

## SOLIHTEN INSTITUTE ACCREDITATION STANDARDS

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Solihten Institute accreditation is an assessment of a Center's compliance with the standards at the time of the accreditation review. Committee approval of full or provisional accreditation expresses the committee's judgment that a Center has been in acceptable compliance with the standards during the accreditation visit or came into compliance between the time of the visit and the time of the committee's action. **While Centers are expected to maintain the standards between visits, the Institute does not assert any claim that it can assure that a Center is maintaining compliance during the full accreditation period.**

Each Center shall demonstrate compliance with each accreditation standard that is applicable. A Center may petition the accreditation committee to make an exception or accept an equivalent method for fulfilling certain requirements. This request should be described in detail in a letter to the Solihten Institute and submitted with the accreditation materials.

### ORGANIZATIONAL STRUCTURE

1. The Center shall:
  - A. demonstrate its state as a nonprofit corporation
  - B. operate under a board of directors
  - C. demonstrate it is recognized as tax exempt by the Internal Revenue Service
  - D. define a primary service area and/or constituency.
2. The Center shall have an organizational chart and accompanying narrative that reflects the leadership structure, responsibility, control, and accountability consistent with its bylaws, job descriptions, and current practices.
3. The bylaws shall include:
  - A. a rationale identifying "mind-body-spirit-community integrated services" as the basis for the Center's ministry
  - B. provision for the election, removal, and replacement of board members
  - C. the responsibilities of the board, board members, and board officers and committees.
4. The Center shall attest that the programs and services of the Center and the activities of the board of directors, officers, and staff follow its Articles of Incorporation and their Bylaws.

### BOARD OF DIRECTORS

5. The board of directors shall:
  - A. meet at least four times each year
  - B. consist of at least six members
  - C. conduct an orientation for new members
  - D. develop a strategic plan and update at least annually
  - E. conduct a board self-assessment annually.

6. The board of directors shall include representatives of the medical, business, financial, legal, religious communities, behavioral health consumer(s), and/or family member(s) of current or former consumer(s).
7. The board of directors shall annually evaluate the Center's performance documenting in board minutes or otherwise their review and approval of Center practices in the areas of:
  - A. counseling and non-counseling services offered
  - B. board development
  - C. financial management
  - D. fund-raising
  - E. marketing
  - F. establishing compensation
  - G. community collaborations
  - H. program evaluation
  - I. client satisfaction data
  - J. client/program outcomes.

## **PERSONNEL**

8. The Center shall have written personnel policies and procedures that include provisions for:
  - A. position descriptions and qualifications for counseling and non-counseling personnel
  - B. hiring and terminating staff members and consultants
  - C. anti-discrimination policies
  - D. sexual and anti-harassment policies
  - E. staff compensation and benefits
  - F. processing staff grievances
  - G. investigating ethical complaints
  - H. a conflict of interest policy
  - I. a confidential information policy
  - J. a whistleblower policy
  - K. a social media policy
  - L. staff orientation, performance appraisal and continuing education
  - M. eliciting employee suggestions for clinical and organizational improvement.
9. The Center staff shall be multi-disciplinary and include a state-credentialed mental health service provider, a state-credentialed medical professional, and a clergyperson or religious professional as a staff member or consultant.
10. The board of directors shall appoint an executive who is accountable to the board for Center operations.
11. All persons who provide professional clinical services for the Center shall obtain licensure or certification from the state in which they practice or be in candidacy with the state.

12. The Center shall document its standards for the employment, supervision, continuing education, and evaluation of all professional persons, including trainees, who are providing services not requiring a state credential. Professional persons without state credentials shall have training appropriate to the services provided and hold membership or credentialing in an appropriate professional organization, abiding by its requirements for consultation or supervision, ethical practice, and continuing education.
13. The Center executive director and board president will attest in writing that all persons providing services for the Center are to their knowledge in good standing professionally and practicing within:
  - A. the scope of their competency as marked by appropriate state licensure, training, and supervision
  - B. the boundaries and ethical standards of their credentialing and training
  - C. the scope of their competency as marked by appropriate professional membership(s) or credentialing for those providing services not requiring a state credential.
14. The Center shall:
  - A. employ or have a written agreement with one or more physicians and/or health care organizations to provide medical and psychiatric consultation and services
  - B. document annually the good standing of the provider(s) through the appropriate State or Federal regulatory bodies.
15. The Center shall maintain personnel files for each staff member and consultant that includes:
  - A. an initial application or resume
  - B. a position description
  - C. record of a background check
  - D. an employment agreement
  - E. an acknowledgement of receipt of the Center's Employee Handbook
  - F. documentation of professional good standing annually through State licensing bureau or in the case of professionals providing services not requiring a state credential, through appropriate professional membership or credentialing
  - G. record of ongoing annual performance reviews
  - H. records of any disciplinary action or commendations
  - I. legally required materials such as I-9 and W-4 forms or housing allowance requests (kept in a separate file from other personnel materials due to federal regulation and/or privacy concerns).

## **SERVICES**

16. The Center shall offer mental health services by state-credentialed providers; education programs for the public, clergy, congregations, and/or professional groups; and consultation services.

17. The Center shall have written clinical policies and procedures, describing the Center's standards governing:
  - A. case management including client intake, therapy process, and discharge
  - B. continuity and coordination of care (including communicating with referring professionals, making referrals, and coordinating treatment with primary health or psychiatric provider)
  - C. providing necessary disclosures to clients (including client rights, privacy practices and informed consent)
  - D. records and record-keeping
  - E. fee setting and collecting
  - F. maintaining physical and electronic confidentiality, (including releases of information, and business associate agreements)
  - G. safety planning (including managing emergencies and critical incidents)
  - H. conducting client satisfaction surveys
  - I. responding to legal and other requests for information
  - J. meeting ethical and professional standards
  - K. infection control and prevention
  - L. medication management procedures, if providing psychiatric services.
  
18. The Center's standard case management procedures and clinical records shall define and document:
  - A. An intake process that includes:
    1. the client's completion of a comprehensive intake form including medical and behavioral health history with current medications noted
    2. a signed and dated service agreement, including informed consent and notice of the Center's privacy practices
    3. the therapist's preparation of an initial assessment and treatment plan, including an initial risk assessment
    4. team review as indicated.
  - B. A therapy process that includes:
    1. signed and dated progress notes for each session
    2. treatment plan updates
    3. response to critical incidents
    4. use of consultation and staff review
    5. contacts with referring professionals
    6. consideration of the client's medical records and medications with a physician or other qualified medical professional
    7. consideration of the client's religious or spiritual orientation and practices in the clinical process
    8. use of empirically supported treatment modalities.
  - C. A discharge summary that includes:
    1. the number of sessions completed
    2. counseling outcomes

3. reasons for discharge
  4. recommendations.
- D. A documented quality assurance process, which includes at least quarterly monitoring of record keeping compliance.
19. Clinical staff members will review their clinical cases and other work at least every two weeks through clinical staffing, supervision, consultation, and/or peer review.
20. All clinical staff members shall participate, at least monthly, in a clinical staff meeting that includes a state-credentialed mental health service provider, a state-credentialed medical professional, and a clergyperson or religious professional.
21. All clinical staff members shall receive clinical supervision or consultation appropriate to their levels of experience and certification or licensure.
22. Non-counseling services offered by the Center that are not reviewed under standards 19-21 (above) will be reviewed in periodic case consultation as appropriate to the service and caseload.
23. The services offered by the Center shall be covered by professional liability insurance.
24. For programs and services other than professional clinical practice, the Center shall define and implement policies and practices which reflect appropriate administration, risk management, record-keeping, and service evaluation.
  - A. Centers offering coaching, spiritual direction, or prevention/wellness services shall have records that at a minimum include signed agreements demarcating the difference between counseling and the service being offered and defining the responsibilities of each party.
  - B. Centers offering formal consultation or mediation shall have records that at a minimum include a written contract for services defining the responsibilities of each party and following any and all state regulations for mediation.
25. The Center shall have written policies and procedures regarding its “mind-body-spirit-community” integrated services including descriptions of the:
  - A. Center philosophy of integration regarding mind-body-spirit care
  - B. include approach to integrated care setting(s) of behavioral health & primary care (if applicable)
  - C. “community” focus to include emphasis on cultural competency and diversity in providing services for populations served
  - D. staff orientation to and continuing education in integration
  - E. application(s) in services offered and in the work of the staff and board (e.g. staff meetings, clinical consultations, board meetings, etc.)
  - F. outcome evaluation process
  - G. congruence of the approach to integration with the Center’s mission

H. Center's informed consent statement as it relates to the philosophy of integration.

## **FINANCES**

26. The board of directors shall:

- a. approve the Center's annual budget
- b. establish and monitor compliance with the Center's written policies for financial management
- c. review and approve financial reports as evident in board minutes
- D. provide for independent accounting services annually<sup>1</sup> OR establish documentation of board monitored and approved internal financial procedures<sup>2</sup> helping to ensure financial reporting integrity and appropriate evaluation of cost benefit and risk of known internal control weaknesses.

*<sup>1</sup>Independent public accounting services (Recommended for Annual Operating revenue averages for the 3 preceding years, exceeding):*

- *Audit (\$ 1,400,000 professional fees or \$ 2,000,000 total)*
- *Review (\$ 700,000 professional fees or \$ 1,000,000 total)*
- *Full Disclosure Compilation (\$ 350,000 professional fees or \$ 500,000 total)*

*Please note: Many states have specific requirements for 501(c)3 non-profit organizations that may be lower than these recommended thresholds. If such a case exists, the Center would need to comply with state guidelines.*

*<sup>2</sup>Documented internal procedures in lieu of independent accounting services. See supplemental procedures and documentation recommendations (**Appendix 4**)*

- E. provide for a Center Financial Governance and Accountability Report to be submitted with the Accreditation review materials. Such report must be submitted and signed by identified Center leadership.

27. The Center shall:

- A. Document annual review and approval of budget
- B. Have established operating reserves and the accompanying policies and procedures that help ensure organizational sustainability for at least one year.  
If this level of operating reserves is not met, a documented plan that identifies and addresses the steps required to strengthen the organization's financial condition.
- C. Centers shall have written fee policies and practices that include provisions for serving persons who cannot afford the full cost of service.

28. The Center shall implement written fee policies and practices that include provisions for serving persons who cannot afford the full cost of service.

## **FACILITIES**

29. The Center shall provide facilities which are:

- A. accessible within the service area
- B. accommodating for persons with disabilities
- C. available during some evening or weekend hours

- D. clearly identified, electronically, as a *Solihthen Center* location
- E. reflective of the Center's religious identity
- F. adequate in size, furnishings, and equipment for the provision of professional services
- G. secured through a written agreement
- H. tobacco and smoke free.

## **ADMINISTRATION**

30. The Center shall develop an Information Management Plan, along with related policies, and review annually. This plan should address the following:
  - A. electronic health record (or a specific plan to adopt one)
  - B. website
  - C. e-mail
  - D. text messaging
  - E. health information data
  - F. data back-up
  - G. emergency shut down procedures
  - H. patient portal(s) (if applicable)
  - I. telehealth services (if applicable)
  - J. social media (if applicable)
31. The Center shall document current administrative procedures. To include such activities as client scheduling, fee collection, billing, accounts receivable, credentialing, accounting, donor records, processing mail, separation of duties, etc.
32. Staff meetings with an administrative focus shall be held at least monthly.
33. The Center executive shall ensure that all staff members receive administrative supervision and/or consultation.

## **PROGRAM ACCOUNTABILITY**

34. The Center shall prepare and distribute an annual report summarizing the Center's programs, finances, and statistics.
35. The Center shall maintain the provisions of its affiliation agreement with Solihten Institute including:
  - A. submitting BOD minutes and financial reports at least quarterly
  - B. contributing requested annual statistical data.
36. The Center shall develop a Quality and Performance Improvement Program that includes:
  - A. a written description of the QI/PI program
  - B. compilation and analysis of data regarding at least one clinical and at least one administrative function annually
  - C. documentation of accountability to the Center board of directors
  - D. at least annual public reporting of QI/PI results.



37. The Center shall develop a Compliance Plan/Program addressing and attesting to the following:
  - A. implementing written policies, procedures and standards of conduct
  - B. annual update of the Plan and annual review and approval by the Center board of directors
  - C. designating compliance and privacy officer(s) and a compliance committee
  - D. the compliance officer should have a key role in assisting the Center to abide by all applicable legal and ethical standards. This includes federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA), FTC Red Flag Rules, Health Information Technology for Economic and Clinical Health Act (HITECH), Labor Laws, State Licensing Regulations, additional State Privacy Regulations (if applicable), etc.
  - E. conducting effective training and education
  - F. developing effective lines of communication
  - G. enforcing standards through well-publicized disciplinary guidelines;
  - H. conducting internal monitoring and auditing (risk management); and
  - I. responding promptly to detected offenses and developing corrective action.

#### **CLERGY AND CONGREGATION CARE**

38. Centers with programs for clergy and congregations shall include:
  - A. a designated program leader accountable to the executive director
  - B. an advisory team or board committee to assist with program planning, evaluation, and marketing
  - C. a plan for initiating and maintaining relationships with local clergy, congregations, and as appropriate, judicatories and seminaries
  - D. provision in the Center's organizational chart, strategic plan, and financial plan.