the organization. Many employees started their employment in the residential program and continue to pick up shifts to assist. The staff members describe their colleagues and persons served as their "second family" and proudly share the accomplishments of those they support.

- The persons served were very complimentary of the services offered. One individual shared how proud she was to move out of her family member's home to a home of her own and learn many new skills. She stated that she is "much more independent than when I was living with (my family member)." These individuals demonstrated self-determination by describing their individual plan and specific new goals they intend to bring to their next meeting. The students are provided individualized instruction, such as visual, sound, pictures, and hand-over-hand techniques. While the entire class works on the same project, the instructor takes time at the beginning of the semester class to try different modes to determine what will work best for each participant. The instructors bring to the organization a wealth of professional experience and expertise in their area, whether it be in equestrian, art, theater, dance, or culture expertise. Classes are developed to meet the four learning objectives for the Ark's Education Program - Critical Thinking, Emotional Intelligence, Interpersonal Skills, and Cultural Competence. The participants are provided with choices of classes prior to the beginning of the semester and shared some of their current and previous classes such as Russian Language and Culture, Women's Studies, Physics of Sound, Breathing Gym, Papermaking, Harry Potter, and "I Hate Math." One participant stated that they did hate math before they took the class and now they love it. The participants taking classes in the Equestrian Center learn more than how to care for or ride a horse. The instructors intentionally work with the participants to develop a relationship with the horses and help them transfer these skills to their relationships with others.

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 and diversity
■ Corporate responsibility
■ Organizational fundraising, if applicable

Recommendations

1.A.9.a.(2)(b)
1.A.9.a.(2)(c)
1.A.9.a.(2)(d)
1.A.9.a.(4)
1.A.9.a.(5)
1.A.9.a.(6)
The organization has a policy that specifies the process for accepting donations and fundraising efforts; however, it should implement written procedures that address, at a minimum, donor communication, recognition, and confidentiality; use of donations in accordance with donor intent; documentation and recordkeeping; and use of volunteers in fundraising efforts.

Consultation

- Ark Regional Services has policies and procedures that are located in a number of different areas, including handbooks, computer files, and manuals. It is suggested that the organization develop a centralized location for its policies and procedures. The policies could be numbered in an orderly fashion with a table of contents for ease of use. Further, the centralized policy system could be in a paper or electronic format.

- Ark Regional Services has a comprehensive social media policy. It is suggested that the organization include a condensed version of this information or reference to the social media policy in its written code of ethics.

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

1.C.1.c.
1.C.1.d.
1.C.1.e.
1.C.1.f.
1.C.1.g.
1.C.1.h.
1.C.1.i.
1.C.1.j.
1.C.1.k.
1.C.1.l.(1)
1.C.1.l.(2)
1.C.1.l.(3)
1.C.1.m.
The organization has engaged in planning and strategy sessions at which a number of factors have been taken into consideration, such as the expectations of the persons served, personnel, and other stakeholders. It is recommended that the ongoing strategic planning of the organization also consider the competitive environment; financial opportunities; financial threats; the organization's capabilities; social determinants of health; demographics of the service area; the organization's relationships with external stakeholders; the regulatory environment; the legislative environment; the use of technology to support efficient operations, effective service delivery, and performance improvement; and information from the analysis of performance.

1.C.2.a.(1)
1.C.2.a.(2)
1.C.2.a.(3)
1.C.2.b.(1)
1.C.2.b.(2)
1.C.2.b.(3)(a)
1.C.2.b.(3)(b)
1.C.2.c.(1)
1.C.2.c.(2)
1.C.2.d.
1.C.2.e.
Ark Regional Services has not updated its strategic plan in a number of years. It is recommended that the organization implement a current written strategic plan that is developed with input from the persons served, personnel, and other stakeholders and reflects the organization's financial position at the time the plan is written and at projected point(s) in the future, with respect to allocating resources necessary to support accomplishment of the plan in the areas of finance and workforce. The plan should also set goals and priorities. The strategic plan should be reviewed at least annually for relevance and updated as needed.

1.C.3.a.
1.C.3.b.
1.C.3.c.
Once the strategic plan is updated and current, it should be shared, as relevant to the needs of the specific group, with the persons served, personnel, and other stakeholders.

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.(3)
1.G.1.a.(4)
1.G.1.a.(5)
1.G.1.a.(6)
1.G.1.a.(7)
Ark Regional Services has a risk management plan that is reviewed annually and identifies and prioritizes potential loss exposures; however, a plan, as defined in the CARF glossary, should include "written direction that is action oriented and related to specific goals either present or future oriented." As such, measurable action goals should be reflected in its identification of how to rectify identified exposures. Once developed, the risk management plan should address 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. These could help the organization better determine its success in mitigating risk.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.10.f.(8)
1.H.10.f.(12)
1.H.10.f.(18)
Although the organization has a chart in the safety manual that is easy to read, it is recommended that written procedures regarding critical incidents be expanded to include use and unauthorized possession of weapons, biohazardous accidents, and overdose.

1.H.11.a.
1.H.11.b.(1)
1.H.11.b.(2)
1.H.11.b.(3)
1.H.11.b.(4)
1.H.11.b.(5)
1.H.11.b.(6)
Although critical incidents are recorded in the Therap® software, it is recommended that the organization conduct a written analysis of all critical incidents provided to or conducted by the leadership at least annually that further addresses causes, trends, areas needing improvement, actions to address the improvements needed, implementation of the actions, and whether the actions taken accomplish the intended results.

Consultation

- Inconsistencies were noted in the internal safety checks of fire extinguisher tags. It is suggested that the safety committee review its process for checking fire extinguishers and ensure that there is consistency in its safety checks.

1.I. Workforce Development and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization consider investing in records management software to facilitate better management of its personnel files electronically.

- It is suggested that the organization incorporate its certified DSP program into its written succession plan as its instruction and training activities are designed to assist personnel in career advancement.

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
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Provision of information related to ICT, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

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

1.M.3.a.(4)
The performance measurement and management plan should be expanded to address identification of priority measures determined by the organization for business function objectives.

1.M.9.a.
1.M.9.b.(1)
1.M.9.b.(2)
1.M.9.b.(3)
1.M.9.b.(4)
1.M.9.b.(5)

The organization collects business information from a variety of internal and external sources; however, to measure its business function, Ark Regional Services should document objectives in priority areas that it determines. For each objective, there should be a performance indicator(s), including to what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or that is based on an industry benchmark. It could take its strategic planning objectives and use these to set written business function objectives, performance indicators, and performance targets.

Consultation

- The organization has a written performance measurement and management plan that includes service delivery performance indicators for effectiveness, efficiency, service access, and satisfaction and other feedback on its services; however, all three services provided use identical performance objectives. It is suggested that the organization implement service delivery performance objectives and indicators that pertain more directly to the scope of each service. For example, community housing that incorporates movement toward greater independence in activities of daily living and community integration targeting greater access to the community, among others.

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

1.N.1.a.
1.N.1.b.
1.N.1.c.(1)
1.N.1.c.(2)
1.N.1.c.(3)
1.N.1.c.(4)
1.N.1.c.(5)
1.N.1.d.(1)
1.N.1.d.(2)
1.N.1.e.(1)
1.N.1.e.(2)
1.N.1.e.(3)
1.N.1.f.(1)
1.N.1.f.(2)
1.N.1.f.(3)
1.N.1.f.(4)
The organization reports data from its service delivery performance objectives and indicators on its website and in its annual report; however, there is no analysis of the results. A written analysis of service delivery performance should be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan. The analysis should address service delivery indicators for each program/service seeking accreditation, including, at a minimum, results achieved for the persons served (effectiveness), experience of services received and other feedback from the persons served, experience of services and other feedback from other stakeholders, resources used to achieve results for the persons served (efficiency), and service access. The service delivery performance analysis should incorporate the characteristics of the persons served and the impact of extenuating or influencing factors and include comparative analysis, identification of trends, and identification of causes. The service delivery performance analysis should be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

1.N.2.a.
1.N.2.b.
1.N.2.c.
1.N.2.d.(1)
1.N.2.d.(2)
1.N.2.e.(1)
1.N.2.e.(2)
1.N.2.e.(3)
1.N.2.f.(1)
1.N.2.f.(2)
1.N.2.f.(3)
1.N.2.f.(4)
Once the organization measures its business functions based on priority objectives and performance indicator(s), it should complete a written analysis of business function performance at least annually and in accordance with the timeframes outlined in the performance measurement and management plan. The analysis should address priority business function indicators determined by the organization and incorporate the characteristics of the persons served, if applicable, and the impact of extenuating or influencing factors. The analysis should include comparative analysis, identification of trends, and identification of causes. The analysis should be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

1.N.3.a.
1.N.3.b.(1)
1.N.3.b.(2)
1.N.3.c.
The results of the performance analysis should be used to improve the quality of programs and services, facilitate organizational decision making regarding service delivery and business functions, and guide changes to the performance measurement and management plan.

Section 2. Quality Individualized Services and Supports

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

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

■ Services are person centered and individualized
■ Persons are given information about the organization's purposes and ability to address desired outcomes
■ Documented scope of services shared with stakeholders
■ Service delivery based on accepted field practices
■ Communication for effective service delivery
■ Entrance/exit/transition criteria

Recommendations

2.A.1.a.(1)
2.A.1.a.(3)
2.A.1.a.(4)
2.A.1.a.(5)
2.A.1.a.(7)
2.A.1.c.
2.A.1.d.

Although there are descriptions of programs and services on the organization's website and a couple of the Community Integration programs note populations served, semester class schedules, and times available to students for the programs, there is not a comprehensive scope of service documented for each program. It is recommended that, for each program/service, the organization ensure that its scope of services documents population(s) served, hours of service, days of services, frequency of services, and fees. It is recommended that the organization review the scope of services at least annually and update the scope as necessary for each program/service.

Consultation

- The organization's policy states that it does not have wait lists for services and the client handbook includes information about the state's wait list for the Wyoming Home and Community-Based Waiver. It might be helpful to provide guidance to employees regarding protocols on how to handle inquiries for services that cannot begin immediately.

2.B. Individual-Centered Service Planning, Design, and Delivery

Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed

■ Services are person centered and individualized
■ Persons are given information about the organization's purposes and ability to address desired outcomes

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization completes exit summaries for persons who leave the organization, it may be helpful to revise the exit summary form to include the date completed and expand the information provided regarding the goals achieved and results of services received.

2.C. Medication Monitoring and Management

Key Areas Addressed

- Current, complete records of medications used by persons served
- Written procedures for storage and safe handling of medications
- Educational resources and advocacy for persons served in decision making
- Physician review of medication use
- Training and education for persons served regarding medications

Recommendations

2.C.6.a.
Although Ark Regional Services has a comprehensive medication management manual that is taught to the DSPs, it is urged to expand it to further implement and follow consistent organizationwide procedures for handling controlled substances, including addressing counting and verifying the controlled substances count.

Consultation

- Although the organization has an effective and efficient electronic medication record system, it may be helpful to keep a current paper medication administration record in the individual's blue binder in case there is an electronic system failure/disruption. This could allow for administration and recording of medications without interruption.

2.E. Community Services Principle Standards

Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

Key Areas Addressed

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

Recommendations

There are no recommendations in this area.

Section 4. Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

■ Increased inclusion in community activities.
■ Increased or maintained ability to perform activities of daily living.
■ Increased self-direction, self-determination, and self-reliance.
■ Self-esteem.
■ Housing opportunities.
■ Community citizenship.
■ Increased independence.
■ Meaningful activities.
■ Increased employment options.

4.G. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity center, a day program, a clubhouse, and a drop-in center are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in

more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

■ Leisure or recreational activities.
■ Communication activities.
■ Spiritual activities.
■ Cultural activities.
■ Pre-vocational experiences.
■ Vocational pursuits.
■ Volunteerism in the community.
■ Educational and training activities.
■ Development of living skills.
■ Health and wellness promotion.
■ Orientation, mobility, and destination training.
■ Access and utilization of public transportation.
■ Interacting with volunteers from the community in program activities.
■ Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.).

Some examples of the quality results desired by the different stakeholders of these services include:

■ Community participation.
■ Increased independence.
■ Increased interdependence.
■ Greater quality of life.
■ Skill development.
■ Slowing of decline associated with aging.
■ Volunteer placement.
■ Movement to employment.
■ Center-based socialization activities during the day that enable persons to remain in their community residence.
■ Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

Key Areas Addressed

■ Opportunities for community participation

Recommendations

There are no recommendations in this area.

4.H. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

■ Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.
■ Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences in which community housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation decision as a site at which the organization provides a community housing program.

Key Areas Addressed
■ Safe, secure, private location
■ Support to persons as they explore alternatives
■ In-home safety needs
■ Access as desired to community activities
■ Options to make changes in living arrangements
■ System for on-call availability of personnel

Recommendations
There are no recommendations in this area.

4.I. Supported Living (SL)

Description
Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually 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 people receiving services/supports in these sites will be visited as part of the interview process. 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.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the survey application or identified as a site on the accreditation outcome.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

■ Persons served achieving choice of housing, either rent or ownership.
■ Persons served choosing whom they will live with, if anyone.
■ Minimizing individual risks.
■ Persons served have access to the benefits of community living.
■ Persons served have autonomy and independence in making life choices.

Key Areas Addressed

■ Safe, affordable, accessible housing chosen by the individual
■ Supports available based on needs and desires
■ In-home safety needs
■ Living as desired in the community
■ Support personnel available based on needs
■ Persons have opportunities to access community activities

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Ark Regional Services

1150 North Third Street
Laramie, WY 82072

Administrative Location Only

8th St.

870 North 8th Street
Laramie, WY 82072

Community Housing

Ark Regional Services - 1260

1260 North Fifth Street
Laramie, WY 82070

Community Housing

Ark Regional Services - 23rd Street

1754 North 23rd Street
Laramie, WY 82070

Community Housing

Ark Regional Services - Apartment 17, 18, 19 & 20, Supervised Living

1358 North Third Street, Apartments 17, 18, 19, & 20
Laramie, WY 82072

Community Housing

Ark Regional Services - Beaufort #96

530 Beaufort Street, Apartment 96
Laramie, WY 82072

Community Housing

Ark Regional Services - Center for Professional Development

1160 North Third Street
Laramie, WY 82072

Community Integration

Ark Regional Services - Cooper Center for Creative Arts

1174 North Fourth Street
Laramie, WY 82072

Community Integration

Ark Regional Services - Equestrian Center

1375 Pine Street
Laramie, WY 82070

Community Integration

Ark Regional Services - Fifth Street

1359 North Fifth Street
Laramie, WY 82070

Community Housing

Ark Regional Services - Hancock

2145 Hancock Street
Laramie, WY 82070

Community Housing

Ark Regional Services - Nighthawk

2209 Nighthawk Drive
Laramie, WY 82072

Community Housing

Ark Regional Services - Red House

970 North Fifth Street
Laramie, WY 82070

Community Housing

Ark Regional Services - Sixth Street

1658 North Sixth Street
Laramie, WY 82070

Community Housing

Ark Regional Services - Third Street

1382 North Third Street
Laramie, WY 82072

Supported Living

Duplex

1457 North 6th Street
Laramie, WY 82072

Supported Living

Duplex

1459 North 6th Street
Laramie, WY 82072

Supported Living

Duplex

1463 North 6th Street
Laramie, WY 82072

Supported Living

North 3rd Street - Apts

1354 North Third Street, Clubhouse
Laramie, WY 82072

Supported Living