



**SURVEY OUTCOME**  
**Three-Year Accreditation**

**CARF**  
**Survey Report**  
**for**  
**Community**  
**Counseling Center of**  
**Central Florida, LLC**

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**Organization**

Community Counseling Center of  
Central Florida, LLC (CCCCF)  
499 North State Road 434, Suite 2007  
Altamonte Springs, FL 32714

**Organizational Leadership**

Corrie L. Hungerford, Ph.D., LMHC, LMFT, NCC, Owner

**Survey Dates**

September 11–12, 2008

**Survey Team**

Michael J. O'Malley, Ph.D., Administrative Surveyor  
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**Programs/Services Surveyed**

Assessment and Referral: Mental Health (Children and Adolescents)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)



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**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: September 2011**

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# SURVEY SUMMARY

**Community Counseling Center of Central Florida, LLC (CCCCF) has strengths in several areas.**

- The organization's corporate philosophy is a proactive rather than reactive approach to the provision of mental health services to persons served.
- CCCCCF is committed to providing services to persons served in the location of their choice. CCCCCF's willingness to offer flexible counseling hours at locations convenient to the client seven days a week removes significant barriers to service access.
- CCCCCF demonstrates strength in the use of community-based interventions as a key strategy for helping clients learn new skills and develop new resources. Community-based services reduce client travel and allow therapists the opportunity to observe the real-life situations that may contribute to the difficulties in the family system.
- CCCCCF has become a valuable community asset to Orlando and four counties in central Florida. Staff members know their communities and service resources and work hard to maintain strong relationships with community stakeholders.
- The organizational strength and clinical knowledge of the CEO and dynamic relationships with funders and referral sources contribute to steady, stable growth of CCCCCF's capacity to deliver client-centered mental health services.
- The organization has deep community partnerships.
- Persons served report that they are very pleased with services they receive. Clients report that the organization is responsive to their specific needs.
- The organization has an excellent child-friendly version of its code of ethics, client rights, and HIPAA informational packet. Key organizational policies and procedures are available in English and Spanish, and CCCCCF is dedicated to expanding its pool of Spanish-speaking therapists.
- The CEO and contract service providers demonstrate a high level of enthusiasm, commitment, and knowledge. Staff members are highly trained and committed to ongoing education regarding evidence-based best practices in mental health service delivery. There is low staff turnover because of the CEO's dedication and competency, the corporate philosophy, and work-schedule flexibility.

**Community Counseling Center of Central Florida should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.**

On balance, CCCCCF has made a commitment to use CARF standards and accomplished a great deal in its initial pursuit and maintenance of international accreditation. The organization has considerable support and cooperation from all its major funding and regulatory agencies. These stakeholders are very supportive of CCCCCF's desire to expand its capacity and service delivery area. The CEO and contracted care providers have a strong commitment to use CARF standards to

upgrade all aspects of the organization's operations. CCCCCF has the human resources and support needed to address the opportunities for improvement noted in this report. It also has the ability to grow and change to meet the various challenges that affect the individuals it serves.

Community Counseling Center of Central Florida, LLC has earned a Three-Year Accreditation. The CEO and contract providers are congratulated for this accomplishment and encouraged to continue using CARF standards as guidelines for continuous quality improvement.

## **SECTION 1. ASPIRE TO EXCELLENCE®**

### **A. Leadership**

#### **Principle Statement**

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
  - Leadership guidance
  - Commitment to diversity
  - Corporate responsibility
  - Corporate compliance
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#### **Recommendations**

There are no recommendations in this area.

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### **C. Strategic Integrated Planning**

#### **Principle Statement**

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**

- Strategic planning considers stakeholder expectation and environmental impacts
  - Written strategic plan sets goals
  - Plan is implemented, shared, and kept relevant
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## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- It is suggested that CCCCCF's CEO share progress on strategic goals and objectives on a regular
  - (e.g., quarterly or biannual) basis with persons served and other stakeholders. Information about service access, effectiveness, and efficiency; satisfaction measures; and upcoming events could be included in a written executive summary and/or "message from the CEO." This information could also be shared in an online newsletter or printed document and distributed regularly to clients, community stakeholders, and contract care providers.
  - It is suggested that consideration be given for the creation of a client advisory council for marketing the value of CCCCCF's services and to work on community attitude change. The CEO could pursue being invited to speak on a local radio station about CCCCCF's mission and vision.
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## **D. Input from Persons Served and Other Stakeholders**

### **Principle Statement**

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**

- Ongoing collection of information from a variety of sources
  - Analysis and integration into business practices
  - Leadership response to information collected
- 

### **Recommendations**

There are no recommendations in this area.

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## E. Legal Requirements

### Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

### Key Areas Addressed

- Compliance with all legal/regulatory requirements
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### Recommendations

There are no recommendations in this area.

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## F. Financial Planning and Management

### Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual 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

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Review of service billing records and fee structure
  - Financial review/audit
  - Safeguarding funds of persons served
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### Recommendations

There are no recommendations in this area.

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## G. Risk Management

### Principle Statement

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

### Key Areas Addressed

- Written risk management plan
  - Adequate insurance coverage
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### Recommendations

There are no recommendations in this area.

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## H. Health and Safety

### Principle Statement

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

- Inspections
  - Emergency procedures
  - Access to emergency first aid
  - Competency of personnel in safety procedures
  - Reporting/reviewing critical incidents
  - Infection control
- 

### Recommendations

#### H.11.a.(1) through H.11.b.(3)

It is recommended that CCCCCF ensure that comprehensive health and safety inspections are conducted at least annually by a qualified external authority. These inspections should result in a written report that identifies areas inspected, recommendations for areas for improvement, and actions taken to respond to the recommendations.

### **H.13.a. through H.13.e.**

It is recommended that CCCCCF conduct tests of all emergency procedures at least annually on all shifts. These tests should include actual or simulated physical evacuations when included in the procedures. All tests should be analyzed for improvement in writing and result in improvement or affirmation of current practice.

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## **I. Human Resources**

### **Principle Statement**

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

### **Key Areas Addressed**

- Adequate staffing
  - Verification of background/credentials
  - Recruitment/retention efforts
  - Personnel skills/characteristics
  - Annual review of job descriptions/performance
  - Policies regarding students/volunteers, if applicable
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It is suggested that the contract for each contracted clinician include maintaining competency as part of fulfilling the elements of his/her contract.
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## **J. Technology**

### **Principle Statement**

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

## **Key Areas Addressed**

- Written technology and system plan
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## **Recommendations**

There are no recommendations in this area.

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## **K. Rights of Persons Served**

### **Principle Statement**

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

### **Key Areas Addressed**

- Communication of rights
  - Policies that promote rights
  - Complaint, grievance, and appeals policy
  - Annual review of complaints
- 

### **Recommendations**

There are no recommendations in this area.

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## **L. Accessibility**

### **Principle Statement**

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

## **Key Areas Addressed**

- Written accessibility plan(s)
  - Status report regarding removal of identified barriers
  - Requests for reasonable accommodations
- 

## **Recommendations**

There are no recommendations in this area.

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## **M. Information Measurement and Management**

### **Principle Statement**

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

### **Key Areas Addressed**

- Information collection, use, and management
  - Setting and measuring performance indicators
- 

### **Recommendations**

There are no recommendations in this area.

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## **N. Performance Improvement**

### **Principle Statement**

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**

- Proactive performance improvement
  - Performance information shared with all stakeholders
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It is suggested that the organization utilize outcomes data on its programs for use in advertising and marketing its services.
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## **SECTION 2. GENERAL PROGRAM STANDARDS**

### **Principle Statement**

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.

### **A. Program Structure and Staffing**

#### **Principle Statement**

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

#### **Key Areas Addressed**

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties

- Relevant education
  - Clinical supervision
  - Family participation encouraged
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It is suggested that the organization ensure that there is education regarding substance use disorders to assist in the understanding of addiction and the treatment referral process should clients present with co-occurring substance use issues.
- 

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

### **Principle Statement**

The process of screening and assessment is designed 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 strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means, including face-to-face contact, telepsychiatry, 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**

#### **B.6.b.(1)(c)(i) through B.6.b.(1)(c)(iii)**

The orientation of each person served should include ways in which input is given regarding the quality of care, achievement of outcomes, and satisfaction of the person served.

**B.9.e.****B.9.f.**

The primary assessment of each person served should include information about the person's abilities and/or interests and preferences.

**B.10.a. through B.10.c.**

The primary assessment should result in an interpretive summary that is based on assessment data, used in developing the individual plan, and identifies any co-occurring disabilities and/or disorders and how they will be addressed in developing the plan.

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## C. Individual Plan

### Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

### Key Areas Addressed

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

### Recommendations

**C.3.a.(1)****C.3.e.(1)**

It is recommended that goals on individual plans be expressed in the words of persons served and the plans include information about or conditions for the transition to other community services when appropriate.

**C.4.a.**

When co-occurring disorders (e.g., substance use/abuse/dependence) are identified during the assessment, the individual plan should specifically address those issues in an integrated manner.

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## D. Transition/Discharge

### Principle Statement

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 clinical document that includes information about the person's progress in recovery and describes the completion of goals and the efficacy of services provided. It is prepared to ensure a seamless transition to another level of care, another component of care, or an after care program.

A discharge summary, identifying reasons for discharge, is completed when the person leaves services for any reason (planned discharge, against medical advice, no show, infringement of program rules, etc.).

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 contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

The transition plan and/or discharge summary may be included in a combined document as long as it is clear whether the information relates to a transition or discharge planning.

### 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

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### Recommendations

#### D.2.b.

It is recommended that the organization follow its procedure related to the transition of persons served to other services.

#### D.3.

It is recommended that transition planning be initiated with the person served at the earliest point in the individual planning and service delivery process.

### **D.5.a. through D.5.f.**

A written transition plan should be prepared with each person leaving services to ensure continuity of services. The plan should be developed with the input and participation of the person served, family or legal guardian when applicable and permitted, a legally authorized representative when appropriate, personnel, the referral source when appropriate and permitted, and other community services when appropriate and permitted. The plan should identify the person's current progress in his/her own recovery or move toward well-being and gains the person has achieved during participation in the program; identify the person's need for support systems or other types of services that will assist in continuing his/her recovery or well-being or community integration; include information about the person's medication when applicable; include referral resource information such as contact name, phone numbers, locations, hours, and days of services; and include communication of information about options available if symptoms recur or additional services are needed.

### **D.6.a. through D.6.d.**

The organization is urged to ensure that documents provided to external programs/services to support a person's transition plan include the person's strengths, needs, abilities, and preferences.

### **D.7.**

Individuals who participate in developing a transition plan should receive a copy of that plan when permitted.

### **D.8.a. through D.8.c.**

When the transition plan indicates the need for additional services or supports, personnel should be identified who will maintain the continuity and coordination of needed services, determine with the person served whether further services are needed, and offer or refer to needed services when possible.

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## **E. Pharmacotherapy**

### **Principle Statement**

Pharmacotherapy is the practice of evaluating, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and efficacious. Pharmacotherapy may be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Pharmacotherapy includes all prescribed medications, whereas medication monitoring includes prescribed medications and over-the-counter medications.

## Key Areas Addressed

- Individual records of medication
  - Physician review
  - Policies and procedures for prescribing, dispensing, and administering medications
  - Training regarding medications
  - Policies and procedures for safe handling of medication
- 

## Recommendations

There are no recommendations in this area.

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## F. Seclusion and Restraint

### Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. Seclusion refers to restriction of the person served to a segregated room 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 if freedom to leave the segregated room is denied.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes that are not in response to the behavioral health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

## **Key Areas Addressed**

- Emergency intervention procedures
  - Patterns of use reviewed
  - Policies and procedures for use of seclusion and restraint
  - Persons trained in use
  - Designated room
- 

## **Recommendations**

There are no recommendations in this area.

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## **G. Records of the Persons Served**

### **Principle Statement**

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
  - Time frames for entries to records
  - Individual record requirements
  - Duplicate records
- 

### **Recommendations**

#### **G.3.f.**

#### **G.3.h.(7)**

Although the organization has information about the primary care physician's name, it is recommended that the physician's address and phone number also be included in the record when available. Furthermore, it is recommended that the record include a transition plan when appropriate.

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## H. Quality Records Review

### Principle Statement

The organization has 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
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### Recommendations

#### H.3.e.(1)

The records review should determine whether a transition plan has been completed when appropriate.

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## MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/disorders, such as mental illness and a developmental disability.

## SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

### Principle Statement

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.

## **B. Assessment and Referral**

### **Principle Statement**

Assessment and referral programs provide a variety of activities, including prescreening, screening, psychosocial assessment, determination of need, and referral to appropriate level of care. The provision of information on available resources is not considered a full assessment and referral program. An adequate assessment must be conducted to provide more informed referrals.

Such programs may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Organizations performing assessment and referral as a routine function of entrance into other core programs, such as their outpatient treatment, case management, or residential programs, are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

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### **Recommendations**

#### **B.2.e.(1)**

It is recommended that a method be identified to determine if services were accessed by persons served.

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## **R. Outpatient Treatment**

### **Principle Statement**

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. 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; addictions (such as alcohol or other drugs, gambling, and Internet); eating or sexual disorders; and the needs of victims of abuse, domestic violence, or other trauma.

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### **Recommendations**

There are no recommendations in this area.

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# SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

## A. Children and Adolescents

**Assessment and Referral: Mental Health**  
**Outpatient Treatment: Mental Health**

### Principle Statement

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.

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### Recommendations

There are no recommendations in this area.

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