

**CARF Accreditation Report**  
**for**  
**Consecrated Care, Inc. DBA:**  
**Consecrated Care, Inc.**

**Three-Year Accreditation**



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## About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

**Organization**

Consecrated Care, Inc. DBA: Consecrated Care, Inc.  
217 Arrowhead Boulevard, Suite B-1  
Jonesboro, GA 30236

**Organizational Leadership**

Alfred Houston, COO  
Shawn Madgett, CEO

**Survey Number**

176485

**Survey Date(s)**

November 16, 2023–November 17, 2023

**Surveyor(s)**

Donna Louhichi, Administrative  
Stephen W. Kiser, MLAP, CCS, Program

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

Outpatient Treatment: Opioid Treatment Program (Adults)

**Previous Survey**

October 13, 2022–October 14, 2022  
One-Year Accreditation

**Accreditation Decision**

**Three-Year Accreditation**  
**Expiration: December 31, 2026**

# Executive Summary

This report contains the findings of CARF's site survey of Consecrated Care, Inc. DBA: Consecrated Care, Inc. conducted November 16, 2023–November 17, 2023. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

## Accreditation Decision

On balance, Consecrated Care, Inc. DBA: Consecrated Care, Inc. demonstrated substantial conformance to the standards. Consecrated Care provides excellent services to its clients. The leadership and staff members strive to provide accessible services of the highest possible quality. The CEO and COO have established an effective mission. Staff members are cooperative and work as a team to provide care to a population that is often stigmatized. Staff members clearly support the mission. Clinical supervision is comprehensive and offers support and knowledge and develops confidence and competence in staff members. Documentation since the advent of the electronic medical record (EMR) has consistently improved and become more individualized and tailored to the needs of clients. The site is well maintained and accessible. Referral sources are supportive of the services provided. Clients are grateful for the services provided and satisfied with services. There are some opportunities for improvement related to workforce development and management, technology, accessibility, performance management and measurement, program/service structure, screening and access to services, transition/discharge, and quality records management.

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

**Consecrated Care, Inc. DBA: Consecrated Care, Inc. has earned a Three-Year Accreditation.** The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

# Survey Details

## Survey Participants

The survey of Consecrated Care, Inc. DBA: Consecrated Care, Inc. was conducted by the following CARF surveyor(s):

- Donna Louhichi, Administrative
- Stephen W. Kiser, MLAP, CCS, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

## Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Consecrated Care, Inc. DBA: Consecrated Care, Inc. and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

## Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Outpatient Treatment: Opioid Treatment Program (Adults)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

## Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

## Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

## Areas of Strength

CARF found that Consecrated Care, Inc. DBA: Consecrated Care, Inc. demonstrated the following strengths:

- The CEO and COO are dedicated to Consecrated Care and have established an excellent mission and vision for the organization since 2007.
- The staff members' teamwork and cohesiveness are demonstrated in service provision. Staff members have embraced the client population, advocating client rights and decreasing the stigma around mental health treatment. Staff members at all levels are passionate and committed to the mission of Consecrated Care. Staff members work together as a team to provide client-centered care. A significant number of staff members have been with the organization for an extended period of time. They are supportive of the clients and each other. They have an open-door policy in which clients can be assisted by any available staff member. A commitment to the client is evident in the staff's willingness to be flexible and accessible.
- Referral sources' feedback regarding their working relationships with Consecrated Care, Inc. was positive. They were also very positive about the quality of the organization's services.

- Since the implementation of an EMR, the clinical documentation is well written and organized and serves to enhance continuity of care for clients. Clinical staff members utilize a variety of engagement techniques that serve to enhance the therapeutic relationship with clients. Documentation of medical services have been more detailed; been more individualized; and allowed enhanced coordination between the dispensing nurse, pharmacist, and physician.
- Clinical supervision is comprehensive and serves to enhance the therapeutic skills of clinicians. The clinical director has been with the clinic for two years, and it is apparent that she is committed to the program and process improvement, as evidenced by her involvement during the process and appropriate questions and guidance requested.
- The organization is located in a well-maintained building that is easily accessible to those local in the area. There is ample parking.
- The organization makes Narcan® easily accessible to clients and members of the community upon request.
- Clients expressed an overwhelming level of gratitude for, and satisfaction with, the services of Consecrated Care. They frequently commented that staff members treat them as individuals.

## Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

# Section 1. ASPIRE to Excellence®

## 1.A. Leadership

### Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

### Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

### Recommendations

There are no recommendations in this area.

## 1.C. Strategic Planning

### Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

### Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

### Recommendations

There are no recommendations in this area.

## 1.D. Input from Persons Served and Other Stakeholders

### Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

### Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning



## **Recommendations**

There are no recommendations in this area.

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

### **Description**

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

### **Key Areas Addressed**

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

### **Recommendations**

There are no recommendations in this area.

## **1.F. Financial Planning and Management**

### **Description**

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

### **Key Areas Addressed**

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### **Recommendations**

There are no recommendations in this area.

## **1.G. Risk Management**

### **Description**

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

### **Key Areas Addressed**

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

## Recommendations

There are no recommendations in this area.

## 1.H. Health and Safety

### Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

### Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

### Recommendations

There are no recommendations in this area.

## 1.I. Workforce Development and Management

### Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

### Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

### Recommendations

1.I.3.a.

1.I.3.g.

It is recommended that ongoing workforce planning include workforce analysis and succession planning.

## 1.J. Technology

### Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

### Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

### Recommendations

#### 1.J.3.d.(4)

#### 1.J.3.d.(5)

#### 1.J.3.d.(6)

#### 1.J.3.d.(7)

It is recommended that the organization implement policies and procedures in the area of security, including decommissioning of physical hardware and data destruction; protection from malicious activity; remote access and support; and updates, configuration management, and change control.

#### 1.J.5.a.

It is recommended that the organization provide documented training to personnel on cybersecurity.

## 1.K. Rights of Persons Served

### Description

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

### Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

### Recommendations

There are no recommendations in this area.

## 1.L. Accessibility

### Description

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

## **Key Areas Addressed**

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

## **Recommendations**

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

Although the organization has an accessibility plan, it is recommended that the organization implement an accessibility plan that is reviewed at least annually for relevance, including progress made in the removal of identified barriers.

## **1.M. Performance Measurement and Management**

### **Description**

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

### **Key Areas Addressed**

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

### **Recommendations**

#### **1.M.3.b.**

#### **1.M.3.c.**

It is recommended that the organization implement a performance measurement and management plan that is reviewed at least annually for relevance and updated as needed.

## 1.N. Performance Improvement

### Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

### Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

### Recommendations

There are no recommendations in this area.

## Section 2. General Program Standards

### Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

## 2.A. Program/Service Structure

### Description

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

### Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

## Recommendations

### 2.A.26.b.(6)

It is recommended that ongoing supervision of clinical or direct service personnel address clinical documentation issues identified through ongoing quality records review.

## Consultation

- The supervisor at Consecrated Care uses cognitive behavioral therapy herself. The supervisees use an eclectic nonspecific group of interventions. It may be helpful for the organization to consult the Substance Abuse Mental Health Service Administration (SAMHSA) Treatment Improvement Protocols (TIPS) for evidence-based and best-practice models for the treatment offered at the organization. The TIPS are free and available online. This could give the program models for training and assurance that best practices are being observed.

## 2.B. Screening and Access to Services

### Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's 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, family, or significant others, or from external resources.

### Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

## Recommendations

### 2.B.23.h.(2)

It is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centered plan for each client, including information about the person's medication, including efficacy of current and/or previously used medication.

## 2.C. Person-Centered Planning

### Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the 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**

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

### **Recommendations**

There are no recommendations in this area.

## **2.D. Transition/Discharge**

### **Description**

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

### **Key Areas Addressed**

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point

- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

## **Recommendations**

### **2.D.2.**

It is recommended that transition planning be initiated with the client as soon as clinically appropriate in the person-centered planning and service delivery process.

### **2.D.3.a.(1)**

It is recommended that the written transition plan be prepared or updated to ensure a seamless transition when a client is transferred to another level of care or an aftercare program.

## **2.E. Medication Management**

### **Description**

These standards address the practice of evaluating, prescribing, and dispensing opioid agonist treatment medications approved by the Food and Drug Administration for use in the treatment of opioid addiction.

### **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
- Reviews of medical services provided by the program

### **Recommendations**

There are no recommendations in this area.

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

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.



## 2.I. Quality Records Management

### Description

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

### Key Areas Addressed

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

### Recommendations

#### 2.I.1.b.(1)

It is recommended that the program conduct a documented review of the services provided that addresses, as evidenced by the record of the client, the quality of service delivery. Currently the focus is mostly administrative.

## Section 3. Core Opioid Treatment Program Standards

### 3.B. Outpatient Treatment (OT)

#### Description

Outpatient opioid treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. In addition to counseling and medications for opioid use disorder, 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, concurrent substance use disorders, and other addictive behaviors.

#### Key Areas Addressed

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

#### Recommendations

There are no recommendations in this area.

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

**Consecrated Care, Inc. DBA: Consecrated Care, Inc.**

217 Arrowhead Boulevard, Suite B-1  
Jonesboro, GA 30236

Outpatient Treatment: Opioid Treatment Program (Adults)