

**CARF Accreditation Report  
for  
Pittard Clinic  
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**

Pittard Clinic  
1654 Falls Road  
Toccoa, GA 30577

**Organizational Leadership**

Jeanette C. Loudermilk, LPN, Administrator

**Survey Number**

161530

**Survey Date(s)**

August 11, 2022–August 12, 2022

**Surveyor(s)**

Deborah Hamilton, MBA, Administrative  
Janet Gail Morgan, RN, CAC III, Program

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

Outpatient Treatment: Opioid Treatment Program (Adults)

**Previous Survey**

August 15, 2019–August 16, 2019  
Three-Year Accreditation

**Accreditation Decision****Three-Year Accreditation**

**Expiration: October 31, 2025**

# Executive Summary

This report contains the findings of CARF's site survey of Pittard Clinic conducted August 11, 2022–August 12, 2022. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

## Accreditation Decision

On balance, Pittard Clinic demonstrated substantial conformance to the standards. Pittard Clinic is staffed with professionals who are dedicated, compassionate, well educated, and committed to the clients served. The organization offers appropriate counseling and medical services, which support the recovery efforts of the clients. The staff used its combined talents toward the established goal of being prepared and showing professional skills. Consultation is offered in this report, and areas for improvement are identified in the recommendations provided. Some areas noted for improvement include supervision, client orientation, assessment, medication management, and medication use.

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

**Pittard Clinic 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 Pittard Clinic was conducted by the following CARF surveyor(s):

- Deborah Hamilton, MBA, Administrative
- Janet Gail Morgan, RN, CAC III, 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 Pittard Clinic 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):

- Outpatient Treatment: Opioid Treatment Program (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 Pittard Clinic demonstrated the following strengths:

- The program director, clinical supervisor, and direct service staff members demonstrate teamwork, collaboration, and good communication, creating a positive environment that benefits the clients served and staff members. The staff members embrace the values of the program in the areas of empowerment, recovery, and rehabilitation.
- Staff members have a strong commitment to the wellness of the clients. Both direct and indirect service staff members are accessible to the clients through a number of avenues, and they assist clients in dealing with conflicting perceptions, stigma, and symptoms of addiction.
- Pittard Clinic employs highly credentialed, knowledgeable, and dedicated staff members who offer a variety of expertise in the treatment of persons with addictions to opioid drugs. Personnel are receptive to feedback offered and use it in a constructive manner.
- Pittard Clinic is a clean and safe environment where clients can receive medication-assisted treatment (MAT) and care.

- Clients receiving services at Pittard Clinic stated that they feel like part of a family where they never experience judgement. They stated that the clinic is run professionally, and it saved their lives due to the staff members demonstrating their willingness to listen and trusting what they say instead of thinking of them as “drug addicts.” They expressed that the organization provides them with a professional, confidential, and clean environment to receive their services. They stated that the medical staff is knowledgeable, friendly, and easily accessible.
- The medical director is knowledgeable and experienced in MAT and enjoys working with this population and seeing their progress in treatment. There is teamwork between the medical and clinical staff in order to provide the clients with a multidisciplinary approach to their care and recovery.
- Staff members working at Pittard Clinic feel it is the teamwork among staff members and the willingness of other staff and management to act as a resource when dealing with client issues that add to their job satisfaction. One staff member stated, “They have your back, and you can depend on their help.” The staff members stated that they work together to provide the clients with stability and an atmosphere that promotes trust and support. New staff members felt that Pittard Clinic is the best place they have ever worked due to the quality and support of the other staff members and management.

## 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

There are no recommendations in this area.

## 1.C. Strategic Planning

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.D. Input from Persons Served and Other Stakeholders

### Description

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

### Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning



## Recommendations

There are no recommendations in this area.

## 1.E. Legal Requirements

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.F. Financial Planning and Management

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.G. Risk Management

### Description

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

### Key Areas Addressed

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

## Recommendations

There are no recommendations in this area.

## 1.H. Health and Safety

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### Consultation

- Pittard Clinic might consider including the location of the fire extinguishers and first aid kits on the evacuation maps that are located throughout the building.

## 1.I. Workforce Development and Management

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.J. Technology

### Description

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

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

### Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

### Recommendations

#### 1.J.5.a.

#### 1.J.5.c.(1)

#### 1.J.5.c.(2)

Pittard Clinic should provide documented initial and ongoing training to personnel on cybersecurity.

## 1.K. Rights of Persons Served

### Description

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

### Key Areas Addressed

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

### Recommendations

#### 1.K.3.b.(1)

Pittard Clinic should make complaint procedures and, if applicable, forms readily available to the clients. This could be accomplished by keeping the client complaint forms stocked in the lobby and readily available to the clients.

### Consultation

- Pittard Clinic might consider editing its client complaint form to include the complaint process, when the client should expect a response from the organization, and where the client can complain if they are not satisfied to with the response.

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

The foundation for successful performance measurement and management includes:

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.N. Performance Improvement

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## Section 2. General Program Standards

### Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

## 2.A. Program/Service Structure

### Description

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

### Key Areas Addressed

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

## Recommendations

### 2.A.25.

The organization should implement a policy for the clinical supervision of all individuals providing direct services.

### 2.A.26.a.

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

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

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

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

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

#### 2.A.26.b.(6)

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

### 2.A.26.c.

It is recommended that the ongoing supervision of all clinical or direct service personnel consistently be documented and address accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each client; treatment/service effectiveness as reflected by the client meeting goals identified in the person-centered plan; risk factors for suicide and other dangerous behaviors; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance review; and cultural competency issues. Supervision should provide feedback to personnel that enhances skills. The organization currently has a contracted person performing clinical supervision for only staff members going toward certification. Individual and group supervision is documented on the contracted person's personal form rather than a form developed by the organization. It is suggested that supervision be completed per the organization's policy and that the organization develop a form to be used by the contracted clinical supervisor that contains all of the items to be addressed in clinical supervision. A copy of these forms could be given to the organization for the staff member's personnel file.

## 2.B. Screening and Access to Services

### Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material, and from various sources including the person served, family or significant others, or from external resources.

### Key Areas Addressed

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

## **Recommendations**

**2.B.17.d.(1)(c)**

**2.B.17.d.(1)(d)(iv)**

**2.B.17.d.(1)(d)(v)**

**2.B.17.d.(1)(d)(viii)**

**2.B.17.d.(1)(d)(ix)**

**2.B.17.d.(1)(f)(i)**

**2.B.17.d.(1)(g)(i)**

**2.B.17.d.(1)(g)(ii)**

**2.B.17.d.(1)(g)(iii)**

**2.B.17.d.(2)**

**2.B.17.d.(3)**

**2.B.17.d.(4)**

**2.B.17.d.(5)(d)**

**2.B.17.d.(5)(e)**

Although the organization has a client handbook, it is recommended that each client receive an orientation that includes, as applicable, an explanation of ways in which input can be given; the organization's transition criteria and procedures, discharge criteria, standards of professional conduct related to services, and requirements for reporting and/or follow-up for the mandated client (regardless of discharge outcome); and the program's health and safety policies regarding the use of seclusion or restraint. The orientation should also include an explanation of the program rules and expectations of the client, which identifies any restrictions the program may place on the client; events, behaviors, or attitudes and their likely consequences; and means by which the client may regain privileges that have been restricted. Further, it is recommended that the orientation include familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits; education regarding advance directives, when indicated; identification of the purpose and process of the assessment; a description of how motivational incentives may be used, if applicable; and a description of expectations for legally required appointments, sanctions, or court notifications, if applicable.

**2.B.18.a.**

**2.B.18.b.(1)**

**2.B.18.b.(2)**

**2.B.18.b.(5)**

It is recommended that the orientation for opioid treatment be documented and include an overview of the nature of addictive disorders; the benefits of treatment and nature of the recovery process, including phases of treatment; and signs and symptoms of overdose and when to seek emergency assistance.

**2.B.23.j.**

**2.B.23.m.(14)**

**2.B.23.n.(1)(a)**

**2.B.23.n.(1)(b)**

**2.B.23.n.(2)(b)**

**2.B.23.p.(2)**

**2.B.23.r.**

**2.B.23.t.**

Although the organization conducts an assessment upon admission, it is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centered plan for each client, including information about the person's use of complementary health approaches; pertinent current and historical life information, including the person's social determinants of health; history of trauma that is experienced and witnessed, including neglect; risk factors for other self-harm or risk-taking behaviors; need for assistive technology in the provision of services; and psychological and social adjustment to disabilities and/or disorders.

#### **2.B.24.b.(4)**

The assessment process should include the preparation of a written interpretive summary that identifies any risks for suicide, violence, or other risky behaviors.

#### **2.B.26.b.(5)**

When providing services to women, the program should provide counseling regarding gender expression or identity or sexual orientation.

### **Consultation**

- It is suggested that, when developing the women's group agenda, the topics listed in the CARF standards be part of the group topics to ensure conformance to the standards.

## **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 the plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

### **Key Areas Addressed**

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

### **Recommendations**

#### **2.C.4.c.**

#### **2.C.4.d.(4)(a)**

#### **2.C.4.d.(4)(b)**

It is recommended that, when assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan be completed as soon as possible that includes actions to be taken to respond to periods of increased emotional pain and actions to be taken to restrict access to lethal means. Currently, the organization's policy on safety plans has a timeline that includes several appointments to assess the client before the safety plan is completed with the medical director.

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

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



## 2.D. Transition/Discharge

### Description

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

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

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

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

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 2.E. Medication Management

### Description

These standards address the practice of evaluating, prescribing, and dispensing opioid agonist treatment medications approved by the Food and Drug Administration for use in the treatment of opioid addiction.

## 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
- Reviews of medical services provided by the program

## Recommendations

### 2.E.22.a.

### 2.E.22.b.

### 2.E.22.d.

Although the program currently has a policy for guest dosing, it is recommended that the policy include exclusionary or ineligibility criteria, if applicable; the right to refuse to guest dose; and drug testing, if applicable.

### 2.E.24.c.

It is recommended that voluntary medically supervised withdrawal from MAT consistently include reviews of the results of pregnancy tests of women of childbearing age, conducted prior to beginning the medically supervised withdrawal process.

### 2.E.25.a.(1)

### 2.E.25.a.(2)

### 2.E.25.b.

### 2.E.25.c.

When medically supervised withdrawal is conducted against medical advice, it is recommended that the program consistently document efforts taken by program staff members to avoid discharge and reasons the client is seeking discharge, that the record of the client remain active for at least 30 days or a length of time determined by state guidelines, and that results of a pregnancy test of women of childbearing age be reviewed prior to beginning the medically supervised withdrawal process. It is suggested that the organization develop a policy and procedure that requires the staff to consistently document efforts taken to avoid discharge.

### 2.E.26.a.

### 2.E.26.b.

### 2.E.26.c.

Prior to the beginning of involuntary administrative withdrawal, it is recommended that efforts be documented regarding referral or transfer of the client to a suitable, alternative treatment program; that due process procedures be implemented, with provisions for appeals or grievances; and that results of a pregnancy test of women of childbearing age be reviewed prior to beginning the medically supervised withdrawal process. It is suggested that a policy and procedure direct staff to follow these actions consistently.

## 2.F. Medication Use

### Description

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

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

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

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

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

### **Key Areas Addressed**

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

### **Recommendations**

#### **2.F.7.d.(1)**

It is recommended that a program that provides prescribing of medications implement written procedures that address the documentation of informed consent for each medication prescribed.

- 2.F.8.a.(1)
- 2.F.8.a.(2)
- 2.F.8.a.(3)
- 2.F.8.a.(4)(a)
- 2.F.8.a.(4)(b)
- 2.F.8.a.(4)(c)
- 2.F.8.a.(4)(d)
- 2.F.8.a.(4)(e)
- 2.F.8.a.(5)(a)(i)
- 2.F.8.a.(5)(a)(ii)
- 2.F.8.a.(5)(a)(iii)
- 2.F.8.a.(5)(b)
- 2.F.8.a.(5)(c)(i)
- 2.F.8.a.(5)(c)(ii)
- 2.F.8.b.(1)
- 2.F.8.b.(2)
- 2.F.8.b.(3)

It is recommended that, in a program that provides prescribing of medications, a documented peer review be conducted at least annually by a qualified professional licensed to prescribe or a pharmacist on the records of a representative sample of persons for whom prescriptions were provided. The review should assess the appropriateness of each medication, as determined by the needs and preferences of the client, the condition for which the medication is prescribed, dosage, periodic reevaluation of continued use related to the primary condition being treated, and the efficacy of the medication. The review should determine whether contraindications, side effects, and adverse reactions were identified and, if needed, addressed; whether necessary monitoring protocols were implemented; and whether there was simultaneous use of multiple medications, including polypharmacy and co-pharmacy. Information collected from the peer review process should be reported to appropriate personnel, used to improve the quality of services provided, and incorporated into the performance measurement and management system.

## 2.H. 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.I. 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 Opioid Treatment Program Standards

### 3.B. Outpatient Treatment (OT)

#### Description

Outpatient opioid 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. In addition to counseling and medications for opioid use disorder, 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, concurrent 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.

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

## **Pittard Clinic**

1654 Falls Road  
Toccoa, GA 30577

Outpatient Treatment: Opioid Treatment Program (Adults)