



SURVEY OUTCOME

Three-Year Accreditation

CARF
Survey Report
for
The Gooden Center

CARF INTERNATIONAL

6951 East Southpoint Road
Tucson, AZ 85756 USA
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129

CARF-CCAC

1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122 ■ Fax 202 587 5009

CARF CANADA

10665 Jasper Avenue, Suite 1400A
Edmonton, Alberta T5J 3S9 Canada
Toll-free 877 434 5444 ■ Fax 780 426 7274

Organization

The Gooden Center
191 North El Molino Avenue
Pasadena, CA 91101

Organizational Leadership

Ernest Williams, M.Div., M.B.A., Executive Director

Survey Dates

July 22-23, 2010

Survey Team

Eric Cummins, M.A., LPC, Administrative Surveyor

Bayley A. Raiz, LCSW, M.B.A., Program Surveyor

Programs/Services Surveyed

Community Housing: Alcohol and Other Drugs/Addictions (Adults)

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

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

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

Governance Standards Applied

Previous Survey

August 2-3, 2007

Three-Year Accreditation

Survey Outcome

Three-Year Accreditation

Expiration: August 2013



SURVEY SUMMARY

The Gooden Center has strengths in several areas.

- The Gooden Center board of directors is committed to the organization's mission and success. The composition of the board of directors is reflective of the community's commitment to the availability of meaningful services.
- A strong board, leadership team, line staff, and alumni association allow The Gooden Center to effectively deliver services in all programs.
- The Gooden Center promotes recovery by including alumni in day-to-day activities, fostering a sense of belonging and community.
- Employees are compassionate, dedicated, and professional in serving persons served and their significant others.
- The organization's outcomes-oriented approach to service meets the needs of persons served by ensuring that goals and objectives are clear.
- Ongoing improvement and training of employees clearly assist persons served to achieve service goals and objectives.
- The continuum of services at The Gooden Center is clear, yet flexible, in order to best help persons served.
- The clean, high quality, and homelike environment clearly contributes to the success of The Gooden Center and persons served.
- The process of transitioning persons served from multiple levels of service back into the community clearly benefits persons served.
- The willingness of The Gooden Center to work with referral sources and community resources is clear from both personnel and persons served.
- The Gooden Center is clearly a cornerstone to the recovery and treatment community in Pasadena.
- The Gooden Center has a very good reputation. Both referents and persons served speak very highly of the services that are provided.
- The commitment of the board of directors and the dedication, enthusiasm, and skills of the staff members are strengths. This level of professional commitment is found throughout the organization, from upper management to direct care staff members.
- The Gooden Center has a well-maintained physical site that provides the persons served and the staff members with an environment within a community setting that is safe and attractive.

The Gooden Center 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, The Gooden Center has been providing important services to an underserved population in the community and is strongly committed to providing quality services that protect and promote the rights, health, and welfare of persons served. The organization has demonstrated substantial conformance to the CARF standards, and the persons served are benefiting greatly from the programming provided. Leadership, staff, and other stakeholders believe in the mission of the organization and their ability to provide quality services. The organization is aware of the areas that should be improved upon and has the commitment and resources to do so.

The Gooden Center has earned a Three-Year Accreditation. The leadership and staff members are congratulated for this achievement and are encouraged to continue their efforts toward continuous quality improvement of the programs and services in conformance to the CARF standards.

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 Integrated Planning

Principle Statement

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

Key Areas Addressed

- Strategic planning considers stakeholder 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

I.6.a.

Job descriptions should be reviewed and updated annually. This could be shown by staff members signing the signature portion of the job description.

I.6.d.(5)

Performance reviews should be completed annually.

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.

L. Accessibility

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

M. Information Measurement and Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Principle Statement

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

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

A. Program/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

There are no recommendations in this area.

Consultation

- It is suggested that The Gooden Center consider whether or not specific group tracks, based on needs as a result of the ages of persons served, would be beneficial in the residential, outpatient, and community housing programs.
-

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means, including face-to-face contact, telepsychiatry, or from external resources.

Key Areas Addressed

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

Recommendations

B.9.b.

The interpretive summary prepared should consistently identify co-occurring disabilities and/or disorders.

Consultation

- It is suggested that The Gooden Center work with persons served on completing the financial fee agreement earlier in the orientation process, such as prior to the first meeting with the counselor that occurs in the first week. Financial fee agreement as soon as possible prior to admission would appear ideal.
 - It is suggested that The Gooden Center gather more comprehensive assessment information by having persons served self-identify needs and preferences by completing a self-administered questionnaire counselors could review.
-

C. Individual Plan

Principle Statement

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

Key Areas Addressed

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

Recommendations

C.2.d.

C.2.e.

The individual plan should consistently identify the needs beyond the scope of the program and specify referrals for additional services.

C.5.a.

The individual plan should consistently and specifically address co-occurring disabilities and/or disorders in an integrated manner.

Consultation

- It is suggested that The Gooden Center continue refining the individual planning process with persons served by using interactive processes, such as having persons served directly identify needs and goals or using group processes to review plans of persons served, so the individual plan reflects the individualized services persons served receive.
-

D. Transition/Discharge

Principle Statement

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

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

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

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

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

Key Areas Addressed

- Referral or transition to other services
 - Active participation of persons served
 - Transition planning at earliest point
 - Unplanned discharge referrals
 - Plan addresses strengths, needs, abilities, preferences
 - Follow-up for persons discharged for aggressiveness
-

Recommendations

D.10.g.

The discharge summary should consistently list recommendations for services or supports.

Consultation

- It is suggested that The Gooden Center consider using the assessment and individual planning process in place to better inform transition plans so that all needs on the individual plan are either resolved or referred to additional services at the time of transition.
-

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 include over-the-counter or alternative medications provided to the person served as part of the therapeutic treatment/service program. 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 members 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 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 to 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 or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary administration of medication, in immediate response to a dangerous behavior, to temporarily subdue a person or manage their 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 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.

G. Records of the Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

H. Quality Records Review

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that The Gooden Center consider using a peer model in reviewing records to provide ongoing feedback on documentation, progress of persons served in services, and quality of services. Aggregating results of peer reviewed records may assist in performance improvement and clinical supervision.
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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.

D. Community Housing

Principle Statement

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased, or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered

homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for 6 to 12 months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the intent to survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a community housing program.

Recommendations

There are no recommendations in this area.

I. Day Treatment

Principle Statement

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

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

Recommendations

There are no recommendations in this area.

P. Intensive Outpatient Treatment

Principle Statement

Intensive outpatient treatment programs are clearly identified as a separate and distinct program. The intensive outpatient program consists of a scheduled series of sessions appropriate to the individual plans of the persons served. These may include services provided during evenings and on weekends or interventions delivered by a variety of service providers in the community. The program can function as a step-down program from partial hospitalization, detoxification, or residential services; may be used to prevent or minimize the need for a more intensive and restrictive level of treatment; and is considered to be more intensive and integrated than traditional outpatient services.

Recommendations

There are no recommendations in this area.

U. Residential Treatment

Principle Statement

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

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

The Gooden Center

191 North El Molino Avenue
Pasadena, CA 91101

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

Governance Standards Applied

The Gooden Center Annex

182 North El Molino Avenue
Pasadena, CA 91101

Community Housing: Alcohol and Other Drugs/Addictions (Adults)

The Gooden Center Sober Living

378 North El Molino Avenue
Pasadena, CA 91101

Community Housing: Alcohol and Other Drugs/Addictions (Adults)

The Gooden Center

711 East Walnut
Pasadena, CA 91101

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

The Gooden Center Sober Living

146 North Holliston Court
Pasadena, CA 91106-1911

Community Housing: Alcohol and Other Drugs/Addictions (Adults)