

CARF Accreditation Report
for
Superior Counseling Services, LLC
Three-Year Accreditation



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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Superior Counseling Services, LLC
2620 Centenary Boulevard, Building 3, Suite 312
Shreveport, LA 71104

Organizational Leadership

Katrina O. Boden, MS, Executive Director

Survey Number

166618

Survey Date(s)

January 19, 2023–January 20, 2023

Surveyor(s)

Wayde J. Washburn, MDiv, CAC II, NCAC I, Administrative
Dawn Reagor, MS, LPC, NCC, CADC, Program

Program(s)/Service(s) Surveyed

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

Previous Survey

January 29, 2020–January 31, 2020
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: March 31, 2026

Executive Summary

This report contains the findings of CARF's site survey of Superior Counseling Services, LLC conducted January 19, 2023–January 20, 2023. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Superior Counseling Services, LLC demonstrated substantial conformance to the standards. Superior Counseling Services has provided behavioral health services for more than 12 years. Instilling a familylike environment throughout the organization, the CEO has been diligent in ensuring the provision of high-quality services, adapting to community and stakeholder needs, and continuing service provision through challenging times. The organization effectively utilizes its electronic health record for various processes in recordkeeping, financing, and data extraction. It uses this information to improve its business practices and clinical services. Commitment, dedication, competency, and compassion have tempered Superior Counseling Services into a reputable and reliable provider of behavioral health services. The organization has areas for improvement that include developing and implementing a strategic plan, ensuring that a financial audit or review is conducted annually, ensuring that tests of emergency procedures are conducted and that written procedures are complete and thorough, further developing written procedures regarding staff competencies and appraisals, testing procedures for business continuity/disaster recovery annually, and further developing and managing performance measurement and improvement processes. In clinical practices, areas for improvement include ensuring that the documented peer review of medication is thorough and complete, that all documents requiring signatures are signed, and that audio recording and photographing the persons served are addressed in the written procedures for telehealth services. Superior Counseling Services possesses the desire and tools to progress toward its goal of demonstrating excellence in its business and clinical practices.

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

Superior Counseling Services, LLC has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Superior Counseling Services, LLC was conducted by the following CARF surveyor(s):

- Wayde J. Washburn, MDiv, CAC II, NCAC I, Administrative
- Dawn Reagor, MS, LPC, NCC, CADC, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Superior Counseling Services, LLC and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

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

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Superior Counseling Services, LLC demonstrated the following strengths:

- Superior Counseling Services is led by an energetic and compassionate CEO. She has built a strong organization and assembled a competent team that is passionate in its efforts to help the persons served.

- Superior Counseling Services immediately responded to the onset of the COVID-19 pandemic by changing its service provision. The organization began providing services via telehealth, and the staff members worked remotely. The organization adapted to a new way of doing business, ensuring that the persons served were receiving care and that the needs of staff members were being met.
- Superior Counseling Services has demonstrated loyalty to personnel by encouraging growth and opportunities for advancement. Recognizing the skill sets and interests of the personnel has proven to be beneficial to the organization and staff.
- The organization has developed an attractive and useful website that allows users to schedule initial and ongoing appointments and to learn more about Superior Counseling Services. Videos of clinical and nonclinical staff members are accessible through the website and allow persons to learn more about those who will be involved in the services. The videos are personable and informative. They share information pertaining to the education, credentials, and interest level of the staff members in the provision of services.
- Superior Counseling Services has worked diligently with its electronic health record vendor to ensure that the record remains user-friendly for the staff members. The organization has an operational portal for the persons served to ensure that they remain connected to the services.
- Staff members at Superior Counseling Services refer to their coworkers as “family.” The atmosphere and support that the staff members provide to one another is one of the reasons that they stay at Superior Counseling Services. They shared that their “family” members are always there for one another, support each other, encourage each other, and provide support to one another during emergencies.
- Superior Counseling Services creates many opportunities for the staff members to come together outside of work hours for fun and creative team-building activities.
- The organization genuinely cares about the experiences of the persons served. Staff members guide the persons served through needed processes so that they can get started as quickly as possible. The staff ensures that the persons served are matched with the best clinicians and that the treatment is tailored to each person. One person served stated, “I felt like they listened and didn’t just start pushing medications at me or treating me like a guinea pig.”
- The persons served at Superior Counseling Services could not say enough positive things about the services received. Some of the comments included, “I have something to live for now,” “I wouldn’t be alive without Superior Counseling Services,” and “They taught me how to build coping skills in the simplest way possible.”
- Superior Counseling Services has implemented unique and creative ideas for the persons served to provide feedback and promote encouragement and boost morale. The organization’s Brag Board is an example of one of these ways.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

- 1.C.2.a.(1)
- 1.C.2.a.(2)
- 1.C.2.a.(3)
- 1.C.2.b.(1)
- 1.C.2.b.(2)
- 1.C.2.b.(3)(a)
- 1.C.2.b.(3)(b)
- 1.C.2.c.(1)
- 1.C.2.c.(2)
- 1.C.2.d.
- 1.C.2.e.

It is recommended that Superior Counseling Services implement a strategic plan that is developed with input from persons served, personnel, and other stakeholders. The plan should reflect the organization's financial position at the time the plan is written, at a projected point(s) in the future, and with respect to allocating resources necessary to support the accomplishment of the plan in the financial and workforce areas. The strategic plan should set goals and priorities, be reviewed at least annually for relevance, and be updated as needed.

- 1.C.3.a.
- 1.C.3.b.
- 1.C.3.c.

The strategic plan should be shared, as relevant to the needs of the specific group, with persons served, personnel, and other stakeholders.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

1.F.9.a.

The organization should provide documented evidence of an annual review or audit of its financial statements conducted by an independent accountant authorized by the appropriate authority.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.5.c.(4)

There should be written emergency procedures regarding evacuations that also address the safety of all persons involved.

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.c.(5)

1.H.7.d.

Since the onset of the COVID-19 pandemic, Superior Counseling Services has provided services through telehealth. Therefore, it has not utilized its physical facilities or conducted tests of its emergency procedures. An unannounced test of each emergency procedure should be conducted at least annually on each shift and at each location. Each test should include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation; be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results; and be evidenced in writing, including the analysis.

1.H.14.a.

1.H.14.b.(1)

1.H.14.b.(2)

1.H.14.b.(3)

Due to the COVID-19 pandemic, the organization's physical locations have not been utilized, and health and safety self-inspections were not conducted for two years. Comprehensive health and safety self-inspections should be conducted at least semiannually on each shift and result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

Consultation

- It is suggested that evacuation route signage be oriented appropriately for the building.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often

composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

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

Recommendations

1.I.5.a.(6)

Onboarding and engagement activities should include orientation that addresses the organization's strategic plan.

1.I.7.a.(1)

1.I.7.a.(2)

1.I.7.b.

1.I.7.c.

1.I.7.d.

Workforce development activities should include documentation of competencies to support the organization in the accomplishment of its mission and goals and to meet the needs of the persons served; documented assessment of competencies; documentation of timeframes/frequencies related to the competency assessment process; and competency development, including the provision of resources.

1.I.8.a.

1.I.8.b.

1.I.8.c.

1.I.8.d.

1.I.8.e.

1.I.8.f.

1.I.8.g.

1.I.8.h.

The organization should implement written procedures for performance appraisal that consistently address the identified workforce, the criteria against which people are being appraised, involvement of the person being appraised, documentation requirements, timeframes/frequencies related to the performance appraisal process, measurable goals, sources of input, and opportunities for development.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

1.J.4.a.

1.J.4.b.(1)

1.J.4.b.(2)

1.J.4.b.(3)

1.J.4.b.(4)

1.J.4.b.(5)

1.J.4.b.(6)

1.J.4.c.

A test of the organization's procedures for business continuity/disaster recovery should be consistently conducted at least annually. The test should be analyzed for effectiveness, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, and necessary education and training of personnel. The test should be evidenced in writing, including the analysis.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

1.K.1.d.(1)

1.K.1.e.(4)

It is recommended that Superior Counseling Services implement policies promoting the rights of the persons served that also includes access to information pertinent to the recipient in sufficient time to facilitate the person's decision making and informed consent or refusal or expression of choice regarding composition of the service delivery team.

1.L. Accessibility

Description

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

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that Superior Counseling Services include barriers to employment that persons served may encounter in the ongoing process for the identification of barriers.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

1.M.3.a.(2)(a)

1.M.3.a.(2)(b)

1.M.3.a.(2)(c)

1.M.3.a.(2)(d)

1.M.3.a.(2)(e)

It is recommended that the organization implement a performance measurement and management plan that addresses, for each program/service seeking accreditation, the identification of measures for service delivery objectives, including the results achieved for the persons served (effectiveness), experience of services received and other feedback from the persons served, experience of services and other feedback from other stakeholders, resources used to achieve results for the persons served (efficiency), and service access.

1.M.4.a.

1.M.4.b.(1)

1.M.4.b.(2)

1.M.4.b.(3)

1.M.4.b.(4)

1.M.4.b.(5)

To measure its results achieved for the persons served (effectiveness), each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or is based on an industry benchmark.

1.M.5.a.

1.M.5.b.(1)

1.M.5.b.(2)

1.M.5.b.(3)

1.M.5.b.(4)

1.M.5.b.(5)

To measure its results achieved for the persons served (effectiveness), each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or is based on an industry benchmark.

1.M.6.a.

1.M.6.b.(1)

1.M.6.b.(2)

1.M.6.b.(3)

1.M.6.b.(4)

1.M.6.b.(5)

To measure experience of services and other feedback from other stakeholders, each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or is based on an industry benchmark.

1.M.7.a.

1.M.7.b.(1)

1.M.7.b.(2)

1.M.7.b.(3)

1.M.7.b.(4)

1.M.7.b.(5)

To measure the resources used to achieve results for the persons served (efficiency), each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom or what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or is based on an industry benchmark.

1.M.8.a.

1.M.8.b.(1)

1.M.8.b.(2)

1.M.8.b.(3)

1.M.8.b.(4)

1.M.8.b.(5)

To measure service access, each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom or what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or is based on an industry benchmark.

1.M.9.a.

1.M.9.b.(1)

1.M.9.b.(2)

1.M.9.b.(3)

1.M.9.b.(4)

1.M.9.b.(5)

To measure its business function, the organization should document objectives in priority areas it determines and, for each objective, a performance indicator(s), including to what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or that is based on an industry benchmark.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

1.N.1.a.

1.N.1.b.

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

1.N.1.c.(4)

1.N.1.c.(5)

1.N.1.d.(1)

1.N.1.d.(2)

1.N.1.e.(1)

1.N.1.e.(2)

1.N.1.e.(3)

1.N.1.f.(1)

1.N.1.f.(2)

1.N.1.f.(3)

1.N.1.f.(4)

The analysis of business function performance should be documented; be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan; address service delivery indicators for each program/service seeking accreditation, including results achieved for the persons served (effectiveness), experience of services received and other feedback from the persons served, experience of services and other feedback from other stakeholders, resources used to achieve results for the persons served (efficiency), and service access; incorporate the characteristics of the persons served and impact of extenuating or influencing factors; include comparative analysis, identification of trends, and identification of causes; and be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

1.N.2.a.

1.N.2.b.

1.N.2.c.

1.N.2.d.(1)

1.N.2.d.(2)

1.N.2.e.(1)

1.N.2.e.(2)

1.N.2.e.(3)

1.N.2.f.(1)

1.N.2.f.(2)

1.N.2.f.(3)

1.N.2.f.(4)

The analysis of business function performance should be documented; be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan; address priority business function indicators determined by the organization; incorporate the characteristics of the persons served, if applicable, and impact of extenuating or influencing factors; include comparative analysis, identification of trends, and identification of causes; and be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

- 1.N.3.a.
- 1.N.3.b.(1)
- 1.N.3.b.(2)
- 1.N.3.c.

The results of performance analysis should be used to improve the quality of programs and services, facilitate organizational decision making regarding service delivery and business functions, and guide changes to the performance measurement and management plan.

- 1.N.4.a.(1)
- 1.N.4.a.(2)
- 1.N.4.a.(3)
- 1.N.4.b.(1)
- 1.N.4.b.(2)
- 1.N.4.b.(3)

In accordance with its performance measurement and management plan, the organization should communicate accurate performance information to persons served, personnel, and other stakeholders according to the needs of the specific group, including content, format, and timing.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- The program is encouraged to review its policies and procedures related to medication services and remove or archive conflicting statements and policies regarding the program's prescribing, controlling, and/or administering medications.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, family or significant others, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

There are no recommendations in this area.

2.C. Person-Centered Plan

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

Recommendations

There are no recommendations in this area.

Consultation

- Superior Counseling Services is encouraged to add the 988 Suicide & Crisis Lifeline phone number to its safety plan.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

Recommendations

There are no recommendations in this area.

Consultation

- Superior Counseling Services is encouraged to provide more detailed discharge summaries that could include positive moves by a person's move toward well-being, program participation, behavioral changes, and changes between the presenting condition and discharge condition.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

Recommendations

- 2.E.8.a.(4)(a)
- 2.E.8.a.(4)(d)
- 2.E.8.a.(4)(e)
- 2.E.8.a.(5)(a)(i)
- 2.E.8.a.(5)(a)(ii)
- 2.E.8.a.(5)(a)(iii)
- 2.E.8.a.(5)(b)
- 2.E.8.a.(5)(c)(i)
- 2.E.8.a.(5)(c)(ii)

Superior Counseling Services conducts two documented external peer reviews of its prescribing practices. However, in a program that provides prescribing of medications, a documented peer review should be conducted to assess the appropriateness of each medication, as determined by the needs and preferences of the person served, periodic reevaluation of continued use related to the primary condition being treated, and the efficacy of the medication; to determine whether contraindications, side effects, and adverse reactions were identified and, if needed, addressed; and to determine whether necessary monitoring protocols were implemented and there was simultaneous use of multiple medications, including polypharmacy and co-pharmacy.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

2.G.3.

Although many documents contained within the record of the persons served contained signatures, it is recommended that all documents generated by Superior Counseling Services that require signatures include original or electronic signatures.

2.H. Quality Records Management

Description

The organization implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations

There are no recommendations in this area.

Consultation

- Superior Counseling Services might consider adding information related to model fidelity (for the evidence-based practices used) to its quality assurance/quality improvement checklist and reports.
- Superior Counseling Services may want to consider consolidating its reporting template to make it easier to identify how many records reviewed were current records and how many were closed records.

2.I. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in remote settings.

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of professionals such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, rehabilitation engineers, assistive technologists, and teachers.
- Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.
 - Schools, work sites, libraries, community centers, and other community settings.
 - Congregate living, individual homes, and other residential settings.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others.
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT

Recommendations

2.I.1.a.(2)

Although Superior Counseling Services identified that there would be no recording of the interactive video services, it is recommended that the program implement written procedures that address audio recording, video recording, and photographing the person served.

Section 3. Core Treatment Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

3.O. Outpatient Treatment (OT)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

Description

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Superior Counseling Services, LLC

2620 Centenary Boulevard, Building 3, Suite 312
Shreveport, LA 71104

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

Superior Counseling Services, LLC

829 East Georgia Street, Suite 3
Ruston, LA 71270

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

Superior Counseling Services, LLC

1108 Sterlington Highway
Farmerville, LA 71241

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