

**CARF Accreditation Report  
for  
Sun Street Centers  
Three-Year Accreditation**



# Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Program\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

## 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 a 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](http://www.carf.org/contact-us).

**Organization**

Sun Street Centers  
11 Peach Drive  
Salinas, CA 93901

**Organizational Leadership**

Anna Foglia, Chief Executive Officer

**Survey Number**

157014

**Survey Date(s)**

June 23, 2022–June 24, 2022

**Surveyor(s)**

Philip M. Dembure, Administrative  
Emilie Dauch, MA, LPC, CADC II, Program  
Jerilynn Stegman, MA, CATC, Program

**Program(s)/Service(s) Surveyed**

Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)  
Outpatient Treatment: Substance Use Disorders/Addictions (Adults)  
Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)  
Residential Treatment: Substance Use Disorders/Addictions (Adults)  
*Governance Standards Applied*

**Previous Survey**

May 29, 2019–May 31, 2019  
Three-Year Accreditation

**Accreditation Decision**

**Three-Year Accreditation**  
**Expiration: June 30, 2025**

# Executive Summary

This report contains the findings of CARF's site survey of Sun Street Centers conducted June 23, 2022–June 24, 2022. 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. Sun Street Centers provides a scope of services and care for adults and children across the Salinas, California, area. The provision of services is valued by the community and the clients. The clients and referral sources express satisfaction with the services provided. The mission of the organization is embraced at all levels and reflected in the knowledge and involvement of staff members, the direction provided by leadership, and the care with which services are provided by program personnel. It is apparent that the services and support provided enhance the quality of life of the clients. Although these strengths, among many others, are evident, there are opportunities for improvement, including program/service structure, screening and assessments, quality records management, and medication use. Although Sun Street Centers has been through several struggles throughout the years, the leadership and staff members have the commitment and ability to address the recommendations in this report.

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):

- Philip M. Dembure, Administrative
- Emilie Dauch, MA, LPC, CADC II, Program
- Jerilynn Stegman, MA, CATC, 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: Substance Use Disorders/Addictions (Adults)
- Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
- Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)
- Residential Treatment: Substance Use Disorders/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 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:

- Sun Street Centers is a legacy organization developed back in 1968 as a social model program based on the 12 steps of recovery. Betty Ford visited the organization to gain inspiration for launching her own organization. To this day the organization believes clients are its strength.

- The dedicated CEO has been in her role for 14 years. She has worked in CARF-accredited programs since 1993 and is instrumental in achieving CARF accreditation for the organization. She inspires a staff of mission-driven, compassionate, caring behavioral healthcare providers. The board of directors she has gathered is committed to the work Sun Street Centers does in the community and fully participates in governance, fundraising, and advocating the organization.
- Sun Street Centers has an intern program that allows professionals who are earning their master's degree in psychology to participate in learning about the substance abuse field. This allows more clinical support for the clients. The organization has a strong commitment to growing its own staff at all levels in response to the national staffing shortage.
- During the COVID-19 pandemic, staff members were considered essential workers. It rapidly became a designated testing site and integrated COVID-19 testing at all of its program locations to reduce the spread of COVID-19. Procedures were developed to handle these delicate situations in a professional, precise manner to promote safety for the staff and clients. As a result of its robust practices, it contained any infections and was able to operate continuously, providing face-to-face services throughout the pandemic.
- Sun Street Centers maintains collaborative relationships with other professionals and entities in the county to promote whole person care and treats each client on an individual basis in meeting the client's needs. It works closely with county providers to link clients to outpatient care while they are currently residing in residential treatment to bridge any gaps between levels of care. Recently it received permission to have residential treatment clients attend outpatient groups while they are in residential treatment, developing warm handoffs so clients feel like they are welcome and comfortable with transitioning to lower levels of care.
- The medical director has been associated with the organization for over 30 years. He notes that the organization has been able to maintain its belief in and provision of the social model of recovery. At the same time it had to adjust to changes occurring in the field and those necessitated by regulatory bodies. The medical director also notes the organization is able to build community as soon as possible in its programs and with its many community partners. He states that Sun Street Centers can "roll with the punches" especially during COVID-19. He noted all the curve balls thrown at the organization as a result, addressing specifically how it dealt with staff turnovers and how it continued to be able to provide face-to-face services.
- As a result of close community partnerships, the organization was able to take a rundown motel and create a beautiful, welcoming facility. Fifty-five years ago the founder of Sun Street Centers took over an abandoned work camp. It is now the men's residential program in Salinas that provides quality care to people suffering from addiction.
- Art can be seen throughout the residential programs. There are lovely paintings in the halls and rooms of the clients donated by a local artist and murals that cover complete exterior walls. The women's program in Hollister is in a beautifully painted and restored Victorian house. The paint on the exterior is taken from colors found in the original wallpaper.
- Sun Street Centers is complimented for creating a safe, welcoming environment within its community that encourages positive outcomes for the persons served. The Salinas campus is bright and welcoming. It is a location that clients can feel confident that the services that they receive are performed by competent and organized professionals.
- Community stakeholders speak very highly about the organization and its leadership. They mention how thankful they are that the organization's leadership uses a holistic approach and is extremely knowledgeable. Having respect and a reputation for getting things done are paramount when leading by example in a community setting. The organization provides a beacon of light in a community with ongoing challenges.
- During a global pandemic, the organization has stayed committed to achieving ongoing stability and has made significant progress toward that goal, despite the unprecedented times. There is a strong sense of teamwork and trust evident among the staff.

- The leadership serves as a source of inspiration to personnel in shaping a culture of compassion and respect for professional excellence, which strengthens its programs. The CEO enjoys making people feel appreciated and never misses an opportunity to express her gratitude to have their support. Her ability to leverage various relationships with community stakeholders and the board of directors enables the organization to thrive.
- A major strength that Sun Street Centers possesses is its close-knit teamwork that stretches across each staff member. The team embodies confidence and determination to accomplish its goals. The leadership's deep understanding of the mission strengthens the team's bond, which as a collective helps to accomplish the desired outcomes as an organization. It is certainly a work family helping other families and persons to be better and to make the best of their situations and lives.

## 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.6.a.(6)(e)**

**1.A.6.a.(10)(a)**

**1.A.6.a.(10)(b)**

It is recommended that corporate responsibility efforts include written ethical codes of conduct regarding witnessing of legal documents and the prohibition of waste and fraud.

## **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**

There are no recommendations in this area.

## **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 from persons served, personnel, and other stakeholders
- 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
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### **Recommendations**

There are no recommendations in this area.

## **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**

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

### **Recommendations**

There are no recommendations in this area.

## **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 backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

### **Recommendations**

There are no recommendations in this area.

## **1.J. Technology**

### **Description**

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

### **Key Areas Addressed**

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Provision of information related to ICT, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

### **Recommendations**

There are no recommendations in this area.

## **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**

### **1.K.1.f.(1)**

### **1.K.1.f.(2)**

### **1.K.1.f.(3)**

It is recommended that Sun Street Centers implement policies promoting the rights of the persons served relating to the access or referral to legal entities for appropriate representation, self-help support, and advocacy support services.

## **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**

#### **1.L.1.b.(7)**

It is recommended that the organization's leadership implement an ongoing process for identification of barriers in the area of technology.

## **1.M. Performance Measurement and Management**

### **Description**

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

## **Key Areas Addressed**

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

## **Recommendations**

There are no recommendations in this area.

## **1.N. Performance Improvement**

### **Description**

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

### **Key Areas Addressed**

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

### **Recommendations**

There are no recommendations in this area.

## **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. 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
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

### Recommendations

#### 2.A.3.b.

#### 2.A.3.c.

Based on the scope of each program/service provided, the organization should document its transition and exit criteria.

#### 2.A.22.c.

#### 2.A.22.d.

#### 2.A.22.f.(2)

#### 2.A.22.g.

For personnel providing direct services, the documented assessment of competency and competency-based training should consistently include person-centered plan development, interviewing/communication skills, identifying violence as a clinical risk factor, and safety planning.

#### 2.A.26.b.(1)

#### 2.A.26.b.(2)

#### 2.A.26.b.(3)

#### 2.A.26.b.(4)

#### 2.A.26.b.(5)

#### 2.A.26.b.(7)

#### 2.A.26.b.(8)

Although supervision is documented, the format used does not clearly indicate that these areas were addressed. Ongoing clinical supervision should consistently address accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each client; treatment/service effectiveness as reflected by clients meeting goals identified in the person-centered plan; risk factors for suicide and other dangerous behaviors; issues of ethics, legal aspects of clinical practice, and professional standards (including boundaries); cultural competency issues; and model fidelity, when implementing evidence-based practices.

- 2.A.27.a.(1)(a)
- 2.A.27.a.(1)(c)
- 2.A.27.a.(2)(a)
- 2.A.27.a.(2)(b)
- 2.A.27.a.(2)(c)
- 2.A.27.a.(2)(d)

Sun Street Centers has policies about handling of items brought into the program by employees. It should also implement policies and procedures that address the handling of legal and illegal drugs, prescription medications, and weapons brought into to program by visitors and prescription medication brought into the program by outpatient clients.

## 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 the person’s 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, family or significant others, or from external resources.

### Key Areas Addressed

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

### Recommendations

#### 2.B.3.e.

The organization should implement written procedures that define exclusionary or ineligibility criteria.

#### 2.B.8.d.(1)(d)(vi)

#### 2.B.8.d.(1)(d)(viii)

#### 2.B.8.d.(1)(d)(ix)

#### 2.B.8.d.(1)(f)(iv)

#### 2.B.8.d.(3)

#### 2.B.8.d.(5)(e)

#### 2.B.8.d.(5)(f)

The orientation received by each client should include response to identification of potential risk to the client; an explanation of standards of professional conduct related to services; an explanation of requirements for reporting and/or follow-up for mandated clients, regardless of discharge outcome; the program's health and safety policies regarding prescription medication brought into the outpatient program; education regarding advance directives; expectations for legally required appointments, sanctions, or court notifications (when applicable); and expectations for family involvement.

**2.B.12.d.**

The assessment process should include screening for suicide risk for clients age 12 and older using a standardized tool normed for the population served.

**2.B.13.g.****2.B.13.h.(2)****2.B.13.j.****2.B.13.m.(6)****2.B.13.n.(1)(a)****2.B.13.n.(1)(b)****2.B.13.n.(2)(a)****2.B.13.n.(2)(b)****2.B.13.n.(2)(c)****2.B.13.n.(2)(d)**

The assessment process should consistently gather and record sufficient information to develop a comprehensive person-centered plan for each client, including information about mental status; efficacy of current or previously used medication; use of complementary health approaches; spiritual beliefs; and history of trauma that was experienced or witnessed, including abuse, neglect, violence, and sexual assault. Because various assessment formats are required by different funders, it is not apparent that all of these areas are consistently addressed.

## **2.C. Person-Centered Plans**

### **Description**

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the 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**

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

### **Recommendations**

**2.C.2.a.(1)(a)**

Documentation of the person-centered planning process should consistently include goals that are expressed in the client's words.

**2.C.4.d.(4)(a)****2.C.4.d.(4)(b)****2.C.4.d.(6)**

When assessment identifies a potential risk for suicide, violence, or other risky behaviors, the safety plan should include actions to be taken to respond to periods of increased emotional pain and restrict access to lethal means 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 the person served when transitioning 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
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

### Recommendations

#### 2.D.3.d.

#### 2.D.3.e.

#### 2.D.3.f.

The written transition plan should include information on the continuity of the person's medication; referral information such as contact name, telephone number, locations, hours, and days of services; and communication of information on options and resources available if symptoms recur or additional services are needed, when applicable.

#### **2.D.6.f.**

#### **2.D.6.i.**

The written discharge summary should identify the status of the person served at last contact and include information on medication(s) prescribed or administered, when applicable.

## **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 the individual's own body. This may include the 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.e.(2)**

**2.E.3.g.**

**2.E.3.h.**

**2.E.3.i.(3)**

When the program provides medication control, administering, or prescribing, documentation of all medications for each person served, including prescription and nonprescription medications, should include, when applicable, the telephone number of the prescribing professional; as-needed medication given to the person served, including the reason; medication errors; and confirmation of dose accepted or refused.

**2.E.5.a.**

**2.E.5.b.**

**2.E.5.d.(1)**

**2.E.5.d.(2)**

**2.E.5.d.(3)**

**2.E.5.e.**

**2.E.5.f.**

**2.E.5.h.**

**2.E.5.i.**

**2.E.5.j.**

**2.E.5.k.**

**2.E.5.l.(1)**

**2.E.5.l.(2)**

**2.E.5.m.**

**2.E.5.n.**

**2.E.5.o.**

**2.E.5.p.**

**2.E.5.q.**

**2.E.5.r.**

**2.E.5.s.**

Written procedures should address how medications are integrated into the individualized plan of the person served; active involvement of the persons served, when able, or members of the family, when appropriate, in making decisions related to the use of medication; review of past medication use, including efficacy, side effects, and adverse reactions; identification of alcohol, tobacco, and other drug use; use of over-the-counter medications; use of medications by women of childbearing age, if applicable; use of medications during pregnancy, if applicable; special dietary needs and restrictions associated with medication use; necessary laboratory studies, tests, or other monitoring procedures; documented assessment of abnormal involuntary movements in persons served receiving antipsychotic medications, if applicable, at the initiation of treatment and at a frequency that meets the needs of the persons served; coordination with the physician(s) providing primary care or similar medical practitioner; review of medication use activities as part of the performance measurement and management system; an evaluation of the risk of diversion; behaviors related to stockpiling of medication; actions to be taken in case of emergencies related to the use of medications; how the persons served obtain the medications needed to promote desired treatment/service outcomes while in the program; and management of biohazards associated with the administration of medications.

## **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.4.n.**

### **2.G.4.o.**

The individual record should include risk assessment(s) and safety plan(s).

## **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.b.(1)**

#### **2.H.1.b.(2)**

#### **2.H.1.b.(3)**

#### **2.H.1.b.(4)**

It is recommended that the documented review of the services provided, as evidenced by the records of the persons served, address the quality of service delivery; appropriateness of services; patterns of service utilization; and model fidelity, when an evidence-based practice is identified.

## **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**

#### **3.Q.8.**

It is recommended that the program consult with a dietitian regarding its food services to meet the nutritional and dietary needs of the persons served.

#### **3.Q.10.d.(1)**

#### **3.Q.10.d.(2)**

#### **3.Q.10.d.(3)**

The organization should include in its written procedures on searches that it preserves privacy, preserves dignity, and is sensitive to potential trauma of the persons served.

## **Section 5. Specific Population Designation Standards**

### **5.C. 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.C.1.a.(3)**

**5.C.1.f.(1)**

**5.C.1.f.(2)**

**5.C.1.g.**

**5.C.1.h.**

**5.C.1.i.**

**5.C.1.j.**

**5.C.1.q.(2)**

**5.C.1.q.(3)**

Assessments of each child or adolescent should include information on developmental history, including speech and language; current communication functioning, including speech and hearing; visual functioning; and information about the immunization record. Assessments should consistently include information on learning ability and intellectual functioning 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: Substance Use Disorders/Addictions (Adults)  
*Governance Standards Applied*

## **Men's Residential**

8 Sun Street  
Salinas, CA 93901

Residential Treatment: Substance Use Disorders/Addictions (Adults)

## **Sun Street Centers**

12 Sun Street  
Salinas, CA 93901

Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)

## **Sun Street Centers**

641 Broadway Street  
King City, CA 93930

Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)

## **Sun Street Centers**

637 Broadway Street  
King City, CA 93930

Residential Treatment: Substance Use Disorders/Addictions (Adults)

## **Sun Street Centers – Outpatient Services, Seaside**

1201 Echo Avenue  
Seaside, CA 93955

Outpatient Treatment: Substance Use Disorders/Addictions (Adults)  
Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)

## **Sun Street Centers Women's Residential**

335 6th Street  
Hollister, CA 95023

Residential Treatment: Substance Use Disorders/Addictions (Adults)