

**CARF Accreditation Report
for
Guidance/Care Center, Inc.
Three-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 an on-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

Guidance/Care Center, Inc.
3000 41st Street, Ocean
Marathon, FL 33050

Organizational Leadership

Frank Scafidi, PhD, Sr. Scientist of Evaluation
Jeannie Lewis, MS, ICDAC, Director of Accreditation
Maureen Dunleavy, LMHC, Vice President
Sharon Crippen, Sr. VP Florida Region

Survey Number

117996

Survey Date(s)

June 3, 2019–June 5, 2019

Surveyor(s)

Camille Lagueux, Administrative
Carol M. Smith, MS, LPC, CCS, CAADC, Program
Michael J. Cluts, MEd, LPC, Program
William F. Barker, Jr., LPC, Program

Program(s)/Service(s) Surveyed

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Psychosocial Rehabilitation (Consumer-Run)
Crisis Stabilization: Mental Health (Adults)
Detoxification/Withdrawal Management: Alcohol and Other Drugs/Addictions (Adults)
Diversion/Intervention: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Previous Survey

April 6, 2016–April 8, 2016
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: June 30, 2022

Executive Summary

This report contains the findings of CARF's on-site survey of Guidance/Care Center, Inc. conducted June 3, 2019–June 5, 2019. 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, Guidance/Care Center, Inc. demonstrated substantial conformance to the standards. Guidance/Care Center (GCC) has continued to demonstrate its commitment to using the CARF accreditation standards in the organization's continuing quality improvement efforts and in maintaining accreditation. The organization is well respected as a provider of quality services for the vulnerable populations it serves throughout the Florida Keys. The organization's personnel are open and willing to receive feedback for improving services. The areas for improvement noted in the recommendations in this report are in the business practice standards and the program standards. In the business practice standards, these include the development of a cultural competency and diversity plan and a risk management plan and sharing its strategic plan with the persons served. Most of the recommendations in the service delivery standards involve ensuring consistency across all sites and all programs and ensuring that the client orientation includes providing information regarding the organization's health and safety procedures, ensuring that goals are expressed in the words of the person served, and ensuring that transition plans are consistently prepared for a seamless transition when persons served are transferring to another level of care or into an aftercare program. GCC should also ensure that the information collected from its peer review process regarding the prescribing of medications is incorporated into the organization's performance measurement and management system and that, following the use of seclusion or restraint, a debriefing process is initiated as soon as possible following the event and that it is documented.

Guidance/Care Center, Inc. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Guidance/Care Center, Inc. is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Guidance/Care Center, Inc. has earned a Three-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 annual reporting documents and other 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 Guidance/Care Center, Inc. was conducted by the following CARF surveyor(s):

- Camille Lagueux, Administrative
- Carol M. Smith, MS, LPC, CCS, CAADC, Program
- Michael J. Cluts, MEd, LPC, Program
- William F. Barker, Jr., LPC, 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 Guidance/Care Center, Inc. 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):

- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Integration: Psychosocial Rehabilitation (Consumer-Run)
- Crisis Stabilization: Mental Health (Adults)
- Detoxification/Withdrawal Management: Alcohol and Other Drugs/Addictions (Adults)
- Diversion/Intervention: Alcohol and Other Drugs/Addictions (Children and Adolescents)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)
- Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)

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 on-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 Guidance/Care Center, Inc. demonstrated the following strengths:

- GCC has a well-deserved reputation for the provision of quality services. Funding sources describe the organization as extremely cooperative, professional, and quick to implement any corrective actions that are needed.
- The vice president of GCC is highly respected by the organization's board of directors and funding and referral sources. The board of directors is committed to the work being done by the organization, is representative of the area served, and advocates for services for the vulnerable populations served by GCC.
- Funding sources recognize that, following Hurricane Irma in 2017, GCC was up and running in record time. The Marathon, Florida, facility was used as Red Cross shelter 24 hours a day, 7 days a week, providing crisis counselling. The organization also supported its staff members during and after the disaster by providing hardship support following the storm for those affected.
- Since its last accreditation survey, GCC has implement and expanded its telemedicine practice that has enabled more clients to access needed psychiatric services. This has also enabled the organization to address recruitment of qualified professionals without having them move to areas with severe housing shortages. Also, telemedicine has been developed and expanded as an innovative practice for meeting client needs and better outcomes by being more available.
- A comprehensive and well-planned and executed training program for all staff members ensures that everyone receives training appropriate to their position and responsibilities.
- GCC's vice president was recently recognized by the Florida Commission on the Status of Women with a 2018 Spirit of Community Award, which recognizes individuals who have improved the lives of women of Florida and have served as positive role models for women and girls in their community.
- The Key West team was open to consultation and has a process improvement attitude about the services and promotes a constant client-centered approach.
- Clients interviewed expressed gratitude for the organization's caring, understanding staff members that listen and help them "find recovery."
- The organization is committed to identifying and meeting the needs of the communities it serves. To overcome barriers to services and ensure that those in need of services are able to receive the services, it provides transportation to its programs and services in home and community locations.
- The organization's programs consistently provide ongoing supervision to clinical and other direct services personnel to ensure quality services and model fidelity to evidence-based practices.
- The persons served and other stakeholders report a high level of satisfaction with the services provided by the organization.
- The organization is located in a unique geographical area that presents many challenges to providing services and to obtaining services. Recruitment of personnel, funding and resources, accessibility to services, and facilities are areas of challenge faced by the organization. The organization recognizes these challenges and works diligently to mitigate them.

- The staff members work well together as a team. The teamwork that is evident at GCC helps to facilitate access by the persons served to the multiple programs and services provided in the organization's multiple locations.
- GCC has well-developed prevention programs within the schools in its catchment area.
- Clients who have received substance abuse treatment voiced the opinion that GCC clients had a low relapse rate and other social service organizations prefer to send their clients to GCC for treatment.
- GCC has a number of long-tenured employees who evidence a firm commitment to serving the needs of the seriously mentally ill population.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

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

1.A.5.a.(1)

1.A.5.a.(2)

1.A.5.a.(3)

1.A.5.b.(1)

1.A.5.b.(2)

1.A.5.b.(3)

1.A.5.b.(4)

1.A.5.b.(5)

1.A.5.b.(6)

1.A.5.b.(7)

1.A.5.c.

1.A.5.d.

Although GCC has a policy statement regarding cultural competency and diversity and has completed demographic analysis of its board of directors, staff members, and the persons served, it is recommended that this information be used to develop a comprehensive cultural competency and diversity plan that addresses the persons served, personnel, and other stakeholders. The plan should be based on the consideration of culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. The plan should be reviewed at least annually for relevance and be updated as needed.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

1.C.3.a.

Although the organization shares its strategic plan with personnel and other stakeholders, GCC is urged to share its strategic plan with the persons served in a manner that is relevant to their needs.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

- Collection of input
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and 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
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

1.G.1.a.(1)

1.G.1.a.(2)

1.G.1.a.(3)

1.G.1.a.(4)

1.G.1.a.(5)

1.G.1.a.(6)

1.G.1.a.(7)

1.G.1.b.(1)

1.G.1.b.(2)

Although the organization has developed a comprehensive introduction to a risk management plan, it is recommended that GCC implement a risk management plan that includes the identification of loss exposures, the analysis of loss exposures, identification of how to rectify identified exposures, implementation of actions to reduce risk, monitoring of actions to reduce risk, reporting results of actions taken to reduce risks, and inclusion of risk reduction in performance improvement activities. The plan should be reviewed at least annually for relevance and updated as needed.

1.H. Health and Safety

Description

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

Key Areas Addressed

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

1.H.15.a.

1.H.15.b.

1.H.15.c.

Although the organization has a comprehensive policy regarding the handling and disposal of biomedical waste, it is recommended that the policy also include the handling, storage, and disposal of other hazardous materials, such as industrial-strength cleaning supplies.

1.I. Workforce Development and Management

Description

CARF-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 background/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

Consultation

- At this time, GCC's composition of its workforce is documented in the program policy documents. It is suggested that GCC develop a single comprehensive written description that includes all human resources involved in the delivery, oversight, and support of its accredited programs.
- Although the organization has a policy statement regarding succession, it is suggested that the document be expanded to include specifics regarding how GCC's succession planning addresses immediate, short-term, and long-term absence of key individuals.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Technology and system plan implementation and periodic review
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

1.K.1.e.(2)

It is noted that some of the forms authorizing release of confidential information are being signed by the client without first being completed. It is recommended that the organization consistently implement its policy for informed consent or refusal or expression of choice regarding release of information by completing release-of-information forms prior to the client signing.

1.K.3.a.(1)

As part of its policy and written procedure by which persons served may formally complain to the organization, GCC is urged to include its definition of a formal complaint.

Consultation

- At this time, GCC completes its analysis of client complaints as part of its critical incidents analysis. For reporting and performance improvement purposes, it is suggested that client complaints be analyzed separately from other incidents.

1.L. Accessibility

Description

CARF-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

There are no recommendations in this area.

Consultation

- At this time, the organization is documenting requests for reasonable accommodations separately for personnel and persons served when they occur. Moving forward, GCC might consider doing an annual analysis of all requests as part of its annual accessibility status report for trending purposes.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organizational decision making
- 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
- Team composition/duties
- Crisis intervention provided
- Relevant education
- Medical consultation
- Clinical supervision
- Services relevant to diversity
- Family participation encouraged
- Assistance with advocacy and support groups

Recommendations

There are no recommendations in this area.

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

- Screening process described in policies and procedures
- Waiting list
- Ineligibility for services
- Primary and ongoing assessments

- Admission criteria
- Reassessments
- Orientation information provided regarding rights, grievances, services, fees, etc.

Recommendations

2.B.8.d.(1)(f)(ii)

Although the organization includes its no-smoking policy in its orientation information, it is recommended that each person served receive an orientation that also includes an explanation of the program's health and safety policies regarding use of all tobacco products.

2.B.13.i.(3)

2.B.13.j.

The organization is urged to also include current pregnancy and prenatal care and the person's use of complementary health approaches in its assessment process. The organization might consider revising its policy and procedures regarding items to be included in the assessment process in order to reflect its current practices.

Consultation

- Although the organization lists familiarization with the premises on its orientation checklist, it might specify emergency exits and/or shelters, fire suppression equipment, and first aid kits.
- Although the organization has policies and written procedures that define how admissions are conducted overall for the programs, it does not have them specific to the Personal Growth Center (PGC). The organization is encouraged to develop written procedures that are specific to the PGC.

2.C. Person-Centered Plan

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of his or her 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

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

Recommendations

2.C.2.a.(1)

2.C.2.b.(4)

2.C.2.b.(5)

2.C.2.b.(6)

It is recommended that the goals on person-centered plans consistently be expressed in the words of the person served and that specific service or treatment objectives consistently be understandable to the person served, measurable, and achievable.

- 2.C.4.b.(4)**
- 2.C.4.b.(5)(a)**
- 2.C.4.b.(5)(b)**
- 2.C.4.b.(6)**

Although a safety plan is identified for all persons served, the safety plans should also include actions to be taken; preferred interventions necessary for personal and public safety; and advance directives, when available.

- 2.C.7.a.(1)(a)**
- 2.C.7.a.(1)(b)**
- 2.C.7.a.(2)**
- 2.C.7.a.(3)**

It is recommended that progress notes consistently document progress toward achievement of identified objectives and goals; significant events or changes in the life of the person served; and the delivery and outcomes of specific interventions, modalities, and/or services that support the person-centered plan.

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 person served when he or she moves 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
- Unplanned discharge referrals
- Active participation of persons served
- Plan addresses strengths, needs, abilities, preferences
- Transition planning at earliest point
- Follow up for persons discharged for aggressiveness

Recommendations

2.D.3.a.(1)

2.D.3.a.(2)

2.D.3.b.(1)

2.D.3.b.(2)

2.D.3.g.(1)

2.D.3.g.(2)

2.D.3.g.(3)

2.D.3.g.(4)

A written transition plan should consistently be prepared or updated to ensure a seamless transition when a person served is transferred to another level of care or an aftercare program or prepares for a planned discharge. It is also recommended that the plan consistently identify the person's current progress in his/her own recovery or move toward well-being; gains achieved during program participation; and his/her strengths, needs, abilities, and preferences.

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 his/her 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

2.E.9.b.(3)

In a program that provides prescribing of medications, information collected from the peer review process should be incorporated into the program's performance measurement and management system.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
- Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to others.
- Holding a person's hand or arm to safely guide him or her from one area to another or away from another person.
- Security doors designed to prevent elopement or wandering.
- Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

- Policy addressing how the program will respond to unsafe behaviors of persons served
- Competency-based training for direct service personnel on the prevention of unsafe behaviors
- Policies on the program's use of seclusion and restraint, if applicable
- Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
- Plan for elimination of the use of seclusion and restraint, if applicable
- Written procedures regarding orders for and the use of seclusion and restraint, if applicable
- Review and analysis of the use of seclusion and restraint, if applicable

Recommendations

2.F.11.a.

2.F.11.b.(1)

2.F.11.b.(2)

2.F.11.b.(3)

2.F.11.b.(4)

2.F.11.c.(1)

2.F.11.c.(2)

2.F.11.c.(3)

2.F.11.c.(4)

2.F.11.c.(5)

2.F.11.c.(6)

2.F.11.c.(7)

2.F.11.c.(8)

2.F.11.c.(9)

2.F.11.c.(10)

Following the use of seclusion or restraint, a debriefing process should be initiated as soon as possible and no more than 24 hours after the incident. The debriefing process should include, unless contraindicated, the person served, all involved personnel, family members, and others observing the incident, when permitted. The debriefing process should be documented and include a description of the incident; from the perspective of the person served, what he/she experienced; the antecedents of the incident; an assessment of contributing factors; actions taken by personnel in an attempt to avoid the use of seclusion or restraint; the reasons for the use of seclusion or restraint; the specific or intervention used; the person's reaction to the intervention; actions that could make future use of seclusion or restraint unnecessary; and modifications made to the individualized plan to address issues or behaviors that impact the need to use seclusion or restraint, as applicable.

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

2.G.2.a.

2.G.2.c.

2.G.2.e.

It is recommended that the individual records of the persons served consistently communicate information in a manner that is organized, complete, and legible.

2.G.4.i.(7)

It is recommended that the individual record consistently include the person's transition plan.

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

2.H.4.a.(2)

2.H.4.c.

2.H.4.d.(1)

2.H.4.d.(2)

2.H.4.e.(1)(b)

2.H.4.i.(1)

Although the organization has a well-established process for quarterly reviews of the records of the persons served, it is recommended that the reviews also address whether the persons served were actively involved in making informed choices regarding the services they received; whether the assessments of the persons served were thorough and complete; whether risk factors were adequately assessed and resulted in safety plans, when appropriate; whether the goals and service/treatment objectives of the persons served were based on the input of the person served; and, when applicable, whether a transition plan has been completed.

Consultation

- It is noted that the quality record reviews are consistently performed as peer reviews by clinicians and other direct service personnel. The results of the reviews indicate consistently high scores of quality and completion of the records. However, those results appear to be inconsistent with the actual quality and completion of the records. It is suggested that the organization provide training to the personnel conducting the peer reviews to ensure that the reviewers are able to recognize the level of quality and completion of the records that is expected by the organization.

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.B. Case Management/Services Coordination (CM)

Description

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Key Areas Addressed

- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL activities

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.

- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Key Areas Addressed

- Opportunities for community participation
- Based on identified preferences of participants
- Times and locations meet the needs of participants

Recommendations

There are no recommendations in this area.

3.F. Crisis Stabilization (CS)

Description

Crisis stabilization programs are organized and staffed to provide the availability of overnight residential services 24 hours a day, 7 days a week for a limited duration to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop plans to meet the needs of the persons served. Often crisis stabilization programs are used as a preemptive measure to deter unnecessary inpatient hospitalization.

Key Areas Addressed

- Limited duration overnight residential services 24 hours a day, 7 days a week
- Crisis stabilization plan
- Licensed medical personnel are available 24 hours a day, 7 days a week.
- Referral and linkage to needed services

Recommendations

There are no recommendations in this area.

3.H. 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 in or 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

3.H.17.a.

3.H.17.b.

3.H.17.c.

3.H.17.d.

3.H.17.e.(1)(a)

3.H.17.e.(1)(b)(i)

3.H.17.e.(1)(b)(ii)

3.H.17.e.(1)(b)(iii)

3.H.17.e.(1)(b)(iv)

3.H.17.e.(1)(c)

3.H.17.e.(1)(d)

3.H.17.e.(2)

It is recommended that the organization conduct a documented review of the medical services provided at least annually on records of a representative sample of the persons served by personnel who are trained and qualified in accordance with an established review process. It is further recommended that the review address, at a minimum, the consistency of detoxification/withdrawal management protocol implementation, including medication errors; timeliness of laboratory tests, including orders, specimen collection, a review of results, and actions taken; vital signs taken at appropriate intervals; and timeliness of physician response and address negative outcomes.

3.H.18.a.

3.H.18.b.

3.H.18.c.

It is recommended that the program demonstrate that the information collected from its review of medical services is reported to personnel, used to improve the quality of its services through performance improvement activities, and used to identify personnel training needs.

Consultation

- The organization might specify cell phones in its list of personal electronics that are not allowed in the unit.

3.O. 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.

Section 4. Core Support 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.

4.E. Diversion/Intervention (DVN)

Description

Diversion/Intervention programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem. Diversion/Intervention programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Within the child welfare field, examples include alternative response, differential response, or multiple response systems.

Diversion/Intervention programs may serve persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

Diversion programs may include programs such as juvenile justice/court diversion, substance abuse diversion, truancy diversion, DUI/OWI classes, report centers, home monitoring, after-school tracking, anger management, and building healthy relationships.

Intervention programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems.

Key Areas Addressed

- Personnel qualifications
- Public awareness
- Appropriate program activities
- Program strategies

Recommendations

There are no recommendations in this area.

4.G. Prevention (P)

Description

Prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse or neglect, exposure to or experience of violence in the home and community; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings.

Organizations may provide one or more of the following types of prevention programs, categorized according to the population for which they are designed:

- Universal programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.
- Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, tobacco use prevention, child abuse prevention, and suicide prevention.
- Training programs provide curriculum-based instruction to active or future personnel in human service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

- Personnel qualifications
- Appropriate program activities
- Public awareness
- Program strategies

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.D. Children and Adolescents (CA)

Description

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

5.D.1.a.

5.D.1.f.(1)

5.D.1.f.(2)

5.D.1.g.

5.D.1.h.

5.D.1.n.

5.D.1.q.(2)

5.D.1.q.(3)

Although the assessment tool includes prompts for all assessment information, the information is not completed consistently. It is recommended that the assessments of each child or adolescent served consistently also include information on his/her developmental history; language functioning, including speech and hearing functioning; visual functioning; immunization record; prenatal exposure to alcohol, tobacco, and/or other drugs; and, when applicable, parents'/guardians' strengths and preferences. It is suggested that the organization have a separate form to gather this information that can be completed by the parent/guardian while the person served is in the assessment session.

5.E. Consumer-Run (CR)

Description

Improvement of the quality of an individual's situation requires a focus on the person served and his or her identified strengths, abilities, needs, and preferences. The program is designed around the identified needs and desires of the persons served, is responsive to their expectations, and is relevant to their maximum participation in the environments of their choice.

The person served participates in decision making and planning that affects his or her life. Efforts to include the person served in the direction of the program or delivery of applicable services are evident. The service environment reflects identified cultural needs and diversity. The person served is given information about the purposes of the program.

Key Areas Addressed

- Policies and procedures for membership
- Persons served involved in program development
- Development of person-centered plans

Recommendations

5.E.12.b.(2)

It is recommended that the coordinated person-centered plans consistently identify specific measurable objectives.

5.F. Criminal Justice (CJ)

Description

Criminal justice programs serve special populations comprised of accused or adjudicated individuals referred from within the criminal justice system who are experiencing behavioral health needs, including alcohol or other drug abuse or addiction, or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, in community-based or institutional settings, or in sex offender programs. Institutional settings may include jails, prisons, and detention centers. The services are designed to maximize the person's ability to function effectively in the community. The criminal justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

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

Key Areas Addressed

- May be community based or within correctional facility
- Team has specialized criminal justice knowledge

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Guidance/Care Center, Inc.

3000 41st Street, Ocean
Marathon, FL 33050

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Psychosocial Rehabilitation (Consumer-Run)
Crisis Stabilization: Mental Health (Adults)
Detoxification/Withdrawal Management: Alcohol and Other Drugs/Addictions (Adults)
Diversion/Intervention: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Guidance/Care Center, Inc.

99198 Overseas Highway, Suite 5
Key Largo, FL 33007

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Diversion/Intervention: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Guidance/Care Center, Inc.

1205 Fourth Street
Key West, FL 33040

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Diversion/Intervention: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Guidance/Care Center, Inc. - Monroe County Jail

5503 College Road
Key West, FL 33040

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)
Outpatient Treatment: Mental Health (Adults)