

August 14, 2015

Michael Thompson  
Florida State Hospital  
100 North Main Street  
Chattahoochee, FL 32324

Dear Mr. Thompson:

It is my pleasure to inform you that Florida State Hospital has been accredited by CARF International for a period of three years for the following program:

**Inpatient Treatment: Mental Health (Adults)**

This accreditation will extend through September 2018. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation, and we encourage you to make this accomplishment known throughout your community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

The survey report is intended to support a continuation of the quality improvement of your program. It contains comments on your organization's strengths as well as consultation (if any) and recommendations. A quality improvement plan (QIP) demonstrating your efforts to implement the survey recommendations must be submitted within the next 90 days to retain accreditation. Guidelines and the form for completing the QIP have been posted on Customer Connect ([customerconnect.carf.org](http://customerconnect.carf.org)), our secure, dedicated website for accredited organizations and organizations seeking accreditation. Please submit the QIP to the attention of the customer service unit identified in the QIP instructions.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from the resource specialist, Nancy Bradley, by email at [nbradley@carf.org](mailto:nbradley@carf.org) or telephone at (888) 281-6531 (toll free) or (520) 325-1044, extension 7145.

We encourage your organization to continue fully and productively using the CARF standards as part of your ongoing commitment to accreditation. We commend your commitment and consistent efforts to improve the quality of your program. We look forward to working with your organization in the future.

Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon, Ph.D." in a cursive style.

Brian J. Boon, Ph.D.  
President/CEO

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Enclosures

**CARF  
Survey Report  
for  
Florida State  
Hospital**

**Organization**

Florida State Hospital (FSH)  
100 North Main Street  
Chattahoochee, FL 32324

**Organizational Leadership**

Marguerite J. Morgan, Hospital Administrator  
Michael Thompson, Operations Review Specialist

**Survey Dates**

July 8-10, 2015

**Survey Team**

Karen Friedman, M.S.W., Administrative Surveyor  
LaRita Jackson-Riley, Program Surveyor  
Luanne Guiliani, Program Surveyor

**Programs/Services Surveyed**

Inpatient Treatment: Mental Health (Adults)

**Previous Survey**

July 23-25, 2012  
Three-Year Accreditation

**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: September 2018**



**Three-Year Accreditation**

## SURVEY SUMMARY

### **Florida State Hospital (FSH) has strengths in many areas.**

- FSH has a fire department on site that serves the hospital and supports the general community. Fire drills, internal inspections, and other key risk management functions are handled by state-certified emergency medical technicians (EMTs)/firefighters.
- The on-site fire station utilizes a comprehensive computer system that monitors all buildings and equipment within the buildings. When a smoke detector or pull station sounds, the fire station is immediately notified with detailed maps that allow the dispatcher to send the firefighters to address the specific problem.
- FSH's K-9 unit consists of six dogs that are specially trained in tracking and scent discrimination. The FSH K-9 team received statewide recognition as the top DCF Davis Productivity Award Winner. This team continues to grow, assisting the programs to identify contraband and assists the local community by helping to locate residents and community persons who have wandered away from home.
- FSH has been an integral part of the community for many years and serves as the largest employer in the region. Generations of families have been employed by the organization.
- In an effort to improve recruitment and retention, FSH offers housing for key personnel.
- The organization's management has a clear, strategic direction for the growth and expansion of the organization. Despite budget cuts affecting services in Florida, management has found a myriad of creative and innovative ways to maintain high-quality services.
- The organization's buildings were erected in the 1800s. FSH has preserved the original and majestic architecture, creating a rich tapestry of historic appearance with modern, evidence-based capabilities and practices.
- The inpatient program offers a diverse variety of therapeutic interventions, including dialectical behavior therapy, music therapy, art therapy, and horticulture therapy.
- The success that FSH has had in reducing the use of restraint is evident, with data clearly showing an 18 percent reduction in restraint during the past fiscal year.
- Direct care staff members at FSH are recognized for their loyalty to the organization and persons served. During staff shortages, they agreed to restructure their schedules to seamlessly provide services, ensuring that personnel issues did not affect effective service provision.
- FSH uses Kirkpatrick's Four-Level Training Evaluation Model to measure the effectiveness of its training program and staff competencies.

**FSH 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, FSH demonstrates substantial conformance to the CARF standards. The organization utilizes continuous quality planning and improvement efforts to provide the best treatment possible to persons served. The organization is encouraged to address the few areas for improvement noted in the recommendations in this report.

Florida State Hospital has earned a Three-Year Accreditation. The leadership and staff members have demonstrated outstanding efforts to maintain international accreditation. They are encouraged to continue to use the CARF standards as a guide for performance improvement efforts in business operations and service delivery.

## SECTION 1. ASPIRE TO EXCELLENCE®

### A. Leadership

#### Description

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

#### Key Areas Addressed

- Leadership structure
  - Leadership guidance
  - Commitment to diversity
  - Corporate responsibility
  - Corporate compliance
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#### Recommendations

##### A.7.b.(1) through A.7.b.(3)

Although the organization does have a policy titled corporate compliance, the information contained in the policy effectively addresses the standards related to ethics instead of corporate compliance. It is recommended that FSH's corporate compliance procedures include the designation of a staff member to serve as the organization's corporate compliance officer who monitors matters pertaining to corporate compliance, conducts corporate compliance risk assessments, and reports on matters pertaining to corporate compliance.

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### C. Strategic Planning

#### Description

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

### **Key Areas Addressed**

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

There are no recommendations in this area.

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

### **Description**

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

### **Key Areas Addressed**

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

There are no recommendations in this area.

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## **E. Legal Requirements**

### **Description**

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

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements

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**Recommendations**

There are no recommendations in this area.

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**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 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
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**Recommendations**

There are no recommendations in this area.

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**G. Risk Management****Description**

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

**Key Areas Addressed**

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



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## **Recommendations**

### **G.1.a.(6)**

It is recommended that FSH's risk management plan also include reporting the results of actions taken to reduce risk.

## **Consultation**

- The organization utilizes a workplace risk assessment team whose functions, actions, and analyses of actions taken are documented separately from the risk management plan. FSH might consider including this team and its documented efforts in the risk management plan and annual status report.
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## **H. Health and Safety**

### **Description**

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

### **Key Areas Addressed**

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

## **Recommendations**

### **H.7.a.(1) through H.7.d.**

FSH has an excellent system for conducting drills. However, medical emergencies drills and drills related to violent and other threatening situations are not conducted consistently. It is recommended that all emergency procedures be tested at least annually on each shift. The tests should be unannounced and include actual or simulated physical evacuation drills, when applicable. The tests should be analyzed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. The tests should be evidenced in writing.

### **H.8.b.**

Although several first aid kits were recently purchased, several items contained in the kits were expired. It is recommended that the organization ensure that first aid kits are complete, with all items up to date.

## **H.12.j.**

It is recommended that FSH create systems that ensure that all vehicles have first aid kits with nonexpired first aid supplies.

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## **I. Human Resources**

### **Description**

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

### **Key Areas Addressed**

- Adequate staffing
  - Verification of background/credentials
  - Recruitment/retention efforts
  - Personnel skills/characteristics
  - Annual review of job descriptions/performance
  - Policies regarding students/volunteers, if applicable
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### **Recommendations**

There are no recommendations in this area.

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## **J. Technology**

### **Description**

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

### **Key Areas Addressed**

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable

- Provision of information relevant to the ICT session, if applicable
  - Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
  - Emergency procedures that address unique aspects of service delivery via ICT, if applicable
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### **Recommendations**

There are no recommendations in this area.

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## **K. Rights of Persons Served**

### **Description**

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

### **Key Areas Addressed**

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

There are no recommendations in this area.

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## **L. Accessibility**

### **Description**

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

### **Key Areas Addressed**

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

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## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- Although the organization clearly delineates barriers related to technology in its IT plan, it is suggested that the organization's ongoing process for the identification of barriers for accessibility planning also include technology barriers.
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## **M. Performance Measurement and Management**

### **Description**

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

### **Key Areas Addressed**

- Information collection, use, and management
  - Setting and measuring performance indicators
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## **Recommendations**

There are no recommendations in this area.

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## **N. Performance Improvement**

### **Description**

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

### **Key Areas Addressed**

- Proactive performance improvement
- Performance information shared with all stakeholders

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**Recommendations**

There are no recommendations in this area.

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## **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.

### **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

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## **Recommendations**

There are no recommendations in this area.

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## **B. Screening and Access to Services**

### **Description**

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material; and from various sources, including the person served, his or her family or significant others, or from external resources.

### **Key Areas Addressed**

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

## **Recommendations**

### **B.14.m.(2)**

### **B.14.q.**

It is recommended that the organization's assessment process also include sexual orientation and gender expression and the literacy of the person served.

### **Consultation**

- It is suggested that the organization explore the development of a comprehensive interpretive summary using information from all assessments.
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## **C. Person-Centered Plan**

### **Description**

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of his or her plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

### **Key Areas Addressed**

- Development of person-centered plan
  - Co-occurring disabilities/disorders
  - Person-centered plan goals and objectives
  - Designated person coordinates services
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### **Recommendations**

#### **C.7.a.(1)(a)**

#### **C.7.a.(1)(b)**

It is recommended that the organization consistently address progress toward achievement of goals and objectives identified in progress notes.

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## **D. Transition/Discharge**

### **Description**

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

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

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

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

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

### **Key Areas Addressed**

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

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### **Recommendations**

There are no recommendations in this area.

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## **E. Medication Use**

### **Description**

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.



Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self administered by the person served.

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

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

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

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

### **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

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### **Recommendations**

#### **E.3.c.**

It is recommended that the organization develop a policy addressing the transportation of medications from one site to another.

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## F. Nonviolent Practices

### Description

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

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

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

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical 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
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#### **Recommendations**

There are no recommendations in this area.

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

### **Description**

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

### **Key Areas Addressed**

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

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**Recommendations**

There are no recommendations in this area.

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**H. Quality Records Management****Description**

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
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**Recommendations**

There are no recommendations in this area.

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**SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS****Description**

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

# 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 and may provide services to those with behavioral health disabilities or co-occurring disabilities; intellectual or developmental disabilities; victims or perpetrators of domestic violence or abuse; persons needing treatment because of eating or sexual disorders; and/or drug, gambling, or internet addictions.

## M. Inpatient Treatment

### Description

Inpatient treatment programs provide coordinated and integrated services in freestanding or hospital settings. Inpatient treatment programs include a comprehensive, biopsychosocial approach to service delivery. There are daily therapeutic activities in which the persons served participate. Inpatient treatment is provided 24 hours a day, 7 days a week. The goal of inpatient treatment is to provide a protective environment that includes medical stabilization, support, treatment for psychiatric and/or addictive disorders, and supervision. Such programs operate in designated space that allows for an appropriate medical treatment environment.

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### Recommendations

There are no recommendations in this area.

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