

**CARF  
Survey Report  
for  
Bella Monte  
Recovery Center**

**Organization**

Bella Monte Recovery Center  
68111 Calle Las Tiendas  
Desert Hot Springs, CA 92240

**Organizational Leadership**

Randy Humphrey, Chief Executive Officer,  
Partner

**Survey Dates**

November 12-13, 2015

**Survey Team**

Camille Lagueux, Administrative Surveyor  
Lakendria Woods, LPC, Program Surveyor

**Programs/Services Surveyed**

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

**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: November 30, 2018**



**Three-Year Accreditation**

# SURVEY SUMMARY

## **Bella Monte Recovery Center has strengths in many areas.**

- The board of directors and leadership team are committed to the mission and vision of the organization and support the personnel in providing quality services. The leadership is involved in weekly meetings that address both the business and service operations of the organization.
- Bell Monte Recovery Center's facilities were originally a resort/spa that has been upgraded and retrofitted to provide residential treatment services. The spa setting is a true oasis in the desert with swimming pool, mineral pool, and terraces that take in the breathtaking views of the surrounding area and provide a restorative, healing environment for the person served.
- The organization provides a safe environment for staff members and persons served. Well-maintained facilities provide a safe and healthy environment. The low number of critical incidents reported is further evidence of the safe environment.
- Although the organization has been in operation for less than two years, comprehensive and well-written policies and procedures have been established that communicate to personnel the manner in which services are to be provided.
- Bella Monte Recovery Center has Spanish-speaking personnel to facilitate access for persons served who are Hispanic and their family members.
- On a case-by-case basis, Bella Monte Recovery Center provides scholarships to support persons who cannot afford the costs of treatment. The organization is also a partner in the Angel Initiative (Police Assisted Addiction and Recovery Initiative) whereby member police departments across the country provide access to treatment facilities as opposed to incarceration.
- Solid organizational plans support the operations of the organization. The leadership has developed a strategic plan that includes prioritized outcomes that provide a clear direction for the future of this young organization.
- The organization's persons served reported feeling included in all aspects of their treatment. "Love Gloves" are used to assist the person served with feeling worthy of their sobriety.
- The organization's staff members are passionate, caring, and provide services in a person-centered manner.
- The persons served are able to verbalize knowledge of their treatment plans and have input into their transition and discharge processes.
- The persons served reported various methods of communicating their preferences along with needs for treatment.
- Persons served stated that their concerns are addressed and responded to in a timely manner.
- Persons served reported that Bella Monte Recovery Center is moving in the right direction and seemed pleased with the changes in staffing and programming and the organization's overall approach to treatment.

**Bella Monte Recovery Center should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.**

On balance, Bella Monte Recovery Center demonstrates substantial conformance to the CARF standards. The leadership and staff members at all levels are dedicated to the mission and vision of the organization. The organization provides services that are highly valued by persons served. Bella Monte Recovery Center has made a commitment to the accreditation process and is open and willing to learn and receive feedback in the spirit of improvement. The areas for improvement noted in the recommendations in this report are primarily in administrative practices. The areas for improvement include that tests of all emergency procedures are conducted annually, that all personnel receive competency-based health and safety training both upon hire and annually, and that annual performance evaluations for employees be based on job functions and identified competencies. On the program side, recommendations include ongoing training and education regarding medication to personnel providing direct service to persons served and ensuring that a documented peer review regarding the prescribing of medications is conducted at least annually. The organization demonstrates a commitment and eagerness to address these opportunities for improvement.

Bella Monte Recovery Center has earned a Three-Year Accreditation. The leadership and staff members are congratulated for this achievement and on the commitment made in the pursuit of excellence. Bella Monte Recovery Center is encouraged to continue to use the CARF standards as a guide for continuous quality improvement of administrative and service functions.

## **SECTION 1. ASPIRE TO EXCELLENCE®**

### **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
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

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## Recommendations

There are no recommendations in this area.

## Consultation

- At this time, the organization has several documents that address the different elements required for written ethical codes of conduct. Bella Monte Recovery Center might consider combining/amalgamating some of the documents to avoid duplication and provide consistency.
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## 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

- Strategic planning considers stakeholder expectations and environmental impacts
  - Written strategic plan sets goals
  - Plan is implemented, shared, and kept relevant
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## Recommendations

### C.3.a. through C.3.c.

It is recommended that Bella Monte Recovery Center share its strategic plan with the persons served, personnel, and other stakeholders as relevant to the specific needs of the group.

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## 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

- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

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## **Recommendations**

### **D.1.b.(2) through D.1.c.**

Although the organization obtains input from persons served, Bella Monte Recovery Center is urged to also obtain ongoing input from personnel and other stakeholders, using a variety of mechanisms.

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## **E. Legal Requirements**

### **Description**

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

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
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## **Recommendations**

There are no recommendations in this area.

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## **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 annual 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**

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

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## **Recommendations**

There are no recommendations in this area.

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## **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**

- Identification of loss exposures
  - Development of risk management plan
  - Adequate insurance coverage
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## **Recommendations**

There are no recommendations in this area.

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## **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**

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

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## **Recommendations**

### **H.4.a.(1) through H.4.b.(8)**

Personnel should receive documented competency-based training upon hire and annually thereafter regarding health and safety practices, the identification of unsafe environmental factors, the organization's emergency and evacuation procedures, the identification and reporting of critical incidents, medication management (if appropriate), and reduction of physical risks.

### **H.7.a.(1)**

### **H.7.b. through H.7.d.**

All emergency procedures (i.e., fire, bomb threat, natural disaster, utility failure, medical emergency, and violent or other threatening situation) should be tested at least once a year on each shift. The tests should be unannounced and include actual or simulated physical evacuation drills. The tests should be analyzed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. The tests should be evidenced in writing, including the analysis.

### **H.9.a.**

### **H.9.e.**

The organization is urged to include prevention and timely debriefings in its written procedures regarding critical incidents.

### **H.10.a. through H.10.b.(8)**

The organization should develop at least an annual written analysis of all critical incidents that is provide to or conducted by the leadership. The written analysis should address causes, trends, actions for improvement, results of performance improvement plans, necessary education and training of personnel, the prevention of recurrence, internal reporting requirements, and external reporting requirements.

### **H.15.a. through H.15.c.**

The organization should have written procedures that provide for the safe handling, storage, and disposal of hazardous materials.

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## **I. Human Resources**

### **Description**

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

### **Key Areas Addressed**

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts

- Personnel skills/characteristics
  - Annual review of job descriptions/performance
  - Policies regarding students/volunteers, if applicable
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## **Recommendations**

### **I.5.a.(1) through I.5.b.(11)**

The organization should provide documented personnel training at orientation and at regular intervals. The training should address the identified competencies needed by personnel, confidentiality requirements, customer service, diversity, ethical codes of conduct, promoting wellness of the persons served, person-centered practice, the reporting of suspected abuse and/or neglect, the rights of the persons served, the rights of personnel, and the unique needs of the persons served.

### **I.6.b.(1)(a) through I.6.b.(5)**

Job performance evaluations for all employees should be conducted annually and be based on job functions and identified competencies. The evaluations should be evident in personnel files and should be conducted in collaboration with the employee's direct supervisor, with evidence of input from the employee being evaluated. The evaluations should assess performance related to objectives established in the last evaluation period and establish measurable performance objectives for the next year.

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## **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**

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

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## Recommendations

There are no recommendations in this area.

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## 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

- Communication of rights
  - Policies that promote rights
  - Complaint, grievance, and appeals policy
  - Annual review of complaints
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## Recommendations

### K.4.a. through K.4.b.(3)

A written analysis of all formal complaints should be conducted annually to determine trends, areas needing performance improvement, and actions to be taken.

### Consultation

- Although the organization has several documents that address how clients may formally complain to the organization, it is suggested that the existing documents be combined into one succinct document for ease of understanding.
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## L. Accessibility

### Description

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

### Key Areas Addressed

- Written accessibility plan(s)
- Requests for reasonable accommodations

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## **Recommendations**

### **L.1.a.(1) through L.1.a.(3)**

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

Bella Monte Recovery Center is urged to include an ongoing process for the identification of barriers in the area of technology as part of its ongoing assessment of accessibility needs for persons served, personnel, and other stakeholders.

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## **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**

- Information collection, use, and management
  - Setting and measuring performance indicators
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### **Recommendations**

There are no recommendations in this area.

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## **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**

- Proactive performance improvement
- Performance information shared with all stakeholders

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## **Recommendations**

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

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## **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.

### **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

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## **Recommendations**

### **A.21.a. through A.21.e.**

The assessment of competency and competency-based training for personnel providing direct services should include areas that reflect the needs of the persons served, clinical skills that are appropriate to the position, person-centered plan development, interviewing skills, and program-related research-based treatment approaches.

### **A.22.e.(1)**

### **A.22.e.(2)**

There should be documentation of the attendance of participants at team meetings and the results of team meetings.

### **A.25.a. through A.25.g.**

Documented ongoing clinical supervision of clinical or direct service personnel should address 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 his or her individualized goals; the provision of feedback that enhances the clinical 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 reviews; and cultural competency issues.

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## **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
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### **Recommendations**

There are no recommendations in this area.

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## **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
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### **Recommendations**

#### **C.5.a.**

When the person served has concurrent disorders, disabilities, or comorbidities, it is recommended that the person-centered plan specifically address these conditions in an integrated manner.

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## **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

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## Recommendations

There are no recommendations in this area.

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## E. Medication Use

### Description

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. 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, transporting, storing, and disposing of medications, including those self administered by the person served.

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak 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 closely observing the person served self-administering the medication.

Self-administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details 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**

- Individual records of medication
  - Physician review
  - Policies and procedures for prescribing, dispensing, and administering medications
  - Training regarding medications
  - Policies and procedures for safe handling of medication
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## **Recommendations**

### **E.2.a.(3) through E.2.b.(16)**

The organization should provide documented, ongoing training and education regarding medications to personnel providing direct service to the persons served. The training and education should include how the medication works; the risks associated with each medicine; the intended benefits as related to the behavior or symptom targeted by this medication; side effects; contraindications; potential implications between medication and diet/exercise; risks associated with pregnancy; the importance of taking medications as prescribed, including, the identification of potential obstacles to adherence; the need for laboratory monitoring; the rationale for each medication; early signs of relapse related to medication efficacy; signs of nonadherence to medication prescriptions; potential reactions when combining prescription and nonprescription medications, including alcohol, tobacco, caffeine, illegal drugs, and alternative medications (e.g., experimental medications, herbal supplements, homeopathic remedies, vitamins, mineral supplements, hormone therapy, and culturally specific treatment prescribed by traditional healers); instructions on self-administration, when applicable; wellness management and recovery planning; and the availability of financial supports and resources to assist the persons served with handling the costs associated with medications.

### **E.8.a. through E.8.e.(2)**

The organization provides prescribing of medications and should conduct a documented peer review at least annually by a qualified professional with legal prescribing authority, or a pharmacist, on a representative sample of records of persons for whom prescriptions were provided to assess the appropriateness of each medication as determined by the needs and preference of each person served and the efficacy of the medication. The peer review should determine if the presence of side effects, unusual effects, and contraindications were identified and addressed and whether necessary tests were conducted. The peer review should identify the use of multiple simultaneous medications and medication interactions.

### **E.9.a. through E.9.c.**

The information the organization collects from the peer review process regarding the prescribing of medications should be reported to applicable staff members, used to improve the quality of services provided, and incorporated into the organization's performance improvement system.

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## F. Nonviolent Practices

### Description

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, 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. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. 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 self, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room 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 if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral health care setting.

### **Key Areas Addressed**

- Training and procedures supporting nonviolent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

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### **Recommendations**

#### **F.1.a. through F.1.c.(2)**

The organization should develop and implement a policy that identifies how all of its employees will be trained on the prevention of workplace violence; how the organization will respond to aggressive or assaultive behaviors; and whether, and under what circumstances, seclusion and/or restraint are used within the programs the organization provides.

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## **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
  - Time frames for entries to records
  - Individual record requirements
  - Duplicate records
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### **Recommendations**

There are no recommendations in this area.

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## **H. Quality Records Management**

### **Description**

The organization has 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
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### **Recommendations**

There are no recommendations in this area.

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## **SECTION 3. BEHAVIORAL HEALTH CORE 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.

## **ALCOHOL AND OTHER DRUGS/ADDICTIONS**

Core programs in this field category are designed to provide services for persons who have or are at risk of having harmful involvement with alcohol or other drugs/addictions. These programs use a team approach to minimize the effects and risks associated with alcohol, other drugs, or other addictions.

### **T. Residential Treatment**

#### **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 disabilities or co-occurring disabilities, including intellectual or developmental disability. Residential treatment services are organized to provide environments in which the persons reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

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#### **Recommendations**

There are no recommendations in this area.

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