Organization
SMA Behavioral Health Services, Inc.
1220 Willis Avenue
Daytona Beach, FL 32114

Organizational Leadership
W. Chester Bell, M.P.A., CCJAP
Chief Executive Officer
Chester Wilson Jr., Ed.D., CAP
Performance Improvement Director

Survey Dates
July 15-17, 2013

Survey Team
Tammy L. Hammer, M.H.S., Administrative Surveyor
Suzanne M. Jean, B.A., Program Surveyor
Pam Johnson, LPCC-S, Program Surveyor
Rachel Neighbors, LCSW, LADC, Program Surveyor
Sandra P. Thompson, LPC, LMHC, CAP, Program Surveyor
John N. Page, ACSW, LAPSW, Program Surveyor
Anju Verma, Program Surveyor

Programs/Services Surveyed
Assertive Community Treatment: Mental Health (Adults)
Assessment and Referral: Integrated: AOD/MH (Adults)
Assessment and Referral: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Criminal Justice)
Court Treatment: Alcohol and Other Drugs/Addictions (Adults)
Crisis and Information Call Centers: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Stabilization: Mental Health (Adults)
Detoxification: Alcohol and Other Drugs/Addictions (Adults)
Diversion: Alcohol and Other Drugs/Addictions (Adults)
Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Alcohol and Other Drugs/Addictions (Adults)
Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Prevention: Mental Health (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
Residential Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Therapeutic Communities: Alcohol and Other Drugs/Addictions (Criminal Justice)
Community Employment Services: Employment Supports
Community Employment Services: Job Development
Organizational Employment Services

Governance Standards Applied

Previous Survey

July 7-9, 2010
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: August 2016
SURVEY SUMMARY

SMA Behavioral Health Services, Inc., has strengths in many areas.

- SMA is committed to quality. SMA is information driven, using information about its environment, services, and its clients to continually improve and expand programs.

- The CEO is a significant strength of the organization. Board members, funding sources, staff members, and community advocacy groups universally recognize the significant contributions that he provides to the organization, community, and the persons served.

- The organization demonstrates a high commitment to its staff members and the persons served through its excellent safety and health practices. Policies, procedures, drills, safety checks, documentation, and analysis are all done well.

- There is evidence of teamwork and cooperation throughout the organization. SMA balances a welcoming, supportive operation with close attention to positive outcomes for its clients.

- SMA has a very diverse staff. Each individual brings a unique skill set and background to the organization that enhances the team approach to care and enriches the organization’s ability to ensure the best service possible for the persons served.

- The organization has an innovative culinary training program. The chefs and staff involved are committed to furthering the opportunities for the men served through the delivery of the certification curricula. In addition to supporting the goals of improving employment outcomes, the program meets the food service needs of other programs within the organization and has saved the organization money in its food service budget.

- Supervisors, staff members, and clients throughout the SMA system were aware of the performance outcomes measures, demonstrating the organization’s commitment to creating a climate of performance improvement and accountability.

- The Anti-Drug Initiative (ADI) outpatient program has continued to be an innovative approach to an often difficult and overlooked population and level of care. The program has continued to demonstrate positive outcomes and reduced the recidivism rate for persons completing the program. It is positioned to be able to expand well beyond its current service area.

- Reality House truly represents the spirit and intent of the Therapeutic Community model through its ongoing attainment of outcomes goals and measures and innovative approaches to securing additional resources and opportunities for the men it serves.

- Outpatient services coordinate comprehensive medical and clinical support within a continuum of services for a vulnerable population with complex mental health and addictions needs and challenges. The proactive efforts of the organization’s safety and risk management committees have made a remarkable difference in the decrease in the use of restraints in the organization over the past few years. Staff training and the inclusion of client representation on the committees and the support for peer advocacy have contributed greatly to this success.

- SMA is innovative in its treatment approaches. For example, the organization has incorporated virtual reality therapy into its Project WARM (residential) program.
The persons served spoke highly of the staff as the key ingredient that made their treatment experience exceptional.

The staff identified several areas in which the reputation of the organization was improving as a result of specific staff members making concerted efforts in the community to rebuild relationships.

Putnam County is extremely supportive of the drug court program and provided a large grant in support of the program.

The detoxification/residential/outpatient facility in Putnam County is clean, bright, and welcoming.

The organization has working relationships with many community partners.

The intervention and prevention programs in schools are improving as staff members increase their involvement in those areas.

The staff members are energetic, open to consultation, and hospitable. They expressed interest in ideas to improve efficiencies in the documentation.

SMA has won the hearts of many clients in St. Johns by significantly increasing access to services in a timely manner. The clients commented on having a much higher level of satisfaction with all staff members and “the new management.”

It appears that therapists have greatly improved chart documentation on assessments, treatment plans, and progress notes. In addition, many staff members are more consistently empowering the clients to develop meaningful treatment goals.

Prevention services has developed very attractive informational brochures, describing all prevention services and community resources for the clients and their family members. In addition, it appears there have been improvements to offer all prevention services at all locations.

Performance improvement services has provided a very comprehensive performance improvement plan that provides very helpful outcomes information for each of its program areas.

SMA’s Enrichment and Step-Up programs are consistently looking for internal ways to improve quality and safety. They have strong ties to the community, including contacts with the federal, state, and local governments to provide a variety of work opportunities for the persons served in the community.

Funding sources speak very highly of SMA’s employment services. They feel that the staff members work hard with the clients and that it is the only organization in the area that is willing to work with all diagnoses of the persons served, not just being restricted to the population with developmental disabilities.

The staff members at the Enrichment and Step-Up programs are proactive in seeking employment and obtaining work contracts from several federal and state agencies for the persons served. All staff members at these programs engage in aggressive marketing to secure contracts to successfully employ clients, who are empowered by the employment they engage in. The persons served take immense pride in their ability to work and in the finished products they are able to display. This is very therapeutic to their morale and their overall mental health and well-being.
The display with the finished items of work completed in the employment programs is a testimony of the specialized and intricate work done by the persons served, with a high level of collaboration. It is also evident that the staff members are very involved in training and supervising of the activities of the persons served in order to obtain such outcomes.

The persons served through employment services at SMA report great pride in the work they do and the stipend they earn doing this work. This contributes to their sense of self-worth and self-confidence. They report being treated with respect by the staff. The staff members in this program have demonstrated longevity and consistency while still taking a fresh approach to the services.

The dignity and respect offered to the persons served have afforded SMA very positive satisfaction ratings from persons served, funding agencies, and the community at large.

SMA 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, SMA demonstrates a high commitment to the CARF standards as a method for ensuring quality services to the persons served. As a result, the organization is in substantial conformance to the standards. Improvements from the previous survey are apparent, and the organization clearly uses a continuous quality improvement process. It is clear that conformance to standards is a goal that is strived for constantly. SMA is urged to address the areas for improvement noted in this report, which focus on supervision of staff and adding some items to clinical documentation. The organization's commitment to quality and the persons served is strongly evidenced throughout the organization.

SMA Behavioral Health Service, Inc., has earned a Three-Year Accreditation. The board of directors, executive leadership, management team, and staff members are recognized for their commitment to quality service to the community and are congratulated on this accreditation accomplishment. They are encouraged to continue to use the standards to continuously improve the quality of the programs and the services provided.

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.

B. Governance

Principle Statement
The governing board should provide effective and ethical governance leadership on behalf of its owners’/stakeholders’ interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization’s long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization’s executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization’s inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization’s employees, providers, suppliers, and the communities it serves.

Key Areas Addressed
- Ethical, active, and accountable governance
- Board composition, selection, orientation, development, assessment, and succession
- Board leadership, organizational structure, meeting planning, and management
- Linkage between governance and executive leadership
- Corporate and executive leadership performance review and development
- Executive compensation
Recommendations
There are no recommendations in this area.

C. Strategic 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 expectations 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 legal and regulatory requirements.

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 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**
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**
There are no recommendations in this area.
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.

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 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.

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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. Performance 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/Service Structure

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

A.22.

It is recommended that the organization consistently have a plan and written procedures for the supervision of all individuals providing direct services in all programs. This was not seen in all programs, particularly the outpatient and prevention/diversion programs in Putnam County.

A.23.a. through A.23.g.

The organization is urged to consistently document that ongoing supervision of clinical or direct service personnel addresses, when applicable, the accuracy of assessment and referral skills; treatment/service effectiveness as reflected by the persons served meeting their individual goals; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance review; and cultural competency issues.

B. Screening and Access to Services

Principle Statement

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
B.14.i.(2)
B.14.q.
It is recommended that the primary assessment include information about the efficacy of current or previously used medications and the client’s literacy level.

B.15.a. through B.15.c.
It is recommended that the assessment process consistently include the preparation of an interpretive summary that is based on the assessment data; identifies any co-occurring disabilities, co-morbidities, and/or disorders; and is used in the development of the person-centered plan. This was not seen consistently in the programs in Putnam County.

C. Person-Centered Plan

Principle Statement
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
C.2.b.(5) through C.2.b.(7)

C.2.c.
It is recommended that the person-centered plans in programs in Palatka consistently include specific treatment objectives that are measurable, achievable, and time specific and include the identification of specific interventions, modalities, and/or services to be used.

C.8.a.(1)(a) through C.8.a.(3)
It is recommended that progress notes consistently document progress toward achievement of identified objectives; goals; significant events or changes in the life of the persons served; and the delivery and outcome of specific interventions, modalities, and/or services that support the person-centered plan.

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 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 program (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 program 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 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

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**Recommendations**

**D.2.**

When clinically indicated, transition planning should be initiated with the person served at the earliest possible point in the person-centered planning and service delivery process.

**Consultation**

- It is suggested that the discharge form include both the discharge and transition plans.

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**E. Medication Use**

**Principle Statement**

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.

**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. Nonviolent Practices

Principle Statement

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 environment, 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 self, 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 health care 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.

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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
There are no recommendations in this area.

H. Quality Records Management

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.

F. Court Treatment

Principle Statement
Court Treatment programs provide comprehensive, integrated behavioral health services that work in conjunction with the judicial system. The purpose of court treatment programs is to appropriately respond to the abuse of alcohol and/or other drugs, mental illness, post traumatic stress disorder, family problems, or other concerns and their related criminal and/or civil judicial actions, in order to reduce recidivism and further involvement in the criminal justice system. Court treatment includes services provided to persons referred through various types of problem-solving courts including drug, mental health, veterans, family dependency, tribal, re-entry, and others.

The treatment team works in collaboration with judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services, treatment programs, evaluators, and an array of local service providers. Treatment is usually multi-phased and is typically divided into a stabilization phase, an intensive phase, and a transition phase. During each phase, the treatment team is responsible for assessing the behavioral health needs of the person served within the parameters of the legal sanctions imposed by the court. The treatment team either directly provides or arranges for the provision of screening and assessment, case management, detoxification, intensive outpatient treatment, outpatient, residential treatment, medication use, self-help and advocacy, recovery, health and wellness, relapse prevention, and education regarding factors contributing to the person’s court involvement.

A court treatment program may be a judicial or law enforcement organization that provides or contracts for the identified services or may be a direct treatment provider working as part of the court treatment team.

Recommendations
There are no recommendations in this area.
K. 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.

L. Diversion

Principle Statement
Diversion programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem. Diversion programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Diversion programs may serve persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

Diversion programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems. Diversion programs may include programs such as DUI/OWI classes, anger management or domestic violence groups, juvenile justice/court diversion, substance abuse diversion, truancy diversion, report centers, home monitoring, after-school tracking, and building healthy relationships.

Key Areas Addressed

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

Recommendations
There are no recommendations in this area.
T. 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.

V. Prevention

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

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

- **Universal** programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.

- **Selected** programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors.

Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.
Training programs provide curriculum-based instruction to active or future personnel in child and youth service programs.

Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed
- Personnel qualifications
- Public awareness
- Appropriate program activities
- Program strategies

Recommendations
There are no recommendations in this area.

W. 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.
Z. Therapeutic Communities

Principle Statement

Therapeutic communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of substance abuse or other behavioral health needs and the fostering of personal growth leading to personal accountability. The program addresses the broad range of needs identified by the person served. The therapeutic community employs community-imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the persons served are assigned responsibilities within the therapeutic community setting. Participants and staff members act as facilitators, emphasizing personal responsibility for one’s own life and self-improvement. The therapeutic community emphasizes the integration of an individual within his or her community, and progress is measured within the context of that therapeutic community’s expectation.

Recommendations

There are no recommendations in this area.

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.
A. Assertive Community Treatment

Principle Statement

Assertive Community Treatment (ACT) is a multidisciplinary team approach that assumes responsibility for directly providing acute, active, and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. The program team provides assistance to individuals to maximize their recovery, ensure consumer-directed goal setting, assist the persons served to gain hope and a sense of empowerment, and provide assistance in helping the persons served become respected and valued members of their community. The program provides psychosocial services directed primarily to adults with severe and persistent mental illness who often have co-occurring problems, such as substance abuse, or are homeless or involved with the judicial system.

The team is the single point of clinical responsibility and is accountable for assisting the person served to meet his or her needs and to achieve his or her goals for recovery. Multiple members of the team are familiar with each person served to ensure the timely and continuous provision of services. Services are provided on a long-term care basis with continuity of caregivers over time. The majority of services are provided directly by ACT team members, with minimal referral to outside providers, in the natural environment of the person served and are available 24 hours a day, 7 days per week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served.

Assertive Community Treatment has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services. Desired outcomes specific to ACT services may include positive change in the following areas: community tenure, independent living, quality of life, consumer satisfaction of the person served, functioning in work and social domains, community integration, psychological condition, subjective well-being, and the ability to manage his or her own health care.

In certain geographic areas, Assertive Community Treatment programs may be called Community Support programs, Intensive Community Treatment programs, Mobile Community Treatment Teams, or Assertive Outreach Teams.

Recommendations

There are no recommendations in this area.
C. Case Management/Services Coordination

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

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

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

Recommendations
There are no recommendations in this area.

I. 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.
T. 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.

V. Prevention

**Principle Statement**

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

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

- **Universal** programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.

- **Selected** programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.
Training programs provide curriculum-based instruction to active or future personnel in child and youth service programs.

Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

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

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.
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.

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G. 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.

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H. Crisis Intervention

**Principle Statement**

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.
**Recommendations**
There are no recommendations in this area.

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**T. 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**

**B. Children and Adolescents**

- Assessment and Referral: Integrated: AOD/MH
- Diversion: Alcohol and Other Drugs/Addictions
- Outpatient Treatment: Alcohol and Other Drugs/Addictions
- Outpatient Treatment: Mental Health
- Prevention: Alcohol and Other Drugs/Addictions
- Prevention: Mental Health
- 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

B.1.h.
B.1.n.
B.1.p.
It is recommended that the assessment of each child or adolescent served include information on his or her immunization record; information on his or her prenatal exposure to alcohol, tobacco, and/or other substances; and information on his or her parental/guardian custodial status.

B.7.c.
Although the children and adolescent waiting room in the Putnam County detoxification/residential/outpatient facility has a television for the children and adolescents to watch while waiting, it is recommended that the organization also provide toys, books, and other child-friendly items and furnishings (e.g., pictures on the wall).

D. Criminal Justice

Case Management/Services Coordination: Mental Health
Therapeutic Communities: Alcohol and Other Drugs/Addictions

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

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

Recommendations
There are no recommendations in this area.
SECTION 5. COMMUNITY AND EMPLOYMENT SERVICES

A. Program/Service Structure

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

■ Services are person centered and individualized
■ Persons are given information about the organization’s purposes and ability to address desired outcomes
■ Documented scope of services shared with stakeholders
■ Service delivery based on accepted field practices
■ Communication for effective service delivery
■ Entrance/exit/transition criteria

Recommendations
There are no recommendations in this area.

B. Individual-Centered Service Planning, Design, and Delivery

Principle Statement
Improvement of the quality of an individual’s services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization’s services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/supports are evident.
Key Areas Addressed

■ Services are person centered and individualized
■ Persons are given information about the organization’s purposes and ability to address desired outcomes

Recommendations
There are no recommendations in this area.

D. Employment Services Principle Standards

Principle Statement
An organization seeking CARF accreditation in the area of employment services provides individualized services and supports to achieve identified employment outcomes. The array of services and supports may include:

■ Identification of employment opportunities and resources in the local job market.
■ Development of viable work skills that match workforce needs within the geographic area.
■ Development of realistic employment goals.
■ Establishment of service plans to achieve employment outcomes.
■ Identification of resources and supports to achieve and maintain employment.
■ Coordination of and referral to employment-related services and supports.

The organization maintains its strategic positioning in the employment sector of the community by designing and continually improving its services based on input from the persons served and from employers in the local job market, and managing results of the organization’s outcomes management system. The provision of quality employment services requires a continuous focus on the persons served and the personnel needs of employers in the organization’s local job market.

Key Areas Addressed

■ Goals of the persons served
■ Personnel needs of local employers
■ Community resources available
■ Economic trends in the local employment sector
Recommendations
There are no recommendations in this area.

E. Medication Monitoring and Management

Key Areas Addressed

■ Current, complete records of medications used by persons served
■ Written procedures for storage and safe handling of medications
■ Educational resources and advocacy for persons served in decision making
■ Physician review of medication use
■ Training and education for persons served regarding medications

Recommendations
There are no recommendations in this area.

N. Community Employment Services

Principle Statement
Community employment services assist persons to obtain successful community employment opportunities that are responsive to their choices and preferences. Through a strengths-based approach the program provides person-directed services/supports to individuals to choose, achieve, and maintain employment in integrated community employment settings.

Work is a fundamental part of adult life. Individually tailored job development, training, and support recognize each person’s employability and potential contribution to the labor market. Persons are supported as needed through an individualized person-centered model of services to choose and obtain a successful employment opportunity consistent with their preferences, keep the employment, and find new employment if necessary or for purposes of career advancement.

Such services may be described as individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups, enclaves, community-based SourceAmerica™ (formerly NISH) contracts, and other business-based work groups in community-integrated designs. In Canada employment in the form of bona fide volunteer placements is possible.

Individuals may be paid by community employers or by the organization. Employment is in the community.
The following service categories are available under Community Employment Services:

- Job Development (CES:JD)
- Employment Supports (CES:ES)
- Personnel Services to Employers (CES:PSE)

**Key Areas Addressed**

- Integrated employment choice
- Integrated employment obtainment
- Integrated employment retention
- Pays wages at or above minimum wage
- Provides a benefits package
- Employment provided in regular business settings
- Provides career advancement resources
- Business plan is used to design service

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**Recommendations**

There are no recommendations in this area.

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**S. Organizational Employment Services**

**Principle Statement**

Organizational employment services are designed to provide paid work to the persons served in locations owned, leased, rented, or managed by the service provider. A critical component and value of organizational employment services is to use the capacity of the organization’s employment and training service design to create opportunities for persons to achieve desired employment outcomes in their community of choice.

Service models are flexible and may include a variety of enterprises and business designs, including organization-owned businesses such as retail stores, restaurants, shops, franchises, etc.
Key Areas Addressed

- Paid work provided by organization
- Employment goals of persons served
- Legal guidelines adherence
- Increased wages and skills

Recommendations

There are no recommendations in this area.
PROGRAMS/SERVICES BY LOCATION

SMA Behavioral Health Services, Inc.

1220 Willis Avenue
Daytona Beach, FL   32114

Assertive Community Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Adults)

Governance Standards Applied

Vocational Services - Step-Up Program

1 Corporate Drive, Building 3
Palm Coast, FL   32137

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Organizational Employment Services

Vocational Services - Enrichment Program

200 Fentress Boulevard, Suite C
Daytona Beach, FL   32114

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Organizational Employment Services

Dr. James E. Huger Campus

3875 Tiger Bay Road
Daytona Beach, FL   32124

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

Ernest D. Cantley Outpatient Center

702 South Ridgewood Avenue
Daytona Beach, FL   32114

Court Treatment: Alcohol and Other Drugs/Addictions (Adults)
Diversion: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Four Townes Care Center
356 Englenook Drive
DeBary, FL    32713
Court 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)

Vince Carter Sanctuary
301 Justice Lane
Bunnell, FL    32110
Case Management/Services Coordination: Mental Health (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Prevention: Mental Health (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

Putnam County Detox/Residential/Outpatient
330 Kay Larkin Drive
Palatka, FL    32177
Assessment and Referral: Integrated: AOD/MH (Adults)
Assessment and Referral: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Criminal Justice)
Detoxification: Alcohol and Other Drugs/Addictions (Adults)
Diversion: 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: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Alcohol and Other Drugs/Addictions (Adults)
Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

Palatka Care Center
613 Saint Johns Avenue
Palatka, FL    32177
Court Treatment: Alcohol and Other Drugs/Addictions (Adults)
**Pinegrove**
1150 Red John Road
Daytona Beach, FL  32124
Case Management/Services Coordination: Mental Health (Criminal Justice)
Crisis and Information Call Centers: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Stabilization: Mental Health (Adults)
Detoxification: Alcohol and Other Drugs/Addictions (Adults)

**DeLand Center**
105 West Calvin Street
DeLand, FL  32720
Outpatient Treatment: Mental Health (Adults)
Prevention: Mental Health (Children and Adolescents)

**New Smyrna Beach Center**
311 North Orange Street
New Smyrna Beach, FL  32168
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)

**BEACH House**
1004 Big Tree Road
Daytona Beach, FL  32129
Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Prevention: Mental Health (Children and Adolescents)

**CINS/FINS Non-Residential**
1000 Big Tree Road
Daytona Beach, FL  32119
Prevention: Mental Health (Children and Adolescents)

**Reality House**
1341 Indian Lake Road
Daytona Beach, FL  32124
Therapeutic Communities: Alcohol and Other Drugs/Addictions (Criminal Justice)
**St. Johns County Outpatient Center**

1955 U.S. Highway 1 South, Suite C-2  
St. Augustine, FL   32086

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

**SMA Foundation Office**

214 Loomis Avenue  
Daytona Beach, FL  32114

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

**SMA Behavioral Health Services - PACE**

208 Central Avenue  
Ormond Beach, FL  32174

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

**Reality House II**

1200 Red John Drive  
Daytona Beach, FL  32124

- Therapeutic Communities: Alcohol and Other Drugs/Addictions (Criminal Justice)