carf INTERNATIONAL

GUIDELINES FOR SUBMITTING A QUALITY IMPROVEMENT PLAN

Attached is a form for your use in submitting a Quality Improvement Plan (QIP). Quality improvement efforts are regarded by CARF as integral and critical facets of the accreditation process. Guidelines for completing the form are as follows:

1. Respond to all standards identified.

2. Include a brief response that indicates the steps that have been taken or are being taken to address the recommendation. Indicate estimated dates for completion of "in process" items, where appropriate. Do not repeat the wording of the recommendation from the survey report in your QIP.

3. Do **not** include any copies of your organization's forms, policies, procedures, memos, pamphlets, documents, or other attachments with the QIP. CARF will only review your written response to each recommendation.

Upon receipt of the QIP, CARF will review your progress toward addressing the recommendations and acknowledge the plan in a letter to your operational leadership. The QIP will be included in the packet of materials sent to the next survey team. During the next survey visit, the team will review this further to make the determination whether the actions you have taken have brought your organization into conformance to the standards. Additional information concerning the interpretation of specific standards is available by calling CARF.

Please note that the submission of a QIP within 90 days following your initial notice of accreditation is a CARF Accreditation Condition and is required to maintain accredited status. For more information refer to the Accreditation Conditions in the current standards manual.

We encourage you to approach the completion of the QIP as an additional opportunity to enhance the quality, value, and outcomes of your services. If you would like further assistance, please do not hesitate to contact us toll free at (888) 281-6531 [dial 001 (520) 325-1044 from outside the US and Canada].

Please upload the completed QIP via Customer Connect. Click on the Quality Improvement Plan Due action item on the home page.

If you are unable to submit the QIP electronically, you may send the completed plan via regular mail to the Tucson, Arizona, office.

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

QUALITY IMPROVEMENT PLAN

Return to CARF by December 30, 2024

Company ID: 238758

New Start Treatment, LLC DBA: New Start Treatment
600 South 8th Street
Griffin, GA 30224

Survey Number: 184426
Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: August 31, 2027
Survey Date(s): August 19–20, 2024
Standards Manual(s): 2024 Opioid Treatment Program

Completed by (Name): **Shawn Madgett and Lukethia Ogoe** Date Completed: **January 13, 2025**

Job Title: **Program Sponsor and Clinical Director**

Standard Number for Recommendation	Step(s) to Address the Recommendation	Completion Date (Actual or Estimated)
1.H.4.b.(1) 1.H.4.b.(2) 1.H.4.b.(3) 1.H.4.b.(4) 1.H.4.b.(5) 1.H.4.b.(6) 1.H.4.b.(7) 1.H.4.b.(8) 1.H.4.b.(9)	New Start Treatment will implement the following in response to the recommendation to ensure adequate competency-based training: 1. Establish an annual training program covering health and safety practices (b1), Identification of unsafe environmental factors (b2), emergency (b3) and evacuation procedures (b4), critical incident identification (b5) and reporting (b6), medication management (b7), reducing physical risks (b8), and workplace violence (b9). 2. Develop competency-based training materials or work with an external vendor that can provide with evaluations to ensure understanding, and implement a system to document completion for each employee. 3. Schedule and track annual training sessions, ensuring all personnel participate and sign completion records. 4. Regularly review and update training content to align with evolving regulations, industry standards, and identified organizational needs, ensuring consistent compliance and staff preparedness. 5. Monitor training effectiveness through feedback and periodic competency assessments.	December 2025
1.J.4.a. 1.J.4.b.(1) 1.J.4.b.(2) 1.J.4.b.(3) 1.J.4.b.(4) 1.J.4.b.(5) 1.J.4.b.(6) 1.J.4.c.	1.J.4.a New Start Treatment will test, train, and educate the staff during the first month of the year on the following areas: 4(b1). **Effectiveness**: Assessing how well our current strategies are working.(b2.) **Areas Needing Improvement**: Identifying specific areas where enhancements are necessary. (b3.) **Actions to Address Improvements**: Develop steps to address these identified	December 2025

	areas for improvement. (b4.) **Implementation of Actions**: Carrying out the planned actions.(b5.) **Evaluation of Results**: Determining whether the implemented actions achieved the desired outcomes.(b6.) **Education and Training for Personnel**: Ensuring staff receive the necessary education and training. All of this information will be added to our Health and Safety Planning Grid to guarantee that annual testing occurs.	
1.K.2.a.(2) 1.K.2.a.(3)	To ensure the persons served (clients) have a clear understanding of their rights the following will be implemented: 1. Revise policies and procedures to mandate the communication of client rights at service initiation and annually for long-term clients. 2. Create standardized materials outlining client rights for consistent delivery and understanding. 3. Train staff to ensure they effectively communicate client rights and document the process in client records. 4. Implement a tracking system to monitor compliance, including reminders for annual updates for long-term clients. 5. Regularly review and update materials and procedures to align with regulatory requirements and best practices, ensuring transparency and consistency in client interactions.	June 2025
2.A.24.a. 2.A.24.b.(1) 2.A.24.b.(2) 2.A.24.b.(3) 2.A.24.b.(4) 2.A.24.b.(5) 2.A.24.b.(6) 2.A.24.b.(7) 2.A.24.b.(8) 2.A.24.c.	There will be monthly documentation of ongoing supervision of clinical or direct services within the clinic.	01-07-2025
2.A.28.d.(1)	There are policies that have been implemented to address persons served, personnel and visitors such as the use of alcohol, solicit drugs and tobacco products.	01-07-2025
2.B.23.j. 2.B.23.m.(4) 2.B.23.m.(14) 2.B.23.n.(1)(a) 2.B.23.n.(1)(b) 2.B.23.n.(2)(a) 2.B.23.n.(2)(b) 2.B.23.n.(2)(c) 2.B.23.n.(2)(d) 2.B.23.o.(1) 2.B.23.o.(2) 2.B.23.p.(1) 2.B.23.p.(2) 2.B.23.u.	During the initial intake, throughout treatment the process is to gather and record information about person served through personal strengths, individual needs, abilities and /or interests, preferences, current level of functioning, gender identity and the history of trauma.	01-07-2025
2.C.1.c.(1) 2.C.1.c.(2)	The organization will address the special needs of the person served through the development and ongoing monitoring and	01-13-2025

2.C.1.c.(3) 2.C.1.c.(4) 2.C.1.e.	modification of the individual plan. Through this process, the strengths, abilities, needs, preferences, and desired outcomes will be addressed based on the unique qualities of the person served.	
2.C.2.a.(1)(a) 2.C.2.a.(1)(b) 2.C.2.a.(2)(d) 2.C.2.a.(2)(e) 2.C.2.a.(2)(f) 2.C.2.a.(2)(g)	Person-centered plan has been revised to include goal setting and targets. This will be incorporated into the client's treatment plan. The "SMART" strategy will be trained among staff and incorporated into the client's review to determine 1. Specific 2. Measurable 3. Attainable 4. Realistic and 5. Timely metrics.	01-13-2025
2.C.4.a. 2.C.4.b. 2.C.4.c. 2.C.4.d.(1) 2.C.4.d.(2) 2.C.4.d.(3)(a) 2.C.4.d.(3)(b) 2.C.4.d.(4)(a) 2.C.4.d.(4)(b) 2.C.4.d.(5)	The organization has implemented the Columbia Suicide Severity Rating Scale Assessment. A Safety Checklist has been incorporated into the Client's Intake process to aid in the identification of risky behavior including but not limited to; suicide, violence, or other risky behaviors. The checklist will assess the level of risk and the results will determine the plan of action to be taken and the preferred interventions specific to the client's needs.	01-13-2025
2.C.5.a. 2.C.5.b. 2.C.5.c. 2.C.5.d.	As it is known, in substance abuse through the use of centered plans, when a person served has a concurrent disorders or disabilities and / or co-morbidities, the person-centered plan addresses these conditions in an integrated manner.	01-13-2025
2.C.7.a.(1)(a) 2.C.7.a.(1)(b) 2.C.7.a.(2) 2.C.7.a.(3) 2.C.7.a.(4)(a) 2.C.7.a.(4)(b) 2.C.7.b.(1) 2.C.7.b.(2)	The Individual Plan will be created within 10, 30, 90 days of admission to CCI. Should the plan be completed later than the specified time frame, documentation for such delay will be noted in the person's record. The person served will meet with the designated staff responsible for coordination of services and other service providers, as appropriate, to establish the overall goals of services. Once the plan is completed and finalized, the person served will endorse his/her direction of planning, knowledge and understanding of the plan, and that it is person-centered based by reviewing and signing.	01-13-2025
2.D.7.a. 2.D.7.b. 2.D.7.c. 2.D.7.d.	At the time of transition plan assessment the client will have the ability to consent for an accountability partner that would include a family member, community support, recovery advocate or a collective of any of the above. The organization has implemented a plan of action to reach out to clients checking on them to see how they are doing with the transition of the stepdown.	01-10-2025
2.E.11.b.(3) 2.E.11.b.(4) 2.E.11.b.(5) 2.E.11.b.(6) 2.E.11.c.	The program has implemented that when utilizing split dosage medications are prescribed by a physician, and or other practitioners as allowed by state law. All persons served will participate in initial and ongoing screenings and assessments of all areas related to medication use, including past medications use, its effectiveness, past side effects, and allergic or adverse reactions.	01-07-2025
2.E.29.a. 2.E.29.b. 2.E.29.c. 2.E.29.d. 2.E.29.e.(1)(a) 2.E.29.e.(1)(b)(i) 2.E.29.e.(1)(b)(ii) 2.E.29.e.(1)(b)(iii) 2.E.29.e.(1)(b)(iv) 2.E.29.e.(1)(c)	The organization has binders which keeps track of medical services provided annually as well as of those whom are trained and qualified. The binder addresses the consistency of detoxification/ withdrawal management, medication errors, laboratory tests result, specimen collection results in the lab, vital signs taken and the time of initial and interval physical.	01-07-2025

2.E.29.e.(1)(d) 2.E.29.e.(2)		
2.E.30.a. 2.E.30.b. 2.E.30.c.	Upon providing services, our counselors work closely together to improve the quality of services through performance improvement activities such as medication management by identifying areas of need. Through Methasoft software it allows the organization an opportunity to identify personnel training needs.	01-07-2025
2.H.2.c.	Integration underway to move to an EMR system that will provide continuity, legibility and organization for program clients that will allow organization to efficiently chart client's records.	01-9-2025
2.H.3.	EMR system implementation will provide the use of electronic signatures.	01-09-2025
2.I.1.b.(4)	A chart audit form was revised to include additional areas of review regarding quality of service delivery.	01-09-2025