

CARF Accreditation Report
for
Treasure Coast Counseling Center,
Inc.

Three-Year Accreditation



Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Program\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

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

Treasure Coast Counseling Center, Inc.
1680 Southeast Lyngate Drive, Suite 201
Port St. Lucie, FL 34952

Organizational Leadership

Elizabeth Bennett, MSW, President/Owner

Survey Number

121935

Survey Date(s)

June 10, 2020–June 12, 2020

Surveyor(s)

Hattie M. Johnson, CMSW, LMSW, LCDC, DESS Administrative and Program

Program(s)/Service(s) Surveyed

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

Accreditation Decision

Three-Year Accreditation

Expiration: June 30, 2023

Executive Summary

This report contains the findings of CARF's site survey of Treasure Coast Counseling Center, Inc. conducted June 10, 2020–June 12, 2020. 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, Treasure Coast Counseling Center, Inc. demonstrated substantial conformance to the standards. Treasure Coast Counseling Center, Inc. (TCCC) is committed to providing quality services to its clients. For ten years, this organization has provided quality substance abuse service to the Treasure Coast area. The organization is well respected in the community. Referral sources and clients express satisfaction with the services provided. Although new to the CARF processes, this organization has embraced the CARF standards. The leadership and staff members are deeply committed to collaborating with other community partners to ensure that the many and varied needs of the clients are met to support their long-term recovery and improved quality of life. The organization is dedicated to providing excellent supportive and behavioral health services to an underserved population. The organization has areas for improvement that include, in the ASPIRE to Excellence section, financial planning and management, health and safety, workforce development and management, technology, and performance measurement and management and performance improvement. In the program and services areas, the areas for improvement include program service/structure, screening and access to services, transition and discharge planning, promoting nonviolent practices, and quality records management. The receptivity of the leadership to the consultation in the noted areas and other feedback provided during this survey instills confidence that the organization possesses the resources and willingness to continue to bring it into full conformance to the CARF standards. The organization demonstrates the willingness and ability to use its resources to address the identified areas for improvement.

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

Treasure Coast Counseling 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 Treasure Coast Counseling Center, Inc. was conducted by the following CARF surveyor(s):

- Hattie M. Johnson, CMSW, LMSW, LCDC, DESS 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 Treasure Coast Counseling 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):

- Outpatient Treatment: Alcohol and Other Drugs/Addictions (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 Treasure Coast Counseling Center, Inc. demonstrated the following strengths:

- TCCC is led by experienced and respected directors who have a strong and dedicated commitment to the organization's mission and the quality of the programs it provides to the clients.
- Community stakeholders and clients view TCCC as a premier program, resulting in the organization having high visibility and a very positive reputation and impact on the communities it serves.
- TCCC's facilities are warm and inviting, and offices are arranged for privacy and confidentiality.
- The organization is small, and all team members take on a multitude of tasks, but they consistently get things done. They are very well respected in the community and by referral sources.

- Interviews with clients in the programs indicate satisfaction with services received. The general consensus of the clients is that they are consistently treated with a high level of respect by the therapist and that she is genuinely concerned with their improved well-being.
- TCCC provides vital substance abuse outpatient services to the community and the counties served.

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

There are no recommendations in this area.

Consultation

- It is suggested that when the organization reviews its policy, leadership sign and date the policy with the review date and notate any changes to the policy.
- It is suggested that the cultural and diversity plan provide more statistical detailed information on the clients and personnel population within the organization such as the ratio of male clients versus male staff, racial composition of clients and staff, and so forth.

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

There are no recommendations in this area.

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

1.F.10.a.

The organization is urged to provide documented evidence of an annual review or audit of the financial statements of the organization conducted by an independent accountant authorized by the appropriate authority.

Consultation

- Although the organization has a financial policy, the information is general. It is suggested that the organization include more detail on its financial practices to include the budget preparation and monitoring process.

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

There are no recommendations in this area.

Consultation

- Although the organization identified some of the risks, it is suggested that the organization thoroughly review all inherent risks to the organization such as safety issues, including COVID-19 pandemic health risks, doors left unlocked, break-ins, and crimes against staff members.

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.3.

It is recommended that persons served receive education that is designed to reduce identified physical risks.

1.H.4.a.(1)

1.H.4.a.(2)

1.H.4.a.(3)

1.H.4.a.(4)

1.H.4.a.(8)

1.H.4.b.(1)

1.H.4.b.(2)

1.H.4.b.(3)

1.H.4.b.(4)

1.H.4.b.(8)

Although the organization provides some competency-based training at orientation and annually, such as reducing physical risks, workplace violence, and critical incidents, it does not provide training in all areas. Therefore, it is recommended that the organization include in its competency-based training for personnel at hire and at least annually health and safety practices, emergency procedures, evacuation procedures, identification of unsafe environmental factors, and reducing physical risks.

1.H.5.c.(2)

1.H.5.c.(5)

1.H.5.c.(7)

1.H.5.c.(8)

It is recommended that the organization's written emergency procedures address complete evacuation from the physical facility, accounting for all persons involved, and identification and continuation of essential services.

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.d.

The organization is urged to conduct an unannounced test of each emergency procedure at least annually on each shift and at each location that includes a complete actual or simulated physical evacuation drill. Each test should be analyzed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. Each test should be evidenced in writing, including the analysis.

1.H.11.b.(1)(a)

1.H.11.b.(1)(b)

1.H.11.b.(2)

It is recommended that the organization implement procedures that include training regarding infections and communicable diseases and appropriate use of standard or universal precautions.

Consultation

- It is suggested that the organization post emergency numbers throughout all of its buildings in visible areas.

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

1.I.3.c.

1.I.3.g.

It is recommended that ongoing workforce planning include review and update of written job descriptions in accordance with organizational needs and/or the requirements of external entities and succession planning.

1.I.7.c.

It is recommended that workforce development activities include identification of timeframes/frequencies related to the competency assessment process.

1.I.8.c.

1.I.8.f.

1.I.8.g.

It is recommended that the organization's written procedures for performance appraisal address involvement of the person being appraised, measurable goals, and sources of input.

1.I.11.a.

1.I.11.b.

1.I.11.c.

1.I.11.d.

1.I.11.e.

1.I.11.f.

1.I.11.g.

The organization is urged to address in its succession planning its future workforce needs, identification of key positions, identification of the competencies required by key positions, review of talent in the current workforce, identification of workforce readiness, gap analysis, and strategic development.

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

- Ongoing assessment of technology and data use
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- 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

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.c.

It is recommended that the organization conduct a test its procedures for business continuity/disaster recovery at least annually that is analyzed for effectiveness, areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. The test should be evidenced in writing, including the analysis.

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

There are no recommendations in this area.

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.

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

1.M.1.a.

1.M.1.b.

1.M.1.c.

1.M.1.d.

It is recommended that the organization have a written description of its performance measurement and management system that includes the mission, programs/services seeking accreditation, objectives of the programs/services seeking accreditation, and personnel responsibilities related to performance measurement and management.

1.M.2.a.

1.M.2.b.

1.M.2.c.

1.M.2.d.

The organization is urged to demonstrate how its data collection system addresses the reliability, validity, completeness, and accuracy.

1.M.3.d.(1)(a)

1.M.3.d.(1)(b)

1.M.3.d.(1)(c)

1.M.3.d.(2)(a)

1.M.3.d.(2)(b)

1.M.3.d.(2)(c)

The data collected by the organization should be used to set written business function objectives, performance indicators, and performance targets. For each program seeking accreditation, it is recommended that the data collected by the organization be used to set written service delivery objectives, performance indicators, and performance targets.

1.M.5.a.

1.M.5.b.

1.M.5.d.

Although the organization collects information at the end of services, it is recommended that information about the persons served also be collected at the beginning of services, appropriate intervals during services, and point(s) in time following services.

1.M.6.a.

1.M.6.b.(1)

1.M.6.b.(2)

1.M.6.b.(3)

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

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

It is recommended that the organization measure business function performance indicators and service delivery performance indicators in the effectiveness and efficiency of services, service access, and satisfaction and other feedback from clients and other stakeholders.

1.M.7.a.

1.M.7.b.

1.M.7.c.

1.M.7.d.

It is recommended that for each service delivery performance indicator, the organization determine to whom the indicator will be applied; the person(s) responsible for collecting the data; the source from which data will be collected; and a performance target based on an industry benchmark, based on the organization's performance history, or established by the organization or other stakeholder.

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

1.N.1.a.

1.N.1.b.(1)

1.N.1.b.(2)(a)

1.N.1.b.(2)(b)

1.N.1.b.(2)(c)

1.N.1.b.(2)(d)(i)

1.N.1.b.(2)(d)(ii)

1.N.1.b.(3)

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

The organization is urged to complete a written analysis at least annually that analyzes performance indicators in relation to performance targets, including business functions; service delivery of each program seeking accreditation, including the effectiveness of service and efficiency of services, service access, and satisfaction and other feedback from the clients and other stakeholders; and extenuating or influencing factors. The written analysis should identify areas needing performance improvement, result in an action plan to address the improvements needed to reach established or revised performance targets, and outline actions taken or changes made to improve performance.

1.N.2.a.(1)

1.N.2.a.(2)

1.N.2.b.

1.N.2.c.

1.N.2.d.

It is recommended that the analysis of performance indicators be used to review the implementation of the mission and core values of the organization, improve the quality of programs and services, facilitate organizational decision making, and review or update the organization's strategic plan.

1.N.3.a.(1)

1.N.3.a.(2)

1.N.3.a.(3)

1.N.3.b.(1)

1.N.3.b.(2)

1.N.3.b.(3)

1.N.3.c.

It is recommended that the organization communicate accurate performance information to clients served, personnel, and other stakeholders according to the needs of the specific group, including the format, content, and timeliness of the information communicated.

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

- 2.A.24.a.
- 2.A.24.b.
- 2.A.24.c.
- 2.A.24.d.
- 2.A.24.e.
- 2.A.24.f.
- 2.A.24.g.
- 2.A.24.h.
- 2.A.24.i.

It is recommended that documented ongoing supervision of clinical or direct service personnel address accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each person served; treatment/service effectiveness as reflected by the client served meeting his/her individual goals; risk factors for suicide and other dangerous behaviors; the provision of feedback that enhances the skills of direct service personnel; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices.

Consultation

- It is suggested that the organization review its written supervision policy to provide more detailed information on areas being addressed during supervision.

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
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

2.B.13.b.

2.B.13.c.

2.B.13.d.

2.B.13.e.

2.B.13.g.

2.B.13.h.(1)

2.B.13.h.(2)

2.B.13.j.

2.B.13.l.

2.B.13.m.(3)

2.B.13.m.(4)

2.B.13.t.

It is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centered plan for each person served, including information about the client's personal strengths, individual needs, abilities and/or interests, and preferences; use of complimentary health approaches; medication, including efficacy of current or previously used medications; current level of functioning; pertinent current and historical life information, including the client's sexual orientation and gender identity; and advance directives, when applicable.

Consultation

- Although the organization documents its screening process, it is suggested that the organization develop an orientation checklist that could ensure that all the items have been reviewed with the clients. Clients could sign and date the form.

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.1.c.(1)

2.C.1.c.(2)

2.C.1.c.(3)

2.C.1.c.(4)

It is recommended that the written person-centered plan be based on the client's strengths, needs, abilities, and preferences.

2.C.4.a.(1)

2.C.4.a.(2)

2.C.4.b.(1)

2.C.4.b.(2)

2.C.4.b.(3)

2.C.4.b.(4)(a)

2.C.4.b.(4)(b)

2.C.4.b.(5)(a)

2.C.4.b.(5)(b)

2.C.4.b.(6)

The organization's assessment process obtains sufficient information to assess the client's risks at all levels. The therapist does a verbal safety plan with clients who are high risk. However, it is recommended that when assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan be completed with the person served as soon as possible and include triggers; current coping skills; warning signs; actions to be taken to respond to periods of increased emotional pain and restrict access to lethal means; preferred interventions necessary for personal safety and public safety; and advance directives, when available. The written safety plan could be filed in the client's chart.

Consultation

- It is suggested that the organization add a statement to its progress notes that clearly identifies what goal(s) is being addressed in the note.

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
- 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.3.g.(1)

2.D.3.g.(2)

2.D.3.g.(3)

2.D.3.g.(4)

It is recommended that the written transition plan include strengths, needs, abilities, and preferences. It is suggested that the discharge plan also include the person's strengths, needs, abilities, and preferences.

Consultation

- It is suggested that the program document all follow-up with clients upon discharge from the program.

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

There are no recommendations in this area.

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.2.a.

2.F.2.b.

2.F.2.c.(1)

2.F.2.c.(2)

2.F.2.c.(3)(a)

2.F.2.c.(3)(b)

2.F.2.c.(3)(c)

2.F.2.c.(4)

It is recommended that all direct service personnel receive documented competency-based training at orientation and annually that addresses prevention of unsafe behaviors, including contributing factors or causes that may lead to unsafe behaviors; health conditions that may contribute to unsafe behaviors; how interpersonal interactions may impact the behaviors of the clients served, including how clients served interact with each other, how personnel interact with clients served, and how personnel interact with each other; and the use of alternative interventions in an effort to avoid the use of seclusion or restraint.

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

2.H.5.a.

2.H.5.b.

2.H.5.c.

The organization is urged to demonstrate that the information collected from its established review process is used to improve the quality of its services through performance improvement activities, used to identify personnel training needs, and reported to personnel.

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.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.

Program(s)/Service(s) by Location

Treasure Coast Counseling Center, Inc.

1680 Southeast Lyngate Drive, Suite 201
Port St. Lucie, FL 34952

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

Treasure Coast Counseling Center, Inc.

895 Northeast Jensen Beach Boulevard
Jensen Beach, FL 34957

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)