

G1. ETHICAL PRACTICE, RIGHTS, AND RESPONSIBILITIES

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ISBN 1-880853-07-8

Current printing (last digit)

10 9 8 7 6 5 4 3 2 1

PRINTED IN THE UNITED STATES OF AMERICA



G1. ETHICAL PRACTICE, RIGHTS, AND RESPONSIBILITIES

G1. The organization respects the rights and dignity of the individuals, families, and groups it serves.

RIGHTS AND RESPONSIBILITIES**

G1.1 The organization informs all persons served of their rights and responsibilities and provides sufficient information for them to make an informed choice about using the organization’s services.

G1.1.01

All persons served receive summary information about their rights and responsibilities that is:

- a. posted in the reception area;
- b. provided in writing;
- c. distributed during their initial contact;
- d. available in the major languages of the defined service population, including English; and
- e. effectively and appropriately communicated to persons with special needs.

Interpretation (G1.1.01):

Information on rights and responsibilities should be tailored for each of the organization’s services (see G1.1.02).

Interpretation (G1.1.01a):

Foster/kinship homes do not need to post rights information.

Evidence of Compliance (G1.1.01)

PRE-SITE
Provide the following: procedures for informing persons served of their rights and responsibilities; summaries of rights and responsibilities in English and other major language groups of the service population for each of the organization’s services; and, procedures for informing persons with special communication needs or language barriers of their rights and responsibilities. Please review the G2. Community Profile for relevant information.

ON-SITE
The team will observe posted rights and responsibilities in reception areas and interview personnel.

Rating Indicators (G1.1.01)

- 1 The organization fully complies with the standard.
- 2 Information about rights is routinely provided, however, one of the required elements is not fully addressed.
- 3 Two of the required elements are not fully addressed, e.g., information is not provided unless specifically requested, or the information is unclear or too technical.
- 4 The organization does not provide persons served with written rights and responsibilities.

G1.1.02

Written rights and responsibilities include, but are not limited to:

- a. basic expectations for use of the organization’s services;
- b. hours in which services are available;
- c. rules, behavioral expectations, and other factors that could result in discharge or termination;

(continued on next page)



- d. the right of the person served to receive service in a manner that is non-coercive and that protects the person's right to self-determination;
- e. the right of the person served, families, and/or legal guardians to participate in decisions regarding the services provided; and
- f. basic information about how to lodge complaints, grievances, or appeals.

Evidence of Compliance (G1.1.02)

PRE-SITE
The team will review evidence that is provided for G1.1.01.
ON-SITE
The team will interview persons served.

Rating Indicators (G1.1.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but one of the required elements is not fully addressed.
- 3 Two of the required elements are not fully addressed; or one element is not addressed at all.
- 4 Three or more of the required elements are not fully addressed; or two or more elements are not addressed at all.

G1.1.03

- All services are voluntary, and the organization's policy and procedures ensure that:**
- a. persons served may refuse any service, treatment, or medication, unless mandated by law or court order; and
 - b. if the person refuses a recommended service, treatment, or medication, the organization informs the person of the consequences of such refusal.

Interpretation (G1.1.03):

The consequences of refusing to participate can include termination or discharge.

Evidence of Compliance (G1.1.03)

PRE-SITE
Provide policies and procedures that address the right of the persons served to refuse specific services or treatment.
ON-SITE
The team will interview persons served and personnel.

Rating Indicators (G1.1.03)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but written policy and procedures are unclear, do not address exceptions, or do not provide clear guidelines.
 - 3 Procedures are informal or in a few cases have been ignored in practice; or in a few cases, court-mandated participants have been handled in an inappropriate manner, e.g., using threats of a return to court.
 - 4 The standard is routinely violated in practice.
- NA The organization only serves mandated individuals.

G1.1.04

An organization that serves minors without parental consent follows written procedures that describe the conditions under which such service will be provided, and provides this information upon request.

(continued on next page)



<p>Evidence of Compliance (G1.1.04)</p> <p>PRE-SITE Provide procedures that address the provision of service to minors without parental consent.</p> <p>ON-SITE The team will interview personnel.</p>	<p>Rating Indicators (G1.1.04)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The standard is met in practice, but procedures are somewhat vague or informal; or in a few cases, requested information was not provided. 3 Procedures are clearly inadequate; and/or in a significant number of cases or procedures are not followed in practice. 4 The required procedures do not exist; decisions are made on a case-by-case basis; and/or there may be potential for legal action. <p>NA The organization does not serve minors without parental consent.</p>
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ACCESS AND ELIGIBILITY**

G1.2 The organization defines its service population and the eligibility criteria for each of its services.

<p>G1.2.01</p> <p>The organization defines its service population in writing, and this definition:</p> <ol style="list-style-type: none"> a. is aligned with its mission; b. is made available to stakeholders; c. includes specific target groups or populations for whom the organization’s services are designed, provided under contract, or required by funding sources; and d. addresses legal responsibilities, including governmental service mandates. 	
<p>Evidence of Compliance (G1.2.01)</p> <p>PRE-SITE Provide the mission statement or the portion of the organization’s bylaws that defines the service population, and the information on the defined service population that is provided to stakeholders.</p> <p>ON-SITE The team will interview the chief executive officer.</p>	<p>Rating Indicators (G2.1.01)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The organization generally complies with the standard, but one of the requirements is not fully addressed. 3 Two of the required elements are not fully addressed. 4 Three of the required elements are not fully addressed; or one or more of the elements is not addressed at all.
<p>G1.2.02</p> <p>Organizational policy states that the organization does not discriminate in the manner in which it provides services.</p>	
<p>Evidence of Compliance (G1.2.02)</p> <p>PRE-SITE Provide policies that address non-discrimination toward persons served or applicants for services. The team will review the quarterly grievance reports that are provided for G2.5.04.</p>	<p>Rating Indicators (G1.2.02)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. <p style="text-align: right;"><i>(continued on next page)</i></p>



<p>ON-SITE The team will interview the chief executive officer.</p>	<ol style="list-style-type: none">2 The organization generally complies with the standard, but policy or practice could be strengthened in some minor way.3 Policy or practice requires significant improvement.4 The organization consistently does not comply with the standard.
<p>G1.2.03</p> <p>The organization retains the right to determine which applicants it can serve within the limits of its mission, resources, capacities, and contractual or legal obligations, and if any service is limited to a specific target population, the organization:</p> <ol style="list-style-type: none">a. has a clear, written policy for such selectivity;b. verifies that this selectivity is permissible under all applicable laws and regulations; andc. does not exclude persons who are otherwise eligible and who need and can use the service as designed.	
<p>Evidence of Compliance (G1.2.03)</p> <p>PRE-SITE For each applicable service provide the rationale for service population selectivity. The team will review eligibility criteria that are provided with each applicable service.</p> <p>ON-SITE The team will interview the chief executive officer.</p>	<p>Rating Indicators (G1.2.03)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but practice could be strengthened in some minor way.3 Practice requires significant improvement.4 The organization consistently does not comply with the standard. <p>NA The organization serves a community that is defined primarily by geographic boundaries.</p>
<p>G1.2.04</p> <p>Admission procedures are defined for each service and such procedures:</p> <ol style="list-style-type: none">a. minimize barriers to the timely initiation of services;b. serve as the basis for accepting applicants for initial screening or placement on a waiting list;c. give priority to persons or families with urgent needs or in emergency situations; andd. ensure that all persons are treated equitably and without favoritism.	
<p>Evidence of Compliance (G1.2.04)</p> <p>PRE-SITE Provide admission procedures for each service.</p> <p>ON-SITE The team will interview personnel and persons served.</p>	<p>Rating Indicators (G1.2.04)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but in a few cases, procedures are not followed; or one of the required elements is not fully addressed.3 Admission procedures are frequently not followed; or two of the required elements are not fully addressed; or one of the elements is not addressed at all.4 The organization has not developed the required procedures; or procedures are routinely not followed.



G1.2.05

When persons served are eligible to use a range of services within a provider network, the organization makes a referral to the network’s centralized care management system, or consults with the network case manager about service eligibility.

Evidence of Compliance (G1.2.05)

PRE-SITE
Provide procedures that address referrals to, or consultation with network management.
ON-SITE
The team will interview management personnel.

Rating Indicators (G1.2.05)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but occasionally does not do so in a timely or effective way.
 - 3 Procedures have been implemented, but are not followed in a significant number of cases.
 - 4 Personnel consistently do not refer persons served to the network or do not consult with network case managers to facilitate or advocate for needed services.
- NA The organization does not serve any persons who are eligible to use the services of a provider network.

CULTURALLY COMPETENT PRACTICE*

G1.3 The organization provides services in a culturally competent service environment.

G1.3.01

The organization’s policies, procedures, and practices recognize, respect, and respond to the unique, culturally-defined needs of persons and families within its service population.

Evidence of Compliance (G1.3.01)

PRE-SITE
Provide policies and procedures and/or a narrative describing how the organization recognizes, respects, and responds to the unique, culturally-defined needs of persons and families within its service population; the team will review the evidence that is provided for G7.3.05.
ON-SITE
The team will interview the chief executive officer, members of the governing body, personnel at all levels of the organization, and persons served.

Rating Indicators (G1.3.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but its efforts could be strengthened in some minor way, e.g., clearer expectations from senior management, or a stronger training program are needed.
- 3 Practice requires significant improvement, e.g., senior management is not committed to cultural competence.
- 4 The organization does not comply with the standard.



G1.3.02

The organization addresses the communication needs of persons and families served by:

- a. providing assistance, such as telephone amplification, sign language services, or other communication methods for deaf or hearing impaired persons;
- b. providing or arranging for communication assistance for persons with special needs who have difficulties making their service needs known; and
- c. providing bilingual personnel or translators, or arranging the use of a language telephone or other practical means to meet the communication needs of consumers as necessary.

Interpretation (G1.3.02):

Organizations in full compliance with G1.3.02 proactively reach out to ensure that all individuals can use their services. The organization has sufficient numbers of bilingual personnel for all programs in which confidential interpersonal communication is necessary for adequate service delivery. There is a bilingual worker for each language group sufficiently large to comprise an average sized caseload. Properly trained translators or interpreters are used in other instances or in non-counseling services when bilingual personnel are not available. Basic program information is available in languages representative of consumer groups. Assistive technology, such as amplification for hearing-impaired persons or a language telephone line, is used when appropriate. For persons with severe speech impediments, the organization arranges for communication assistance when the person needs such help.

Evidence of Compliance (G1.3.02)

PRE-SITE

Provide procedures that address how the organization meets the communication needs of persons with special communication needs.

ON-SITE

The team will interview personnel and persons with special communication needs.

Rating Indicators (G1.3.02)

- 1 The organization fully complies with the standard.
- 2 The organization complies with G1.3.02(b), but practice could be strengthened in G1.3.02(a), and/or G1.3.02(c), e.g., it has been unable to secure the services of enough bilingual personnel to cover its consumers' needs but has made a commitment to hire such persons and has an aggressive recruitment effort underway.
- 3 Practice requires significant improvement, e.g., the organization uses only interpreters and has not hired bilingual staff, despite the presence of large numbers of consumers who do not speak the primary language; or basic information is available in the languages of the primary groups served, but no attempt is made to reach other significant groups; or little effort is made to address communication needs other than language barriers.
- 4 No effort is made to recruit personnel who can communicate with major consumer groups with special communication needs; or no attempt is made to provide basic information to such groups in their own language or in a manner they can understand; or no effort is made to assist persons with disabilities.



THE RIGHTS OF PERSONS IN OUT-OF-HOME CARE*

G1.4 The organization provides special protection to all persons whom it serves in out-of-home care.

NA The organization does not provide out-of-home care, or only serves infants awaiting adoption or in foster care.

G1.4.01

All service plans for children or youth in out-of-home care specify visitation arrangements, unless contraindicated, including location and frequency, and all children and adults in out-of-home care have the right to:

- a. visit their family in their family’s home;**
- b. receive visits from family and friends; and**
- c. have telephone conversations with family members, as appropriate to the service plan.**

Evidence of Compliance (G1.4.01)

PRE-SITE
Provide procedures or other written material that address visitation with family and friends for persons in out-of-home care; provide procedures that address telephone use.

ON-SITE
The team will review case records and interview persons served.

Rating Indicators (G1.4.01)

- 1 The organization fully complies with the standard.
- 2 Except in a few cases, the organization complies with the standard.
- 3 In a significant number of cases, the organization does not comply with the standard.
- 4 The organization consistently does not comply with the standard.

G1.4.02

The organization does not censor or open the outgoing and incoming mail of persons served unless:

- a. it is suspected to contain unauthorized, dangerous, or illegal material or substances, in which case mail may be opened in the presence of designated personnel; or**
- b. receiving or sending unopened mail is contraindicated in the service plan.**

Interpretation (G1.4.02):

All organizations serving persons in out-of-home settings must have a policy regarding whether or not they censor or open mail.

Evidence of Compliance (G1.4.02)

PRE-SITE
Provide policies and procedures that address opening and censoring of outgoing or incoming mail for persons in out-of-home care. The team will review the quarterly grievance reports that are provided for G2.5.04.

ON-SITE
The team will interview persons served.

Rating Indicators (G1.4.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but there have been isolated incidents where mail has been inappropriately opened or otherwise censored by personnel.
- 3 Practice requires significant improvement, e.g., in a significant number of cases, personnel inappropriately opened the mail of persons served.
- 4 The organization routinely and inappropriately censors and/or opens the mail of persons served.



G1.4.03

Persons in out-of-home care have the right to have private telephone conversations, and when the organization limits this right in any way, the restriction is:

- a. based on contraindications in the service plan and/or applicable court order;**
- b. documented in the case record;**
- c. approved in advance and reviewed monthly by the program director or an appropriate designee; and**
- d. reviewed weekly by the immediate supervisor of the direct service provider.**

Evidence of Compliance (G1.4.03)

PRE-SITE

The team will review evidence that is provided for G1.4.01.

ON-SITE

The team will review case records and interview persons served, as needed.

Rating Indicators (G1.4.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but one of the required elements is not fully addressed, and the organization has taken steps to strengthen practice.
- 3 In a few cases, violations of the right to private telephone conversations have occurred; or one of the required elements is not fully addressed, and the organization has not taken steps to strengthen practice.
- 4 Routine violations of the right to private telephone conversations have occurred; or two or more of the required elements are not fully addressed; or one or more elements is not addressed at all.

G1.4.04

Persons served are free to express and practice their religious or spiritual beliefs, and the organization:

- a. conducts an ongoing assessment of participant interest in religious or spiritual development;**
- b. provides appropriate opportunities for religious or spiritual practice;**
- c. provides necessary support including transportation and schedule adjustments; and**
- d. when the person served is a minor, ascertains the wishes of both the minor and his/her parent or legal guardian and works to resolve any differences.**

Evidence of Compliance (G1.4.04)

PRE-SITE

Provide policies and procedures that address the right of persons served in out-of-home care to express and practice their religious or spiritual beliefs.

ON-SITE

The team will interview persons served.

Rating Indicators (G1.4.04)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but it is reactive rather than proactive regarding the religious and spiritual development of persons served.
- 3 Practice requires significant improvement, e.g., the organization provides limited support for religious or spiritual activities, including off-site activities, and persons served cannot attend as regularly as they may wish; or the organization does not provide assistance to persons who have religious or spiritual beliefs or affiliations that are only occasionally present within the resident population.
- 4 The organization provides minimal or no opportunities for religious observance or spiritual development; or the organization imposes its religious program uniformly on all persons served regardless of their wishes.



G1.4.05

Persons served in locked or perimeter-secured facilities are court-adjudicated and not status-offenders, and/or are determined to be a danger to themselves or others.

Evidence of Compliance (G1.4.05)

PRE-SITE
Provide eligibility protocols for placing persons served in locked or perimeter-secured facilities.
ON-SITE
The team will interview intake personnel and review case records.

Rating Indicators (G1.4.05)

- 1 The organization fully complies with the standard.
 - 2 In rare instances, persons served are inappropriately assigned to a locked or perimeter-secured facility and such instances are quickly corrected.
 - 3 A significant number of persons served are inappropriately assigned to a locked or perimeter-secured facility.
 - 4 Assignment of persons served to locked or perimeter-secured facilities appears to be arbitrary and does not depend on adjudicated status or proper determination of a need for protection.
- NA The organization does not provide locked or perimeter-secured facilities.

G1.4.06

Persons served are free from exploitation in employment-related training or gainful employment, and the organization makes reasonable efforts to match training and employment to individual goals and interests.

Evidence of Compliance (G1.4.06)

ON-SITE
The team will interview persons served.

Rating Indicators (G1.4.06)

- 1 The organization fully complies with the standard.
 - 2 Except in a few cases, the organization complies with the standard.
 - 3 In a significant number of cases, the organization does not comply with the standard.
 - 4 The organization consistently does not comply with the standard.
- NA The organization does not provide or offer employment-related training or jobs to persons served.

CONFIDENTIALITY AND PRIVACY PROTECTIONS*

G1.5 The organization protects the confidentiality of information about persons served and complies with all applicable legal requirements.

Interpretation (G1.5):

The organization must carefully reconcile its policies, procedures, and practices with all applicable confidentiality laws and regulations including, but not limited to, laws and regulations governing information about mental health consumers, victims of domestic violence, drug and alcohol treatment, and HIV/AIDS. If case records are electronically maintained, please see relevant standards under G2.10 and G11.4.



G1.5.01

The organization assumes a protective role regarding the disclosure of information about persons served and has clearly stated procedures governing the disclosure of such information, including instances where the person served may be dangerous to him or herself or others.

Interpretation (G1.5.01):

The organization's procedures must reconcile legal restrictions and requirements on the release of identifying information about persons served with mandatory reporting requirements and the organization's duty to warn a person who may be in danger. Written procedures should include guidance to personnel in determining the degree of danger a person may pose to him or herself or the community.

Evidence of Compliance (G1.5.01)

PRE-SITE
Provide policies and procedures that address the disclosure of information about persons served.
ON-SITE
The team will interview personnel.

Rating Indicators (G1.5.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.
- 3 Practice or procedure requires significant improvement.
- 4 The organization consistently does not comply with the standard.

G1.5.02

The organization obtains legal counsel regarding the confidentiality of records and the conditions under which they may be subpoenaed and seeks additional legal counsel, as necessary, when courts, public officials, investigative units, law enforcement bodies, or others seek special or unusual information about an individual or family.

Interpretation (G1.5.02):

All organizations are expected to have obtained legal counsel or consultation on the broad policy issues and current practice regarding confidentiality of information on persons served. COA does not expect organizations to seek legal counsel for each instance when confidential information is requested.

Evidence of Compliance (G1.5.02)

ON-SITE
The team will interview the chief executive officer or his/her designee.

Rating Indicators (G1.5.02)

- 1 The organization fully complies with the standard.
- 2 Legal review of the organization's confidentiality policies is somewhat overdue or limited, but corrective action is being taken.
- 3 Legal review of the organization's confidentiality policies is long overdue and the policies may be significantly out-of-date.
- 4 Legal counsel or consultation has not been obtained as required; or there have been instances when the rights of persons served and/or the organization's interests have been jeopardized by the failure to obtain needed legal counsel; or the organization is in violation of the law.



G1.5.03

When the organization receives a request for the release of confidential information about a person or family served, or the release of confidential information is necessary for the provision of services, the organization, prior to releasing such information:

- a. determines if the request is valid and in the best interest of the person or family;
- b. obtains the informed, written consent of the person or family served; and
- c. if the person is an adult or minor who is incapable of providing informed consent, obtains consent from his/her parent or legal guardian.

Interpretation (G1.5.03):

In the context of this standard, "valid" means justifiable, legitimate, convincing, legally permissible, and in the best interest of the person served. Consent is not necessary where the request is pursuant to a subpoena.

Evidence of Compliance (G1.5.03)

PRE-SITE
Provide sample consent forms and procedures for obtaining and documenting informed consent.

ON-SITE
The team will interview the clinical or program director.

Rating Indicators (G1.5.03)

- 1 The organization fully complies with the standard.
- 2 Written, informed consent is always obtained prior to releasing information, and there have been no instances where confidential information was inappropriately released, but procedures or practice could be strengthened or clarified.
- 3 In a few rare instances, information was inappropriately released or informed consent not obtained.
- 4 The organization consistently does not comply with the standard.

G1.5.04

Informed, written consent includes the following elements:

- a. the signature of the person whose information will be released, or the parent or legal guardian of such a person who is unable to provide informed consent;
- b. the specific information to be released;
- c. the purpose for which the information is to be used, except where disclosure is mandated by law or the person served is receiving service under court supervision or directive;
- d. the date the consent takes effect;
- e. the date that the consent expires, not to exceed 90 days from the date consent is given for one time releases of information, or one year or as otherwise required by law when the release of information is required for ongoing service provision by a contracted or cooperating service provider;
- f. the name of the person to whom the information is to be given;
- g. the name of the person within the organization who is providing the confidential information; and
- h. a statement that the person or family served may withdraw his/her consent at any time.

Interpretation (G1.5.04):

Blanket consent forms signed by persons served when service is initiated do not meet the requirements of this standard.

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<p>Evidence of Compliance (G1.5.04)</p> <p>PRE-SITE The team will review evidence that is provided for G1.5.03.</p> <p>ON-SITE The team will review case records.</p>	<p>Rating Indicators (G1.5.04)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 Consent forms are always completed and signed, but in a few cases, one of the other elements is not fully met.3 Consent is always obtained and forms are signed, but a significant number of consent forms have missing or inadequately addressed components, or are overly broad or non-specific.4 Information has been released without proper consent; or consent forms consistently do not meet one or more of the requirements of the standard, or are routinely improperly completed.
<p>G1.5.05</p> <p>When permitted by law, confidential information may be released without the informed, written consent of the person or legal guardian.</p>	
<p>Evidence of Compliance (G1.5.05)</p> <p>PRE-SITE Provide procedures for releasing confidential information without the consent of the person or legal guardian.</p> <p>ON-SITE The team will interview the clinical or program director.</p>	<p>Rating Indicators (G1.5.05)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization complies with the standard but procedures need greater clarity and there are no known instances where confidential information was inappropriately released.3 Practice requires significant improvement; or in a few cases, confidential information was released inappropriately.4 The organization does not comply with the standard. <p>NA Confidential information cannot be released without the informed, written consent of the person or legal guardian.</p>
<p>G1.5.06</p> <p>The organization gives a copy of the signed consent to the person or family providing consent, and places a copy in the case record.</p>	
<p>Evidence of Compliance (G1.5.06)</p> <p>ON-SITE The team will interview persons served and review case records.</p>	<p>Rating Indicators (G1.5.06)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 Except in a few cases, the organization complies with the standard.3 In a significant number of cases, the organization does not comply with the standard.4 The organization consistently does not comply with the standard.



G1.5.07

The organization prohibits:

- a. the involuntary participation of persons served in public performances, or without the informed consent of that person or his/her parent or legal guardian;**
- b. required or coerced use of public statements by persons served that express gratitude to the organization; and**
- c. the use of photographs, videotapes, audio-taped interviews, artwork, or creative writing for public relations or fundraising purposes without the informed consent of that person, or his/her parent or legal guardian.**

Interpretation (G1.5.07c):

The use of photographs and videotapes of persons served, including on the internet, with or without his/her name attached requires consent. For the purposes of this standard, consent may be written or oral, in accord with applicable legal requirements.

Evidence of Compliance (G1.5.07)

PRE-SITE
Provide policies and procedures that address the participation of persons served in public relations or fundraising activities.

ON-SITE
The team will examine public relations material.

Rating Indicators (G1.5.07)

- 1 The organization fully complies with the standard.
- 2 Except in a few cases, the organization complies with the standard.
- 3 In a significant number of instances, the organization does not comply with the standard.
- 4 The organization consistently does not comply with the standard.

ACCESS TO CASE RECORDS**

G1.6 Persons served or their designated legal representatives have access to their case records, consistent with legal requirements and the organization's professional judgement as to the best interest of the persons served.

Interpretation (G1.6):

All organizations are expected to have policies and procedures that address access by persons served to their case records. If case records are electronically maintained, please see relevant standards under G2.10 and G11.4.

G1.6.01

Persons served have the right to review their case records, unless prohibited by law or determined to be harmful to the persons served, and such reviews are:

- a. consistent with all applicable legal requirements;**
- b. conducted in the presence of professional personnel on the organization's premises; and**
- c. carried out in a manner that protects the confidentiality of family members and others whose information may be contained in the record.**

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**Evidence of Compliance (G1.6.01)**

PRE-SITE
Provide policies and procedures addressing access to case records. If access to case records by persons served is prohibited by law, provide evidence.

ON-SITE
The team will interview personnel and persons served.

Rating Indicators (G1.6.01)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but policy or procedure could be strengthened in some minor way.
 - 3 While persons served are not denied access to their records, procedures appear to be designed to discourage such access; or organizational practice requires significant improvement regarding one of the elements of the standard.
 - 4 Persons served have been denied access to their records; or the organization consistently does not comply with the standard.
- NA The organization has demonstrated that it is prohibited by law from providing persons served with access to their case records.

G1.6.02

If the organization determines that allowing a person or family to review his/her case record would be harmful, and applicable law neither prohibits nor requires direct case record access by persons served, then:

- a. **senior management reviews, approves in writing, and enters into the case record the reasons for such refusal; and**
- b. **the organization has procedures that permit a qualified professional to review the records on behalf of the persons served, provided that the professional signs a written statement that the information determined to be harmful will not be provided to the person served.**

Interpretation (G1.6.02):

A person's right to review his or her care or treatment may be denied or otherwise limited only in the most extreme circumstances where serious harm is likely to ensue. In such cases, objective criteria must guide decisions to deny access. In all cases, the organization must operate in accord with applicable law.

Evidence of Compliance (G1.6.02)

PRE-SITE
Provide procedures addressing the denial of access by persons served to their case records.

ON-SITE
The team will review case records.

Rating Indicators (G1.6.02)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.
 - 3 Practice requires significant improvement.
 - 4 The organization consistently does not comply with the standard.
- NA The organization has provided evidence that it is legally required to allow all persons to review their records.

G1.6.03

Persons served have the right to insert a statement into their case records, and if personnel insert a statement in response, such statements are inserted with the knowledge of the person served, and s/he is given the opportunity to review such a response.

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<p>Evidence of Compliance (G1.6.03)</p> <p>PRE-SITE Provide procedures for including statements by persons served in their case records.</p> <p>ON-SITE The team will review case records.</p>	<p>Rating Indicators (G1.6.03)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 In a substantial percentage of cases, the organization complies with the standard. 3 In a significant percentage of cases, the organization does not comply with the standard. 4 The organization consistently does not comply with the standard.
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RESEARCH PROTECTIONS**

G1.7 When the organization participates in or permits research involving persons served, it exhibits due regard for the person’s privacy and right to refuse to participate.

Interpretation (G1.7):

All research involving persons served is conducted in accordance with applicable legal requirements. For the purposes of G1.7, research includes all forms of internal or external research involving persons served, except internal program evaluation and out-comes research or educational projects performed by students and interns that are part of their professional training.

<p>G1.7.01</p> <p>Organizational policy clearly states whether or not the organization conducts, participates in, or permits research involving persons served.</p>	
<p>Evidence of Compliance (G1.7.01)</p> <p>PRE-SITE Provide policies that address whether, and to what extent, the organization conducts, participates in, or permits research involving persons served.</p>	<p>Rating Indicators (G1.7.01)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The organization generally complies with the standard, but policies need greater clarification. 3 The required policy exists, but requires significant improvement or clarification. 4 The organization does not comply with the standard.
<p>G1.7.02</p> <p>The organization has a mechanism, such as a human subjects committee or an internal review board, that reports to the chief executive officer or governing body, and:</p> <ol style="list-style-type: none"> a. reviews research proposals that involve persons served; b. makes recommendations regarding the ethics of proposed or existing research; c. makes recommendations as to whether or not to approve research proposals; and d. monitors ongoing research activities. <p style="text-align: right;"><i>(continued on next page)</i></p>	



<p>Evidence of Compliance (G1.7.02)</p> <p>PRE-SITE Provide procedures that address how research proposals are reviewed and how research activities are monitored.</p>	<p>Rating Indicators (G1.7.02)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.3 Practice requires significant improvement.4 The organization does not comply with the standard. <p>NA Organizational policy prohibits research involving persons served.</p>
<p>G1.7.03</p> <p>Participation in research is voluntary, and the organization:</p> <ol style="list-style-type: none">a. does not threaten to withdraw services or otherwise coerce persons served into participating; andb. prohibits the use of financial incentives for recruiting research participants.	
<p>Evidence of Compliance (G1.7.03)</p> <p>PRE-SITE Provide procedures that address the voluntary participation of persons served in research. The team will review the evidence that is provided for G2.5.02.</p> <p>ON-SITE The team will interview research participants and review research records.</p>	<p>Rating Indicators (G1.7.03)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 Permission is always obtained, but procedures are somewhat general.3 Permission is always obtained, but a few persons report that they feel pressured to consent.4 Research has been conducted without consent; or persons served have clearly been coerced into participating. <p>NA Organizational policy prohibits research involving persons served.</p>
<p>G1.7.04</p> <p>Each research participant, or his/her parent or legal guardian, signs a consent form that includes:</p> <ol style="list-style-type: none">a. a statement that s/he voluntarily agrees to participate;b. a statement that the organization will continue to provide services whether or not s/he agrees to participate;c. an explanation of the nature and purpose of the research;d. a clear description of possible risks or discomfort;e. a guarantee of confidentiality; andf. the participant's signature.	
<p>Evidence of Compliance (G1.7.04)</p> <p>PRE-SITE Provide the consent policy or procedure for voluntary participation in research by persons served and procedures for obtaining consent; provide a copy of the consent form used.</p> <p>ON-SITE The team will interview research participants and review signed consent forms.</p>	<p>Rating Indicators (G1.7.04)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 Consent is always obtained and forms are signed, but in a few cases one of the other elements is not fully addressed.3 Consent is always obtained and forms are signed, but a significant number of consent forms have missing or inadequately addressed components, or are overly broad or non-specific. <p><i>(continued on next page)</i></p>



	<p>4 Research has been conducted without proper consent; or consent forms consistently do not meet one or more of the requirements of the standard, or are routinely improperly completed.</p> <p>NA Organizational policy prohibits research involving persons served.</p>
<p>G1.7.05</p> <p>The organization safeguards the identity and privacy of persons served in all phases of research conducted by or with the cooperation of the organization.</p> <p><i>Interpretation (G1.7.05):</i></p> <p><i>Statistical analyses, reports, and summaries are compiled and presented in a manner that masks the identity of the persons served. Case examples and extracts from individual case records must be prepared, prior to dissemination, in a manner that masks the individual's identity.</i></p>	
<p>Evidence of Compliance (G1.7.05)</p> <p>PRE-SITE Provide policies and procedures that address safeguarding the identity and privacy of voluntary participants in all phases of research.</p>	<p>Rating Indicators (G1.7.05)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 There is no evidence that privacy has been violated, but procedures are somewhat general and do not sufficiently address all possible privacy violations. 3 Practice requires significant improvement, e.g., in a few cases the names of persons served or other identifying data were not deleted from research materials. 4 No safeguards exist; or safeguards are poor and the potential for disclosure of identity or violation of privacy is high; or privacy violations consistently occur. <p>NA Organizational policy prohibits research involving persons served.</p>

GRIEVANCE PROCEDURES**

- G1.8 Written procedures provide applicants and persons served with a formal mechanism for expressing and resolving complaints and grievances, and such procedures:**
- a. are given to all applicants at the time of application, and to persons served upon request or at the initiation of a grievance;
 - b. include an appeal procedure;
 - c. provide for a timely resolution of the matter; and
 - d. require a written response to the aggrieved that includes documentation of the response in the case record.



<p>Evidence of Compliance (G1.8)</p> <p>PRE-SITE Provide grievance policies and procedures. The team will review the quarterly grievance reports that are provide for G2.5.03 and G2.5.04.</p> <p>ON-SITE The team will review records of grievance proceedings and interview persons served, as needed.</p>	<p>Rating Indicators (G1.8)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way. 3 Practice or procedure requires significant improvement. 4 The organization consistently does not comply with the standard.
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ETHICAL CONDUCT**

G1.9 Service delivery is characterized by integrity in decision-making, freedom of choice for persons served, and the priority of professional responsibilities over personal interests.

<p>G1.9.01</p> <p>The organization requires its personnel to know and follow the codes of ethics of their respective professions.</p>	
<p>Evidence of Compliance (G1.9.01)</p> <p>PRE-SITE Provide the portion of the personnel manual or other documentation that states the requirement that personnel must know and follow the codes of ethics of their respective professions.</p> <p>ON-SITE The team will interview personnel.</p>	<p>Rating Indicators (G1.9.01)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way. 3 Practice or procedure requires significant improvement. 4 The organization consistently does not comply with the standard.
<p>G1.9.02</p> <p>The organization prohibits making or accepting payment or other consideration in exchange for referrals.</p>	
<p>Evidence of Compliance (G1.9.02)</p> <p>PRE-SITE Provide policies that prohibit making or accepting payment for referrals.</p>	<p>Rating Indicators (G1.9.02)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The organization generally complies with the standard, but practice or policy could be strengthened in some minor way, e.g., the policy is vaguely written. 3 No written policy exists but practice conforms with the standard. <p style="text-align: right;"><i>(continued on next page)</i></p>



- 4 There is evidence of such payments or a climate in which such payments might occur.

G1.9.03

The organization has a written policy addressing conflicts of interest that:

- a. prohibits steering or directing referrals of applicants or persons served to a private practice in which personnel, consultants, or the immediate families of personnel and consultants are engaged; and**
- b. governs transfers of cases of employees who leave the organization for private practice.**

Interpretation (G1.9.03):

It is permissible under the standard to include personnel and consultants with private practices, or family members of personnel and consultants, on referral lists, but the organization may not actively direct persons served to the practices of these individuals.

Evidence of Compliance (G1.9.03)

PRE-SITE

Provide conflict of interest policies that address the requirements of the standard. Provide procedures for making referrals to private practitioners.

Rating Indicators (G1.9.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but policy needs greater specificity.
- 3 Policy requires significant improvement; and/or personnel have steered referrals to persons with a connection to the organization.
- 4 Policies are not in place; or policies are completely ignored in practice.

G1.9.04

An organization that permits private practice on its premises:

- a. requires that private practitioners provide their clients with a clear, written statement that clarifies the relationship between the private practitioner and the organization; and**
- b. prohibits practitioners from serving any of the organization's current or former clients.**

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Interpretation (G1.9.04):

For example, if the practitioner is also an employee of the organization, the statement should make that fact known while clearly indicating that the client is not being served by the organization.

Evidence of Compliance (G1.9.04)

PRE-SITE
Provide policies that address the relationship between the organization, private practitioners, and their clients. Provide an example of the written statement that is provided to clients.
ON-SITE
The team will interview the chief executive officer.

Rating Indicators (G1.9.04)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization consistently does not comply with the standard.
- NA The organization prohibits private practice on its premises.

G1.9.05

When a client's third-party benefits or payments end, the organization has a procedure to determine its ethical or professional responsibility to provide services until appropriate arrangements are made.

Interpretation (G1.9.05):

The organization must determine on a case-by-case basis whether it has a responsibility to continue providing services to persons whose third-party benefits have ended and who are in critical situations. Such persons may include persons who are suicidal or in danger of becoming homeless, or children who would be without supervision if services were terminated.

Evidence of Compliance (G1.9.05)

PRE-SITE
Provide policies and/or procedures that address the continuation of services for persons whose third-party benefits have ended.
ON-SITE
The team will interview personnel.

Rating Indicators (G1.9.05)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way. No person in critical need of services has been terminated due to the cessation of third party payments until appropriate alternative services are in place.
- 3 Services have been inappropriately terminated in a few cases.
- 4 No mechanism is in place; or despite a mechanism, services have been terminated in more than a few cases.
- NA The organization does not receive third-party benefits or payments for service.



PROTECTION OF HEALTH AND SAFETY*

G1.10 In its daily operations, the organization protects the health and safety of the persons and families it serves.

Evidence of Compliance (G1.10)	Rating Indicators (G1.10)
ON-SITE The team will observe organizational functioning and interview personnel, as necessary.	<ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but practice could be strengthened in some minor way.3 Practice requires significant improvement.4 The organization consistently does not comply with the standard.

