



SURVEY OUTCOME
Three-Year Accreditation

CARF
Survey Report
for
The Gooden Center

CARF INTERNATIONAL

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Organization

The Gooden Center
191 North El Molino Avenue
Pasadena, CA 91101

Organizational Leadership

Ernest Williams, M.Div., M.B.A., Executive Director

Survey Dates

August 2–3, 2007

Survey Team

Thomas M. Talbot, RN, M.A., Administrative Surveyor

James Wilson, M.A., LISAC, Program Surveyor

Programs/Services Surveyed

Community Housing: Alcohol and Other Drugs/Addictions (Adults)

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

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

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

Previous Survey

August 12–13, 2004

Three-Year Accreditation

Survey Outcome

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Expiration: August 2010



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SURVEY SUMMARY

The Gooden Center has strengths in many areas.

- The leadership of The Gooden Center demonstrates its commitment to developing, maintaining, and expanding viable chemical dependency services as it pursues its mission and addresses the needs of the community.
- The Gooden Center is a vital component in the fabric of the local community and enjoys the support of an involved and committed board of directors. The organization's leadership and the board work well together, functioning as stewards of the resources to address the chemical dependency treatment needs of the community served.
- The Gooden Center values international accreditation with CARF and has made a commitment, through the accreditation process and continuous improvement activities, to elevate the quality of service provision to persons served.
- The Gooden Center has brought together a clinical and management team of dedicated professionals who are held in high regard by the local professional community and by key stakeholders. It is recognized for the dedication and community involvement of its staff members, for the continuation of its positive legacy in community service, and for the positive difference it makes in the community.
- The organization is dedicated to a strategic plan and vision that will enhance the functioning of the organization's operations and clinical service provision. The strong leadership of the organization is focused on a sound vision and competently copes with issues as they arise in its environment.
- The organization provides for safe, therapeutic, and welcoming environments that are conducive to quality treatment and recovery programming.
- The organization provides services to individuals with challenging treatment needs and operates in an ever challenging funding environment. The organization remains committed to its mission and to meeting the needs of the community as it continues to pursue creative ways to provide quality services.
- Program staff members are motivated, soulful, and passionate in providing services. Staff members at all levels of the organization reflect the organization's mission, and they take pride in their strong, well-organized programs and in the progress of persons served.
- The persons served speak fondly of experiences with staff members, stating they are always treated with respect. In addition, all persons served who were interviewed reported their lives have changed for the good since beginning services.
- The Gooden Center has developed clear measures of performance and achieved outstanding performance results.
- Teamwork, mutual respect, cooperation, and open communication are demonstrated throughout the organization and in the community.
- The organization continuously seeks to improve its business/operational functioning and to improve/expand its clinical services; i.e., developing a family program.

The Gooden Center should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate nonconformance to standards but are offered as consultation for further quality improvement.

On balance, The Gooden Center displays a focused commitment to utilize the CARF standards to provide quality care and services to persons served. The Gooden Center has established itself as a valuable asset to the local/national community served in the treatment of individuals and families seeking assistance for chemical dependency issues. The Gooden Center enjoys a respected reputation that reflects its engagement with its communities served and the commitment of its board, leadership, and staff members. The Gooden Center's commitment is substantiated by the provision of services by qualified, professional, and committed staff members; facilities that are conducive to the treatment/recovery process; and quality treatment programming. The organization is encouraged to use its resources to address the opportunities for improvement noted in this report. The organization is urged to enhance its competency-based training regarding health and safety/emergency procedures. Additional attention should be given to human resource activities, including the maintenance of records and performance evaluation processes.

The Gooden Center has earned a Three-Year Accreditation. This organization is recognized for the provision of professional, high quality chemical dependency/behavioral health services. The organization, board, leadership, and staff members are congratulated for their efforts to provide quality services that are responsive to community needs. The organization is encouraged to address areas for improvement as it continues its pursuit of and commitment to the provision of quality services. The organization is encouraged to continue to use the CARF standards as a foundation for quality improvement.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in Criterion A 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
-

Recommendations

There are no recommendations in this area.

Criterion B. Accessibility

Principle Statement

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

Key Areas Addressed

- Written accessibility plan(s)
 - Status report regarding removal of identified barriers
 - Requests for reasonable accommodations
-

Recommendations

There are no recommendations in this area.

Criterion C. Information Management and Performance Improvement

Principle Statement

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

- Information collected, analyzed, and used to address critical customer needs
 - Accurate and consistent information collection
 - Proactive performance improvement
 - Performance information shared with all stakeholders
 - Written technology and system plan
-

Recommendations

There are no recommendations in this area.

Criterion D. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

- Meaningful communication of rights
 - Commitment to diversity
 - Policies promote rights of persons served
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

D.1.a.(3)

It is recommended that the organization ensure that the rights of the persons served are communicated annually to individuals who are served in a program for longer than one year.

Criterion E. Health and Safety

Principle Statement

CARF-accredited organizations maintain accessible, healthy, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

Key Areas Addressed

- One annual external inspection
 - Self-inspections twice a year
 - Emergency procedures, including evacuation, tested/analyzed annually
 - Access to emergency first-aid resources
 - Competency of personnel in safety procedures
 - Defined system for reporting/reviewing critical incidents
 - Infection control plan
 - Transportation requirements, if applicable
-

Recommendations

E.3.a.(2) through E.3.c.

It is recommended that the organization ensure that personnel receive annual documented competency-based training in health and safety practices, identification of unsafe environmental factors, emergency and evacuation procedures, identification and reporting of critical incidents, medication management, and reduction of physical risks.

E.22.a.

E.22.b.

It is recommended that all vehicles owned or operated by the organization contain secured first aid supplies and fire suppression equipment.

Consultation

- The organization is encouraged to enlarge the emergency diagrams and post them in strategic points in hallways and offices. It might be helpful to include the location of first aid kits, emergency response kits, and assembly areas on these diagrams.
- It is suggested that the organization develop a portable emergency contact list that includes current persons served and staff members. This might enhance the availability of important information in the event of an emergency/evacuation.
- It is suggested that the organization install additional emergency exit signs and strategically locate them to indicate exit routes and light the signs that are already posted.
- It is suggested that the organization consistently inspect and document inspections of all fire extinguishers on a monthly basis to ensure that they operate properly.

- It is suggested that the organization check the temperature reading in all refrigerators and freezers daily and document these readings.
 - It is suggested that the organization post handwashing signs at all sinks.
 - It is suggested that the organization obtain and post material safety data sheets (MSDS) near storage or location of chemicals.
 - It is suggested that the organization post poison control numbers in areas that are more accessible.
-

Criterion F. Human Resources

Principle Statement

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 description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

F.5.d.(5)

F.5.e.(1)

F.5.e.(4)

It is recommended that the organization conduct annual performance evaluations for all personnel who are directly employed. It is further recommended that the organization assess the performance of the contracts for all contract personnel on an annual basis.

F.10.c.

F.10.d.

It is recommended that the organization ensure that personnel files contain evidence of orientation and performance evaluation reports.

Criterion G. Leadership

Principle Statement

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
-

Recommendations

There are no recommendations in this area.

Criterion H. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

Criterion I. Financial Planning and Management

Principle Statement

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
 - Annual review of service billing records, if applicable
 - Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization expand its risk management analysis to include a more in-depth identification of loss exposures and actions to reduce risks.
-

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

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 Structure and Staffing

Principle Statement

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

There are no recommendations in this area.

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed 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 strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, 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

There are no recommendations in this area.

C. Individual Plan

Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

Key Areas Addressed

- Development of individual plan
 - Co-occurring disabilities/disorders
 - Individual plan goals and objectives
 - Designated person coordinates services
-

Recommendations

There are no recommendations in this area.

D. Transition/Recovery Support Services

Principle Statement

In transition or discharge planning, the organization assists the persons served to obtain services that are needed but that are not available within the organization or in transitioning from one level of care to another 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. Transition services are critical for the support of the individual's ongoing recovery or well-being.

The discharge plan is a clinical document that includes information about the person's progress in recovery, describes the completion of goals, services, and reasons for discharge. This document is prepared when the person leaves services for any reason (against medical advice, no show, infringement of program rules, etc.).

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 contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services are needed.

The transition plan and/or discharge summary may be included in a combined document as long as it is clear whether the information relates to the transition or discharge planning.

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.

E. Pharmacotherapy

Principle Statement

Pharmacotherapy is the practice of evaluating, 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 efficacious. Pharmacotherapy may 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.

Pharmacotherapy includes all prescribed medications, whereas medication monitoring includes prescribed medications and over-the-counter medications.

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
-

Recommendations

There are no recommendations in this area.

F. Seclusion and Restraint

Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. 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.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

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 that are not in response to the behavioral health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

Key Areas Addressed

- Emergency intervention procedures
 - Patterns of use reviewed
 - Policies and procedures for use of seclusion and restraint
 - Persons trained in use
 - Designated room
-

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

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

Recommendations

G.1.c.

G.1.e.

It is recommended that the organization ensure that individual records communicate information in a manner that is complete and legible.

G.2.

The organization is urged to ensure that all documents generated by the organization that require signatures include original or electronic signatures.

G.3.h.(4)

It is recommended that individual records include documentation of the person's orientation. It is suggested that the organization develop a form to document the provision of a complete orientation and provide a copy of the form to persons served and family members as appropriate.

G.4.

The organization should ensure that entries to the records of persons served follow the organization's policy that specifies time frames for entries.

H. Quality Records Review

Principle Statement

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
-

Recommendations

There are no recommendations in this area.

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.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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.

D. Community Housing

Principle Statement

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered

homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for 6 to 12 months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the intent to survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

Recommendations

There are no recommendations in this area.

I. Day Treatment

Principle Statement

Day treatment programs are time-limited, medically-monitored programs that offer comprehensive, intensive, individually planned, coordinated, and structured services.

A day treatment program consists of a scheduled series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency in order to assist the persons served in achieving the goals identified in their individual treatment plans. Day treatment programs are typically offered four or more days per week, with some available in the evenings and on weekends. Such a program functions as a step-down or alternative to inpatient care or partial hospitalization, as transitional care following an inpatient or partial hospitalization stay in order to facilitate return to the community or to prevent or minimize the need for a more intense or restrictive level of treatment. Day treatment programs are more intensive than outpatient treatment and serve persons who need a structured behavioral health setting for daytime activities.

Recommendations

There are no recommendations in this area.

O. Intensive Outpatient Treatment

Principle Statement

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

Recommendations

There are no recommendations in this area.

T. Residential Treatment

Principle Statement

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; victims or perpetrators of domestic violence or other abuse; or persons needing treatment because of eating or sexual disorders or drug, gambling, or Internet addictions. 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.

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

The Gooden Center

191 North El Molino Avenue
Pasadena, CA 91101

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

The Gooden Center Annex

182 North El Molino Avenue
Pasadena, CA 91101

Community Housing: Alcohol and Other Drugs/Addictions (Adults)

The Gooden Center Sober Living

378 North El Molino Avenue
Pasadena, CA 91101

Community Housing: Alcohol and Other Drugs/Addictions (Adults)

The Gooden Center

711 East Walnut
Pasadena, CA 91101

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

The Gooden Center Sober Living

146 North Holliston Court
Pasadena, CA 91106-1911

Community Housing: Alcohol and Other Drugs/Addictions (Adults)
