Service Standards

Coaching, Support, and Education Services

Purpose

Individuals and families who participate in Coaching, Support, and Education Services identify and build on strengths, develop skills, gain experiential knowledge, access appropriate community and social supports and resources, and improve functioning in daily activities at home, at work, and in the community.

Definition

Coaching, Support, and Education Services are non-clinical, community-based programs and activities designed to support families and individuals of all ages. Services emphasize personal growth, development, wellness, and situational change and can be provided to individuals, families, or groups. Services must include at least one of the following supportive programs or activities:

Support Services for Individuals and/or Families, such as non-clinical supportive counseling, coaching, support, or guidance (see CSE 4);

Education and Support Groups, such as classes, support groups, workshops, health and wellness groups, and educational sessions (see CSE 5);

Information and Referral Services to connect individuals and families to appropriate community resources (see CSE 6); and

Peer Support Services delivered by individuals with lived experience, such as one-on-one coaching, peer recovery groups, family and youth support programs, and community building activities (see CSE 7).

Note: *Coaching, Support, and Education services can be offered in a variety of settings within the community, including schools, and may utilize electronic interventions to deliver services through technologies such as videoconferencing, online chat platforms, texting, and mobile applications.*

Note: *Organizations providing Support Services for Individuals and/or Families only will complete CSE 1, CSE 2, CSE 3, and CSE 4.*

Organizations providing Education and Support Groups only will complete CSE 1, CSE 2, CSE 3, and CSE 5.

Organizations providing Information and Referral Services only will complete CSE 1, CSE 2, CSE 3, and CSE 6.

When Coaching, Support, and Education services are delivered by peers, organizations will complete CSE 1, CSE 2, CSE 3, and CSE 7, as well as CSE 4, CSE 5, and/or CSE 6 depending on the population served (i.e. individuals, families, and/or groups) and the types of peer support provided.

Note: *CSE is assigned to programs in which services are provided by non-clinical personnel or individuals with lived experience, and while there is a screening and intake process, assessments and service plans are not required.*

Examples of services that are reviewed under CSE include, but are not limited to:

1. *life skills education programs;*
2. *family life education programs;*
3. *mental health and/or drug and alcohol education;*
4. *health promotion and wellness activities;*
5. *recovery management;*
6. *family and/or intimate partner violence interventions;*
7. *recovery coaching; and*
8. *anger management programs.*

Supportive, non-clinical counseling programs reviewed under CSE 4 are distinct from clinical counseling programs reviewed under Mental Health and/or Substance Use Services (MHSU), which focus on treatment for diagnosable conditions. In clinical counseling programs, therapeutic evidence-based interventions are provided by appropriately trained and licensed/credentialed personnel.

Coaching, Support, and Education (CSE) is also distinct from services reviewed under Child and Family Development and Support Services (CFD), which focus on child and family development, family functioning, and parent education. Due to the nature of the services provided under CFD, assessments and service plans are required.

Note: *Please see CSE Reference List for the research that informed the development of these standards.*

Note: *For information about changes made in the 2020 Edition, please see the CSE Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Coaching, Support, and Education Services

CSE 1: Person-Centered Logic Model

Purpose

Individuals and families who participate in Coaching, Support, and Education Services identify and build on strengths, develop skills, gain experiential knowledge, access appropriate community and social supports and resources, and improve functioning in daily activities at home, at work, and in the community.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one client outcome has been identified for all of its programs; or
- All but a few staff have been trained on use of therapeutic interventions and training is scheduled for the rest; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs; or
- Several staff have not been trained on the use of therapeutic interventions; or
- There are gaps in monitoring of therapeutic interventions, as required; or
- There is no process for identifying risks associated with use of therapeutic interventions; or
- Policy on prohibited interventions does not include at least one of the required elements.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs; or
- There is no written policy or procedures for the use of therapeutic interventions; or
- Procedures are clearly inadequate or not being used; or
- Documentation on therapeutic interventions is routinely incomplete and/or missing; or
- There is evidence that clients have been harmed by inappropriate or unmonitored use of therapeutic interventions.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of client outcomes being measured	

• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

CSE 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes; (i.e. the changes you expect to see in individuals and families); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *community needs assessments and periodic reassessments; and*
2. *the best available evidence of service effectiveness.*

CSE 1.02

The logic model identifies individual or family outcomes in at least two of the following areas:

a. change in functional status;
b. health, welfare, and safety;
c. permanency of life situation;
d. quality of life;
e. achievement of individual service or recovery goals; and
f. other outcomes as appropriate to the program or service population.

NA: The organization provides information and referral services only.

Example: *Outcomes data can be disaggregated by race or ethnicity to identify and monitor disparities in service provision or effectiveness.*

Coaching, Support, and Education Services

CSE 2: Personnel

Purpose

Individuals and families who participate in Coaching, Support, and Education Services identify and build on strengths, develop skills, gain experiential knowledge, access appropriate community and social supports and resources, and improve functioning in daily activities at home, at work, and in the community.

Program personnel have the competency and support needed to provide services and meet the needs of individuals and families.
Interpretation: *Competency can be demonstrated through education, training, or experience, including lived experience when applicable. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	

*	• List of program personnel that includes:
	  • Title
	  • Name
	  • Employee, volunteer, or independent contractor
	  • Degree or other qualifications
	  • Time in current position
	• See organizational chart submitted during application	

Site Visit Evidence

*	• Sample job descriptions from across relevant job categories • Training curricula • Documentation tracking staff completion of required trainings and/or competencies • Documentation tracking training and/or certification for peer support providers, as applicable • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

*	• Interviews may include:
	  1. Program director
	  2. Relevant personnel
	• Review personnel files

CSE 2.01

Direct service personnel are qualified by:

a. an associate's degree in a human services field appropriate to the services being provided; or
b. appropriate training and experience.

Note: *Training and lived experience satisfies the requirements of this standard for peer support staff. See CSE 2.06 and CSE 2.07 for more information on competency and support expectations for peer support staff.*

CSE 2.02

Supervisors are qualified by:

a. at least two years of experience providing coaching, support, and/or education services;
b. a bachelor's degree in a human services field; and
c. training in staff supervision.

Interpretation: *Appropriate experience and specialized training can compensate for a lack of a bachelor's degree depending on the program design. For example, in peer support programs, number of years' experience providing peer support services, in addition to formal trainings and/or certifications, is more critical than level of academic degree.*

Interpretation: *For individuals supervising peer support staff, training should include recognizing and responding to signs of trauma among peer support workers.*

CSE 2.03

Personnel are trained on, or demonstrate competency in:

a. procedures for making appropriate referrals or providing information;
b. recognizing and responding to signs and symptoms of trauma; and
c. recognizing and responding to signs of suicide risk.

CSE 2.04

Personnel leading education and support groups are trained on, or demonstrate competency in:

a. engaging and motivating group members;
b. understanding and managing group dynamics in order to maintain comfort and safety for participants;
c. leading discussions; and
d. facilitating group activities.

NA: The organization does not provide education or support groups.

CSE 2.05

Direct service personnel are trained on, or demonstrate competency in:

a. child development, and individual and family functioning;
b. evidence-based practices and relevant emerging bodies of knowledge as appropriate to the program design and service population;
c. ecological or person-in-environment perspectives; and
d. working with difficult to reach, traumatized, or disengaged individuals and families.

NA: The organization provides information and referral services only.

CSE 2.06

Personnel who provide peer support:

a. obtain certification, as defined by their state;
b. are willing to share their personal recovery stories;
c. have a job description and clearly understand the role of a peer support worker; and
d. have adequate support and appropriate supervision, including mentoring and/or coaching from more experienced peers when indicated.

NA: The organization does not provide peer support services.

Examples: *Peer support staff can have many different job titles that can include, but are not limted to, certified peer specialist, peer support specialist, recovery support specialist, peer navigator, or recovery coach.*

CSE 2.07

Personnel who provide peer support receive pre- and in-service training on:

a. how to recognize the need for more intensive services;
b. established ethical guidelines, including setting appropriate boundaries and protecting confidentiality and privacy;
c. wellness support methods, trauma-informed care practices, and recovery resources;
d. managing personal triggers that may occur during the course of their role as a peer support provider; and
e. skills, concepts, and philosophies related to recovery and peer support.

NA: The organization does not provide peer support services.

CSE 2.08

Employee workloads support the achievement of individual or family outcomes and are regularly reviewed.
Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of persons served.*

Coaching, Support, and Education Services

CSE 3: Intake

Purpose

Individuals and families who participate in Coaching, Support, and Education Services identify and build on strengths, develop skills, gain experiential knowledge, access appropriate community and social supports and resources, and improve functioning in daily activities at home, at work, and in the community.

The organization's intake practices ensure that individuals and families receive prompt and responsive access to appropriate services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	

Site Visit Evidence

*	• Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Individuals or families served

- Review logs, progress notes, or case records for documentation of services provided, as applicable

CSE 3.01

Individuals and families are screened and informed about:

a. how well their request matches the organization's services; and
b. what services will be available, and when.

NA: Another organization is responsible for screening, as defined in a contract.

CSE 3.02 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide for placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

CSE 3.03 (FP)

The organization has procedures in place to identify and respond to individuals and families at risk of suicide, self-injury, neglect, exploitation, and violence towards others.
Interpretation: *If the program model does not necessitate individual risk screenings, organizations should, at a minimum, implement a program-wide screening to evaluate the potential risk of harm by or to persons served or others. Programs serving children, vulnerable adults, or individuals with a history of danger to self or others should conduct individual risk screenings.*

Examples: *Organizations can respond to identified risk by connecting individuals and families to more intensive services; facilitating the development of a safety and/or crisis plan; and/or contacting emergency responders, 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotlines, as appropriate.*

CSE 3.04

Case records, logs, or progress notes are maintained to document individual or group progress, as appropriate to the intervention.
NA:

- The organization provides services to community members or groups on a one-time or occasional basis.
- The organization provides information and referral services only.

Interpretation: *A more formalized system of documentation may be necessary, depending on the service. For example, if the organization is establishing and tracking service goals, a service plan should be developed to monitor progress. Information that informs service delivery (e.g., screenings/assessments and service plans) should be maintained in the individual's case record.*

Interpretation: *For individuals in recovery, any assessment or recovery planning process that is in place should be driven by the individual and recovery plans should address their barriers to recovery, unmet service needs, and the accumulation of strengths and resources.*

Examples: *Unmet service needs can slow the growth of positive recovery capital for individuals in recovery. Examples of common service needs for individuals in recovery include:*

1. *mental health;*
2. *substance use;*
3. *legal, including criminal record expungement services;*
4. *crisis intervention;*
5. *primary care and dentistry;*
6. *education and vocational skill development; and*

7. *housing.*

Coaching, Support, and Education Services

CSE 4: Support Services for Individuals and/or Families

Purpose

Individuals and families who participate in Coaching, Support, and Education Services identify and build on strengths, develop skills, gain experiential knowledge, access appropriate community and social supports and resources, and improve functioning in daily activities at home, at work, and in the community.

The organization provides individuals and families with supportive services that:

a. recognize individual and family values and goals;
b. accommodate differences in lifestyles; and
c. emphasize personal growth, development, and situational change.

NA: The organization does not provide support services for individuals or families.

Examples: *Support services may be designed and delivered by peers, examples of which include peer mentoring/coaching, recovery management, and parent and family support services. When peers are delivering services, CSE 7 must also be implemented.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for providing necessary care to trauma survivors or individuals at risk of suicide	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Individuals or families served

- Review logs, progress notes, or case records for documentation of services provided, as applicable

CSE 4.01

Services have an educational, supportive, or preventive focus to help individuals and families:

a. recover from crisis;
b. cope with life transitions;
c. set and/or work towards identified goals;
d. develop life skills and problem-solving techniques;
e. develop social support networks and build healthy, meaningful relationships with people of their choosing;
f. identify supportive resources;
g. better understand the patterns of community and family living;
h. anticipate and manage stresses of daily living;
i. improve role competency and family and social functioning; or
j. prevent relapse of symptoms, enhance health, and promote whole-person wellness.

Examples: *Life skill development activities will be tailored to meet the needs of persons served but can include the development of life skills necessary to:*

1. *obtain safe and stable housing;*
2. *pursue educational, occupational, and volunteer opportunities;*
3. *manage finances;*
4. *access community resources;*
5. *access public assistance;*
6. *reduce risk-taking behaviors, including practice with decision making and anger management; and*
7. *participate in recreational activities and/or hobbies.*

Examples: *Social support networks can include mentors, community members, classmates, peers, mutual aid sponsors, siblings, and extended family members. For individuals in recovery from substance use disorder, the focus may be on building networks of sober individuals and identifying social activities that do not involve drugs and alcohol.*

CSE 4.02

Personnel support individuals and families as they:

a. explore and clarify the reason for accessing services;
b. voice service goals;
c. identify successful coping or problem solving strategies based on identified strengths, formal and informal supports, and preferred solutions;
d. establish and evaluate progress towards achieving identified goals; and
e. realize ways of maintaining and generalizing gains.

Examples: *The organization can encourage active participation of individuals and families by demonstrating:*

1. *sensitivity to the needs and personal goals of the individual or family;*
2. *a receptive manner;*
3. *respect for the person's autonomy, confidentiality, socio-cultural values, lifestyle choices, and complex family interactions;*
4. *flexibility; and*
5. *appropriate boundaries.*

CSE 4.03 (FP)

When the individual is a victim of abuse, neglect, violence, or other known trauma, or at risk for suicide, the organization provides:

a. trauma-informed care;
b. education about the impact of trauma;
c. an appropriate safety plan;
d. resources to report domestic violence, sexual assault, abuse, or neglect if the individual elects to do so;
e. information on service options so the individual can actively participate in developing service goals and objectives;
f. more frequent monitoring of progress toward service or recovery goals; and/or
g. access to more intensive services.

Example: *Organizational self-assessment is one way to evaluate the extent to which an organizations's policies and practices are trauma-informed, as well as identify strengths and barriers in regards to trauma-informed service delivery. For example, organizations can evaluate staff training and professional development opportunities and review supervision ratios to assess whether personnel are trained and supported on trauma-informed care practices. Organizations can also conduct an internal review of their service delivery processes to ensure that services are being delivered in a trauma-informed manner.*

CSE 4.04

Individuals, and their families when possible and appropriate, are actively connected with self-help/mutual aid groups when desired and appropriate to their request or need for service.

Interpretation: *Connections to outside self-help/mutual aid groups should not be limited to providing the time and location for a meeting. Organizations can support the individual's acclimation to a new group by, for example, discussing meeting protocols and what to expect prior to attending, accompanying them to their first meeting, and encouraging them to make connections with peers while at the meeting.*

Coaching, Support, and Education Services

CSE 5: Education and Support Group Services

Purpose

Individuals and families who participate in Coaching, Support, and Education Services identify and build on strengths, develop skills, gain experiential knowledge, access appropriate community and social supports and resources, and improve functioning in daily activities at home, at work, and in the community.

Education and support groups provide educational, supportive, and preventive services in a group setting to improve emotional well-being, and promote self-sufficiency, personal growth, development, resilience, and wellness.
NA: The organization does not provide education or support groups.

Examples: *Education and support group services may be designed and delivered by peers, such as peer recovery groups. When peers are delivering services, CSE 7 must also be implemented.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

*
- Education and support group schedule for the previous 12 months
- Curricula from education and support groups

On-Site Activities

*
- Interviews may include:

1. Program director
2. Relevant personnel
3. Individuals or families served

- Review logs, progress notes, or case records for documentation of services provided, as applicable

CSE 5.01

Services have an educational, supportive, or preventive focus to help individuals and families:

a. recover from crisis;
b. cope with life transitions;
c. set and/or work towards identified life goals;
d. develop life skills and problem-solving techniques;
e. develop social support networks and build healthy, meaningful relationships with people of their choosing;
f. identify supportive resources;
g. better understand the patterns of community and family living;
h. anticipate and manage stresses of daily living;
i. improve role competency and family and social functioning; or
j. prevent relapse of symptoms, enhance health, and promote whole-person wellness.

Examples: *Education and support groups might focus on relapse prevention, job skills training, family relations, suicide loss and grief, and other topics related to personal recovery goals.*

Examples: *Life skill development activities will be tailored to meet the needs of persons served but can include the development of life skills necessary to:*

1. *obtain safe and stable housing;*
2. *pursue educational, occupational, and volunteer opportunities;*
3. *manage finances;*
4. *access community resources;*
5. *access public assistance;*
6. *reduce risk-taking behaviors, including practice with decision making and anger management; and*
7. *participate in recreational activities and/or hobbies.*

Examples: *Social support networks can include mentors, community members, classmates, peers, mutual aid sponsors, siblings, and extended family members. For individuals in recovery from substance use disorder, the focus may be on building networks of sober individuals and identifying social activities that do not involve drugs and alcohol.*

CSE 5.02

Services provided in a group setting:

a. emphasize group learning and facilitate sharing in a safe, supportive environment;
b. are designed to respond flexibly to the changing needs of group members; and
c. are scheduled with participants' time commitments in mind.

CSE 5.03

Program activities promote the personal growth and independence of individuals and families through opportunities to:

a. share experiences with the group;
b. strengthen abilities to relate to those who are different from themselves;
c. develop satisfying relationships with other group participants;
d. assume responsibilities and develop leadership capacities; and
e. participate in activities of interest.

Coaching, Support, and Education Services

CSE 6: Information and Referral Services

Purpose

Individuals and families who participate in Coaching, Support, and Education Services identify and build on strengths, develop skills, gain experiential knowledge, access appropriate community and social supports and resources, and improve functioning in daily activities at home, at work, and in the community.

The organization provides information about available community resources and makes referrals or connections as appropriate to the individual's or family's identified needs.
NA: The organization does not provide information or referral services.

Examples: *When peers are delivering information and referral services, CSE 7 must also be implemented.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for referring individuals to services	
*	• Crisis response procedures	

Site Visit Evidence

*	• Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

- Review contact logs or other documentation of information and referrals provided, when applicable

CSE 6.01

Individuals and families are promptly referred or connected to appropriate, culturally and linguistically responsive resources.

CSE 6.02

The organization maintains, or has access to, an up-to-date list of reliable community resources that include:

a. name, location, and telephone number;
b. contact person;
c. services offered;
d. languages offered;
e. fee structure; and
f. eligibility requirements.

CSE 6.03 (FP)

Written procedures address the provision of information and referral services in crisis situations including:

a. providing intervention and stabilization;
b. connecting the individual to more intensive services; and/or
c. contacting emergency responders as appropriate.

Examples: *Crisis situations can include those involving victims of violence, individuals at risk for suicide, medical crises, child endangerment, and other emergency situations. Examples of what may be outlined in crisis response procedures can include, but are not limited to:*

1. *protective measures or special precautions related to inquiries from individuals involved in cases of domestic violence or other endangerment situations;*
2. *how to address individuals who wish to remain anonymous yet require direct intervention and stabilization services;*
3. *protocols on how to connect individuals and families to appropriate formal crisis intervention services or emergency responders; and*
4. *guidance on mandatory reporting and the disclosure of suspected abuse or other criminal behavior.*

Coaching, Support, and Education Services

CSE 7: Peer Support Services

Purpose

Individuals and families who participate in Coaching, Support, and Education Services identify and build on strengths, develop skills, gain experiential knowledge, access appropriate community and social supports and resources, and improve functioning in daily activities at home, at work, and in the community.

The organization creates a safe, welcoming environment where individuals with lived experience can provide one another with emotional, informational, and practical support that is strengths-focused and person-driven.

NA: The organization does not provide peer support services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  - Program director
  - Relevant personnel

- Individuals or families served

CSE 7.01

Peer support services encourage:

a. resiliency;
b. recovery;
c. personal growth;
d. experiential learning;
e. wellness;
f. self-efficacy; and
g. personal choice.

CSE 7.02

Individuals and families are given the opportunity for meaningful voice and choice in program activities and decision making including:

a. participating in the development and enforcement of program rules;
b. contributing to program design and decision making; and
c. sharing feedback including dissatisfaction with aspects of the program.

Interpretation: *The organization should have mechanisms in place to receive and respond to feedback to ensure contributions are meaningful. Individuals and families should be informed of how the organization will use their feedback and be made aware of any changes that were made in response to their input.*

CSE 7.03

Individuals are provided with:

a. opportunities to participate in and contribute to the recovery community, including giving and receiving peer support;
b. opportunities to engage with and contribute to the local community; and
c. opportunities to develop and enhance positive personal and interpersonal skills and behaviors.

Examples: *In regard to element (b), ways that individuals can contribute to the local community can include school, work, volunteering, and recreation.*