



Counseling, Support, and Education Services

DEFINITION

Counseling, Support, and Education Services are community-based, prevention-focused programs and activities to help families and individuals of all ages cope with the stresses of daily living. Services emphasize personal growth, development, and situational change. Services may include:

Counseling and Support Services offer guidance, coaching, and support to help individuals and families achieve personal growth and manage situational change.

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, skill-building, resilience, and wellness.

Information and Referral Services connect individuals and families to appropriate resources.

Counseling, Support, and Education Services (CSE) also includes Peer Support, non-clinical services delivered by individuals with lived experience. Services are designed to assist individuals in achieving their life and/or recovery goals through one-on-one relationships; peer recovery groups; family and youth support programs; and community building activities.

Interpretation: *Counseling, Support, and Education services can be offered in a variety of settings within the community, including schools. As communication technology continues to evolve, organizations are increasingly utilizing electronic interventions to deliver services. Technologies include videoconferencing, online chat platforms, texting, and mobile applications.*

Note: *Organizations providing Counseling and Support Services will complete CSE 1, 2, 3, 4, 8 and 9.*

Organizations providing Education and Support Groups will complete CSE 1, 2, 3, 5, and 8.

Organizations providing Information and Referral Services will complete CSE 1, 2, 3, 6, and 8.

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



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Organizations providing Peer Support will also complete CSE 7 in addition to other applicable standards.

Note: *Counseling, Support, and Education Services (CSE) accommodate an array of service modalities designed to provide support, information, or counseling to individuals, families, and groups in the community, including information and referral programs, one-time community-based educational programming, support groups, or on-going in-home or in-community support.*

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

- *life skills education programs;*
- *peer support programs;*
- *family life education programs;*
- *mental health and/or drug and alcohol education;*
- *health promotion and wellness activities;*
- *family and/or intimate partner violence interventions; and*
- *anger management programs.*

Note: *Counseling, Support, and Education Services (CSE) is assigned to organizations providing counseling programs that offer guidance, coaching, community support, and skills building to individuals, families, and groups. Services are provided by non-clinical staff, and while there is a screening and intake process, assessments and service plans are not required. Organizations that provide this service most likely will not be receiving third party reimbursement for their services.*

Counseling programs reviewed under CSE are distinct from clinical counseling programs reviewed under Services for Mental Health and/or Substance Use Disorders (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.

Note: *Counseling, 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.*

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Note: *The Counseling, Support, and Education Services (CSE) standards were revised in May 2015 to reflect current best practice. For more information, please see the [CSE Standards Updates Summary - Private, Public, Canadian](#).*

Note: *Please see [CSE Reference List](#) and [Suicide Prevention Reference List](#) for a list of resources that informed the development of these standards.*

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups, as appropriate; and
 - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of activity/group;
 - b. whether the activity/group is short-term or ongoing;
 - c. how often the activity/group is offered;
 - d. the average number of participants per session of the activity/group, in the last month; and
 - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs

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or services, or closed

- A list or description of program outcomes and outputs being measured

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

Purpose

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CSE 1: Service Philosophy

The program develops a service philosophy that:

- a. sets forth a logical approach for how program activities and interventions will meet the needs of service recipients;
- b. guides the development and implementation of programs activities and services based on the best available evidence of service effectiveness; and
- c. ensures that services are strengths-based, person- or family-centered, culturally and linguistically responsive, and trauma-informed.

Interpretation: *A functional service philosophy, logic model, or similar framework guides program development and implementation by linking the organization's mission or purpose with strategies, practices, or tools needed to integrate these into daily work. A well-defined and visible practice framework will help staff and stakeholders think systematically about how the program can make a measureable difference by drawing clear connections between program values, service population needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Interpretation: *Organizational self-assessments can evaluate the extent to which organizations' policies and practices are trauma-informed, as well as identify strengths and barriers in regards to trauma-informed service delivery and provision. 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 assessment and service planning processes to ensure that services are being delivered in a trauma-informed manner.*

Research Note: *The importance of providing trauma-informed care is reinforced by a growing body of research on the impact of adverse childhood experiences. Organizations that are trauma-informed recognize the signs and symptoms of trauma, and respond by applying the six principles of a trauma-informed approach:*

- safety;
- trustworthiness and transparency;
- peer support;
- collaboration and mutuality;
- empowerment, voice, and choice; and
- cultural, historical, and gender issues.

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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
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; 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.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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.,

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- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service philosophy

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Individuals or families served

Purpose

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CSE 2: Outreach and Access to Services

The organization minimizes barriers to the initiation of needed services by using a variety of culturally, linguistically, geographically, and age appropriate outreach strategies.

Interpretation: *Outreach strategies may vary by program design.*

NA *The organization receives all service recipients by referral.*

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 (HR 6.02) and training (TS 2.03); 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
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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

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used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of:
 - a. Outreach strategies and examples of outreach and informational materials
 - b. How the organization works with other community providers

On-Site Evidence

- Outreach strategies and informational materials

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel

CSE 2.01

The organization uses an array of outreach strategies to inform the community about the services it provides and how to access them.

Interpretation: *Appropriate outreach can include posters, pamphlets, public service announcements, communication with those who come into contact with the target population, and outreach to other providers. Strategies should include attention to geographic location, language of choice, age, sexual orientation, developmental level, gender identity, and religious, racial, ethnic, and cultural background.*

CSE 2.02

The organization works with other community service providers:

- a. educate potential service recipients about the type and quality of services it offers; and
- b. address and minimize barriers that may prevent individuals from seeking

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or obtaining services.

CSE 2.03

The organization informs the community when information and referral services have a particular focus.

Interpretation: *Information and referral services may focus on elder care, legal services, child care resources and referrals, or other targeted services.*

NA *The organization does not provide information and referral services with a particular focus.*

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CSE 3: Screening and Intake

The organization's screening and intake practices ensure that service recipients receive prompt and responsive access to appropriate services.

Interpretation: *Service recipients can include individuals, families, or community groups that request the organization's services on a one-time, occasional, or regular basis.*

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
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

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
- A number of client records are missing important information or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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;

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e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Screening and intake procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review logs, progress notes, or case records for documentation of services applied, as applicable (CSE 3.06)

CSE 3.01

Service recipients are screened and informed about:

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

Related: CR 1.01

Interpretation: *If the service recipient's request does not match the organization's services, the organization should initiate a conversation with the individual and make every effort to link the person with appropriate services. The organization should inform applicants about any behaviors that might result in involuntary discharge from the program.*

Research Note: *Employing electronic, telephonic, or technology-based interventions can minimize geographic barriers and increase the availability of necessary services, particularly for individuals and families living in rural or underserved areas.*

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

CSE 3.02

Prompt, responsive intake practices:

- a. ensure equitable treatment;
- b. give priority to urgent needs and emergency situations;
- c. address criteria for determining when a more intensive service is necessary;
- d. support timely initiation of services; and
- e. provide for placement on a waiting list, if applicable.

CSE 3.03

Service recipients who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

NA The organization provides services to community members or groups on a one-time or occasional basis.

NA The organization accepts all service recipients.

CSE 3.04

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs, if appropriate; and
- c. the nature of the request or presenting issue.

NA The organization provides information and referral services only.

(FP) CSE 3.05

The organization has mechanisms to identify and respond to service recipients at risk of suicide, self-injury, neglect, exploitation, and violence towards others.

Interpretation: *If the program model does not necessitate individual risk*

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screenings, organizations may implement a program-wide screening to evaluate the potential risk of harm by or to service recipients or others. Best practice would be for programs serving children, vulnerable adults, or individuals with a history of danger to self or others to conduct individual risk screenings. Organizations may respond to identified risk by connecting service recipients to more intensive services; facilitating the development of a safety and/or crisis plan; or contacting emergency responders, 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotlines, as appropriate.

Research Note: Some groups of service recipients may be at higher risk for suicide due to past trauma, compounding risk factors, and/or societal stigma, including individuals with systems involvement (foster care, juvenile justice, criminal justice), military service members, American Indian and Alaska Natives, and individuals who identify as lesbian, gay, bisexual, and transgender (LGBT). Service recipients with alcohol use and/or mental health disorders are also at elevated risk for suicide.

CSE 3.06

Logs or progress notes are maintained to document individual or group progress, as appropriate to the intervention.

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 may be developed to monitor progress. Information that informs service delivery (e.g., screenings/assessments and service plans) should be maintained in the service recipient's case record.

NA The organization provides services to community members or groups on a one-time or occasional basis.

NA The organization provides information and referral services only.

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



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CSE 4: Counseling and Support Services

The organization provides individuals and families with educational, supportive, and preventive services that:

- a. recognize individual and family values and goals;
- b. accommodate differences in life styles; and
- c. emphasize personal growth, development, and situational change; and
- d. offer guidance, coaching, community support.

Interpretation: *Counseling and support services can be designed and delivered by peers, examples of which include peer-to-peer counseling, peer mentoring/coaching, and parent and family support services.*

NA *The organization does not provide counseling and support services.*

Note: *Programs reviewed under Counseling and Support Services provide non-clinical, supportive counseling to individuals and families. Please refer to the note at the service definition for further guidance.*

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 (HR 6.02) and training (TS 2.03); 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

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



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- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of counseling and support services
- Procedures for providing necessary care to service recipients who are victims of violence, abuse, neglect, or other known trauma, or at risk for suicide (CSE 4.04)

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review logs, progress notes, or case records for documentation of services provided, as applicable

CSE 4.01

Personnel engage and motivate service recipients by demonstrating:

- a. sensitivity to the needs and personal goals of the service recipient;
- b. a receptive manner;
- c. respect for the person's autonomy, confidentiality, socio-cultural values, lifestyle choices, and complex family interactions;

Purpose

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- d. flexibility; and
- e. appropriate boundaries.

CSE 4.02

Personnel assist the service recipients to:

- 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.

Research Note: *Literature suggests that successful interventions are those that are driven by the goals of the service recipient and utilize strengths, coping mechanisms, and support networks to solve an identified problem. Assisting individuals and families to identify the concern that motivated them to seek out services, their service goals, and the tools they have to successfully accomplish their goals leads to greater self-sufficiency, and fewer service needs in the future.*

CSE 4.03

Services have an educational, supportive, or preventive focus to help service recipients:

- a. cope with life transitions;
- b. develop life skills and problem-solving techniques;
- c. better understand the patterns of community and family living;
- d. anticipate and manage stresses of daily living; or
- e. improve role competency and family and social functioning.

(FP) CSE 4.04

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

- a. trauma-informed care;
- b. a safety plan;

Purpose

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- c. frequent monitoring of progress toward service goals; and/or
- d. access to intensive services.

Interpretation: *Trauma informed care is grounded in a thorough understanding of the biopsychosocial effects of trauma on the individual. Service recipients should receive education about the impact of trauma and have the opportunity to explore care options so they can actively participate in developing service goals and objectives. By taking this approach, organizations are encouraging and respecting the voice and choice of those they serve.*

Interpretation: *Regarding element (b), safety plans will look different depending on the specific needs of the service recipient. For example, safety plans for survivors of domestic violence focus on helping individuals prepare for immediate escape, while safety plans for individuals at risk for suicide focus on warning signs, coping strategies, and lethal means restriction.*

CSE 4.05

The organization:

- a. informs service recipients of any limitations to confidentiality prior to the disclosure of sensitive information;
- b. provides service recipients with the resources to report domestic violence, sexual assault, abuse, or neglect, if they elect to do so; and
- c. adheres to mandated reporting laws.

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



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CSE 5: Education and Support Group Services

Education and support groups provide educational, supportive, and preventive services to improve emotional well-being, and promote self-sufficiency, personal growth, development, resilience, and wellness.

Interpretation: *Education and support groups include classes, support groups, workshops, health and wellness groups, educational sessions, peer support groups, etc.*

Interpretation: *Educational services are not limited to lessons and formal instruction. Organizations provide information that is practical and immediately useful.*

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

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 (HR 6.02) and training (TS 2.03); 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
- A number of client records are missing important information or
- Client participation is inconsistent; or

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



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- One of the Fundamental Practice Standards received a rating of 3 or 4.

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; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of education and support group services

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Individuals served
- Review logs or progress notes as applicable

CSE 5.01

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

- a. recover from crises;
- b. cope with life transitions;
- c. set recovery and/or life goals;
- d. identify networks of support and supportive resources;
- e. better understand the patterns of community and family living;
- f. anticipate and manage stresses of daily living;
- g. improve role competency and family and social functioning; or
- h. enhance health and whole-person wellness.

Interpretation: *Peer support groups might focus on relapse prevention, job*

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skills training, family relations, suicide loss and grief, and other topics related to personal recovery goals.

Research Note: *According to the Substance Use and Mental Health Services Administration (SAMHSA)'s Wellness Initiative, whole-person wellness refers to overall well-being and encompasses the mental, emotional, physical, occupational, intellectual, and spiritual aspects of an individual's life.*

CSE 5.02

Services provided in a group setting:

- a. emphasize group learning and 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.

Interpretation: *Group leaders know how to facilitate discussions in a group setting so it remains comfortable and safe for participants.*

CSE 5.03

Program activities promote the personal growth and independence of service recipients 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.

Research Note: *Individuals that participate in support groups establish relationships and gain support through interactions with other group members. Supportive interactions are associated with a reduction of negative behaviors over time. Best practice suggests that individuals with chronic health conditions who have adequate emotional and psychological support fare better emotionally than those that do not have sufficient social support networks in place.*

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

CSE 6: Information and Referral Services

The organization provides information about available community resources and makes referrals or connections as appropriate to the service recipient's identified needs.

NA *The organization does not provide information or referral 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 (HR 6.02) and training (TS 2.03); 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
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of information and referral services
- Procedures for evaluating and summarizing community needs
- Crisis response procedures (CSE 6.04)

On-Site Evidence

- Database of community resources

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel

CSE 6.01

Service recipients are promptly referred or connected to appropriate resources.

Interpretation: *Organizations' policies and/or procedures should promote referrals to service providers that meet the cultural and linguistic needs of the service population.*

CSE 6.02

The organization maintains, or has access to, an up-to-date database of reliable, culturally and linguistically responsive 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.

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

CSE 6.03

The organization collects and periodically summarizes data on community needs and available resources, and shares summaries with the community.

Interpretation: *Collecting and maintaining demographic data is a way for organizations to regularly assess the cultural and linguistic needs of the community that it serves.*

(FP) CSE 6.04

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.

Interpretation: *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:*

- *protective measures or special precautions related to inquiries from individuals involved in cases of domestic violence or other endangerment situations;*
- *how to address service recipients who wish to remain anonymous yet require direct intervention and stabilization services;*
- *protocols on how to connect service recipients to appropriate formal crisis intervention services or emergency responders; and*
- *guidance on mandatory reporting and the disclosure of suspected abuse or other criminal behaviour according to applicable laws.*

Note: *Training personnel on how to respond in emergency situations is addressed in CSE 8.01.*

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

CSE 7: Peer Support

Services delivered by peers are strengths-focused, person-driven and encourage:

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

Interpretation: *Peer support services are non-clinical services delivered by individuals who have lived experience. Providers of peer support (e.g., certified peer specialists, peer support specialists, recovery coaches, etc.) can serve as advocates, facilitators or coaches and are culturally competent and appropriately trained and supervised to deliver services.*

Interpretation: *Recovery refers to a holistic process of change where individuals learn to overcome or manage their symptoms and conditions in order to improve overall well-being and achieve optimal health.*

Research Note: *Peer support services have proven effective in the areas of substance use, parenting, bereavement, chronic illness, and mental health. Research suggests that peer models increase social contacts, enhance daily functioning, and improve individuals' sense of empowerment and hopefulness.*

Research Note: *Individuals affected by a loved one's suicide or suicide attempt can experience trauma and complicated grief, often lack bereavement supports, and may experience societal stigmatization and isolation. In addition to professional mental health services, peer support services have been found to be very helpful. Similarly, research has shown that suicide attempt survivors can benefit greatly from peer support by instilling hopefulness, teaching coping skills, and counteracting shame and social isolation. Cultural differences exist in how suicide is understood and processed, which may affect individuals' service preferences and wishes following a suicide attempt or death.*

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

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

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 (HR 6.02) and training (TS 2.03); 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
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Description of peer support services

On-Site Evidence

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review logs, progress notes, or case records for documentation of services provided, as applicable

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

CSE 8: Personnel

Personnel have appropriate education, training, and experience to meet the needs of the service population.

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.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are being used.
 - With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

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

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., 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.
 - 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.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
- 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.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.Â
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; 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; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

- Program staffing chart that include lines of supervision
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Job descriptions
- Table of contents of training curricula
- Procedures and criteria used for assigning and evaluating workload
- Procedures for responding to a crisis or traumatic event

On-Site Evidence

- Training curricula
- Documentation of training
- Documentation of formal training and/or certification for peer support providers, as applicable

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Relevant personnel
- Review personnel files

CSE 8.01

Prior to having contact with service recipients, personnel receive orientation on:

- a. the needs of the service population
- b. responding to emergency situations; and
- c. legal or policy requirements governing the delivery of needed services.

Related: TS 1, TS 2

Interpretation: *In regards to element (c), personnel should be trained on relevant legal and civil rights issues, laws governing disclosure of suspected abuse or other criminal behavior, organization policy reconciling the principles of consumer confidentiality and the requirements of the law, and documentation requirements.*

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

CSE 8.02

Personnel receive ongoing training and education in the following areas, as appropriate to the services provided:

- a. cultural and linguistic competence;
- b. community resources and how to access services;
- c. procedures for making referrals or providing information;
- d. methods of engagement, including establishing rapport and building trust;
- e. recognizing and responding to signs and symptoms of trauma;
- f. recognizing and responding to signs of suicide risk; and
- g. special issues related to working with the identified service population.

Related: TS 3

CSE 8.03

Personnel leading education and support groups have the competence and support needed to:

- a. engage and motivate group members;
- b. advocate for individuals and families;
- c. understand group dynamics;
- d. lead discussions; and
- e. facilitate group activities.

Related: TS 1, TS 2

Interpretation: *Competency can be demonstrated through education, training, lived and/or professional experience.*

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

CSE 8.04

Individuals who provide peer support must:

- a. be willing to share their personal recovery stories;
- b. have adequate support and appropriate supervision; and
- c. obtain formal training and certification, as appropriate.

Interpretation: *Providers of peer support must complete training and certification as defined by their state.*

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

NA *The organization does not provide peer support services.*

CSE 8.05

Individuals who provide peer support receive pre- and in-service training and ongoing supervision and support around:

- a. how to recognize the need for more intensive services and how to make an appropriate referral;
- b. established and ethical guidelines, including setting appropriate boundaries; and
- c. skills, concepts, and philosophies related to recovery and peer support.

Interpretation: *Peers should receive ongoing education to remain current on wellness support methods, trauma-informed care practices, and recovery resources as the field of recovery and peer support is rapidly evolving.*

Interpretation: *Peers establish relationships with service recipients that are based on mutual respect and trust and support bidirectional learning and reciprocity. One of the greatest perceived challenges of delivering peer support services is peers' ability to handle confidentiality and boundaries. Clearly defining and communicating the role of the peer worker is critical when establishing the peer-to-peer relationship.*

Research Note: *A national network of researchers, health care professionals, behavioral health experts, and individuals in recovery developed a set of universal recovery principles. The ten guiding principles of recovery include:*

- a. *hope;*
- b. *person-centered/self-directed;*
- c. *individualized/many pathways;*
- d. *holistic;*
- e. *peer support;*
- f. *relational;*
- g. *cultural competence;*
- h. *trauma-informed;*
- i. *strengths-based/responsibility; and*
- j. *respect.*

NA *The organization does not provide peer support services.*

CSE 8.06

Supervisors must have the education, training, and experience required to

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

adequately support and supervise direct service personnel.

Related: TS 3

Interpretation: *Supervisor qualifications will vary depending on the services provided and program design.*

CSE 8.07

Supervisors demonstrate a commitment to providing structure and support to direct staff to:

- a. address and reduce stress, anxiety, secondary traumatic stress, and vicarious trauma;
- b. process and debrief following a crisis or traumatic event;
- c. create an atmosphere of problem-solving and learning;
- d. build and maintain morale;
- e. provide constructive ways to approach difficult situations with service recipients; and
- f. facilitate regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

Related: RPM 2.03

Interpretation: *Supervision is an important determinant of service recipient outcomes, organizational culture, and staff retention.*

Interpretation: *In order to promote workforce well-being, organizations should implement policies that address and help prevent stress-related problems. Strategies to reduce the adverse effects of secondary traumatic stress and vicarious trauma include: helping staff identify and manage the difficulties associated with their respective positions; promoting self-care and well-being through policies and communications with personnel; offering positive coping skills and stress management training; and providing adequate supervision and staff coverage.*

Interpretation: *Before a crisis or traumatic event occurs, the organization's leadership should establish a coordinated plan detailing its organization-wide response strategy (see also ASE 7), in accordance with all applicable confidentiality laws and regulations. For example, response plans in the event of a suicide can include: procedures for managing information about the death, coordination of internal or external resources, supports for those affected by the death, commemoration of the deceased, and follow-up with anyone at elevated risk for suicide.*

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

Interpretation: *The suicide attempt or death of a service recipient can be a traumatic experience for staff and appropriate supports and avenues for grief are often not provided. Staff may feel responsible for the individual's death, professionally inadequate, and ashamed. Individuals exposed to suicide can also be at elevated risk for suicide. To help staff process the loss of a service recipient to suicide, voluntary non-judgmental support services should be provided to help the affected staff and other personnel grieve and prepare for future contact with individuals at risk for suicide.*

Research Note: *Secondary traumatic stress (STS)--distress that results from being exposed to the traumatic stories of others, and vicarious trauma (VT)--internal changes in the perception of self due to chronic exposure to traumatic material, have a significant impact on direct care workers and supervisors. STS has been linked to increased absenteeism among employees, high staff turnover, and decreased compliance with organizational requirements. The impact of VT can impede organizational function and negatively influence an individual's sense of trust, safety, control, and esteem.*

CSE 8.08

Employee workloads support the achievement of service recipient outcomes, are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experience of the worker, including level of supervision needed;
- b. the work and time required to accomplish assigned tasks and job responsibilities; and
- c. service volume.

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

CSE 9: Personnel: Additional Requirements for Counseling and Support Services

Personnel providing counseling and support services are qualified by education, training, and experience.

NA *The organization does not provide counseling and 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.,
 - 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.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are being used.
 - With a few exceptions specialized staff are retained as required and

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

possess the required qualifications.

- 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.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., 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.
 - 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.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
- 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.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; 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; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

Table of Evidence

Self-Study Evidence

- Program staffing chart that include lines of supervision
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Job descriptions
- Table of contents of training curricula

On-Site Evidence

- Training curricula
- Documentation of training

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Relevant personnel
- Review personnel files

CSE 9.01

Personnel providing counseling and support services must have an associate's degree in a human services field and/or appropriate training and experience.

Interpretation: *Personnel degree qualifications should be appropriate to the services being provided.*

CSE 9.02

Personnel demonstrate competence in following, as appropriate:

- a. methods of crisis prevention and intervention;
- b. identifying the needs of abused and neglected children and adults;
- c. understanding child development, and individual and family functioning;
- d. criteria to determine the need for more intensive services;
- e. evidence-based practices and relevant emerging bodies of knowledge;

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.



Counseling, Support, and Education Services

- f. ecological or person-in-environment perspectives;
- g. working with difficult to reach, traumatized, or disengaged individuals and families; and
- h. collaborating with other disciplines and community resources.

Related: TS 1, TS 2

Interpretation: *Depending on the service population, personnel may need to be trained on recognizing the presence of physical health, mental health, and/or substance use conditions in order to determine when service recipients require more intensive services.*

Interpretation: *Training on evidenced-based practices and theories will vary given the program design and identified service population.*

Research Note: *Ecological or person-in-environment perspective views social, cultural, environmental, historical, and economic factors as critical in the development and resolution of personal and family problems.*

CSE 9.03

Supervisors of counseling and support services personnel are qualified by:

- a. at least two years of experience providing counseling and supportive services;
- b. a bachelor's degree in a human services field; and
- c. training in staff supervision.

Related: TS 3

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.*

Purpose

Individuals and families who participate in Counseling, Support, and Education Services identify and build on strengths, develop skills to manage situational change, access appropriate community support and resources, and improve functioning in daily activities at home, at work, and in the community.