



CARF
Survey Report
for
Gateway Community
Services, Inc.

CARF INTERNATIONAL

4891 East Grant Road
Tucson, AZ 85712 USA
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129
www.carf.org

CARF-CCAC

1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122 ■ Fax 202 587 5009
www.carf.org/aging

CARF CANADA

10665 Jasper Avenue, Suite 1400A
Edmonton, Alberta T5J 3S9 Canada
Tel 780 429 2538 ■ Fax 780 426 7274
www.carfcanada.ca



Organization

Gateway Community Services, Inc.
555 Stockton Street
Jacksonville, FL 32204

Organizational Leadership

Randolph J. Jennings, M.A., M.S., CAP
Senior Vice President of Operations

Survey Dates

March 2-4, 2009

Survey Team

George V. Staub, M.S., LISAC, MAC, Administrative Surveyor

Gloria Woodruff, M.A., M.B.A., Program Surveyor

Deborah Deutsch-Rios, Program Surveyor

Programs/Services Surveyed

Assessment and Referral: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Crisis and Information Call Centers: Alcohol and Other Drugs/Addictions (Adults)

Crisis and Information Call Centers: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Crisis Stabilization: Alcohol and Other Drugs/Addictions (Children and Adolescents)

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

Detoxification: Alcohol and Other Drugs/Addictions (Adults)

Detoxification: Alcohol and Other Drugs/Addictions (Children and Adolescents)

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

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Juvenile Justice)

Prevention/Diversion: Alcohol and Other Drugs/Addictions (Adults)

Prevention/Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)

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

Residential Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Previous Survey

February 27-March 1, 2006

Three-Year Accreditation

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Survey Outcome

Three-Year Accreditation

Expiration: March 2012

SURVEY SUMMARY

Gateway Community Services, Inc., has strength in many areas.

- The administration is well respected.
- The facility is extremely well used for a variety of purposes and activities.
- The staff is dedicated and very supportive of the mission and vision of the organization.
- Clients speak highly of the help they receive at all levels and praise the respectful manner in which they are treated.
- The board of directors is solidly invested in the future of the organization.
- Gateway Community Services' prevention program is one of the most recognized programs for prevention in the county.
- The employees have incorporated an addictions prevention program utilizing a performing arts model to community schools, hospitals, and other facilities.
- Gateway Connections, the interactive website, has broadened the scope of services, reaching clients unable to attend traditional face-to-face services.
- Community resources praise the level of quality service and the partnership that Gateway Community Services has forged within the community.

In the following area Gateway Community Services demonstrates exemplary conformance.

- Gateway Community Services is commended for its First Step Camp. This excellent program allows clients who are newly graduated from the detox program to involve themselves in an intensive week-long introduction to Step 1 of the 12-Step Program. This is most effective in developing the motivation and skill sets to continue in the recovery program.

Gateway Community Services 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, Gateway Community Services is substantially in conformance to the CARF standards. The facility is a major component of the Jacksonville area's services to persons who are addicted. It is financially solid and has a great effect on services to persons who are addicted and families suffering from the ravages of addiction. The organization is very forward looking and has plans to increase its services as soon as this becomes possible.

Gateway Community Services, Inc., has earned a Three-Year Accreditation. The leadership, staff members, and board are congratulated on this accomplishment. They are encouraged to utilize the standards in their performance improvement processes to continuously enhance the quality of the programs and services that are provided to their clients.

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

Recommendations

There are no recommendations in this area.

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
-

Recommendations

There are no recommendations in this area.

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.

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
-

Recommendations

There are no recommendations in this area.

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
-

Recommendations

There are no recommendations in this area.

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
-

Recommendations

There are no recommendations in this area.

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.7.d.(10)

It is recommended that Gateway Community Services include procedures to handle biohazardous accidents in its critical incident procedures.

H.9.b.

It is recommended that Gateway Community Services include appropriate use of standard or universal precautions by personnel in its infection control activities.

H.18.

It is recommended that there be written procedures that provide for safe handling, storage, and disposal of hazardous materials.

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

I.5.a.

Although job descriptions are contained within employee personnel files, it is recommended that they be included in all files, including contract, intern, and volunteer files.

I.5.d.(1)

It is recommended that all performance evaluations be developed to reflect job performance based upon job descriptions and measureable performance objectives and goals.

I.5.e.(2)

It is recommended that reviews of all contract personnel utilized by the organization be conducted on an annual basis and ensure that they conform to CARF standards and follow all applicable policies and procedures of the organization. Although Gateway Community Services uses a checklist for this purpose, it is recommended that there be a formal performance evaluation in place.

I.6.b.(1)

I.6.b.(2)

If students or volunteers are used by the organization, it is recommended that the personnel files on these individuals also contain their expected duties and scope of responsibility. This can be accomplished by including a specific job description within each file.

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
-

Recommendations

There are no recommendations in this area.

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.

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.

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.

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.

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.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

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
-

Recommendations

D.5.b.(2)

It is recommended that the organization include the gains achieved during the program participation in the written transition plan.

D.5.c. through D.5.f.

It is recommended that the organization identify the person's need for support systems to assist in his or her continued recovery, well-being, or community integration. The written transition plan should include information on the person's medication, when applicable; referral resource information, such as contact name, telephone number, locations, hours, and days of services, when applicable; and communication of information on options available if symptoms recur or additional services are needed, when applicable.

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.

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.

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

There are no recommendations in this area.

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
-

Recommendations

There are no recommendations in this area.

ALCOHOL AND OTHER DRUGS/ADDICTIONS

Core programs in this field category are designed to provide services for persons who have or are at risk of having harmful involvement with alcohol or other drugs/addictions. These programs use a team approach to minimize the effects and risks associated with alcohol, other drugs, or other addictions.

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.

Recommendations

There are no recommendations in this area.

F. Crisis and Information Call Centers

Principle Statement

Crisis and information call centers respond to a variety of immediate requests identified by the persons served and may include crisis response, information and referral, or response to other identified human service needs.

Recommendations

There are no recommendations in this area.

H. Crisis Stabilization

Principle Statement

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

Recommendations

There are no recommendations in this area.

I. Day Treatment

Principle Statement

Day treatment programs are time-limited, medically monitored programs that offer comprehensive, intensive, individually planned, coordinated, and structured services.

A day treatment program consists of a scheduled series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency in order to assist the persons served in achieving the goals identified in their individual treatment plans. Day treatment programs are typically offered four or more days per week, with some available in the evenings and on weekends. Such a program functions as a step-down or alternative to inpatient care or partial hospitalization, as transitional care following an inpatient or partial hospitalization stay in order to facilitate return to the community or to prevent or minimize the need for a more intense or restrictive level of treatment. Day treatment programs are more intensive than outpatient treatment and serve persons who need a structured behavioral health setting for daytime activities.

Recommendations

There are no recommendations in this area.

J. Detoxification

Principle Statement

Detoxification programs provide support to the persons served during withdrawal from alcohol and/or other drugs. Services may be provided in a unit of a medical facility, in a freestanding residential or community-based setting, or in the home of the person served.

Recommendations

There are no recommendations in this area.

Exemplary Conformance

J.9.

Gateway Community Services is commended for its First Step Camp. This excellent program allows clients who are newly graduated from the detox program to involve themselves in an intensive week-long introduction to Step 1 of the 12-Step Program. This is most effective in developing the motivation and skill sets to continue in the recovery program.

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.

Recommendations

There are no recommendations in this area.

T. Prevention/Diversion

Principle Statement

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

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

- Universal programs target the general population and seek to reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations.
- Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem behavior. These programs are tailored to reduce identified risk factors and strengthen protective factors in the individual. Selected programs may include student assistance (SAP), peer counseling, or peer mentor groups.
- Indicated programs target groups that are exhibiting early signs of the problem behavior. These individuals are at risk for continued or increased problems. Indicated prevention may include programs traditionally thought of as intervention that focus on changing outcomes for

individuals and targeting antecedents of problem behavior. Indicated programs may also include diversion programs such as DUI/OWI classes, report centers, home monitoring, after-school tracking, or supervised visitation.

Recommendations

There are no recommendations in this area.

U. Residential Treatment

Principle Statement

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health disabilities or co-occurring disabilities, including intellectual or developmental disability; victims or perpetrators of domestic violence or other abuse; or persons needing treatment because of eating or sexual disorders or drug, gambling, or Internet addictions. Residential treatment services are organized to provide environments in which the persons reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

A. Children and Adolescents

Assessment and Referral: Alcohol and Other Drugs/Addictions
Crisis and Information Call Centers: Alcohol and Other Drugs/Addictions
Crisis Stabilization: Alcohol and Other Drugs/Addictions
Detoxification: Alcohol and Other Drugs/Addictions
Outpatient Treatment: Alcohol and Other Drugs/Addictions
Prevention/Diversion: Alcohol and Other Drugs/Addictions
Residential Treatment: Alcohol and Other Drugs/Addictions

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.

Recommendations

There are no recommendations in this area.

INTEGRATED AOD/MENTAL HEALTH

Core programs in this field category are designed to provide a combination of alcohol and other drugs/addictions and mental health services. This may include services provided in a psychosocial format. Services may be provided through a seamless system of care for individuals with needs in one or both areas or for persons with the identified co-occurring disorders.

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.

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.

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

D. Juvenile Justice

Outpatient Treatment: Integrated: AOD/MH

Principle Statement

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

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

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Gateway Community Services, Inc.

555 Stockton Street
Jacksonville, FL 32204

Crisis and Information Call Centers: Alcohol and Other Drugs/Addictions (Adults)
Crisis and Information Call Centers: Alcohol and Other Drugs/Addictions (Children and
Day Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Prevention/Diversion: Alcohol and Other Drugs/Addictions (Adults)
Prevention/Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

THE PLAYERS Championship Village

2671 Huffman Boulevard
Jacksonville, FL 32246

Assessment and Referral: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Crisis Stabilization: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Detoxification: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Prevention/Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Northeast Regional Resource Prevention Center - Lexington Outpatient

4814 Lexington Avenue
Jacksonville, FL 32205

Prevention/Diversion: Alcohol and Other Drugs/Addictions (Adults)
Prevention/Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Fair Winds

1754 University Boulevard West
Jacksonville, FL 32217

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

Juvenile Assessment Center

1283 East Eighth Street
Jacksonville, FL 32206

Assessment and Referral: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Adult Detoxification Center

2303 Irene Street
Jacksonville, FL 32204

Detoxification: Alcohol and Other Drugs/Addictions (Adults)

Impact House

940 Bridier Street
Jacksonville, FL 32206

Outpatient Treatment: Integrated: AOD/MH (Juvenile Justice)

Beaches Resource Center

700 Seagate Avenue
Neptune Beach, FL 32250

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)