



**SURVEY OUTCOME**  
**Three-Year Accreditation**

**CARF**  
**Survey Report**  
**for**  
**Norfolk Community**  
**Services Board -**  
**Opioid Treatment**  
**Program**

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**Organization**

Norfolk Community Services Board - Opioid Treatment Program  
7460 Tidewater Drive  
Norfolk, VA 23505

**Organizational Leadership**

Russell D. Evett, M.D.  
Board Chair, Norfolk Community Services Board

**Survey Dates**

December 3-5, 2007

**Surveyor**

Laurie A. Hemmingson

**Programs/Services Surveyed**

Outpatient Treatment: Opioid Treatment Program (Adults)

**Previous Survey**

November 15-16, 2004  
Three-Year Accreditation

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**Survey Outcome**

Three-Year Accreditation  
Expiration: January 2011

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# SURVEY SUMMARY

**Norfolk Community Services Board - Opioid Treatment Program has strengths in many areas.**

- The organization offers a well-maintained and attractive facility that provides a safe and healthy environment for persons served and staff members.
- There are caring, dedicated, and enthusiastic staff members who demonstrate obvious pride in both the organization and in the progress of the persons served. The staff's passion for persons served is apparent throughout the organization.
- Throughout the facility, in offices, and in hallways, there are positive, motivational sayings, posters, and art displays. The positive and upbeat attitude is also demonstrated by all staff members.
- The organization clearly demonstrates its commitment to the principles it has established by incorporating feedback, using accurate data, being cost effective, and providing quality services.
- Projects are undertaken with enthusiasm and the support of all personnel. All staff members demonstrated and described their work product with great pride and dedication.
- Leadership provides the guidelines and freedom to staff members to implement new ideas and provide their input.
- Input from multiple sources is valued and used to make changes and improvements to the services provided.
- The organization provides ongoing communication with personnel, persons served, and other stakeholders regarding all aspects of the program. There is a section on the wall for persons served with a conch shell (Conchie) for information to be displayed and to let persons know that the program "has heard them."
- There is a peer support group that meets on a regular basis to mentor persons new to the program and to provide feedback to the organization.
- The staff members work well together as a team and utilize one another as resources in addressing the challenging issues of the persons served. The persons served recognize and appreciate the teamwork and efforts of the staff and are treated with dignity and respect.
- There is evidence of solid financial management and competent accounting practices for a stable financial position.
- The organization and the program are committed to quality care and to conformance to the CARF standards and the accreditation process. The organization has developed a mascot (a goldfish) to represent its commitment to the accreditation process. The goldfish is displayed throughout the facility in a variety of formats.

**In the following areas Norfolk Community Services Board - Opioid Treatment Program demonstrates exemplary conformance to the standards.**

- The organization has developed a trainee program to assist personnel in obtaining competency-based training related to the population and services provided in the opiate treatment program. The trainee receives a year of training comprised of shadowing others, co-facilitating groups, and receiving continual supervision. The trainee does not work directly with a person served until at least six months into the training.
- The organization has developed a comprehensive community relations plan that provides the community with education and exposure to opiate treatment. Its website, newsletters, flyer, newspaper articles, and television spots are just a few of the ways the organization tries to educate the public. The newsletter is well presented and completed on a regular basis.

**Norfolk Community Services Board - Opioid Treatment Program should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate nonconformance to standards but are offered as consultation for further quality improvement.**

On balance, Norfolk Community Services Board - Opioid Treatment Program continues to demonstrate its commitment to using the CARF standards. It is obvious that the organization has embraced CARF values on a daily basis to enhance the services provided to the person served. When a need is identified, the organization will attempt to provide the service internally or develop the relationship with another organization to ensure that all areas of a person's life are addressed. A few of the services the program is providing include groups, individual counseling, case management, mental health services, medical testing, vocational, voters' registration, and interim services when necessary. The program has dedicated staff members from multiple disciplines who work well together as a team. The staff members are committed to providing quality services to persons served and including the persons throughout the process. The program has the resources and the motivation necessary to address areas for improvement.

Norfolk Community Services Board - Opioid Treatment Program has earned a Three-Year Accreditation. The organization is recognized for its efforts to provide quality rehabilitation services and is encouraged to remain current with CARF standards as it addresses the opportunities for improvement detailed in this report.

## **SECTION 1. BUSINESS PRACTICES**

### **Criterion A. Input from Stakeholders**

#### **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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## **Criterion B. Accessibility**

### **Principle Statement**

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

### **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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## **Criterion C. Information Management and Performance Improvement**

### **Principle Statement**

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery. The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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## **Criterion D. Rights of Persons Served**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **Criterion E. Health and Safety**

### **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

### **E.13.a. through E.13.e.**

It is recommended that the organization conduct a test of the emergency procedures for bomb threats on an annual basis. The test should be documented in writing, include actual or simulated physical evacuations, be analyzed for performance improvement, and result in improvement of or affirm satisfactory current practice.

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## **Criterion F. Human Resources**

### **Principle Statement**

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

### **Key Areas Addressed**

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job description/performance
- Policies regarding students/volunteers, if applicable

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## **Recommendations**

### **F.5.a.**

It is recommended that job descriptions be reviewed and/or updated annually. The organization's procedure states that review of job descriptions will be completed during the annual performance evaluation. There is a section on the performance evaluation to indicate the review was done or if revisions should be done, but the section was consistently left blank.

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## **Criterion G. Leadership**

### **Principle Statement**

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

### **Key Areas Addressed**

- Leadership structure
  - Leadership guidance
  - Commitment to diversity
  - Corporate responsibility
  - Corporate compliance
- 

## **Recommendations**

There are no recommendations in this area.

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## **Criterion H. Legal Requirements**

### **Principle Statement**

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

## **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
- 

## **Recommendations**

There are no recommendations in this area.

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## **Criterion I. Financial Planning and Management**

### **Principle Statement**

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

### **Key Areas Addressed**

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Annual review of service billing records, if applicable
  - Review of fee structure, if applicable
  - Annual outside review/audit, if applicable
  - Written risk management plan
  - Adequate insurance coverage
  - Policies regarding safeguarding funds of persons served, if applicable
- 

## **Recommendations**

There are no recommendations in this area.

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## SECTION 2. GENERAL PROGRAM STANDARDS

### Principle Statement

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

### A. Program Structure and Staffing

#### Principle Statement

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

#### Key Areas Addressed

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

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#### Recommendations

There are no recommendations in this area.

## **Exemplary Conformance**

### **A.4.d.(1)**

### **A.4.d.(2)**

The organization has developed a trainee program to assist personnel in obtaining competency-based training related to the population and services provided in the opiate treatment program. The trainee receives a year of training comprised of shadowing others, co-facilitating groups, and receiving continual supervision. The trainee does not work directly with a person served until at least six months into the training.

### **A.23.a.**

The organization has developed a comprehensive community relations plan that endeavors to provide the community with education and exposure to opiate treatment. Its website, newsletters, flyer, newspaper articles, and television spots are just a few of the ways the organization tries to educate the public. The newsletters are well presented and completed on a regular basis.

## **Consultation**

- It is suggested that the organization develop a different procedure for sharing the person's record between the methadone program and the mental health program. Currently, the file is transported from one site to another and may be away from the methadone program for a number of days. Although the organization is moving toward an electronic medical record, in the meantime, changes to the current process could be explored.
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## **B. Screening and Access to Services**

### **Principle Statement**

The process of screening and assessment is designed to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, or from external resources.

### **Key Areas Addressed**

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.

- Waiting list
  - Primary and ongoing assessments
  - Reassessments
- 

### **Recommendations**

There are no recommendations in this area.

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## **C. Individual Plan**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **D. Transition/Recovery Support Services**

### **Principle Statement**

In transition or discharge planning, the organization assists the persons served to obtain services that are needed but that are not available within the organization or in transitioning from one level of care to another within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system. Transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to contact the persons served

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

### **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**

#### **D.9.c.**

It is recommended that the discharge summary include the presenting condition.

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## **E. Medication Management**

### **Principle Statement**

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
- 

### **Recommendations**

There are no recommendations in this area.

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## F. Pharmacotherapy

### Principle Statement

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

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

There are no recommendations in this area.

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## G. Seclusion and Restraint

### Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time-out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior.

Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **H. Records of the Persons Served**

### **Principle Statement**

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

## **Key Areas Addressed**

- Confidentiality
  - Time frames for entries to records
  - Individual record requirements
  - Duplicate records
- 

## **Recommendations**

There are no recommendations in this area.

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# **I. Quality Records Review**

## **Principle Statement**

The organization has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

## **Key Areas Addressed**

- Quarterly professional review
  - Review current and closed records
  - Items addressed in quarterly review
  - Use of information to improve quality of services
- 

## **Recommendations**

There are no recommendations in this area.

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## SECTION 3. OPIOID TREATMENT PROGRAM CORE PROGRAM STANDARDS

### Principle Statement

The standards and intent statements in this section address the unique characteristics of each type of core program area. Opioid treatment programs provide rehabilitation and medical support for persons addicted to opioid drugs. The duration of treatment should be based on the needs of the persons served and should take into consideration the benefits of medication. Medications used to achieve treatment goals include methadone or other opioid agonist treatment medications approved by the Food and Drug Administration for use in the treatment of opioid addiction. Some other nonopioid agonist drugs have been determined to be efficacious and generally acceptable in current practice.

Services are directed at reducing or eliminating the use of illicit drugs, criminal activity, and/or the spread of infectious disease while improving the quality of life and functioning of the persons served. Opioid treatment programs follow rehabilitation stages of sufficient duration to meet the needs of the persons served.

### E. Outpatient Treatment

#### Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and psychoeducation. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. 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, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

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

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#### Recommendations

There are no recommendations in this area.

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