

# Survey Findings

## Areas of Strength

CARF found that Social Science Services, Inc., dba Cedar House Life Change Center demonstrated the following strengths:

- SSS is celebrating 50 years of providing behavioral health services and has been recognized by the California State Assembly and county resolutions.
- SSS is led by a strong board of directors. The board members are actively involved in the organization within their governance roles. The leadership demonstrates competency and compassion in its guidance of the organization. Consistency among the team members is evident in the longevity of their tenures with the organization.
- Funding and referral sources reported that SSS is well respected in the community and that staff members are responsive, proactive, and quick to take action to help the clients served. They reported a high level of satisfaction with the services provided.
- SSS has made significant movement toward developing and incorporating specific data measurements into its business and clinical practices to gain a clearer understanding of its outcomes. These measurements include typical business and clinical areas as well as health and safety, communication, and technology areas.
- The organization utilizes a staff encouragement and recognition system, named EPIC (Excellent, Passion, Integrity, Compassion), to acknowledge staff members providing personalized and compassionate care toward clients. These "moments" are displayed prominently in a common area
- Staff members are welcoming and friendly, adding to the overall therapeutic culture and environment of recovery growth. The employees of SSS reported that they truly enjoy working for the organization and are fully committed to supporting the mission of the organization. They are passionate about the services provided and the successful treatment experience that clients receive. Staff members are competent, dedicated, experienced, and able to maintain a professional approach with clients while developing helpful and supportive relationships.
- The staff and management team members at SSS demonstrate an unwavering commitment to providing exceptional quality and evidence-based treatment programs. There is excellent formal and informal communication between discipline lines, and there is a collaborative approach to care and operations throughout the organization.
- The facilities offer a friendly and safe environment for clients, staff members, and visitors. The overall appearance of the facilities demonstrates the pride that staff members have in the services provided. The facilities provide a welcoming feeling for visitors and clients. The welcoming environment, design, and services offered at SSS distinguish it as a specialty provider of detoxification/withdrawal management, residential, and outpatient treatment services.

## Opportunities for Quality Improvement

### Section 1. ASPIRE to Excellence®

#### 1.A. Leadership

##### Description

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

##### Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

#### **Recommendations**

There are no recommendations in this area.

### **1.C. Strategic Planning**

#### **Description**

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

#### **Key Areas Addressed**

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

#### **Recommendations**

There are no recommendations in this area.

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

#### **Description**

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

#### **Key Areas Addressed**

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

#### **Recommendations**

There are no recommendations in this area.

### **1.E. Legal Requirements**

#### **Description**

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

#### **Consultation**

- SSS is encouraged to include procedures for situations when personnel are the focus of the legal action in its written procedures regarding subpoenas, search warrants, and investigations.

### **1.F. Financial Planning and Management**

## **Description**

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

## **Key Areas Addressed**

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

### 1.F.10.g.

Although SSS has written procedures addressing safeguarding funds that include clients signing the envelope holding their funds each time money is removed or added, it should implement written procedures that address how account reconciliation is provided to the clients at least monthly.

## 1.G. Risk Management

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### Consultation

- SSS is encouraged to create opportunities for staff members to identify loss exposures in their areas of work in order to assist in developing the risk management plan. This might afford greater risk prevention for the organization and encourage the staff members to be more aware of risks in their environment.

## 1.H. Health and Safety

### Description

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

### Key Areas Addressed

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

### Recommendations

#### 1.H.S.c.(7)

#### 1.H.5.c.(8)

The organization should have written emergency procedures that address identification and continuation of essential services.

### **1.H.10.a.(2)**

### **1.H.10.a.(3)**

### **1.H.10.a.(9)**

It is recommended that the organization's written procedures regarding critical incidents also specify use of seclusion, use of restraint, and wandering.

## **1.1. Workforce Development and Management**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- **SSS** is encouraged to continue its efforts to identify more specific competencies for each position.

## **1.J. Technology**

### **Description**

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

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

### **Key Areas Addressed**

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

## Recommendations

### 1.J.4.a.

### 1.J.4.b.(1)

### 1.J.4.b.(2)

### 1.J.4.b.(3)

### 1.J.4.b.(4)

### 1.J.4.b.(5)

### 1.J.4.b.(6)

### 1.J.4.c.

A test of the organization's procedures for business continuity/disaster recovery should be conducted at least annually and analyzed for effectiveness, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, and necessary education and training of personnel. The test should be evidenced in writing, including the analysis.

## 1.K. Rights of Persons Served

### Description

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

### Key Areas Addressed

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

### Recommendations

#### 1.K.1.d.(1)

#### 1.K.1.e.(3)

#### 1.K.1.e.(4)

#### 1.K.1.f.(1)

#### 1.K.1.f.(3)

It is recommended that SSS implement policies promoting the following rights of the clients: access to information pertinent to the client in sufficient time to facilitate the client's decision making, informed consent or refusal or expression of choice and withdrawal of consent regarding concurrent services and composition of the service delivery team, and access or referral to legal entities for appropriate representation and advocacy support services.

#### 1.K.3.a.(1)

It is recommended that the organization's policy and written procedure by which clients may formally complain to the organization also specify its definition of a formal complaint.

## 1.L. Accessibility

### Description

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

## Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

## Recommendations

### 1.L.1.b.(9)

The leadership should implement an ongoing process for identification of barriers in community integration, when appropriate.

## 1.M. Performance Measurement and Management

### Description

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

The foundation for successful performance measurement and management includes:

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

### Key Areas Addressed

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

### Recommendations

#### 1.M.6.a.

#### 1.M.6.b.(1)

#### 1.M.6.b.(2)

#### 1.M.6.b.(3)

#### 1.M.6.b.(4)

#### 1.M.6.b.(5)

To measure experience of services and other feedback from other stakeholders, each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be

collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

## 1.N. Performance Improvement

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## Section 2. General Program Standards

### Description

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

## 2.A. Program/Service Structure

### Description

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

### Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity



- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

### **Recommendations**

There are no recommendations in this area.

## **2.8. Screening and Access to Services**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.C. Person-Centered Planning**

### **Description**

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

### **Key Areas Addressed**

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

## Recommendations

### 2.C.2.a.(1)(a)

Documentation of the person-centered planning process should consistently include the identification of the needs/desires of the client through goals that are expressed in the words of the client.

## 2.D. Transition/Discharge

### Description

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

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

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

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

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

### Key Areas Addressed

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

## Recommendations

### 2.D.2.

Transition planning should be initiated with the client as soon as clinically appropriate in the person-centered planning and service delivery process. The organization is encouraged to begin transition planning with the client upon entry into services.

## 2.E. Medication Use

### Description

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

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

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

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

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 2.G. Records of the Persons Served

### Description

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

### Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

### Recommendations

There are no recommendations in this area.

## 2.H. Quality Records Management

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 2.1. Service Delivery Using Information and Communication Technologies

### Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dieticians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
- Encompass settings such as:
  - Hospitals, clinics, professional offices, and other organization-based settings.
  - Schools, work sites, libraries, community centers, and other community settings.
  - Congregate living, individual homes, and other residential settings.
- Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

### **Key Areas Addressed**

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via JCT and the equipment used
- Instruction and training for persons served, family/support system members, and others.
- Provision of information related to JCT
- Maintenance of JCT equipment
- Emergency procedures that address unique aspects of service delivery via JCT
- Scope of ICT services

### **Recommendations**

There are no recommendations in this area.

## **Section 3. Core Treatment Program Standards**

### **Description**

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

### **3.G. Detoxification/Withdrawal Management (DTX)**

#### **Description**

A detoxification/withdrawal management program is a time-limited program designed to assist the persons served with the physiological and psychological effects of acute withdrawal from alcohol and other drugs. Based on current best practices in the field, the program's purpose is to provide a medically safe, professional, and supportive withdrawal experience for the persons served while preparing and motivating them to continue treatment after discharge from the program and progress toward a full and complete recovery. The program is staffed to ensure

adequate biomedical and psychosocial assessment, observation and care, and referrals to meet the individual needs of the persons served. Additionally, the program develops and maintains a rich network of treatment providers for referrals after completion of the program to ensure the best possible match for the persons served to ongoing treatment services. A detoxification/withdrawal management program may be provided in the following settings:

- **Inpatient:** This setting is distinguished by services provided in a safe, secure facility-based setting with 24-hour nursing coverage and ready access to medical care. This is for persons served who need round-the-clock supervision in order to successfully manage withdrawal symptoms or when there are additional complications or risk factors that warrant medical supervision, such as co-occurring psychiatric or other medical conditions.
- **Residential:** This setting is distinguished by services provided in a safe facility with 24-hour coverage by qualified personnel. Persons served need the supervision and structure provided by a 24-hour program but do not have risk factors present that warrant an inpatient setting. It may also be appropriate for persons who lack motivation or whose living situation is not conducive to remaining sober.
- **Ambulatory:** This setting is distinguished by services provided in an outpatient environment with the persons served residing in their own homes, a sober living environment, or other supportive community settings. Persons served in ambulatory settings typically have adequate social supports to remain sober, family involvement in care planning, the ability to maintain regular appointments for ongoing assessment and observation, and the ability to successfully self-manage prescription medications. Persons served in ambulatory settings are concurrently enrolled and actively linked to a treatment program.

### **Key Areas Addressed**

- Placement in appropriate detoxification/withdrawal management setting based on needs of persons served
- Services designed to motivate persons served to continue treatment services
- Assessment of ongoing needs and active linkage with treatment services
- Medically supervised
- Services provided 24/7 (or as needed in ambulatory program)
- Monitors progress
- Medical evaluation within 24 hours of admission

### **Recommendations**

There are no recommendations in this area.

## **3.N. Outpatient Treatment (OT)**

### **Description**

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. 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, and substance use disorders and other addictive behaviors.

### **Key Areas Addressed**

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

### **Recommendations**

There are no recommendations in this area.

### **3.P. Residential Treatment (RT)**

#### **Description**

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

#### **Key Areas Addressed**

- Interdisciplinary services
- Creation of natural supports
- Education on wellness, recovery, and resiliency
- Community reintegration •

#### **Recommendations**

There are no recommendations in this area.

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

## **Social Science Services, Inc., dba Cedar House Life Change Center**

18612 Santa Ana Avenue  
Bloomington, CA 92316

Detoxification/Withdrawal Management - Residential: Substance Use Disorders/Addictions (Adults)  
Outpatient Treatment: Substance Use Disorders/Addictions(Adults)  
Residential Treatment: Substance Use Disorders/Addictions (Adults)

## **Social Science Services, Inc., dba Cedar House Life Change Center/Maple House**

10888 Maple Avenue  
Bloomington, CA 92316

Residential Treatment: Substance Use Disorders/Addictions (Adults)