CARF Accreditation Report

for

Sun Street Centers

Three-Year Accreditation

Contents

About CARF

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

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

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

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

Organization

Sun Street Centers
11 Peach Drive
Salinas, CA 93901

Organizational Leadership

Anna Foglia, Chief Executive Officer

Survey Number

117989

Survey Date(s)

May 29, 2019–May 31, 2019

Surveyor(s)

Thomas Williams, LPC, FACHE, Administrative
Jean M. Jakovlic, Program
John A. Ahman, MA, LADC, Program

Program(s)/Service(s) Surveyed

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
Governance Standards Applied

Previous Survey

June 2, 2016–June 3, 2016
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: June 30, 2022

Executive Summary

This report contains the findings of CARF's on-site survey of Sun Street Centers conducted May 29, 2019–May 31, 2019. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.

- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.

- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.

- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.

- Documentation of the specific sections of the CARF standards that were applied on the survey.

- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.

- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Sun Street Centers demonstrated substantial conformance to the standards. It is evident that Sun Street Centers provides excellent substance use disorder treatment and is dedicated to ongoing quality improvement. The organization's leadership and staff members are respected and appreciated by the persons served and other stakeholders. The organization's professional and dedicated team members provide a safe and attractive therapeutic environment, and the staff members are empowered to provide services efficiently and effectively. Recently the organization has grown significantly to address the needs in neighboring communities. The leadership and staff members have effectively met the requests of these communities while remaining fiscally responsible and sound in the delivery of high-quality treatment services. There are a few opportunities for improvement noted in the recommendations in this report related to governance, health and safety, technology, screening and access to services, quality records management, the person-centered plan, and medication use. Sun Street Centers is likely to enhance its already strong dedication to the mission of preventing alcohol and drug addiction by offering education, prevention, treatment, and recovery to persons and families regardless of income level.

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

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

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.

- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Sun Street Centers was conducted by the following CARF surveyor(s):

- Thomas Williams, LPC, FACHE, Administrative

- Jean M. Jakovlic, Program

- John A. Ahman, MA, LADC, Program

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

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

- The organization's leadership, such as board members, executives, owners, and managers.

- Business unit resources, such as finance and human resources.

- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.

- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.

- Community constituents and governmental representatives.

Survey Activities

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

- Confidential interviews and direct interactions, as outlined in the previous section.

- Direct observation of the organization's operations and service delivery practices.

- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.

- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.

- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

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

- Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)

- Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

- *Governance Standards Applied*

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that Sun Street Centers demonstrated the following strengths:

- The programs give persons served pride and a sense of accomplishment that greatly contribute to their ability to function in the future. The clients speak highly of the staff members and their commitment to their recovery.

- Sun Street Centers promotes cultural competency throughout its residential programs by offering activities in both English and Spanish.

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- The men's residential program offers various job duties for the clients to encourage responsibility and unity. One of these job duties is kitchen duty where the head kitchen staff member helps the clients learn to cook. If the clients are interested, he also helps them obtain their food handling certificate so that they have additional employment options when they are discharged from the program.

- Clients report that they are treated with dignity and respect. Each client credited the staff members with providing effective programs that have been instrumental in his/her progress, recovery, and movement toward well-being.

- The organization has a strong desire to use technology in all its operations, which will provide valuable support to its business functions and service delivery. All staff members are recognized for their fortitude in implementing and using multiple electronic health records while trying to please multiple referral and funding sources.

- The leadership has established an environment in which both personnel and the persons served feel respected and appreciated. It is apparent that all staff members work well together as a team. They are appropriately involved in accountability for current operations and future organizational planning. There is a sense of unity and camaraderie in the organization.

- The community spirit in King City was evident immediately upon entering the new building. The outpatient site has other King City providers occupying offices in the same building. A full range of services are available through these community partnerships.

- Sun Street Centers has demonstrated corporate citizenship to the communities it serves and reduction of stigma by its participation in local events, doing stigma reducing presentations, and providing training.

- Sun Street Centers is recognized for establishing an alumni group for those who graduate from the program. This provides the connectivity that is vital in early recovery. Sun Street Centers values the relationships of its past clients and appreciates the alumni's willingness to give back to others. Sun Street Centers uses the alumni as part of its attempts to gain feedback following treatment.

- The annual reports, called "Gratitude Reports," are excellent. The reports provide a clear snapshot of the commitment the organization has to the community, the clients, and the clients' families. There is focus on the budget, including how and where funds are dedicated. The report is a great representation of the dedication of the organization's team members, including the board of directors, to the persons served and the community.

- The facilities are warm, inviting, and well maintained.

- The level of dedication and commitment by the board of directors is outstanding. Board members are engaged in the organization and provide ongoing support of the organization's activities.

- There is an outstanding level of partnership with stakeholders as noted by awards the organization has received from community leaders, the working relationship the organization has with the medical program leadership, and the overall community involvement the organization regularly engages in from all levels of the organization.

- Clearly the organization's focus is on its mission. This is apparent by its commitment to expand services to areas that are underserved, positive engagement with the community to educate the public and community leaders, and provision of services regardless of ability to pay.

Opportunities for Quality Improvement

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

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

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

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

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

Section 1. ASPIRE to Excellence®

1.A. Leadership

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

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

Recommendations

1.A.3.k.

It is recommended that the identified leadership guide review of the organization's policies at least annually. It is suggested that the leadership sign the organization's policies to officially confirm the review and acceptance of the policies.

Consultation

- It is suggested that, as part of its information technology and management strategy, the organization consider providing access to documents in a centralized electronic portal when appropriate and possible.

- It is suggested that the organization consider naming a member of leadership other than the chief executive officer to be the compliance officer and that the organizational reporting structure be aligned so that the designated compliance officer may report directly to the board of directors.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

■ Ethical, active, and accountable governance
■ Board selection, orientation, development, leadership, structure, and performance
■ Linkage between governance and executive leadership
■ Board meetings and committee work
■ Executive leadership development, evaluation, and compensation

Recommendations

1.B.2.g.(6)

Although the members of the board of directors sign a written ethical code of conduct declaration when they initially join the board, it is recommended that each member of the board of directors also sign the written ethical code of conduct declaration annually.

1.B.6.a.

It is recommended that governance policies address executive compensation, including a written statement of total executive compensation philosophy.

Consultation

- The bylaws state there is a 12-year limit for board members; however, some voting members have been active board members for more than 12 years. It is suggested that the board align the current board membership with its current bylaws in regard to tenure or consider amending the bylaws.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

- Collection of input
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

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

Recommendations

1.F.7.a.
1.F.7.b.(1)
1.F.7.b.(2)
It is recommended that the organization implement a review of a random sample of bills of the persons served at least quarterly to determine that the bills are accurate and identify necessary corrective action.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

1.H.6.a.

It is recommended that the organization ensure that evacuation routes are accessible. It could do so by placing an alarmed bar style mechanism on the second floor egress at the women's residential facility to allow emergency exit. The door is currently locked. Also, it is suggested that the organization ensure that exit/egress signs are clearly visible in all buildings.

1.H.12.d.
1.H.12.h.
1.H.12.j.

It is recommended that, when transportation is provided for the persons served, there be evidence of safety features in vehicles and written emergency procedures and first aid supplies available in the vehicle(s). It is suggested that the mileage forms that document the persons served and number of miles transported not contain the last names of the persons served.

Consultation

- It is suggested that the organization develop and implement one form for the documentation of all drills and actual events that has a space to indicate the nature of the drill or actual event such as fire, natural disaster, evacuation, etc.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that employees sign their job descriptions to acknowledge they have reviewed and agree to the job functions.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

■ Technology and system plan implementation and periodic review
■ Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
■ ICT instruction and training, if applicable
■ Access to ICT information and assistance, if applicable
■ Maintenance of ICT equipment, if applicable
■ Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

1.J.2.a.(1)
1.J.2.a.(2)
1.J.2.a.(3)
1.J.2.b.(1)(a)
1.J.2.b.(1)(b)
1.J.2.b.(2)(a)
1.J.2.b.(2)(b)
The organization should implement written procedures that address consent of the client; audio recording, video recording, and photographing the person served; and decision making about when to use information and communication technologies versus face-to-face services. The organization should also implement policies and written procedures to confirm, prior to the start of each session, that all necessary technology and/or equipment is available at the originating and remote sites and that the equipment functions properly at the originating and remote sites.

1.J.3.a.
1.J.3.b.
1.J.3.c.
1.J.3.d.
1.J.3.e.
1.J.3.f.
1.J.3.g.
It is recommended that, as appropriate, personnel who deliver services via information and communication technologies receive competency-based training on equipment features, set up, use, maintenance, safety considerations, infection control, and troubleshooting.

1.J.4.a.(1)
1.J.4.a.(2)
1.J.4.a.(3)
1.J.4.b.(1)
1.J.4.b.(2)
1.J.4.b.(3)
1.J.4.b.(4)
1.J.4.b.(5)
1.J.4.b.(6)
1.J.4.b.(7)

The organization should, as appropriate, provide instruction and training to the persons served, members of the family/support system, and others on equipment features, set up, use, maintenance, safety considerations, infection control, and troubleshooting.

Consultation

- The organization brought in the services of an information technology consultant who has developed a gap analysis, strategy, and operational plan, which is a great asset to the organization's ability to collect and analyze data to enhance performance measurement, management, and improvement. It is suggested that the organization continue to support ongoing information technology consultation to support the organization's optimal strategy and operational performance.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

■ Data collection
■ Establishment and measurement of performance indicators

Recommendations

1.M.3.d.(1)(b)
The data collected by the organization should be used to set written business function performance indicators.

1.M.6.a.
It is recommended that the organization measure business function performance indicators.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

■ Analysis of performance indicators in relation to performance targets
■ Use of performance analysis for quality improvement and organizational decision making
■ Communication of performance information

Recommendations

1.N.1.a.
1.N.1.b.(1)
It is recommended that a written analysis be completed at least annually that analyzes performance indicators in relation to performance targets for business functions.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization.

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The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Program/Service Structure

Description

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

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

Recommendations

2.A.24.
The organization should implement its policy and written procedures for the supervision of all individuals providing direct services.

2.A.25.a.
2.A.25.b.
2.A.25.c.
2.A.25.d.
2.A.25.e.
2.A.25.f.
2.A.25.g.
2.A.25.h.
2.A.25.i.
It is recommended that documented ongoing supervision of clinical or direct service personnel consistently address accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each person served; treatment/service effectiveness as reflected by the person served meeting his/her individual goals; risk factors for suicide and other dangerous behaviors; the provision of feedback that enhances the skills of direct service personnel; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served

is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, his or her family or significant others, or from external resources.

Key Areas Addressed

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

Recommendations

2.B.13.n.(1)(b)
2.B.13.n.(2)(b)
2.B.13.n.(2)(c)
2.B.13.n.(2)(d)
2.B.13.q.
2.B.13.t.
The assessment process should consistently gather and record information about the person's history of trauma that is witnessed, including neglect, violence, and sexual assault; literacy level; and advance directives, when applicable.

2.B.14.a.
2.B.14.b.
2.B.14.c.
The assessment process should include the preparation of a written interpretive summary that is based on the assessment data; identifies any co-occurring disabilities, comorbidities, and/or disorders; and is used in the development of the person-centered plan.

Consultation

▪ Although the organization asks about gender during the assessment process, it is suggested that a choice to respond to "other" be added to allow the persons served to identify another option if theirs is not listed.

▪ The organization has many payer sources that require separate assessment tools be completed. It is suggested that the organization develop one assessment tool that encompasses all required information that needs to be collected during the assessment process.

2.C. Person-Centered Plan

Description

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

Key Areas Addressed

■ Development of person-centered plan
■ Co-occurring disabilities/disorders
■ Person-centered plan goals and objectives
■ Designated person coordinates services

Recommendations

2.C.1.c.(1)
2.C.1.c.(3)
2.C.1.c.(4)
The written person-centered plans should be based upon the person's strengths, abilities, and preferences.

2.C.2.a.(1)
2.C.2.b.(4)
2.C.2.b.(5)
2.C.2.b.(7)
The person-centered plans should consistently include goals that are expressed in the words of the person served and specific service or treatment objectives that are understandable to the person served, measurable, and time specific.

2.C.4.a.(1)
2.C.4.a.(2)
2.C.4.b.(1)
2.C.4.b.(2)
2.C.4.b.(3)
2.C.4.b.(4)
2.C.4.b.(5)(a)
2.C.4.b.(5)(b)
2.C.4.b.(6)
It is recommended that, when assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan be completed with the person served as soon as possible that includes triggers, current coping skills, warning signs, actions to be taken, preferred interventions necessary for personal and public safety, and advance directives when available.

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

2.D.5.b.
2.D.5.c.
2.D.5.d.
It is recommended that written discharge summaries consistently describe the services provided, identify the presenting condition, and describe the extent to which established goals and objectives were achieved.

2.E. Medication Use

Description

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

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

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

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to his/her own body. This may include the

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program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

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

Key Areas Addressed

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

Recommendations

2.E.3.a.
2.E.3.b.
2.E.3.e.(2)
2.E.3.e.(8)
It is recommended that the program implement written procedures that address inventory, safe storage, transportation, and return of surplus medications to the persons served upon transition/discharge.

2.E.9.a.(1)
2.E.9.a.(2)
2.E.9.a.(3)
2.E.9.a.(4)(a)
2.E.9.a.(4)(b)
2.E.9.a.(4)(c)
2.E.9.a.(4)(d)
2.E.9.a.(4)(e)
2.E.9.a.(5)(a)(i)
2.E.9.a.(5)(a)(ii)
2.E.9.a.(5)(a)(iii)
2.E.9.a.(5)(b)
2.E.9.a.(5)(c)(i)
2.E.9.a.(5)(c)(ii)
2.E.9.b.(1)
2.E.9.b.(2)
2.E.9.b.(3)
It is recommended that a documented peer review be conducted at least annually by a qualified professional licensed to prescribe or a pharmacist on the records of a representative sample of persons for whom prescriptions were provided. The peer review should assess the appropriateness of each medication, as determined by the needs and preferences of the person served, the condition for which the medication is prescribed, dosage, periodic reevaluation of continued use related to the primary condition being treated, and the efficacy of the medication. The peer review

should also determine whether contraindications, side effects, and adverse reactions were identified and, if needed, addressed; necessary monitoring protocols were implemented; and there was simultaneous use of multiple medications, including polypharmacy and co-pharmacy. Information collected from the peer review process should be reported to appropriate personnel, used to improve the quality of services provided, and incorporated into the performance measurement and management system.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
- Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to others.

■ Holding a person's hand or arm to safely guide him or her from one area to another or away from another person.
■ Security doors designed to prevent elopement or wandering.
■ Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
■ In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

■ Policy addressing how the program will respond to unsafe behaviors of persons served
■ Competency-based training for direct service personnel on the prevention of unsafe behaviors
■ Policies on the program's use of seclusion and restraint, if applicable
■ Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
■ Plan for elimination of the use of seclusion and restraint, if applicable
■ Written procedures regarding orders for and the use of seclusion and restraint, if applicable
■ Review and analysis of the use of seclusion and restraint, if applicable

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

2.G.1.b.(2)(f)
The organization should implement policies and procedures regarding information to be transmitted to other individuals or agencies that include forms to authorize release of information that identify the date, event, or condition upon which the authorization expires.

2.H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

2.H.1.a.
2.H.1.b.(1)
2.H.1.b.(2)
2.H.1.b.(3)
2.H.1.b.(4)
The program should conduct a documented review of the services provided at least quarterly that addresses, as evidenced by the record of the person served, the quality of service delivery; appropriateness of services; patterns of service utilization; and model fidelity, when an evidence-based practice is identified.

2.H.4.a.(1)
2.H.4.a.(2)
2.H.4.b.
2.H.4.c.
2.H.4.d.(1)
2.H.4.d.(2)
2.H.4.e.(1)(a)
2.H.4.e.(1)(b)
2.H.4.e.(2)
2.H.4.f.
2.H.4.g.(1)
2.H.4.g.(2)
2.H.4.h.
2.H.4.i.(1)
2.H.4.i.(2)
2.H.4.j.
The records reviews should address whether the persons served were provided with an appropriate orientation and actively involved in making informed choices regarding the services they received; confidential information was released according to applicable laws/regulations; the assessments of the persons served were thorough, complete, and timely; and risk factors were adequately assessed and resulted in safety plans, when appropriate. It is further recommended that the records reviews address whether the goals and service/treatment objectives of the persons served were based on the results of the assessments and the input of the person served and revised when indicated; the actual services were related to the goals and objectives in the person's plan and reflect appropriate level of care and reasonable duration; the person-centered plan was reviewed and updated in accordance with the organization's policy, when applicable; the transition plan and discharge summary have been completed; and services were documented in accordance with the organization's policy.

2.H.5.a.
2.H.5.b.
2.H.5.c.
The organization should consistently demonstrate that the information collected from its established review process is used to improve the quality of its services through performance improvement activities, used to identify personnel training needs, and reported to personnel.

Section 3. Core Treatment Program Standards

Description

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

3.M. Intensive Outpatient Treatment (IOP)

Description

Intensive outpatient treatment programs are clearly identified as separate and distinct programs that provide culturally and linguistically appropriate services. The intensive outpatient program consists of a scheduled series of sessions appropriate to the person-centered plans of the persons served. These may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as a step-down program from partial hospitalization, detoxification/withdrawal support, or residential services; may be used to prevent or minimize the need for a more intensive level of treatment; and is considered to be more intensive than traditional outpatient services.

Key Areas Addressed

■ Number of contact hours per week
■ Therapy services
■ Education on wellness, recovery, and resiliency
■ Accessible services
■ Creation of natural supports

Recommendations

There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient

programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.Q. Residential Treatment (RT)

Description

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Key Areas Addressed

■ Interdisciplinary services
■ Creation of natural supports
■ Education on wellness, recovery, and resiliency
■ Community reintegration

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.D. Children and Adolescents (CA)

Description

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

Key Areas Addressed

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

Recommendations

5.D.1.a.
5.D.1.f.(1)
5.D.1.f.(2)
5.D.1.g.
5.D.1.h.
5.D.1.i.
5.D.1.j.
5.D.1.l.
5.D.1.n.
5.D.1.q.(2)
5.D.1.q.(3)
Assessments of each child or adolescent served should include information on his/her developmental history, such as developmental age factors, motor development, and functioning; language functioning, including speech functioning and hearing functioning; visual functioning, immunization record; learning ability; intellectual functioning; interactions with peers; prenatal exposure to alcohol, tobacco, or other substances; and, when applicable, parents'/guardians' strengths and preferences.

Program(s)/Service(s) by Location

Sun Street Centers

11 Peach Drive
Salinas, CA 93901

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Governance Standards Applied

Men's Residential

8 Sun Street
Salinas, CA 93901

Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

Sun Street Centers

12 Sun Street
Salinas, CA 93901

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

Sun Street Centers

637 Broadway Street
King City, CA 93930

Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

Sun Street Centers

641 Broadway Street
King City, CA 93930

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

Sun Street Centers – Outpatient Services, Seaside

1760 Fremont Boulevard, Suite E-1
Seaside, CA 93955

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Sun Street Centers – Outpatient Services, Soledad

2167 H. De La Rosa Sr. Street
Soledad, CA 93960

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

Sun Street Centers Women's Residential

335 6th Street
Hollister, CA 95023

Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)