

CARF Accreditation Report for Beacon Bridge One-Year Accreditation



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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Beacon Bridge
415 Dunstan Avenue, Suite B
Durham, NC 27707

Organizational Leadership

Alexander P. Yousif, Founder & CEO

Survey Number

196206

Survey Date(s)

April 9, 2025–April 11, 2025

Surveyor(s)

Mary A. Spencer, MBA, Administrative and Program

Program(s)/Service(s) Surveyed

Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

Accreditation Decision**One-Year Accreditation**

Expiration: April 30, 2026

Executive Summary

This report contains the findings of CARF's site survey of Beacon Bridge conducted April 9, 2025–April 11, 2025. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Beacon Bridge demonstrated conformance to many of the standards. Beacon Bridge provides quality intensive outpatient treatment and outpatient treatment to adults with substance use disorders in Durham, North Carolina. The organization's abundant personnel provide direct services in the office and in community settings. Areas for improvement include strategic planning, analysis and use of input from stakeholders, annual financial reviews or audits, annual reviews of contract services, comprehensive health and safety inspections, workforce development and management, performance measurement and management, performance improvement, client-centered planning, transition/discharge, medication use, records of the clients, quality records management, and intensive outpatient treatment. Leadership was receptive to the feedback provided.

Beacon Bridge appears to have the capability and commitment to address the recommendations identified in this report. Beacon Bridge is required to submit a post-survey Quality Improvement Plan (QIP) that addresses all recommendations identified in this report.

Beacon Bridge has earned a One-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Beacon Bridge was conducted by the following CARF surveyor(s):

- Mary A. Spencer, MBA, Administrative and Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Beacon Bridge and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
- Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Beacon Bridge demonstrated the following strengths:

- Beacon Bridge's facility is spacious, bright, and decorated with professionalism in mind. Its location on a bus line increases clients' access to the organization's services.
- The founder and CEO of Beacon Bridge is dedicated to helping people. His passion was formed early in life when he was placed in foster care. From there, he earned college scholarships and, after earning his degree, became a certified peer support specialist (CPSS). He formed Beacon Bridge to offer peer support services, later changing his business model to include integrated mental health and substance use and psychiatric services. He plans to expand services to other locations as well.
- The organization has a large number of full-time CPSS staff members who are more than professionally prepared to provide direct services.
- Staff members reported enjoying coordinating supports for clients. They indicated that they regard Beacon Bridge as a family environment in which leadership is always available. They appreciate that the organization is becoming more structured over time and are having good experiences with the organization as it works on restructuring. Staff members think highly of their supervisors and appreciate the open-door policy.