CARF
Survey Report
for

Peacock Acres
Inc.

Organization

Peacock Acres Inc.
530 Park Row Ave
Salinas, CA 93940

Organizational Leadership

Ernest Howard, Executive Director

Steve Duran, Jr., Manager of Programs

Survey Dates

March 22-24, 2017

Surveyor

Debbie J. Sirk, M.P.A.

Programs/Services Surveyed

Group Home Care (Children and Adolescents)
Group Home Care (Juvenile Justice)
Governance Standards Applied

Survey Outcome

Three-Year Accreditation
Expiration: March 31, 2020

Three-Year Accreditation

SURVEY SUMMARY

Peacock Acres Inc. has strengths in many areas.

- Peacock Acres is a vital component in the fabric of the Salinas, California, community it serves and enjoys the support of an involved and committed staff. Leadership works well, functioning soundly as a steward of resources to address the service needs of the children/youth served.

- Peacock Acres retains excellent, qualified personnel, and this is evident in the services delivered and good business practices. Staff members are open and responsive to the needs and requests of the persons served and help build a strong foundation for their well-being. The children/youth are treated with dignity and respect and are appreciative of the services provided. They spoke highly of the staff and expressed their deep gratitude for the dramatic positive impact Peacock Acres has made in their lives. Consistently across the group homes, the children/youth reported that they feel respected, welcomed, and cared for.

- The organization's leadership is aware of trends and needs in the community it serves and is positioning itself to be a provider of choice for individuals, families, community organizations, and agencies while managing growth as to not overwhelm the organization or the staff members.

- The board of directors provides a strong leadership function and works in concert with the organization's leadership team. Together, they ensure that processes designed to assess, improve, and maintain the performance of the organization's governance, management, program, and financial processes are carried out. The board is comprised of a diverse group of community professionals who support the organization's philosophy.

- The board of directors, CEO, and staff members have a strong commitment to the youth served. They are committed to the values of the organization's mission statement. Board members spoke of feeling honored to be on the board of Peacock Acres. They highlighted a culture of professionalism, strong commitment to quality service, and a well-organized and fiscally responsible organization.

- The commitment and dedication of the CEO, board, and management and the dedication, compassion, enthusiasm, and skills of the staff members are trademarks of the organization that are practiced throughout every level of the organization.

- Peacock Acres is well respected in the community, as evidenced by many of its funding sources, community partners, and referral sources and as indicated by the comment. "We would like to clone them."

- Peacock Acres shows strong advocacy on behalf of the youth/children served.

- Staff members are very responsive and develop a good rapport with youth/children and their families and referral sources.

- Peacock Acres has made a strong commitment to providing quality services that are consistent with the CARF International standards. It is apparent that the standards are used to improve services. The dedication directed to meeting the standards is impressive and consistent throughout the organization.

- The organization provides services to a challenging population that is often considered difficult to rehabilitate and has limited access to extended treatment resources.

- The leadership provided by the executive director facilitates a team-focused approach. It is clear that his skills and experience have been instrumental in the support of a vibrant organization. He is a leader who encourages with his strong sense of value-driven service and clearly is leading in the delivery of purposeful work. He is experienced; competent; responsive to community needs; and committed to the success of the programs, services, personnel, and the persons served and their families. He has an open-door policy and is recognized for prioritizing the delivery of services. He is a well-respected community leader who is a visionary and is highly effective at public speaking and fundraising.

- The management team demonstrates a real commitment to the mission of the organization. Its practice shows a genuine respect and compassion that have created quality work.

- There is clear evidence that the board of directors remains committed to the values of and spirit of community-based service. This is evidenced by supporting the work of the organization, a strong relationship with the executive director, and a thoughtful governance approach. It is apparent that the board is valued for its efforts and adds value to the organization though volunteer commitment.

- Staff members are dedicated professionals who display genuine care and support for the youth served, as demonstrated in the quality and consistency of their work and the organization's compassionate approach. The staff members clearly feel that they are a part of the programs and contributors to the development of the organization. They share a strong sense of pride in the work and the organization.

- The leadership serves as a source of inspiration to personnel in shaping a programmatic culture of compassion and respect for the youth and professional excellence, which strengthen the programs.

- The organization has a very positive and solid reputation from referral sources. Peacock Acres is the go-to organization and appreciates the collaborative, transparent, and respectful relationships it has with its referral sources. It has hired competent staff members who work well with the community and other professionals to ensure that quality services are provided. The organization is seen as progressive, open, eager to learn, and innovative.

- Referral sources stated that the organization is a valuable resource providing awesome services that children need. Staff members are knowledgeable, and there is a vast sharing of resources.

- Many dedicated, hardworking staff members have a strong commitment to improving the lives of youth served. It is obvious that the staff members enjoy the work they do, are concerned about the youth served, and respect and listen to their desired choices. There is a strong sense of teamwork and integration at all levels of the organization that results in a consistent experience for the youth and helps foster positive outcomes.

- There is a strong emphasis on team interaction, communication, and support across the homes and locations that is demonstrated in the staff consistently focusing on empowerment of the youth served.

- All of the organization's homes provide meaningful and accessible support and a need for the youth served. The staff members and leadership have a can-do attitude and believe every child deserves a great future. They are very proactive in their planning and have the capacity and will to get things done. Several examples were related through success stories that staff members shared.

- Staff members and the organization's leadership consistently demonstrate a high level of respect for the youth served. A strengths-based approach is evident in all aspects of the group home programming, and the gifts that the children provide in terms of behavior satisfaction, growth, and enriching experience are regularly noted as a key factor in success.
- A robust culture of continuous quality improvement is evident in the activities and systems that have been established within the organization. The organization welcomed the opportunities for consultation and feedback throughout the survey and demonstrates a keen interest in the benefits and principles of accreditation.

Peacock Acres should seek improvement in the area(s) identified by the recommendation(s) in the report. Any consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Peacock Acres has made a dedicated effort to obtain international accreditation and demonstrates substantial conformance to the CARF accreditation standards. The board, leadership, and staff members have a strong commitment to providing services that result in positive outcomes for the persons served. The persons served are enthusiastic about the support, care, respect, and services they receive. Given the experience and commitment of its staff and a long-tenured, strong leadership and management, the organization supports a consistent service delivery system and the ability to address the needs of the persons served. Peacock Acres is an organization with dedicated leadership, competent and committed staff members, and an effective governance board that works synchronously to maintain and promote quality services on a daily basis. It effectively balances its different responsibilities to address the needs of referral sources and community partners with those of the persons served. Stakeholders affiliated with the organization applaud Peacock Acres for its responsiveness and willingness to take a creative approach to service delivery for the children and youth served. Although there are areas for improvement noted in the recommendations in this report, they do not impact the quality and integrity of services provided. For the most part, areas for improvement involve documentation regarding the persons served and continuing to work toward achieving consistency in practices. The leadership and staff members were responsive to and welcomed the consultation and other feedback provided during this survey. Peacock Acres is clearly committed to using the CARF standards in overall improvement activities to further strengthen its provision of services. Peacock Acres has the commitment and ability to address the areas for improvement noted in this report.

Peacock Acres Inc. has earned a Three-Year Accreditation. The board, administration, and staff members are congratulated for this achievement. They are encouraged to use their resources to address the opportunities for improvement detailed in this report and to continue to use the CARF standards as a guide for continuous improvement of business practices and service delivery.

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

Recommendations

There are no recommendations in this area.

B. Governance

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance

- Board composition, selection, orientation, development, assessment, and succession

- Board leadership, organizational structure, meeting planning, and management

- Linkage between governance and executive leadership

- Corporate and executive leadership performance review and development

- Executive compensation

Recommendations

There are no recommendations in this area.

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

Recommendations

There are no recommendations in this area.

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

Recommendations

There are no recommendations in this area.

Consultation

■ It is suggested that the organization consider using satisfaction surveys with personnel and youth at different intervals and at time of exiting the organization. This could enable the organization to obtain valuable information to ensure that the leadership has an overall picture of the organization and possible ways of improvement.

■ It is suggested that Peacock Acres obtain input from its board of directors through its board minutes. It could also consider using a survey tool, such as SurveyMonkey®, on its website to gather other stakeholder information from its funders, referral sources, etc.

E. Legal Requirements

Description

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

Key Areas Addressed

■ Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

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

Recommendations

There are no recommendations in this area.

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

Recommendations

There are no recommendations in this area.

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

Recommendations
H.7.a.(1) 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 consistently be tested at least once a year on each shift at each location. 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.

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

Recommendations

I.2.a.(2)(a)

It is recommended that the organization verify the credentials of all applicable personnel with primary sources.

I.5.a.(1) through I.5.b.(3)
I.5.b.(6)
I.5.b.(10)
I.5.b.(11)

It is recommended that the organization provide documented personnel training at orientation and regular intervals that also addresses the identified competencies needed by personnel, confidentiality requirements, customer service, promoting wellness of the persons served, the rights of personnel, and the unique needs of the persons served.

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

Job descriptions should be reviewed annually and be updated as needed. Job performance evaluations for all employees should consistently 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.

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

Recommendations

There are no recommendations in this area.

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

Recommendations

There are no recommendations in this area

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

Recommendations

There are no recommendations in this area.

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

Recommendations

There are no recommendations in this area.

Consultation

■ It is suggested that the organization continue to enhance its performance measurement and management system by reviewing performance indicators for business improvement, service delivery improvement, and other areas to ensure that the data being collected will enhance the overall performance of the program areas. This could also ensure that the data being collected and analyzed are valid and reliable.

■ The organization might consider summarizing its performance indicators on a single grid or spreadsheet to identify the source, timing, and person or persons responsible for collecting data. The grid could include the identification of the type of indicator, such as effectiveness, efficiency, satisfaction, and access, and include the specific performance goal defined for each.

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

SECTION 2. CHILD AND YOUTH SERVICES GENERAL PROGRAM STANDARDS

Description

For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated. Children/youths and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they 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 person served. The persons served have the opportunity to transition easily through a system of care.

The guiding principles include:

- Child-/youth- and family-driven services.

- Promotion of resiliency.

- Cultural and linguistic competence.

- Strengths-based approach.

- Focus on whole person in context of family and community.

- Trauma-informed, where applicable.

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.

The organization, where appropriate, provides information to the child/youth served and in collaboration with the parent and/or legal representative.

Child- and family-centered care includes the following:

- Recognition that, when possible, the family is the constant in the child's/youth's life, while the service systems and personnel within those systems fluctuate.

- Facilitation of family-professional collaboration at all levels of care.

- Sharing of unbiased and complete information about a child's/youth's care on an ongoing basis, in an appropriate and supportive manner.

- Implementation of appropriate policies and programs that are comprehensive and provide necessary support to meet the needs of children/youths and families.

- Recognition of child/youth and family strengths and individuality and respect for different methods of coping.

- Understanding and incorporating the developmental needs of children/youths and families into service systems.

- Assurance that the design of health and social service delivery systems is flexible, accessible, and responsive to the needs of children/youth and families.

Key Areas Addressed

- Written plan that guides service delivery

- Team member responsibilities

- Developmentally appropriate surroundings and equipment

- Crisis intervention provided

- Medical consultation

- Services relevant to diversity

- Collaborative partnerships

- Child/youth/family role in decision making

- Policies and procedures that facilitate collaboration

- Coordination of services for child/youth

- Qualifications and competency of direct service staff

- Family participation

- Team composition/duties

- Relevant education

- Clinical supervision

- Assistance with advocacy and support groups

- Effective information sharing

- Arrangement or provision of appropriate services

- Gathering customer satisfaction information

Recommendations
A.21.a. through A.21.i.

Documented ongoing supervision of direct service personnel should consistently address the accuracy of assessment skills, when applicable; the proficiency of referral skills, when applicable; the appropriateness of the services or supports selected relative to the specific needs of each person served; service effectiveness as reflected by the persons served meeting their individual goals; the provision of feedback that enhances the skills of direct service personnel; issues of ethics, legal requirements, boundaries, self-care, and secondary trauma; service documentation issues identified through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices.

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 external resources.

Key Areas Addressed

- Policies and procedures defining access

- Waiting list criteria

- Orientation to services

- Primary assessment

- Interpretive summary

C. Individualized Plan

Description

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 the individualized plan. The individualized plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served, as well as identified challenges and problems. Individualized plans may consider the significance of traumatic events.

Key Areas Addressed

■ Participation of child/youth in preparation of individual plan

■ Components of individual plan

■ Co-occurring disabilities/disorders

■ Content of program notes

Recommendations
C.2.a.(1)

It is recommended that the individualized plan include goals that are expressed in the words of the person(s) served.

C.12.a.(1) through C.12.b.(4)

Progress notes should consistently be signed and dated and document progress toward the achievement of identified objectives and goals, significant events or changes in the life of the person served, the delivery of services and specific interventions that support the individual plan, and movement to other levels of care.

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, reunification, reentry in a juvenile justice system, or transition to adulthood.

The transition plan is a document that is developed in collaboration with and for the person served, family, and other interested persons who have participated with the individual in services. It is meant to be a plan that the person served uses when leaving the program to identify important supports and actions to prevent the need to return to the program or other higher level of care.

A discharge summary is a document written by the program when the person leaves the program and includes information about the person's progress while in the program, including the completion of his or her goals. 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, transition services are critical for the support of the individual's ongoing well-being. The organization proactively attempts to contact the person served after formal transition or discharge to gather needed information related to his or her postdischarge status.

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

Key Areas Addressed

■ Transition/discharge planning

■ Components of transition plan

■ Follow-up after program participation

Recommendations
D.11.g.
For all persons leaving services, the written discharge summary should also list recommendations for services or supports.

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 or her body and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister pack 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 repackaged 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

Recommendations

There are no recommendations in this area.

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 is 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 child and youth services, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, 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.

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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 healthcare 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

Recommendations

There are no recommendations in this area.

G. Records of the Person 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.

Recommendations

There are no recommendations in this area.

H. Quality Records Review

Description

The program 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 program in improving the quality of services provided to each person served.

Key Areas Addressed

■ Focus of quarterly review

■ Use of information from quarterly review

Recommendations
H.1.a. through H.1.c.

It is recommended that the program conduct a documented review of services provided at least quarterly that addresses the quality of service delivery as evidenced by the record of the person served, the appropriateness of services, and patterns of service utilization.

H.4.a.(2) through H.4.f.(2)

It is recommended that the review of services also address whether the person served was actively involved in making informed choices regarding the services received; whether confidential information was released according to applicable laws and regulations; whether the assessments of the person served were thorough, complete, and timely; whether the goals and service/treatment objectives of the person served were based on the results of the assessments and the input of the person served; whether the goals and objectives were revised when indicated; whether the services provided reflect the goals and objectives of the individualized plan; and whether the actual services reflect an appropriate level of care for a reasonable duration.

SECTION 3. CHILD AND YOUTH SERVICES CORE PROGRAM STANDARDS

R. Group Home Care

Description

Group home programs provide placements to children/youths for whom there are documented reports of maltreatment, abandonment, absence without leave, or other identified needs, or treatment services to children/youths with identified behavioral needs. Services are provided in a safe and supportive setting and are time limited. The program goal is to reunite the child/youth with the natural family or other permanent placement when in the best interest of the child/youth. In all situations, integration into the community to the greatest degree possible is achieved.

Key Areas Addressed

- Access to professionals

- Personnel training

- Community living components

- Advocacy

- Supportive program activities

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization consider making its facilities more comfortable and functional. The organization could make the facilities more homelike, update the bathroom facilities, redo the flooring, make sure the environment is clean, update furniture, etc.

SECTION 4. CHILD AND YOUTH SERVICES SPECIFIC POPULATION DESIGNATIONS

A. Juvenile Justice

Description

Juvenile justice programs serve a specific population of adjudicated juveniles referred by the court or from within the juvenile justice system. Services can be provided through courts, through probation and parole agencies, or in community-based or institutional settings. Institutional settings may include juvenile detention centers, jails, prisons, or other delinquency-focused settings. The services are designed to maximize the youth's ability to function effectively in the family, school, and community. The juvenile justice mandates include community safety needs in all judicial decisions and require that child and youth services programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Juvenile justice educational programs may include either community-based or institution-based educational, training, or employment services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/OWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Key Areas Addressed

- Service team

- Personnel training

- Services in a correctional setting

- Assessment of child/youth

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Peacock Acres Inc.

530 Park Row Ave
Salinas, CA 93940
US

Administrative Location Only
Governance Standards Applied

PA I

251 Old Stage Road
Salinas, CA 93908
US

Group Home Care (Children and Adolescents)
Group Home Care (Juvenile Justice)

PA II

20104 Belma Court
Salinas, CA 93907
US

Group Home Care (Children and Adolescents)
Group Home Care (Juvenile Justice)