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Three-Year Accreditation

CARF Survey Report for Berkeley Community Mental Health Center

CARF INTERNATIONAL
6951 East Southpoint Road
Tucson, AZ 85756 USA
Toll-free 888 281 6531
Tel/TTY 520 325 1044
Fax 520 318 1129

CARF-CCAC
1730 Rhode Island Avenue, NW, Suite 410
Washington, DC 20036 USA
Toll-free 866 888 1122
Tel 202 587 5001
Fax 202 587 5009

CARF CANADA
10665 Jasper Avenue, Suite 760
Edmonton, AB T5J 3S9 CANADA
Toll-free 877 434 5444
Tel 780 429 2538
Fax 780 426 7274

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Organization

Berkeley Community Mental Health Center (BCMHC)
403 Stoney Landing Road
Moncks Corner, SC 29461

Organizational Leadership

Debbie Calcote, M.A., Executive Director

Survey Dates

October 3-4, 2013

Survey Team

Phil Brouwer, M.P.A., Administrative Surveyor

Jason C. Andrade, Program Surveyor

Programs/Services Surveyed

Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Previous Survey

September 1-3, 2010
Three-Year Accreditation

Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: November 2016

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SURVEY SUMMARY

Berkeley Community Mental Health Center (BCMHC) has strengths in many areas.

- Staff members of BCMHC present as extremely passionate about the services they provide and dedicated to promoting the welfare of the individuals they serve. In addition, staff members appear to be extremely qualified and competent and receive ongoing training.
- The staff members at BCMHC report feeling supported and empowered to perform their work duties. Conversation with team members suggests there is a strong sense of ownership toward the programs and efforts to help improve the lives of persons served.
- BCMHC teamwork as well as mutual respect, cooperation, and open communication are evident throughout the organization.
- BCMHC leadership and supervisors are accessible to staff members, fostering a continuous quality improvement environment. It is apparent that leadership used the recommendations from the previous CARF survey report for making improvements.
- The leadership of BCMHC is focused on a sound vision and competently copes with issues as they arise. Leadership displays responsiveness, enthusiasm, and passion in serving the clients and takes great pride in the recovery of the individuals it serves.
- The organization has developed an excellent reputation for collaborating and being a valued partner with other organizations. BCMHC is highly respected within the communities it serves.
- BCMHC clients, staff members, and other stakeholders interviewed expressed a high degree of satisfaction with services and that clients are benefiting from the services provided. One client reported that the program has saved the client's life.
- BCMHC provides a service setting that is inviting and respectful to those served. The facility is attractive and well maintained and includes barrier-free access. The grounds of the facility are well maintained and demonstrate a commitment to promoting the dignity of those served. Clinician offices and meeting spaces are inviting, comfortable, and accessible to all persons served.
- The BCMHC website, as well as its intranet site, is available to all staff members. These sites are well designed, easy to navigate, and provide extensive information on the organization and its performance.
- BCMHC is genuinely committed to the recovery process and actively works to support and empower those served, as evidenced by the numerous pieces of client artwork that adorn the walls of the center. These pieces of artwork allow the client to showcase his or her unique strength and talent while also creating an environment of hope at the center.
- It is evident that BCMHC staff members are working to help improve and save the lives of those individuals with severe and persistent mental illness. This is demonstrated through feedback obtained from persons served and direct observation of the level of compassion and commitment through which staff members complete their job duties. There is a congruent

sentiment from the persons served that BCMHC is important to the community and that the staff of this organization goes out of its way to ensure that all individuals are treated with respect and dignity.

- The Access Center of BCMHC demonstrates a unique and effective approach to promoting effective mental healthcare in the least restrictive community environment. Staff members go out of their way to promote treatment engagement through a meaningful orientation process and an innovative stabilization and support process for those individuals experiencing a crisis situation.
- BCMHC works to promote access to medication services through the use of full-time and contractual medical providers, allowing for responsiveness to emergent client needs and assistance in reducing potentially unnecessary inpatient psychiatric hospitalizations.

BCMHC should seek improvement in the area identified by the recommendation in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, BCMHC provides excellent outpatient mental health services to the persons served. BCMHC is dedicated to ongoing quality improvement, as it has maintained its practices, policies, and procedures during the tenure of its accreditation and continues to demonstrate substantial conformance to standards. The organization is respected in the community, and staff members demonstrate their commitment to the program and the progress of the persons served. BCMHC has areas of improvement, including documentation of personnel training, access to outpatient treatment appointments, and acceptance of the person-centered plan by persons served. In addition, the reductions in funding over the past several years have been met by the organization with its determination and innovation in order to continue providing quality services without maintaining a waiting list. The leadership appears to have the capability and commitment to address these areas for improvement.

Berkeley Community Mental Health Center has earned a Three-Year Accreditation. The board, administration, and staff members are complimented for their positive efforts in the pursuit of accreditation and are encouraged to use the CARF standards as guidelines for continuous quality improvement.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

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
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization more clearly identify the prohibition of waste within its policy and procedure on corporate responsibility.

C. Strategic Planning

Principle Statement

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

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization's description of its strategic plan include a summary of the input it received from various stakeholders that it used in the formation of its strategic plan.

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Principle Statement

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual 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

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

G. Risk Management

Principle Statement

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

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations

There are no recommendations in this area.

Consultation

- Currently the organization's risk management plan incorporates a number of financial risks. It is suggested that other risk areas be assessed, such as sentinel events or security risks.

H. Health and Safety

Principle Statement

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

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

There are no recommendations in this area.

Consultation

- The organization's policy and procedure on reporting adverse and unusual events includes the reporting of "other sentinel events." Because it was not clear to all staff members as to what may be a sentinel event, it is suggested that the organization clarify these events by defining *sentinel event* or giving examples within the policy or through staff training.

I. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts

- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

I.5.b.(3)
I.5.b.(6)
I.5.b.(7)
I.5.b.(12)

It is recommended that BCMHC consistently ensure the ongoing completion and documentation of staff training that addresses customer service, promoting wellness of the persons served, person-centered practice, and the unique needs of the persons served.

Consultation

- There is annual review of the performance of all individuals working under a contract. It is suggested that the review more clearly identify the individuals' compliance with all policies and procedures of the organization as well as their conformance to CARF standards.

J. Technology

Principle Statement

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Principle Statement

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

- Communication of rights
- Policies that promote rights
- Complaint, grievance, and appeals policy
- Annual review of complaints

Recommendations

There are no recommendations in this area.

Consultation

- The materials provided to clients as well as the organization's policy and procedure address the client rights in regard to privacy and financial exploitation. It is suggested that the summary statement given to clients also include a brief statement of these rights.

L. Accessibility

Principle Statement

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

Key Areas Addressed

- Written accessibility plan(s)
- Status report regarding removal of identified barriers
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Principle Statement

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Principle Statement

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

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.

A. Program/Service Structure

Principle Statement

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.

Consultation

- It was noted that clients felt unable to schedule counseling sessions at a weekly frequency, which appears to be due to high caseload demands of the clinicians as well as limited resources of the organization. It is suggested that the organization consider creative ways to help ensure that persons served are able to schedule treatment sessions at a frequency that will support their individual recovery process. The organization might consider increased group treatment opportunities for individuals served who are in similar stages of the recovery process to further maximize resource efficiency. In addition, the organization is encouraged to continue advocacy efforts to obtain necessary resources from the state to ensure meaningful and effective support of persons served throughout the treatment and recovery process.
- Although clinical supervision is ongoing, not all areas of the organization are documenting this activity on the same form. The organization might consider reviewing the various clinical-supervision-documentation forms currently being used and select one version to be used uniformly throughout the organization. This could potentially be helpful in ensuring that all required areas of clinical supervision are consistently covered.

B. Screening and Access to Services

Principle Statement

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 his or her 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, his or her 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.

C. Person-Centered Plan

Principle Statement

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

- Development of person-centered plan
- Co-occurring disabilities/disorders
- Person-centered plan goals and objectives
- Designated person coordinates services

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that clinicians obtain the client's signature on the person-centered plan at the time of plan development, which can help demonstrate development of the person-centered plan, at the earliest time in the treatment process. Early participation could help ensure that all aspects of treatment are based upon the person's strengths, needs, abilities, and preferences and demonstrate active participation of the person served and, if applicable, the family/legal guardian.

D. Transition/Discharge

Principle Statement

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 person served when he or she moves 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 program (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 program 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 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.

E. Medication Use

Principle Statement

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. 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, transporting, storing, and disposing of medications, including those self administered by the person served.

Self administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak 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 closely observing the person served self-administering the medication.

Self administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details 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

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

F. Nonviolent Practices

Principle Statement

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to self, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

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

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral health care setting.

Key Areas Addressed

- Training and procedures supporting nonviolent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

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
- Time frames for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

H. Quality Records Management

Principle Statement

The organization has 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.

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/disorders, such as mental illness and a developmental disability.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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.

T. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. 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, addictions (such as alcohol or other drugs, gambling, and internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

B. Children and Adolescents

Outpatient Treatment: Mental Health

Principle Statement

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.

Recommendations

There are no recommendations in this area.

Consultation

- Because BCMHC serves children and adolescents who are attending school during the day, it is suggested that the organization consider the benefits of evening service hours to facilitate access to care and removal of treatment barriers. A regular survey of persons and families may be conducive to determine if evening hours are desired and may increase treatment engagement.
