

# *Eight years of collaboration between the VA and CARF*

## THIS ISSUE

Eight years of collaboration between the VA and CARF .....1

About the VA .....5

Compensated Work Therapy Program provides an evidence-based model of supported employment .....8

CARF accreditation in native tribal nations .....11

What are CCRCs and ASNs? .....12

News from CARF .....14

To many Americans, January 1, 1997, was a remarkable day only because the Ohio State Buckeyes narrowly defeated the Arizona State Sun Devils in the Rose Bowl.



But at the Veterans Health Administration (VHA) of the U.S. Department of Veterans Affairs (VA), the date marked the launch of a historic agreement with CARE. For the first time, the VA's rehabilitation programs began preparing for accreditation surveys by applying the same CARF standards to their own programs that were applied to private-sector providers.

For the 1.75 million veterans with service-connected disabilities at that time, the agreement marked a renewed commitment of the VA to demonstrate that the care veterans received at the VA met or exceeded national standards for patient satisfaction, access, and quality.

For CARE, the date ushered in a new era of accreditation activities with the United States' largest integrated health system and collaboration with some of the country's most dedicated rehabilitation providers.

### **AGREEMENT FOR ACCREDITATION SERVICES CALLED "A REMARKABLE AFFILIATION"**

Since the agreement was initiated eight years ago under the visionary leadership and tenacity of the VA's Leigh Anderson, M.D., and Harry Marshall, 157 VA sites across the country have earned CARF accreditation for their rehabilitation services.

Anderson was the VHA Chief Consultant for the Rehabilitation Strategic Healthcare Group, served as the first Chair of the VHA-CARF Accreditation Steering Committee, and was named the first VHA member of the CARF Board of Trustees. He has since become the Chief of Staff at the VA Eastern Colorado Health Care System. Marshall was the Senior Program Manager for the Rehabilitation Strategic Healthcare Group and retired from federal service in 2000. (CONTINUED ON NEXT PAGE)



Initially, CARF surveyed VA medical programs that provided acute and subacute comprehensive inpatient, spinal cord, pain management, and specialized brain injury rehabilitation programs. Soon, CARF also began surveying programs in the VA's employment centers, including comprehensive work therapy, therapeutic residences, incentive therapy programs, and comprehensive and intermediate Centers of Health Care for Homeless Veterans. Although most CARF-accredited VA programs are in the employment and community services area at present, a sizeable share falls in the medical rehabilitation field. A number of the VA's behavioral health programs have earned CARF accreditation, too.



Responding to a need in the VA, CARF developed standards for comprehensive blind rehabilitation services. Originally, the standards were only available to VA programs, although they were made available to the private sector beginning in 2003.



*Providing quality services results in a better chance of a veteran rebuilding his or her life.*

By the end of 2003, all VA rehabilitation programs identified for CARF accreditation had earned a three-year accreditation outcome, the highest level of accreditation. Explaining that rehabilitation is critical to the VA's mission, a past Secretary of Veterans Affairs called the agreement with CARF “a remarkable affiliation.”

“We’ve seen the results of the accreditation process in the increased pride that our staff members take in the care they provide to our nation’s veterans. Accreditation is a badge of honor and has strengthened the dedication of VA staff members,” the Secretary said.

Patricia O’Bryant, the Director of Accreditation Programs for the Department of Veterans Affairs in Washington, D.C., expands on the Secretary’s remarks: “I have been impressed with the dedication and commitment of the members who work on an almost daily basis with our hospital rehabilitation programs to achieve CARF accreditation,” O’Bryant says. “I regularly hear about success stories in accredited programs like vocational rehab, spinal cord injury, and blind rehab, and I have had the opportunity to observe some of these programs when I visit our hospitals. Accreditation is a valued component of rehabilitation’s quality improvement programs.”

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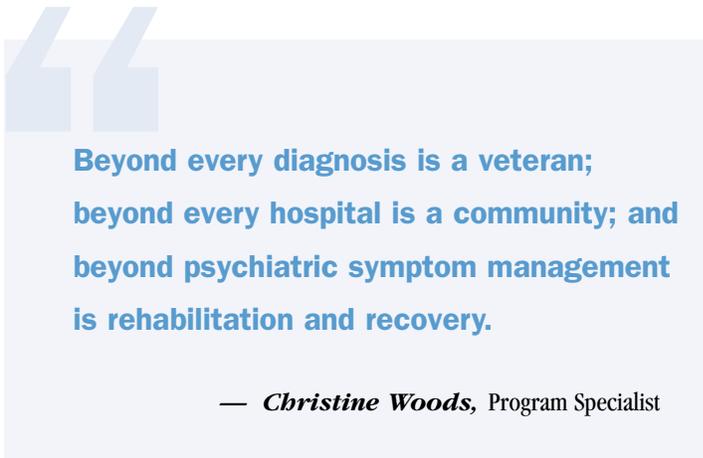
— **Patricia O’Bryant**, Director of Accreditation Programs



## ACCREDITATION ONE STEP IN A JOURNEY FOR CHANGE

More than a decade ago, the VHA embarked on what is called a Journey for Change to transform the way the VA delivers care. The effort to attain accreditation was one step in an ambitious plan that included several major reorganizations of the VA healthcare system.

“A significant shift in the Journey for Change was to move mental health care from hospital settings to residential and other community-based alternatives,” explains Christine Woods, Program Specialist for Psychosocial Rehabilitation and Recovery Services at the VA Central Office in Hampton, Virginia, who has also served on the VHA-CARF Accreditation Steering Committee since the beginning of the VA’s accreditation activities. “VA’s pursuit of CARF accreditation was instrumental in furthering our development and promotion of person-centered psychosocial rehabilitative services. When staff members asked, ‘How do I design a residential treatment program?’ or ‘How will veterans receive the support they need to live successfully in the community?’ the answer was ‘Apply the CARF standards.’



**Beyond every diagnosis is a veteran;  
beyond every hospital is a community; and  
beyond psychiatric symptom management  
is rehabilitation and recovery.**

— *Christine Woods*, Program Specialist

“The VA programs that sought accreditation not only listened to veterans and other stakeholders; they also responded to them. CARF helped us become more aware of our responsibilities to veterans. Serving American veterans is what VA is all about. Did accreditation improve the quality of services and staff morale? You bet!”

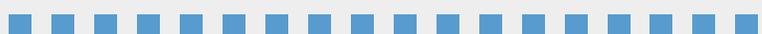
Woods concludes, “CARF-accredited VA programs acknowledge that beyond every diagnosis is a veteran; beyond every hospital is a community; and beyond psychiatric symptom management is rehabilitation and recovery.”

## COLLABORATION A BENEFIT OF ACCREDITATION

The VA’s commitment to accreditation has provided other benefits in the collaboration between the VA and CARE, and, by extension, helped build bridges between the public and private sectors of rehabilitation. At present, more than 15 VA staff members have been trained as CARF surveyors. (To avoid any conflict of interest, surveyors who are employed by the VA do not survey other VA facilities.)

VA staff members are currently preparing a poster presentation titled “Implementing Supported Employment for Veterans” that will be unveiled at the CARF international conference for employment and community services in February 2005. (See related guest article on page 8 in this issue.)

(CONTINUED ON NEXT PAGE)



## STUDY CONFIRMS THE MOVE TOWARD A CULTURE OF QUALITY

John M. Jacobson, M.S., CTRS, is the Rehabilitation Planning Specialist for the National VA Physical Medicine and Rehabilitation Program Office in Richmond, Virginia, and he also coordinates the agreement between the VHA and CARF. Jacobson recalls, “Soon after VA rehabilitation programs began to become accredited, the VA Physical Medicine and Rehabilitation National Office began a study to determine ‘what changed as a result of preparing for a CARF survey?’ The study showed that communication with team members, overall program quality, and medical record documentation practices, among others, significantly improved, and all were attributed to preparing for CARF surveys.

**CARF accreditation became the catalyst for change for better and more consistent patient-centered rehabilitative care in VA.”**

— *John M. Jacobson*, Rehabilitation Planning Specialist

“But what I remember the most from being a part of this study was the excitement, the pride of the teams involved, and their evolved culture that has become so devoted to the person served. VA staff is now confident that care is equal to or better than anywhere else. CARF accreditation became the catalyst for change for better and more consistent patient-centered rehabilitative care in VA.”

A “veteran” himself of close to 30 years in government service, Jacobson reflects, “During my career, I have seen many initiatives and projects come and go. But instituting CARF accreditation for the VA’s rehabilitation programs has been the most significant, far-reaching, and lasting accomplishment I have participated in. CARF accreditation changed the culture of how we provide quality rehabilitation to veterans and has been a vital part of a transformation to a culture of quality.”

## ACCREDITATION IMPROVES STAFF MORALE

Although there was some concern at the beginning that front-line staff, already stretched thin with case loads and numerous responsibilities, might resist the additional challenge of preparing for a CARF survey, the concern has proved to be unfounded. Indeed, the opposite has occurred because VA staff members are proud of working to achieve accreditation for their programs.

Charles McGeough, M.S., Psychosocial Rehabilitation National Marketing Director for the Department of Veterans Affairs, Mental Health Strategic Healthcare Group, in Dallas, weighed the experience of Compensated Work Therapy (CWT) programs, which provide an array of vocational and residential rehabilitation services. CWT programs are affiliated with VA Medical Centers nationally but operate semi-independently of each other, under the guidelines of a local VA facility. McGeough elaborates, “Before CARF arrived, there was no standard by which to measure the type, consistency, or quality of services or value of the outcomes achieved. Today, 100 percent of all appropriate CWT vocational and transitional residence programs are CARF-accredited and are quantifiably measurable. In addition to improvements in service quality, staff members have a sense of accomplishment and an innate pride that they measure up to other non-governmental service providers in being called a CARF-accredited program.” (CONTINUED ON PAGE 6)





Greta Mankins, M.B.A., is the Director of the Comprehensive Homeless Program for the VA North Texas Health Care System in Dallas, the first VA program to earn CARF accreditation for a CWT. She recalls how the CARF accreditation process improved the quality of services and, as a byproduct, improved staff satisfaction: “When we began preparing for our first CARF survey seven years ago, we believed we were already client-centered. However, after applying the CARF

standards to our programs, we found that we had a lot of room for improvement. Looking at our policies and procedures through CARF lenses, we discovered several areas in which we were expressing more of a parental attitude than an equal partnership with our veterans. It really made us reevaluate how we provide services.

“In addition, the outcomes measurements have been extremely helpful in focusing on areas needing improvement and our progress toward that improvement. Becoming CARF accredited has improved the quality of the services we provide. Providing quality services leads to higher staff satisfaction.”

Linda H. Wright, M.S.W., LCSW, Program Specialist for the Homeless Veterans Program at the Atlanta VA Medical Center, also observes how the accreditation process prompts the staff members to take new pride in their work. “Preparing for the CARF survey provides an opportunity for staff of the Homeless Veterans Program to more closely examine the services provided, how well the services are meeting the needs of those served, identify areas of improvement, how satisfied stakeholders are, and other pertinently related issues.

“However, the one aspect often overlooked is that the survey is a process by which the staff members can showcase the work they are doing everyday and to proudly explain how it is done,” Wright says. “Working together on how to approach the preparation process allows staff, management, customers, and stakeholders to experience what they do individually and collectively and to have a greater appreciation for each other. Talents that have been dormant or unknown are suddenly revived or recognized, and they contribute to the overall positive mix of survey preparation. Accidental or intentional, improved morale is fostered as a result.”

**Becoming CARF accredited has improved the quality of the services we provide. Providing quality services leads to higher staff satisfaction.”**

— *Greta Mankins*,  
Director of the Comprehensive Homeless Program

**...The CARF process engages departments that, while not in direct contact with the homeless veterans, greatly affect the quality of care that homeless veterans receive.”**

— *Craig Burnette, Ed.D.*, National Coordinator for Project CHALENG for Veterans



## “REBUILDING LIVES” AFFECTS VARIOUS VA PROGRAMS

The CARF standards indeed brought dramatic changes to various VA programs, but they have been welcome changes—even in departments of the VA that are not the direct recipients of the accreditation award.

Such is the view expressed by Craig Burnette, Ed.D., National Coordinator for Project CHALENG for Veterans, Department of Veterans Affairs, from his office in Atlanta. He is also the VA liaison to CARF for the Health Care for Home Veterans programs. He says, “The CARF accreditation process resonates far beyond just the homeless program itself. While the survey preparation requires the staff members of the homeless program to assess the impact of their actions on the treatment outcomes of the homeless veterans, it also raises the profile of the program to other areas and levels within the medical center.

“This is driven by the need of various departments, such as Human Resources, Fiscal, and Engineering, to come together with our homeless program staff to conform to the CARF standards that are applicable to their areas of responsibility. Human Resources not only ensures that our homeless veterans are treated by appropriately qualified persons; it is also a part of possible employment outcomes for the homeless veterans in the programs. Engineering ensures that the community agencies to house homeless veterans pass all fire and safety standards. Fiscal makes sure that our contract payments are on time and there is no disruption in services or housing as a result of nonpayment of bills. Thus, the CARF process engages departments that, while not in direct contact with the homeless veterans, greatly affect the quality of care that homeless veterans receive.”

Burnette concludes, “Often I see VA staff members from these various departments at CARF exit interviews literally beaming with pride as the CARF surveyors acknowledge their dedication. Their commitment to providing quality services results in a better chance of a veteran rebuilding his or her life.” ❏



*Serving American Veterans is what the VA is all about.*

*Photos courtesy of the U.S. Department of Veterans Affairs*



GUEST ARTICLE:

## Compensated Work Therapy Program provides an evidence-based model of supported employment

*By Charles McGeough, M.S.*

Psychosocial Rehabilitation National Marketing Director  
Department of Veterans Affairs, Mental Health Strategic Healthcare Group, Dallas



In fiscal year 2004, Congress passed Public Law 108-170, which authorized far-reaching improvements in VA mental health care, including treatment of post-traumatic stress disorder, substance abuse care, and services for seriously mentally ill veterans. The legislation also authorized the VA's Compensated Work Therapy (CWT) Program to provide an evidence-based model of supported employment (SE) through job development, job placement, and community support services for competitively employed veterans. As a direct result of the legislation, a system of Core CWT Program Mentor/Training sites have been established across the country in each of the VA's 21 networks.

Historically, the CWT program had only been permitted to provide limited vocational and rehabilitative services to veterans. These services included basic work hardening, situational assessment, and vocational evaluation through the use of sheltered workshops and transitional work experiences at private or public companies and organizations. The program served few veterans with serious mental illness, particularly psychosis.

**Substantial research ... demonstrated that persons with serious mental illness can work in competitive jobs in the community through the use of supported employment.**

Current evidence-based practices in the field of vocational rehabilitation indicate that extended evaluations and prolonged work hardening are no longer considered state of the art. Moreover,

rapid job placement into competitive employment, along with appropriate support services as instituted in the evidence-based model of supported employment, is the hallmark of excellence in vocational services to individuals with serious mental illness. Substantial research (Drake, Becker, Bell, Lysaker) demonstrated that persons with serious mental illness can work in competitive jobs in the community through the use of supported employment.



## CWT & SE MODEL GOALS

**The goal of CWT and the SE model is to assist veterans with disabilities to obtain competitive employment in the community and allow them to work in jobs they choose, while receiving the support they need.**

### **FIVE OBJECTIVES ARE TO:**

- 1. Implement an evidence-based best practice employment model for veterans with serious mental illness;**
- 2. Increase access to CWT for veterans with serious mental illness, particularly schizophrenia or other psychosis;**
- 3. Develop opportunities in CWT for veterans to begin working at their highest level in the community based on strengths, abilities, preferences, and desires;**
- 4. De-emphasize lengthy prevocational testing or formal evaluations including any requirement for a linear progression through Incentive Therapy and/or CWT sheltered workshop or transitional experience positions; and**
- 5. Emphasize community-based competitive employment over prevocational, sheltered, or segregated work experiences.**

The implementation of community-based CWT/SE programs will require fundamental changes in the traditional vocational approaches currently utilized by CWT. One of the primary changes will be the enhancement of a recovery orientation in CWT, which will focus on veteran independence and self-directed recovery. To ensure model fidelity to SE as

**The VA is currently developing a system that establishes one existing CWT program in each of its 21 networks as a center for the training and mentoring of all other existing and future CWT programs within that network.**

an evidence-based practice, CWT programs will be required to implement and be monitored on empirically derived principles of supported employment. In addition to CWT's existing sheltered and transitional work experience models, the program will provide evidence-based supported employment by providing work skills training and development services, job development and placement services, and employment support to participants.

The VA is currently developing a system that establishes one existing CWT program

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in each of its 21 networks as a center for the training and mentoring of all other existing and future CWT programs within that network. The designated training/mentoring site will provide an evidence-based model program of supported employment for each of the remaining CWT sites in the Network. These core CWT programs—the Core Mentor/Training Centers—are selected based on stated interest and demonstrated efficiency and effectiveness in clinical and operational domains of CWT and in conjunction with mental health management. Each core program will serve as the mentor/training site for all other CWT programs, thereby enlarging the cohort of programs providing the evidence-based model of supported employment. Eventually, the VA will expand treatment to all facilities providing mental health for veterans with serious mental illness.

**Eventually, the VA will expand treatment to all facilities providing mental health for veterans with serious mental illness.**

The Core Mentor/Training Centers will provide supported employment in the form of work skills training and development services, employment support, and job development and placement services to participants, in addition to transitional employment models currently in use. The Mental Health Strategic Health Care Group and the North

East Program Evaluation Center, in conjunction with the West Institute for Evidenced Based Practices at New Hampshire-Dartmouth Psychiatric Research Center and the VA Employee Education Service, will provide training programs for CWT staff regarding the theory and implementation of the supported employment model. All CWT sites will participate in the national training program, which will involve a national conference to initiate the program and periodic site visits from non-VA national experts, who will also conduct fidelity ratings and provide feedback on program implementation.

The impact of supported employment services in existing CARF-accredited CWT programs will enhance the programs' competency in conforming to CARF's Community Employment Services standards. ■■

*For additional information on CWT and the SE model, please call the Mental Health Strategic Health Care Group Psychosocial Rehabilitation Office at (978) 446-0214 or write to Dr. Anthony Campinell, Associate Chief for Psychosocial Rehabilitation in the Mental Health Strategic Healthcare Group, at [campinell.a@hq.med.va.gov](mailto:campinell.a@hq.med.va.gov) or Charles McGeough at [charles.mcgeough@med.va.gov](mailto:charles.mcgeough@med.va.gov)*



# CARF accreditation in native tribal nations

**CARF's international influence seems to expand every day. With accreditation growing in Canada, the Caribbean, and countries in Western Europe, the value of CARF accreditation is truly shared among many nations and cultures.**

When thinking of nations, we include the various groups of Native Americans and Canadian First Nations.

Achieving and maintaining conformance to the CARF standards are outstanding achievements for any organization. With that in mind, consider that native tribal nations must often adapt to Western medicine practices, which may contrast with the culture, values, and beliefs of their traditional heritage.

Examples of different approaches might include native tribal nations' alternative dispute resolutions, sovereignty issues, traditional ceremonies, and tribal structures (such as tribal courts). Sobriety and healing might be attained through a spiritual program or a service that includes a native healer or medicine man or woman. Education may be conducted through talking circles and other non-traditional, non-classroom ways.

At CARF, we laud native tribal organizations for their flexibility in accepting the challenge of seeking accreditation. In turn, CARF must display its own flexibility and respect for these other ways of providing services when applying the CARF standards. CARF's success in this effort is due in part because CARF's field-driven standards development process lends itself to respecting and celebrating diversity. As one CARF surveyor said about applying the standards in native tribal organizations, "I have seen [the CARF standards] work with 27 [tribal nations] just in my surveys, and I often marvel at the flexibility they have."

Not only must the CARF standards be adaptable to different interpretations, but the CARF surveyors must also be adaptable and willing to meet native tribal nations half way when applying the standards. The leader of one tribal organization in Arizona commented that the CARF surveyors were exceptional in doing this. Since the foundation of the organization's culture was in oral tradition, the surveyors took extra time to further explain the recommendations and suggestions in an oral fashion. To the tribal leadership, it was clear that these surveyors had the necessary experience and understanding to communicate with an organization like theirs.

By working toward accreditation, native tribal organizations not only enhance the lives of the persons they serve, they also enrich CARF's culture, which prides itself on cultural competency, diversity, and inclusion. From their hard work and dedication, these organizations truly help CARF to achieve international excellence, although they are within the borders of Canada and the United States. The success of native tribal groups in achieving accreditation illustrates that excellence in services transcends any cultural or political boundary. ■■





# NEWS FROM CARF



## INTERNATIONAL CONFERENCES SCHEDULED

- The Behavioral Health and Child and Youth Services international conference, **“Accreditation: Still on Target,”** is February 20-22, 2005. (Continuing education for CARF surveyors will be February 19-20.)
- The Employment and Community Services international conference, **“Navigating the Perfect Storm,”** is February 27-March 1, 2005. (Continuing education for CARF surveyors will be February 26-27.)

Both conferences are held at the Marriott University Park Hotel in Tucson.

For more information on these conferences, please go to [www.carf.org/events](http://www.carf.org/events) and click on the link to International conferences. ■■

## CARF INTRODUCES “W/STIPULATIONS” DESIGNATION FOR ACCREDITATION STATUS

**CARF has introduced a “w/stipulations” designation that may be attached to a provider’s accreditation status in certain circumstances. CARF may attach the new designation when events at an accredited provider suggest the provider may not be maintaining conformance to CARF’s accreditation standards and the provider is not able to furnish the information that would clear the concern until a future date. The designation can be attached to a three-year, one-year, or provisional accreditation.**

The stipulations are temporarily attached to an accreditation status while CARF waits for the required information and reviews the provider’s conformance to standards. During this period, CARF may require ongoing reporting or other action from the provider regarding its progress on maintaining conformance to the accreditation standards.

The “w/stipulations” designation would display on CARF’s provider search tool at [www.carf.org](http://www.carf.org). However, because of confidentiality and privacy guidelines, CARF cannot discuss the nature of the review. CARF urges any interested parties to contact the provider directly for more information. ■■



## W. DANIEL HIRST RECEIVES THE 2004 LLOYD LEWIS EXCELLENCE IN PRACTICE AWARD

W. Daniel Hirst was named the recipient of the 2004 Lloyd Lewis Excellence in Practice Award. The fourth annual award was presented at the CARF-CCAC Leadership Luncheon during the recent American Association of Homes and Services for the Aging annual meeting in Nashville. The award recognizes Hirst's positive impact on the residents of Kendal at Longwood, a continuing care retirement community in Kennett Square, Pennsylvania, where he works as a Housekeeping Manager.



Hirst received an award from CARF-CCAC and a standing ovation from more than 340 leaders of CARF-CCAC-accredited organizations who attended the leadership luncheon. The recipient of the Lloyd Lewis Excellence in Practice Award is selected from nominations of frontline employees made by residents and staff members of CARF-CCAC-accredited continuing care retirement communities across the United States. Nominees are recognized for their outstanding commitment to the aging services field and for enhancing the lives of persons served in the continuing care retirement communities. ■■

## JAMES T. MCDEAVITT, M.D., TO CHAIR THE CARF BOARD OF TRUSTEES IN 2005

After serving one year as Vice-Chair/Chair-Elect of the CARF Board of Trustees, James T. McDeavitt, M.D., will chair the board for the 2005 term. McDeavitt succeeds Joanne F. Finegan, M.S.A., CTRS, as the board Chair.



McDeavitt has served on the board since 1999 as a representative of the Brain Injury Association of America, Inc.

He is the Senior Vice President, Education and Research, of Carolinas HealthCare System, based in Charlotte, N.C.

The 50-member board voted Richard Forkosh to succeed McDeavitt as the first Vice-Chair/Chair-Elect for 2005. Forkosh is thus slated to chair the board of trustees in 2006. The board members also elected Peter A. Callstrom as Second Vice-Chair.

Forkosh joined the board in 2000 as a representative of the United Cerebral Palsy Associations, Inc. For the past 18 years, he has been the Executive Director of the United Cerebral Palsy of Greater Saint Louis. Callstrom was elected as an at-large trustee to the board in 2002. A former CARF surveyor, he is the Executive Director of Partnerships With Industry, based in San Diego.

The new officers' one-year terms begin January 1, 2005. ■■

(NEWS CONTINUED ON BACK PAGE)



**JAN./FEB. 2005**

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**Al Whiteburst**, EDITOR

Address correspondence to the editor.

Printed in the United States of America.



## JOHN COWELL JOINS CARF CANADA BOARD OF DIRECTORS

**John F. W. Cowell, M.D., CCFP, CCBOM, FRCPC, has accepted an appointment to the CARF Canada Board of Directors.**



Cowell has served for more than 30 years as a healthcare professional and executive. Currently, he is the CEO of the Health Quality Council of Alberta, an organization tasked with independently reporting to Albertans on the quality, safety, and performance of the publicly funded healthcare system.

Cowell is a Fellow in Occupational Medicine with the Royal College of Physicians and Surgeons of Canada. He is certified by both the College of Family Practice of Canada and the Canadian Board of Occupational Medicine. In addition to his professional responsibilities, he is active in teaching undergraduate medicine at the University of Calgary's Department of Community Health Sciences.

In addition to Cowell, the CARF Canada Board of Directors includes Brian J. Boon, Ph.D., a Canadian citizen and President/CEO of CARE, and H. Stanley Eichenauer, M.S.W., M.Div. Eichenauer heads HSE Associates in Gaithersburg, Maryland, and is past chair of the CARF Board of Trustees. ■■

***More news about CARF can be read in the CARF news room at [www.carf.org/news](http://www.carf.org/news)***

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