

**CARF Accreditation Report**  
**for**  
**Social Science Services, Inc., dba**  
**Cedar House Life Change Center**  
  
**Three-Year Accreditation**



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## 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**

Social Science Services, Inc., dba Cedar House Life Change Center  
18612 Santa Ana Avenue  
Bloomington, CA 92316

## **Organizational Leadership**

Daniel Chagolla, MPA, CADC-CAS, COO  
Jamie L. Lamb, MS, CEO  
Kathleen Smith, LMFT, Clinical Director  
Rick White, CFO

## **Survey Number**

121339

## **Survey Date(s)**

August 3, 2020–August 4, 2020

## **Surveyor(s)**

George V. Staub, MS, LISAC, MAC, DESS Administrative  
Michael K. Carter, DESS Program

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

Detoxification/Withdrawal Management - Residential: Alcohol and Other Drugs/Addictions (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

## **Accreditation Decision**

**Three-Year Accreditation**

**Expiration: August 31, 2023**

# Executive Summary

This report contains the findings of CARF's site survey of Social Science Services, Inc., dba Cedar House Life Change Center conducted August 3, 2020–August 4, 2020. 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, Social Science Services, Inc., dba Cedar House Life Change Center demonstrated substantial conformance to the standards. The organization is financially stable and is actively meeting the treatment challenges it faces. The staff is highly proactive in working to bring the organization into conformance to the standards and has outlined a proactive approach to accomplish this. The organization's leadership is working to get additional staff members to manage the data gathered and to produce plans for putting this information into workable plans to continue to be a force within the community. The leadership is aware of potential financial needs and is making efforts to enhance revenue streams. The areas for improvement noted in the recommendations in this report include documenting the analysis of performance improvement information, enhancing the supervision of direct service personnel, adding some to clinical documentation, and developing procedures related to medication use. The organization is encourage to use its resources to address the recommendations.

Social Science Services, Inc., dba Cedar House Life Change Center appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Social Science Services, Inc., dba Cedar House Life Change Center is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

### **Social Science Services, Inc., dba Cedar House Life Change Center 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 Social Science Services, Inc., dba Cedar House Life Change Center was conducted by the following CARF surveyor(s):

- George V. Staub, MS, LISAC, MAC, DESS Administrative
- Michael K. Carter, DESS 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 Social Science Services, Inc., dba Cedar House Life Change Center 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):

- Detoxification/Withdrawal Management - Residential: Alcohol and Other Drugs/Addictions (Adults)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
- Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

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 Social Science Services, Inc., dba Cedar House Life Change Center demonstrated the following strengths:

- Cedar House Life Change Center provides a warm, welcoming environment.
- The organization's leadership is well respected by the staff and provides visionary adaptive leadership for Cedar House Life Change Center.
- Cedar House Life Change Center board members speak proudly of their active involvement with Cedar House Life Change Center and the results the organization produces.
- The organization's staff acts as a cohesive and mutually respectful holistic team that is willing to do whatever is necessary for the benefit of clients.

- Cedar House Life Change Center has been invited by the county of Riverside to operate what will soon be a 40-bed detoxification program located in the city of Riverside, California.
- The organization's documentation is clear, precise, and organized.
- Clients praise the services received at Cedar House Life Change Center and express that all staff members treat them with respect.
- The video on the organization's website is very emotionally charged and engaging. It is particularly worth mentioning how well the organization normalizes the experiences of clients struggling with substance use issues and incites a call to action for donations from the community.
- It is clear that the organization values the unique talents of its clients and showcases their creativity in public forums and competitions and celebrates their accomplishments proudly by displaying their banners and associated trophies at the facilities.
- The on-site gymnasiums are wonderful examples of how the organization adheres to its fiduciary responsibilities to pass on profits and funding into meaningful actualizations for clients. These are also effective parts of treatment by providing new outlets for coping mechanisms and healthy living alternatives to clients' primary presenting issues.
- The organization utilizes a wonderful program called the Betty Ford Program that provides a trauma-informed avenue for educating whole families about substance use, recovery, and how to use this education to improve family dynamics overall.

## 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.7.d.(1)

An organization in the United States receiving federal funding should also demonstrate corporate compliance through training of personnel on corporate compliance that includes the role of the compliance officer.

## 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.

### Consultation

- The organization has developed a strategic plan that includes all the standards elements. It is suggested that additional details be added to enhance the focus of the plan for more focused direction.
- Although the organization's strategic plan is shared, the scope of sharing is limited. It is suggested that the use of the organization's website could be valuable tool to expand the scope.



## 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

1.E.2.c.

1.E.2.d.

It is recommended that the organization also develop written procedures to guide personnel in responding to investigations and other legal actions.

## 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

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.

### Consultation

- It is suggested that the organization add more detail to its risk management plan that could make the plan more robust. It is also suggested that all staff members be involved in the additional identification of potential loss exposures and in the management of them.

## 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.8.d.(2)

It is recommended that relevant emergency information on personnel consistently be current and accurate.

### Consultation

- It is suggested that the organization include a training and an evacuation procedure regarding an active shooter emergency procedure.

## 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

1.I.11.e.

1.I.11.f.

1.I.11.g.

The organization's succession planning should also address the identification of workforce readiness, a gap analysis, and strategic development.

## 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

- Ongoing assessment of technology and data use
- 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
- 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

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**

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.a.(2)

1.M.3.a.(5)

1.M.3.a.(8)

1.M.3.a.(9)

1.M.3.a.(10)

1.M.3.d.(1)(b)

1.M.3.d.(1)(c)

The data collected by the organization should also include accessibility information, risk management, technology, health and safety reports, and strategic planning information. Further, the data collected by the organization should be used to set business function performance indicators and performance targets.

1.M.5.d.

It is recommended that the organization also collect data about the persons served at a point or at points in time following services.

## 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)

1.N.1.b.(2)(a)

1.N.1.b.(2)(b)

1.N.1.b.(2)(c)

1.N.1.b.(2)(d)(i)

1.N.1.b.(2)(d)(ii)

1.N.1.b.(3)

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

It is recommended that a written performance analysis be completed at least annually. The performance analysis should analyze performance indicators in relation to performance targets for business functions; service delivery for each program seeking accreditation, including the effectiveness of services, the efficiency of services, service access, and satisfaction and feedback from the persons served and other stakeholders; and extenuating or influencing factors. The performance analysis should identify areas needing performance improvement, result in an action plan to address the improvements needed to reach or revise established performance targets, and outline the actions taken or changes made to improve performance.

**1.N.2.a.(1)**

**1.N.2.a.(2)**

**1.N.2.b.**

**1.N.2.c.**

**1.N.2.d.**

The analysis of performance indicators should be used to review the implementation of the mission and core values of the organization, improve the quality of programs and services, facilitate organizational decision making, and review or update the organization's strategic plan.

**1.N.3.a.(1)**

**1.N.3.a.(2)**

**1.N.3.a.(3)**

**1.N.3.b.(1)**

**1.N.3.b.(2)**

**1.N.3.b.(3)**

**1.N.3.c.**

The organization is urged to communicate accurate performance information to the persons served, personnel, and other stakeholders, according to the needs of the specific group, including the format, content, and timeliness of the information communicated.

## **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.24.a.
- 2.A.24.b.
- 2.A.24.c.
- 2.A.24.d.
- 2.A.24.e.
- 2.A.24.f.
- 2.A.24.g.
- 2.A.24.h.
- 2.A.24.i.

The organization documents supervision of clinical or direct service personnel, but has not consistently demonstrated this supervision as an ongoing practice. It is recommended that the organization consistently document ongoing supervision of clinical or direct service personnel that addresses the 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 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 the modeling of fidelity, when implementing evidence-based practices.

### 2.A.25.a.(1)(b)

### 2.A.25.b.(2)

The organization implements policies and procedures that address the use of tobacco in products in all locations, but does not address this use in its vehicles. It is recommended that the organization implement policies and procedures that address the handling of items brought into the program by personnel and the use of tobacco products in vehicles owned or operated by the organization.

## Consultation

- The organization could consider sharing even more information on its website and in its brochures about the scope of services with referral sources, clients served, the general public, and other relevant stakeholders by detailing which specific evidence-based modalities it incorporates into its programming in each program.
- The organization might consider detailing further the various credentials and qualifications of its staff members in its written program descriptions to include licensed vocational nurses, medical assistants, clinical care specialists, etc.
- The organization is encouraged to examine the research on no-harm contracts and consider supplementing or replacing them with other crisis intervention methods.
- The organization is encouraged to clearly describe in its policies and procedures the handling of items brought into all programs by personnel and visitors.

## 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
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

### **Recommendations**

**2.B.13.n.(2)(b)**

**2.B.13.n.(2)(c)**

**2.B.13.q.**

**2.B.13.t.**

It is recommended that the assessment process also gather and record information about the person's history of trauma, including neglect and violence; literacy level; and advance directives, when applicable. It is suggested that the organization clearly identify its assessment for assistive technology in the provision of services.

### **Consultation**

- It is suggested that the organization consider documenting more frequent and timely contacts with persons on the waiting list.

## **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.4.b.(6)**

The organization completes safety plans when potential risks are identified. However, when an assessment identifies a potential risk for suicide, violence, or other risky behaviors, the organization's safety plan should also include 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
- 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

There are no recommendations in this area.

### Consultation

- It is suggested that the organization's written procedures clearly detail where transition planning is documented.

## 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 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.6.a.

2.E.6.b.

2.E.6.c.

2.E.6.h.

2.E.6.j.

2.E.6.n.

2.E.6.o.

2.E.6.p.

Although the organization has implemented written procedures that address some of the medication use standards pertaining to prescribing, it is recommended that Cedar House Life Change Center also implement written procedures that 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 medications; the availability of consultation 24 hours a day, 7 days a week from a physician, pharmacist, or qualified professional licensed to prescribe; the use of medications by women of childbearing age, if applicable; special dietary needs and restrictions associated with medication use; a review of medication use activities as part of the performance measurement and management system; an evaluation of the risk of diversion; and behaviors related to stockpiling of medication.

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)

The organization conducts a documented annual peer review of medication use that includes a majority of the required standards. However, it is recommended that the organization's annual documented peer review also address medication contraindications, side effects, and adverse reactions; the implementation of necessary monitoring protocols; and whether there was simultaneous use of multiple medications, including polypharmacy and co-pharmacy.

## Consultation

- It is suggested that the organization's policies clearly detail that the scope of medication services includes direct provision of medication control and prescribing.

## 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**

There are no recommendations in this area.

## **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**

There are no recommendations in this area.

## **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.H. Detoxification/Withdrawal Management (DTX)

### Description

A detoxification/withdrawal management program is a time-limited program designed to assist the persons served with the physiological and psychological effects of acute withdrawal from alcohol and other drugs. Based on current best practices in the field, the program's purpose is to provide a medically safe, professional and supportive withdrawal experience for the persons served while preparing and motivating them to continue treatment after discharge from the program and progress toward a full and complete recovery. The program is staffed to ensure adequate biomedical and psychosocial assessment, observation and care, and referrals to meet the individual needs of the persons served. Additionally, the program develops and maintains a rich network of treatment providers for referrals after completion of the program to ensure the best possible match for the persons served to ongoing treatment services. A detoxification/withdrawal management program may be provided in the following settings:

- **Inpatient:** This setting is distinguished by services provided in a safe, secure facility-based setting with 24-hour nursing coverage and ready access to medical care. This is for persons served who need round-the-clock supervision in order to successfully manage withdrawal symptoms or when there are additional complications or risk factors that warrant medical supervision, such as co-occurring psychiatric or other medical conditions.
- **Residential:** This setting is distinguished by services provided in a safe facility with 24-hour coverage by qualified personnel. Persons served need the supervision and structure provided by a 24-hour program but do not have risk factors present that warrant an inpatient setting. It may also be appropriate for persons who lack motivation or whose living situation is not conducive to remaining sober.
- **Ambulatory:** This setting is distinguished by services provided in an outpatient environment with the persons served residing in their own homes, a sober living environment or other supportive community settings. Persons served in ambulatory settings typically have adequate social supports to remain sober, family involvement in care planning, the ability to maintain regular appointments for ongoing assessment and observation, and the ability to successfully self-manage prescription medications. Persons served in ambulatory settings are concurrently enrolled in or actively linked to a treatment program.

### Key Areas Addressed

- Placement in appropriate detoxification/withdrawal management setting based on needs of persons served
- Services designed to motivate persons served to continue treatment services
- Assessment of ongoing needs and active linkage with treatment services
- Medically supervised
- Services provided 24/7 (or as needed in ambulatory program)
- Monitors progress
- Medical evaluation within 24 hours of admission

### 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.**

The organization provides consistent meals to its clients. It is recommended that the organization consult with a dietitian regarding its food services to ensure that the meal meets the nutritional and dietary needs of the persons served.

# Program(s)/Service(s) by Location

## **Social Science Services, Inc., dba Cedar House Life Change Center**

18612 Santa Ana Avenue  
Bloomington, CA 92316

Detoxification/Withdrawal Management - Residential: Alcohol and Other Drugs/Addictions (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

## **Social Science Services, Inc., dba Cedar House Life Change Center/Maple House**

10888 Maple Avenue  
Bloomington, CA 92316

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