

**CARF
Survey Report
for
Sertoma Centre,
Inc.**

Organization

Sertoma Centre, Inc.
4343 West 123rd Street
Alsip, IL 60803

Organizational Leadership

Gus van den Brink, Executive Director
Paula M. Phillips, M.S., Assistant Executive Director



Three-Year Accreditation

Survey Dates

March 13-15, 2017

Survey Team

Mary C. Zubek, M.S., Administrative Surveyor
Alice B. Tapley, M.R.C., Program Surveyor
Pamelia Mobley, Ph.D., Program Surveyor
Robert Eickmeier, Program Surveyor

Programs/Services Surveyed

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Community Housing
Community Integration
Employee Development Services
Organizational Employment Services
Services Coordination
Supported Living
Transition Services
Community Integration: Psychosocial Rehabilitation (Adults)

Previous Survey

March 26-28, 2014
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: April 30, 2020

SURVEY SUMMARY

Sertoma Centre, Inc. has strengths in many areas.

- Sertoma Centre strives to live its mission and core values throughout all programs. The staff members are oriented and continually reinforced regarding customer service, professionalism, and the organization's mission and values.
- The organization's staff members are dedicated to the persons served and its mission. Everyone responsible for providing direct services appeared caring and knowledgeable of the persons served. There is good communication and teamwork among direct service staff members to ensure that additional services are well coordinated and provided as indicated in the individual service plans of persons served.
- The management staff members demonstrate a strong loyalty and dedication to the organization and the persons served.
- The technology plan is thorough and provides direction for decision making and further development of the organization's information technology system.
- The organization demonstrates a high regard for the rights of persons served and advocates by supporting the persons served to advocate themselves.
- Sertoma Centre provides services in an individualized manner based upon best practices and regular input from the persons served. Services are comprehensive, person centered, and well designed to meet the needs of the persons served.
- Staff members provide excellent leadership to the organization and bring pride and dedication to their work, which provides great benefits to the persons served.
- The training regimen is comprehensive and thorough in its scope. Management values the need for training that benefits the delivery of services and enhancement of the environment's safety. The training program provides a wide variety of training focused on core competencies and the development of staff members.
- Satisfaction surveys solicit input from each person served in order to continuously tailor its services to the needs of the persons served.
- The staff members, who are caring, dedicated, and experienced, serve the program and the persons served well. The compassionate, dedicated, and person-centered approach demonstrated by the staff members results in a high level of satisfaction from the persons served and community partners. The persons served express that the staff members are motivated, responsive, and enthusiastic in meeting their needs.
- It is clear that the choices of persons served are the driving force behind the services provided by the organization and the type of jobs developed.
- Persons served and employers express high degrees of satisfaction with the way that the organization's program and the staff members meet their individual needs.
- The organization is commended for the variety of nontraditional community jobs that have been developed for the persons served.
- Sertoma Centre has developed ten community homes for the persons served that are located in various communities and blend in well with the neighborhoods. The homes are attractive, large, and well decorated, and many homes have updated kitchens and bathrooms. The choices of

persons served were evident throughout the homes with individual bedrooms, and staff members work hard to ensure that the persons served are involved in all aspects of home living. The persons served are encouraged to develop home skills, which will maximize independent living capabilities.

- A Helpful Location Tips flyer is located in many homes that informs staff members of where to find important things in the home, such as keys, fire extinguishers, safety manuals, water, and temperature thermometer. This is especially helpful for new staff members and staff members working in the home from another home and during times of emergencies.
- The organization currently provides intermittent services to eight persons served living in their own apartments in the community. The apartments are located in safe neighborhoods; are affordable; and are within easy access of shopping, recreational, and spiritual services. The persons served receive the amount of service defined in their service plans, and staff members are available at times to meet the persons served needs.
- The individual support plans developed by the service coordinators in the consumer services department are well written, thorough, and comprehensive and detail the goals and objectives from the person served and his/her team. Regular monthly reviews focus on progress made, any revisions needed, and comments from the person served and team members.
- Although the medication monitoring and management services are well documented and there are areas to work on, the nursing staff members have done excellent work on documenting the issues on a regular basis, identifying problem areas, analyzing trends, and seeking feedback and assistance from other departments to decrease the number of medication errors.
- Sertoma Centre has well-trained and dedicated staff members representing many disciplines, including counseling, social work, physical therapy, and nursing, and others who are truly enthusiastic about enhancing the quality of life of the persons served. Many staff members have more than 20 years of service. This wealth of experience and wisdom in networking with the community and other providers is invaluable in solving complex problems.
- Sertoma Centre offers many community inclusion activities, based on the stated wishes of the persons served. Persons served can choose from among a wide variety of outings, most of which are free or with very minimal fees. Every effort is made to develop activities in the home community to enable lifelong community integration.
- Sertoma Centre is well known in the community and has a sterling reputation as an honest, well-managed, and valuable resource for the persons served.

Sertoma Centre should seek improvement in the area(s) identified by the recommendation(s) in the report. Any consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Sertoma Centre's leadership and staff members have made a positive impact on the organization's direction and its continuous commitment to service delivery and growth. Through good hiring practices and ongoing training, the organization is able to ensure that persons served receive the finest programming available. Sertoma Centre, serving a wide catchment area of the south suburbs of Chicago, is a unique, well-positioned, and well-respected service organization with a highly committed tenured cadre of staff members providing exceptional services within the catchment area it serves. Sertoma Centre has a very good understanding of the CARF International standards, as demonstrated by its commitment to service delivery and growth. The organization's leadership continues to meet the challenges it faces and has a strong commitment to exploring expansion opportunities, securing its position in the community, and meeting its mission.

Sertoma Centre, Inc. has earned a Three-Year Accreditation. Administration and staff members are complimented and commended for the positive efforts they continue to make every day in the pursuit of international accreditation. It is obvious that the staff members and the entire organization embrace and utilize the CARF standards and value the process. The organization is encouraged to continue to incorporate the CARF standards into its daily operations and use its resources to address opportunities for continuous quality improvement.

SECTION 1. ASPIRE TO EXCELLENCE®

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

Recommendations

There are no recommendations in this area.

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

- 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.

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

- 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

Description

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.

Consultation

- When Sertoma Centre applies for its Department of Labor (DOL) certificates, both federal and state of Illinois, it is suggested that the applications be personally delivered and that a signature of acceptance be requested or the applications be sent by registered mail. This could demonstrate that Sertoma Centre has applied in a timely fashion, even if these entities are late in providing the subminimum wage certificates.
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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 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

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

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

Recommendations

There are no recommendations in this area.

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

- 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.

I. Human Resources

Description

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

There are no recommendations in this area.

J. Technology

Description

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
 - Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
 - Training for personnel, persons served, and others on ICT equipment, if applicable
 - Provision of information relevant to the ICT session, if applicable
 - Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
 - Emergency procedures that address unique aspects of service delivery via ICT, if applicable
-

Recommendations

There are no recommendations in this area.

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

- 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

- It is suggested that Sertoma Centre revisit the content within its handbook for persons served, specifically the employment component, to make it more reader friendly and communicated in a more understandable manner.
 - Although a nonretaliation statement is included in Sertoma Centre's policy statement, it is suggested that a no-retaliation statement be included in the handbook for persons served for easy access for persons served.
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L. Accessibility

Description

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

Key Areas Addressed

- Written accessibility plan(s)
 - Requests for reasonable accommodations
-

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, 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

Description

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. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

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

There are no recommendations in this area.

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 his or her 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.

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

There are no recommendations in this area.

Consultation

- It is suggested that the organization compare the number of medication errors that vary from month to month, some of which might include forgetting to document that medications have been given, which results in a medication error. Additional training and emphasis for this process could be provided.
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D. Employment Services Principle Standards

Description

An organization seeking CARF accreditation in the area of employment services provides individualized services and supports to achieve identified employment outcomes. The array of services and supports may include:

- Identification of employment opportunities and resources in the local job market.
- Development of viable work skills that match workforce needs within the geographic area.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources and supports to achieve and maintain employment.
- Coordination of and referral to employment-related services and supports.

The organization maintains its strategic positioning in the employment sector of the community by designing and continually improving its services based on input from the persons served and from employers in the local job market, and managing results of the organization's outcomes management system. The provision of quality employment services requires a continuous focus on the persons served and the personnel needs of employers in the organization's local job market.

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

- Individualized, appropriate accommodations.
- A flexible, interactive process that involves the person.
- Increased independence.
- Increased employment options.
- Timely services and reports.
- Persons served obtain and maintain employment consistent with their preferences, strengths, and needs.
- Person served obtains a job at minimum wage or higher and maintains appropriate benefits.
- Person served maintains the job.

Key Areas Addressed

- Goals of the persons served
 - Personnel needs of local employers
 - Community resources available
 - Economic trends in the local employment sector
-

Recommendations

D.8.b.(2)

When persons served make less than the minimum wage, they should be assisted to understand ways to improve their earnings. It is suggested that Sertoma Centre address the flow of materials on its progressive assemble production line to ensure that the persons served have limited or no waiting time for products, which could maximize the earnings ability of persons served.

Consultation

- It is suggested that Sertoma Centre revisit the memo from April 2013 concerning the DOL guidelines for training within the snack shack to ensure compliance with federal DOL guidelines.
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F. 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 3. EMPLOYMENT AND COMMUNITY SERVICES

Description

An organization seeking CARF accreditation in the area of employment and 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.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.
- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

C. Community Employment Services

Description

Community employment services assist persons to obtain successful community employment opportunities that are responsive to their choices and preferences. Through a strengths-based approach the program provides person-directed services/supports to individuals to choose, achieve, and maintain employment in integrated community employment settings.

Work is a fundamental part of adult life. Individually tailored job development, training, and support recognize each person's employability and potential contribution to the labor market. Persons are supported as needed through an individualized person-centered model of services to choose and obtain a successful employment opportunity consistent with their preferences, keep the employment, and find new employment if necessary or for purposes of career advancement.

Such services may be described as individualized competitive employment, individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups in the community,

community-based SourceAmerica® contracts, and other business-based work groups in community-integrated designs. In Canada, employment in the form of bona fide volunteer placements is possible.

Individuals may be paid by community employers or by the organization. Employment is in the community.

Job Development

Description

Successful job development concurrently uses assessment information about the strengths and interests of the person seeking employment to target the types of jobs available from potential employers in the local labor market. Typical job development activities include reviewing local employment opportunities and developing potential employers/customers through direct and indirect promotional strategies. Job development may include facilitating a hiring agreement between an employer and a person seeking employment. Some persons seeking employment may want assistance at only a basic, informational level, such as support for a self-directed job search.

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

- Persons obtain community employment.
- Persons obtain individualized competitive employment.
- Employment matches interests and desires of persons.
- Wages, benefits, and hours of employment achieved as desired.
- Average number of hours worked per week increases.
- Average number of hours worked per week meets the desires of the person served.
- Full-time employment with benefits.
- Transition-age youth move directly from their educational environment into community employment.
- Job retention/length of employment.
- Potential for upward mobility.
- Self-sufficiency.
- Integration.
- Responsive services.
- Safe working conditions.

- Cost-effective for placement achieved.
- Reasonable length of time from referral to placement.
- Employers satisfied with the services.

Employment Supports

Description

Employment support services are activities that are employment-related to promote successful training of a person to a new job, job adjustment, retention, and advancement. These services are based on the individual employee with a focus on achieving long-term retention of the person in the job.

The level of employment support services is individualized to each employee and the complexity of the job.

Often supports are intensive for the initial orientation and training of an employee with the intent of leading to natural supports and/or reduced external job coaching. However, some persons may not require any employment supports at the job site; others may require intensive initial training with a quick decrease in supports, while some will be most successful when long-term supports are provided.

Supports can include assisting the employee with understanding the job culture, industry practices, and work behaviors expected by the employer. It may also include helping the employer and coworkers to understand the support strategies and accommodations needed by the worker.

Supports are a critical element of the long-term effectiveness of community employment. Support services address issues such as assistance in training a person to complete new tasks, changes in work schedule or work promotion, a decrease in productivity of the person served, adjusting to new supervisors, and managing changes in nonwork environments or other critical life activities that may affect work performance. Routine follow-up with the employer and the employee is crucial to continued job success.

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

- Performance level achieved meets requirements of job or position.
- Increase in skills.
- Increase in hours worked independently.
- Increase in productivity.
- Increase in hours worked.
- Increase in pay.
- Employment retention.
- Full-time employment.

- Employment with benefits.
- Increase in natural supports from coworkers.
- Persons served treated with respect.
- Increase in participation in the community.
- Minimize length of time for supports.
- Type and amount of staff interaction meets needs.
- Job/career advancement.
- Employer satisfaction.
- Satisfaction outcomes that reflect needs and expectations of the employee are met.
- Responsiveness to customers.
- Job club to provide a forum for sharing experiences.

Key Areas Addressed

- Integrated employment choice
 - Integrated employment obtainment
 - Employment provided in regular business settings
 - Integrated employment retention
 - Provides career advancement resources
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Recommendations

There are no recommendations in this area.

E. Employee Development Services

Description

Employee development services are individualized services/supports that assist persons seeking employment to develop or reestablish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, functional capacities, etc., to achieve positive employment outcomes.

Such services/supports are time limited and can be provided directly to persons seeking employment or indirectly through corporate employer/employee support programs. These services/supports can be provided at community job sites, within formal and organized training and educational settings, through coaching, by tutorial services, or within the organization. These services may be offered in a freestanding unit or as a functional piece of other services.

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

- Person served obtains employment.
- Person served moves to a training program or better employment.
- Person served retains his or her job.
- Person served obtains improved benefits.
- Increased wages.
- Increased skills.
- Increased work hours.
- Movement to individualized competitive employment.
- Employment in an integrated environment.
- Job advancement potential increases.
- Job-seeking skills are developed.
- Job-keeping skills are developed.
- Career growth and development.
- Level of support needed is reduced.
- Exposure to and availability of a variety of jobs.
- Program is kept at capacity.
- Services are cost-effective for the results achieved.
- Responsiveness (days from referral to starting services).

Key Areas Addressed

- Skills development/reestablishment
- Attitude development/reestablishment
- Work behaviors development/reestablishment
- Employment outcomes

Recommendations

There are no recommendations in this area.

G. Organizational Employment Services

Description

Organizational employment services are designed to provide paid work to the persons served in locations owned, leased, rented, or managed by the service provider. A critical component and value of organizational employment services is to use the capacity of the organization's employment and training service design to create opportunities for persons to achieve desired employment outcomes in their community of choice, including individualized competitive employment.

Service models are flexible and may include a variety of enterprises and business designs, including organization-owned businesses such as retail stores, restaurants, shops, franchises, etc.

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

- Movement to individualized competitive employment.
- Movement to an integrated environment.
- Increased wages.
- Pay at or above minimum wage.
- Increased skills.
- Increased work hours.
- Minimized downtime with meaningful activities available.
- Exposure to and availability of a variety of jobs.
- Increased ability to interact with others as part of a professional team and to resolve interpersonal issues appropriately.

Key Areas Addressed

- Paid work provided by organization
- Employment goals of persons served
- Legal guidelines adherence
- Increased wages and skills

Recommendations

There are no recommendations in this area.

K. Community Housing

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.

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

- Safe housing.
- Persons choosing where they live.
- Persons choosing with whom they will live.
- Persons having privacy in their homes.
- Persons increasing independent living skills.
- Persons having access to the benefits of community living.
- Persons having the opportunity to receive services in the most integrated setting.
- Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
- Persons having the freedom to furnish and decorate their sleeping or living units as they choose.
- Persons having freedom and support to control their schedules and activities.
- Settings that are physically accessible to the individuals.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

L. Supported Living

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. 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 cosign 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.

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
- In-home safety needs
- Support personnel available based on needs
- Supports available based on needs and desires
- Living as desired in the community
- Persons have opportunities to access community activities

Recommendations

There are no recommendations in this area.

N. Services Coordination

Description

Services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful services coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing community services coordination. Such programs are typically provided by qualified services coordinators or by case management teams.

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

- Access to a variety of services/supports.
- Access to choices of services.
- Individualized services to meet needs.
- Persons achieving goals.
- Persons achieving independence.
- Access to vocational training.
- Persons achieving employment.
- Access to career development.

Key Areas Addressed

- Goal-oriented and systematic process of advocacy
 - Coordination of services
 - Formation of linkages with community resources and services
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the consumer services department continue to develop a plan for the transfer of the individual service planning functions of the department to the independent service coordination agencies in the community later this year.
-

O. Transition Services

Description

Transition services are integrated, community-oriented, systematic services for students/transition-age youth and their families provided through a jointly planned approach, involving broad-based community collaboration, linkages, advocacy, and natural supports.

Transition services/supports are planned and coordinated for multiple outcomes for youths leaving school, including post-secondary education, supported education, vocational training, employment (including supported employment and volunteer placement), independent or supported living, and community participation. The organization demonstrates early active outreach to and connection and partnership with school districts to address the transition needs of students and their families. The purpose of this collaboration and early planning is focused on ensuring children are not “missed” as they move from one system to another.

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

- Community-oriented services.
- Post-secondary education.
- Transition-age youth move directly from their educational environment into community employment.
- Transition-age youth explore alternative community employment situations.
- Access to targeted vocational training or apprenticeships.
- Independent or supported living.
- Community participation.
- Employment.
- Volunteer placement.
- Connections to community resources.
- Appropriate benefits/supports as persons leave school.

Key Areas Addressed

- Integrated services for students and their families
 - Jointly planned approach with community collaboration and linkages
 - Outcomes such as post-secondary education, vocational training, and integrated employment
-

Recommendations

There are no recommendations in this area.

P. Community Integration

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.

SECTION 4. PSYCHOSOCIAL REHABILITATION PROGRAMS

The standards in this section are taken from the *2015 Behavioral Health Standards Manual*. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disabilities/disorders, harmful involvement with alcohol and/or other drugs, or who have other behavioral health needs. Through a team approach, the goal of each such

program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competence and relevance. Family members and significant others are involved in the programs of the persons served, as appropriate and to the extent possible.

A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

There are no recommendations in this area.

B. Medication Use

Description

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 or her body and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister pack 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 repackaged 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.

C. Nonviolent Practices

Description

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 is 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 employment and community services, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, 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 healthcare 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.

D. Records of the Persons Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

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

Recommendations

D.3.

All documents generated by the organization that require signatures should include original or electronic signatures.

F. Community Integration

Description

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

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

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

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Sertoma Centre, Inc.

4343 West 123rd Street
Alsip, IL 60803
US

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Community Housing
Community Integration
Employee Development Services
Organizational Employment Services
Services Coordination
Supported Living

Alsip CILA

11817 South Komensky Avenue
Alsip, IL 60803
US

Community Housing

Lawler CILA

12006 South Lawler Avenue
Alsip, IL 60803
US

Community Housing

Martha Polacek Facility

4100 West 127th Street
Alsip, IL 60803
US

Employee Development Services
Organizational Employment Services
Transition Services

Millard CILA

11832 South Millard Avenue
Alsip, IL 60803
US

Community Housing

Cambridge CILA

1811 Cambridge Avenue
Flossmoor, IL 60422
US

Community Housing

Ridge Road CILA

1451 Ridge Road
Homewood, IL 60430
US

Community Housing

Riegel CILA

2 Riegel Oaks Lane
Homewood, IL 60430
US

Community Housing

Mental Health Services

4331 Lincoln Highway, Suite A
Matteson, IL 60443
US

Community Integration: Psychosocial Rehabilitation (Adults)

Ridgeway CILA

14410 Ridgeway Avenue
Midlothian, IL 60445
US

Community Housing

Hillside CILA

15232 Hillside Avenue
Oak Forest, IL 60452
US

Community Housing

Brookwood CILA

642 Brookwood Drive
Olympia Fields, IL 60461
US

Community Housing

Greenwood CILA

20861 Greenwood Drive
Olympia Fields, IL 60461
US

Community Housing