

**CARF Accreditation Report**  
**for**  
**Community Counseling Center of**  
**Central Florida, LLC**  
  
**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](http://www.carf.org/contact-us).

**Organization**

Community Counseling Center of Central Florida, LLC  
3544 Edgewater Drive  
Orlando, FL 32804

**Organizational Leadership**

Corrie L. Kindyl, Ph.D., LMHC, LMFT, NCC, A, Chief Executive Officer

**Survey Date(s)**

August 10, 2017–August 11, 2017

**Surveyor(s)**

Shajine Blake, Administrative  
Kim Bappe, LCSW, LAC, Program

**Program(s)/Service(s) Surveyed**

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

**Previous Survey**

Three-Year Accreditation  
August 14, 2014–August 15, 2014

**Accreditation Decision****Three-Year Accreditation**

**Expiration: September 30, 2020**

# Executive Summary

This report contains the findings of CARF's on-site survey of Community Counseling Center of Central Florida, LLC conducted August 10, 2017–August 11, 2017. 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, Community Counseling Center of Central Florida, LLC demonstrated substantial conformance to the standards. Community Counseling Center of Central Florida has made a dedicated effort to achieve international accreditation. The organization is dedicated to ongoing quality improvement. The organization has made tremendous efforts to become a cornerstone of the community, giving it the ability to provide long-term services. Clients expressed satisfaction with services provided and the dedication of the staff. The organization has areas for improvement, including updating of the strategic and risk management plans, completion of all emergency drills, procedures for critical incidents, behavioral intervention procedures, supervision of personnel, additional information for the person-centered plan, completion of discharge plans, and completion of quality record reviews. The organization appears to have the ability, willingness, and resources to continue providing a highly sought-after and valued service.

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

**Community Counseling Center of Central Florida, LLC 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 Community Counseling Center of Central Florida, LLC was conducted by the following CARF surveyor(s):

- Shajine Blake, Administrative
- Kim Bappe, LCSW, LAC, 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 Community Counseling Center of Central Florida, LLC 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):

- Assessment and Referral: Mental Health (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (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 Community Counseling Center of Central Florida, LLC demonstrated the following strengths:

- The CEO is committed to growth and development of the organization, constantly seeking ways to become more efficient and effective. She invests not only in her own knowledge but that of the staff and contractors.
- Since its previous survey, the organization has become more financially solvent, purchasing its own facility and making it a permanent staple in the community.
- The administration quickly responds to individuals who experience changes to health and behaviors to create a plan to better support the individuals.

- Management and the staff are highly committed to ongoing professional development through clinical supervision, peer consultation, inservice training, and structured trainings outside the organization.
- All staff members demonstrate a high level of commitment, pride, and enthusiasm regarding the work they do and the organization. It is clear from observation and reports during the site visit that the organization has developed a culture of excellence and that the quality of services is high.
- Participants in services consistently report high levels of satisfaction even though initially "they didn't want to be there." The direct care staff appears to find ways to therapeutically connect with court-ordered and challenging populations.
- Documentation of services is well organized, clear, and easily accessible.
- The organization is family oriented. It provides accommodations for family members within the facility. The organization provides a family-friendly waiting area with books, toys, television programs, puzzles, and snacks.
- The organization is recognized for its level of cultural competency, which is evident in the attitudes of administrative and programmatic staff members.

## 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 an 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
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

### Recommendations

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

The organization should implement a cultural competency and diversity plan that is based on the consideration of socioeconomic status.

#### 1.A.6.a.(3)

#### 1.A.6.a.(5)

#### 1.A.6.a.(6)(a)(i)

#### 1.A.6.a.(6)(a)(ii)

#### 1.A.6.a.(6)(a)(iii)

#### 1.A.6.a.(6)(c)

#### 1.A.6.a.(9)(a)

#### 1.A.6.a.(9)(b)

#### 1.A.6.a.(9)(c)

#### 1.A.6.a.(9)(d)

The organization has a written ethical code of conduct. However, it is recommended that corporate responsibility efforts include, at a minimum, written ethical codes of conduct in the areas of contractual relationships; use of social media; service delivery, including the exchange of gifts, money, and gratuities and personal property; and the prohibition of waste, fraud, abuse, and other wrongdoing.

#### 1.A.7.c.(2)(b)

#### 1.A.7.d.(1)

An organization in the United States receiving federal funding should demonstrate corporate compliance by conducting corporate compliance risk assessments. Also, although the organization provides training on corporate compliance, it is recommended that the organization provide training for personnel on the role of the compliance officer. Based on the size of the organization, the CEO currently serves as the corporate compliance officer. It is suggested that the CEO identify another employee or longstanding contractor to assist in maintaining the compliance standards of the organization. This could provide a safe space for reporting without the fear of reprisal.

### Consultation

- The organization could use the CARF standards as a guide for creating written procedures to supplement some of the existing policies.

## 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

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

### Recommendations

1.C.1.a.

1.C.1.b.

1.C.1.c.

1.C.1.e.

1.C.1.j.

1.C.1.k.

It is recommended that the ongoing strategic planning of the organization consider expectations of persons served, expectations of other stakeholders, the competitive environment, financial threats, the regulatory environment, and the legislative environment.

1.C.2.b.(2)

1.C.2.b.(3)

1.C.2.c.(2)

The organization's leadership has worked to create a strategic report. It is recommended that the report develop into a strategic plan that reflects the financial position of the organization at projected point(s) in the future and with respect to allocating resources necessary to support accomplishment of the plan and sets priorities.

## 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

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

## **Recommendations**

**1.D.2.b.(1)**

**1.D.2.b.(2)**

**1.D.2.b.(3)**

**1.D.2.b.(4)**

**1.D.2.b.(5)**

**1.D.2.b.(6)**

It is recommended that the leadership of the organization use the input from persons served and other stakeholders in program planning, performance improvement, strategic planning, organizational advocacy, financial planning, and resource planning.

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

### **Description**

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

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements

### **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**

- 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

### **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

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

### Recommendations

#### 1.G.1.a.(7)

It is recommended that the organization implement a risk management plan that includes risk reduction in performance improvement activities.

### Consultation

- Although the organization has developed a strategic plan, it is suggested that the organization identify loss exposures for the property where services are provided.

## 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

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

### Recommendations

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

#### 1.H.5.c.(2)

It is recommended that the organization develop written emergency procedures that address when evacuation is appropriate and when complete evacuation from the physical facility is appropriate.

#### 1.H.6.a.

It is recommended that the organization have evacuation routes that are accessible.

- 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.**

Although the organization trains staff on emergency procedures, it is recommended that unannounced tests of all emergency procedures be conducted at least annually on each shift at each location to include complete actual or simulated physical evacuation drills. The drills 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 and be evidenced in writing, including the analysis.

- 1.H.9.a.**
- 1.H.9.b.**
- 1.H.9.c.**
- 1.H.9.d.**
- 1.H.9.e.**

It is recommended that the organization have written procedures regarding critical incidents that include prevention, reporting, documentation, remedial action, and timely debriefings conducted following critical incidents.

## **1.I. Human Resources**

### **Description**

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**

#### **1.I.5.b.(5)**

It is recommended that the organization provide documented personnel training that also addresses ethical codes of conduct.

#### **1.I.9.b.(3)(c)**

It is recommended that the organization implement personnel policies that address nondiscrimination in the areas of assignment of work.

## 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

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

### Recommendations

#### 1.J.2.a.(1)

#### 1.J.2.a.(2)

It is recommended that the organization implement written procedures that address consent of the person served when audio recording, video recording, and photographing the person served.

## 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

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

### 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

- Written accessibility plan(s)
- Requests for reasonable accommodations

## **Recommendations**

**1.L.1.b.(2)**

**1.L.1.b.(3)**

**1.L.1.b.(4)**

**1.L.1.b.(5)**

**1.L.1.b.(6)**

**1.L.1.b.(7)**

**1.L.1.b.(8)**

It is recommended that the organization's leadership implement an ongoing process for identification of barriers in the environment, attitudes, finances, employment, communication, technology, and transportation.

**1.L.2.a.(1)**

**1.L.2.a.(2)**

It is recommended that the organization implement an accessibility plan that includes, for all identified barriers, the actions to be taken and timelines.

## **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**

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

### **Recommendations**

**1.M.2.a.**

**1.M.2.b.**

**1.M.2.c.**

**1.M.2.d.**

It is recommended that the organization demonstrate how its data collection system addresses reliability, validity, completeness, and accuracy.

## **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**

- Proactive performance improvement
- Performance information shared with all stakeholders

## **Recommendations**

### **1.N.1.c.(2)**

### **1.N.1.c.(3)**

It is recommended that a written analysis be completed that results in an action plan to address the improvements needed to reach established or revised performance targets and outlines 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 of the organization and the 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.

## **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.13.a.**

### **2.A.13.b.**

### **2.A.13.c.(1)**

### **2.A.13.c.(2)**

### **2.A.13.d.**

It is recommended that the policies include written procedures that address positive approaches to the program's use of behavioral interventions, including an emphasis on building positive relationships with persons served, evaluation of the environment, appropriate interaction with staff to promote de-escalation and manage behavior, and empowering persons served to manage their own behavior.

### **2.A.25.**

It is recommended that the organization include written procedures for the supervision of all individuals providing direct services.

### **2.A.26.a.**

### **2.A.26.b.**

### **2.A.26.c.**

### **2.A.26.d.**

### **2.A.26.e.**

### **2.A.26.f.**

### **2.A.26.h.**

### **2.A.26.i.**

It is recommended that the organization consistently provide documented ongoing supervision of clinical or direct service personnel that addresses 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 person 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; cultural competency issues; and model fidelity, when implementing evidence-based practices. It is suggested that the organization add these clinical supervision areas to the supervision form to ensure that they will be addressed.

## **Consultation**

- It is suggested that the organization incorporate motivational interviewing training and ongoing supervision to assist in engaging clients in the treatment/change process.

## **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.8.d.(1)(d)(vi)**

### **2.B.8.d.(1)(f)(iii)**

It is recommended that each person served receive an orientation that includes, as applicable, an explanation of the organization's response to identification of potential risk to the person served and the program's health and safety policies regarding legal substances brought into the program.

### **2.B.13.d.**

### **2.B.13.h.(2)**

### **2.B.13.i.(3)**

### **2.B.13.m.(3)**

### **2.B.13.m.(4)**

### **2.B.13.n.(1)(b)**

### **2.B.13.n.(2)(c)**

### **2.B.13.q.**

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 person's abilities and/or interests; the efficacy of previously used medication; current pregnancy and prenatal care; sexual orientation; gender expression; history of trauma that is witnessed, including violence; and literacy level.

## **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.(2)**

It is recommended that a written person-centered plan be based upon the person's needs.

- 2.C.2.a.(1)
- 2.C.2.a.(2)
- 2.C.2.a.(3)
- 2.C.2.b.(2)(a)
- 2.C.2.b.(2)(b)
- 2.C.2.b.(5)

It is recommended that the person-centered plan consistently include the identification of the needs/desires of the person served through goals that are expressed in the words of the person served, clinical goals that are understandable to the person served, and goals that are reflective of the informed choice of the person served or parent/guardian. Additionally, the person-centered plan should include specific service or treatment objectives that are reflective of the person's age, reflective of the person's development, and measurable.

## 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.b.(1)**

It is recommended that the written transition plan identify the person's current progress in his/her own recovery or move toward well-being.

### **2.D.5.b.**

### **2.D.5.d.**

### **2.D.5.f.**

### **2.D.5.g.**

For all persons leaving services, a written discharge summary should be prepared to ensure that the person served has documented treatment episodes and results of treatment that describes the services provided, describes the extent to which established goals and objectives were achieved, identifies the status of the person served at last contact, and lists recommendations for services or supports.

## **2.E. Medication Use**

### **Description**

Medication use is the practice of handling, 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 deemed efficacious. Medication use may include self-administration, or 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.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. 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, transporting, storing, and disposing of medications, including those self-administered by the person served.

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak 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 closely observing the person served self-administering the medication.

Self-administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time. These standards are applied regardless of whether the prescriber is employed directly by the organization or works under contract.

### **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.

## **2.F. Nonviolent Practices**

### **Description**

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, 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. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. 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, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

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.

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 of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.

### **Key Areas Addressed**

- Training and procedures supporting nonviolent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

### **Recommendations**

There are no recommendations in this area.

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

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## 2.H. Quality Records Management

### Description

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

### Key Areas Addressed

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

### Recommendations

#### 2.H.1.b.(1)

#### 2.H.1.b.(2)

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

It is recommended that the program conduct a documented review of the services provided that addresses, as evidenced by the record of the person served, the quality of service delivery; appropriateness of services; and model fidelity, when an evidence-based practice is identified.

#### 2.H.4.a.(1)

#### 2.H.4.a.(2)

#### 2.H.4.b.

#### 2.H.4.c.

#### 2.H.4.d.(1)

#### 2.H.4.d.(2)

#### 2.H.4.e.(1)(a)

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

#### 2.H.4.e.(2)

#### 2.H.4.f.

#### 2.H.4.g.(1)

#### 2.H.4.g.(2)

#### 2.H.4.i.(1)

It is recommended that the records review address whether the clients were provided with an appropriate orientation and the clients were actively involved in making informed choices regarding the services they received; confidential information was released according to applicable laws/regulations; the assessments of the persons served were thorough and complete; and risk factors were adequately assessed that resulted in safety plans, when appropriate. Additionally, the records review should address whether the goals and service/treatment objectives of the persons served were based on the results of the assessments and the input of the person served and revised when indicated; the actual services were related to the goals and objectives in the person's plan; the actual services reflect the appropriate level of care and reasonable duration; and, when applicable, a transition plan is completed.

#### 2.H.5.a.

#### 2.H.5.b.

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

## 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.

## 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.A. Assessment and Referral (AR)

### Description

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.

### Key Areas Addressed

- Identification of valid, reliable, or standardized assessment tools, tests, or instruments
- Method of identifying appropriate levels of care
- Information provided on available choices for community resources

### 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

There are no recommendations in this area.

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

## Community Counseling Center of Central Florida, LLC

3544 Edgewater Drive  
Orlando, FL 32804

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