CARF Accreditation Report

for

The Guild for Human Services

Three-Year Accreditation

Contents

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.

Organization

The Guild for Human Services
521 Virginia Road
Concord, MA 01742

Organizational Leadership

Michael J. Clontz, LICSW, Chief Operating Officer

Survey Number

172070

Survey Date(s)

December 6, 2023–December 8, 2023

Surveyor(s)

Linda S. McCall, LCSW, Administrative
Lakisha M. Taylor, MS, NCC, Program
Maesha Gulley, Program
Cynthia Hennessy, LSW, NADD-CC, Program

Program(s)/Service(s) Surveyed

Community Housing (Autism Spectrum Disorder-Adults)
Group Home (Children and Adolescents)
Governance Standards Applied

Previous Survey

July 13, 2020–July 15, 2020
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: January 31, 2027

Executive Summary

This report contains the findings of CARF's site survey of The Guild for Human Services conducted December 6, 2023–December 8, 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, The Guild for Human Services demonstrated substantial conformance to the standards. The Guild has been in business for over 65 years and is well known and respected for its advocacy and care provided to residents with intellectual disabilities and co-occurring disorders. As noted in the strengths, the organization has multiple areas of strong leadership and visionary practices that set it apart from other organizations. With its focus on independence and community inclusion, the services are designed to encourage residents/students served to be as independent and successful as possible. Within this survey, the organization has some opportunities for improvement that include the areas of legal requirements, risk management, health and safety, and the rights of residents/students served. Due to its dedication to the CARF standards, the organization provided several areas of corrective action prior to the end of the survey, which is indicative of its commitment to providing quality services that benefit the residents and students served.

The Guild for Human Services appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. The Guild for Human Services is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

The Guild for Human Services 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 The Guild for Human Services was conducted by the following CARF surveyor(s):

- Linda S. McCall, LCSW, Administrative
- Lakisha M. Taylor, MS, NCC, Program
- Maesha Gulley, Program
- Cynthia Hennessy, LSW, NADD-CC, 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 The Guild for Human Services 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):

- Community Housing (Autism Spectrum Disorder-Adults)

- Group Home (Children and Adolescents)

- *Governance Standards Applied*

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 The Guild for Human Services demonstrated the following strengths:

- The Guild is complimented for its board of directors and the dedication shown to the organization, fundraising, staff, and residents and students served. Board members are very active and engaged in meetings and on committees and serve as the backbone of the organization.

- The Guild demonstrated how important facilitating a home environment is key to overall programming. The homes are spacious, are well furnished, and provide a safe haven for the students. Many of the houses have large family rooms to conduct activities as well as spacious backyards for outside recreation, barbeques, and activities such as basketball and soccer. Students are able to personalize their rooms to make them feel more at ease and create a homelike environment.

- The leadership team members are very proud of the work that is being done with the organization. They are able to speak to the mission and vision of The Guild and ensure that it is being echoed throughout the programs by individualized and group schedules, education and specific goal setting via individual education plans, family engagement, and community interaction. The organization includes all of its clinical, medical services, education, and housing departments into one fluid team to best benefit the families it serves.

- Families of the students are grateful for the organization and the services it provides. They noted how their student family member is progressing and learning skills to prepare them for adulthood and how the staff is caring, is warm, and does a good job with a difficult population to work with. Families also stated that in a critical time the organization jumped into action by getting additional houses established to place students who were in need.

- The organization does well in the community by providing a much-needed service for youth who have special needs. The organization has been able to provide nine homes to house youth and work with them and their families. This benefit has been a blessing to many families in the surrounding communities.

- The Guild is fully invested in person-centered service delivery. There is a focus and intention on understanding the needs of residents and crafting individualized services to meet these needs. The organization has a very comprehensive process for gathering information to ensure that services reflect both the needs and the desires of the residents. This information is then utilized to customize care and address needs through intentional support services. The process is respectful of the residents' past challenges and areas of growth while remaining strengths focused.

- The Guild has a multidisciplinary trauma-informed approach to care that includes social workers, behavior specialists, and counseling professionals. The organization's approach seeks to address the holistic needs of each resident. The team members are dedicated, knowledgeable, and passionate about the residents and ensuring quality service delivery. The services are delivered with the intention of addressing the social-emotional needs of each resident. The organization's direct service staff members appear to have genuine and caring relationships with the residents. It is very evident that these staff members are committed to the mission and vision of the organization and go above and beyond to provide quality services.

- The Guild's home environments are spacious and inviting. Rooms are painted in neutral colors and include comfortable furnishings. The homes have multiple living spaces, including ample outdoor spaces for residents to enjoy.

- Families are thankful for the services and expressed an appreciation for the hard work of the staff and management. Families shared their gratitude that the organization has a commitment to ensure that residential services are accessible for those who need it. Families shared that they experience peace of mind with their child being in the organization's care.

- The Guild offers a very attractive benefits program for its employees with 85 percent of the health insurance paid by the organization, basic life and accidental death insurance paid at 100 percent, long-term disability paid at 100 percent, education assistance paid at $1,000 annually for student loan reimbursement or tuition reimbursement, paid time off, and a retirement plan that comes into effect two years after employment where the organization contributes 3 percent of an employee's salary to a 403(b) retirement plan.

- The organization is complimented for its intelligent, hard-working, dedicated, organized, and compassionate personnel who stay the course to ensure great care and opportunities to residents and students served. Personnel appear to thoroughly like their day-to-day work as evidenced by the high morale.

- The organization is applauded for its addition of mental health services, plans for increased best practices, and overall plans to make a positive difference in the lives of residents and students served. With the increase in hiring of clinical/licensed practitioners and the goal to integrate behavioral health treatment on an individualized/person-centered basis, many who tend to fall through the cracks by being on hold for multiple days in emergency departments have opportunities to get their unique needs met.

- The Guild is complimented for its Leadership In Direct Support project to increase diversity in leadership roles. Multiple personnel with English as a second language have been assisted in increasing their abilities to speak the English language and become more proficient in their jobs through the support and training offered and provided. Personnel have opportunities for success and promotions that they would not have had without this program.

- The organization is complimented for its leadership in the statewide individualized education program Improvement Initiative for Quality of Life. As noted in its annual report, through its work with the Coping and Support Training program, the Rennie Center for Education Research and Policy, the Federation for Children with Special Needs, and Black Print Education Consulting, The Guild has worked toward increasing collaboration among providers and students and caregivers while integrating functional skill assessment data to further the goal of independence for students served.

- The parents of students served reported being satisfied with the services received. Comments included praise for the organization's transition planning from child to adult services, infrastructure support, participation in the Human Rights Committee (HRC) reviews, promotion of satisfaction surveys, support for residents who may not be eligible for support from other providers, and its relationship with the Department of Developmental (DDS) services. One parent reported that the staff members were great and worked hard to create a well-scheduled day for her child. "They know his preferred activities, have gotten him engaged in activities like pot lucks, and have worked with him in working on developing healthy eating habits," she said. The Guild was commended for welcoming recommendations from the HRC when plans are presented for review and for its policies and procedures that guide staff in providing supports to serve individuals with complex needs. Parents explained that The Guild developed a plan to explain the transition from child to adult services and was responsive to the student's needs after the "honeymoon" period was over. They were satisfied that the results of satisfaction surveys are reviewed the by the parents' committee who shares recommendations.

- The Guild is commended for its commitment to promoting employees from within. Many of the staff members interviewed shared how they started as direct support workers and have engaged in a career path to a management position.

- Staff members interviewed expressed satisfaction with the leadership team. Some mentioned they can call anyone and will get a response and action regarding their concern. Staff members also said that they enjoy their jobs and are committed to this field of service. As one staff member said, "This is where I belong."

- The homes were nicely decorated and reflective of individual likes. Individual visual schedules provide structure and comfort as to the plan for the day. A number of residents participate in a "Meaningful Day," which is a plan for those who are not interested in attending a day program. The resident and staff create a weekly schedule that includes preferred activities that are usually completed with one-on-one staffing.

- The residents shared that they like the homes they are living in as well as the staff. They are active participants in developing their schedules, making choices, decorating their rooms, and engaging in community activities.

- The organization gives much attention to the rights of the residents/students. It has a booklet available that describes the residents'/students' rights and includes pictures of their rights. Rights are a part of the home's monthly meeting where a section of the booklet is reviewed and discussed with the staff and residents/students.

- The Guild is recognized for its service to residents with autism. The plans for these residents are holistic and meaningful and show a clear understanding of each resident's strengths, needs, and preferences. From these plans, the staff members know how to implement the goals and supports as well as how to support a resident who may be experiencing challenges. The clinical team has a hands-on approach, provides one-on-one support to the residents, and is available to the team and families.

- The Guild is commended for its positive behavior supports leadership team that is composed of residents, clinical team members, parents, other stakeholders, and the organization's administrative and program employees. The group completes a tier fidelity assessment on an annual basis that scores what action steps are needed to complete what is referred to as a matrix. On a monthly basis the group ensures that the plan is being implemented and that progress is being made toward completing the matrix.

- Relationships with families are of high importance to The Guild. Parents are members of the HRC and the positive behavior supports leadership team. The Guild has regular events at the homes that families are welcome to attend. The leadership has an open-door policy, and families feel comfortable expressing any concerns. Leadership, which includes house managers up to the CEO, is very responsive to resident and family needs.

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.B. Governance (Optional)

Description

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 selection, orientation, development, leadership, structure, and performance
- Linkage between governance and executive leadership
- Board meetings and committee work
- Executive leadership development, evaluation, and compensation

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

1.E.3.c.
1.E.3.d.
1.E.3.e.
Although most of the organization's records are maintained within an electronic documentation system, some records are kept in common areas in unsecured locations at some homes. It is recommended that policies and written procedures be consistently implemented that address security of all records, confidentiality of records, and compliance with applicable laws concerning records.

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

1.G.4.a.
1.G.4.b.
1.G.4.c.
1.G.4.d.
The organization currently has one contract with its medical director and this physician is contracted on a fiscal year basis, but the standards for contracted services have not been implemented. If any of the services delivered by the program seeking accreditation are provided under contract with another organization or individual, it is recommended that documented reviews of the contract services assess performance in relation to the scope and requirements of their contracts, ensure that they follow all applicable policies and procedures of the organization, ensure that they conform to CARF standards applicable to the services they provide, and are performed at least annually.

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

1.H.6.b.(1)
1.H.6.b.(2)
1.H.6.b.(3)
The organization has accessible evacuation routes; however, signs are not consistently present in the homes that indicate exit. The organization should have evacuation routes that are consistently understandable to persons served, personnel, and other stakeholders (including visitors). The organization might benefit from posting additional colored signage and/or visual aids, such as arrows in color on the floor highlighting evacuation routes and pictures near the exits showing a figure going out the door. Such signage and visual aids could assist in an evacuation situation to help the residents and students served, personnel, other stakeholders, and visitors exit the homes.

1.H.7.a.(1)
1.H.7.a.(2)
1.H.7.b.
1.H.7.c.(1)
1.H.7.c.(2)
1.H.7.c.(3)
1.H.7.c.(4)
1.H.7.c.(5)
1.H.7.d.
The organization conducts some of its drills during training as simulated drills and others as physical drills; however, the drills are logged differently and inconsistently. It is recommended that an unannounced test of each emergency procedure be consistently conducted at least annually on each shift at each location and include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill. Each unannounced test should be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. Each unannounced test should be evidenced in writing, including the analysis. It is suggested that there be a master form to encompass the information of all tests and that it be filed in one specific area at each location and/or at the administrative office to ensure that the information is available at a glance at any point in time.

1.H.10.a.(18)
1.H.10.b.(1)
1.H.10.b.(5)
Although the organization has implemented written procedures regarding critical incidents, the written procedures should specify critical incidents involving overdose and include prevention and timely debriefings conducted following critical incidents.

1.H.13.b.
1.H.13.d.
1.H.13.e.
1.H.13.h.
1.H.13.j.
The organization obtains copies of driver licenses upon hire and ensures that each driver is covered on its insurance, but it does not currently review driving records. Although safety equipment, written emergency procedures, and first aid supplies were evident in some vehicles, these were not consistently evident across all

vehicles at all homes. When transportation is provided for residents and students served there should be evidence of regular reviews of driving records of all drivers, safety features in vehicle(s), safety equipment, written emergency procedures available in the vehicle(s), and first aid supplies available in the vehicle(s).

Consultation

- The organization has competency-based training for personnel in health and safety, but the documentation is not consistently maintained in one place. The organization has also purchased Relias®, which could improve the training process significantly. During the organization's transition to Relias, it is suggested that a crosswalk be designed to ensure consistency and that at any point in time a manager could check which employees need retraining.

- The organization's leadership provided information that it is illegal in the state of Massachusetts to engage in seclusion and therefore does not include this on its forms and/or processes. Restraint is logged separately and comprehensively in a separate process. It is suggested that the critical incident form used reference this rationale.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

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

1.K.2.b.(1)
Although the organization provides the rights of the students served in a handbook to the students, these are not consistently available for review. It is recommended that the rights of the students served be consistently available at all times for review.

1.K.3.b.(1)
1.K.3.b.(2)
It is recommended that the organization consistently make complaint procedures and, if applicable, forms readily available and understandable to the residents/students served.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

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. Quality Individualized Services and Supports

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

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

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

Recommendations

There are no recommendations in this area.

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

Description

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

The person served participates in decision making, directing, and planning that affect the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.C. Medication Monitoring and Management

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.E. Community Services Principle Standards

Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

■ Increased or maintained inclusion in meaningful community activities.
■ Increased or maintained ability to perform activities of daily living.
■ Increased self-direction, self-determination, and self-reliance.
■ Increased self-esteem.

Key Areas Addressed

■ Access to community resources and services
■ Enhanced quality of life
■ Community inclusion
■ Community participation

Recommendations

There are no recommendations in this area.

Section 4. Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

■ Increased inclusion in community activities.
■ Increased or maintained ability to perform activities of daily living.
■ Increased self-direction, self-determination, and self-reliance.
■ Self-esteem.
■ Housing opportunities.
■ Community citizenship.
■ Increased independence.
■ Meaningful activities.
■ Increased employment options.

4.H. Community Housing (CH)

Description

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/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports 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/supports 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/supports 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 group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. 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 individuals.

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 six to twenty-four 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.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

■ Safe housing.
■ Persons choosing where they live.
■ Persons choosing with whom they will live.
■ Persons having privacy in their homes.
■ Persons increasing independent living skills.
■ Persons having access to the benefits of community living.
■ Persons having the opportunity to receive services in the most integrated setting.
■ Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
■ Persons having the freedom to furnish and decorate their sleeping or living units as they choose.
■ Persons having freedom and support to control their schedules and activities.
■ Settings that are physically accessible to the individuals.

Key Areas Addressed
■ Safe, secure, private location
■ Support to persons as they explore alternatives
■ In-home safety needs
■ Access as desired to community activities
■ Options to make changes in living arrangements
■ System for on-call availability of personnel

Recommendations
There are no recommendations in this area.

Section 5. Specific Population Designations/Enhancements

5.D. Adults with Autism Spectrum Disorder (ASDA)

Description

Supports for adults with autism spectrum disorder (ASD:A) enhance accessibility and community membership opportunities for adults with ASD. Education, employment, residential, social, and recreational opportunities; identification from research of successful techniques to apply to service provision including treatment and intervention research; and lifelong planning are means to achieve full inclusion and participation.

Standards for ASD services and supports present a roadmap for successful outcomes in the lives of persons with ASD by encouraging organizational values that focus on individualized, person-centered services for persons to achieve full inclusion and participation as desired in their communities. Services involve families, networks of resources, and education and support communities for older adolescents transitioning to adulthood and adult persons with ASD.

The standards in this section focus on planning for transitions and development of supports as needed for persons with ASD, with the outcomes of employment, further education, community living, and life planning.

Some of the quality results (outcomes) desired by the different stakeholders of ASD services may include:

■ Creating and supporting lifelong self-advocacy skills.
■ Developing supports and community resources for persons and families.
■ Enhancing quality of life by increasing social contacts and support communities.
■ Encouraging service provider capacity building by networking with governmental, educational, business/employer, and other community resources.
■ Recognizing and sharing reliable evidence-based knowledge, innovations, interventions, and therapies with proven, research-based, and peer-reviewed track records of getting results.
■ Planning for transition from school to successful employment and community living supports.
■ Individualized, comprehensive life planning that is transferred to other service providers to ensure continuity of service planning and supports.
■ Persons served moving toward:
   - Optimal use of natural supports.
   - A social supports network.
   - Self-help.
   - Greater self-sufficiency.
   - Greater ability to make appropriate choices.
   - Greater control of their lives.
   - Increased participation in the community.
   - Employment and/or continued education.

Key Areas Addressed

■ Services reflect current ASD research
■ Increased community awareness and understanding are promoted
■ Personnel receive specific competency-based training
■ Connections to community resources are facilitated

Recommendations

There are no recommendations in this area.

2023 Child and Youth Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated. Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they 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 person served. The persons served have the opportunity to transition easily through a system of care.

The guiding principles include:

■ Services that are child/youth and family driven.
■ Promotion of resiliency.
■ Cultural and linguistic competence.
■ Strengths-based approach.
■ Focus on whole person in context of family and community.
■ Trauma-informed.

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.

The organization, where appropriate, provides information to the child/youth served and in collaboration with the parent(s) and/or legal representative.

Child- and family-centered care includes the following:

■ Recognition that, when possible, the family is the constant in the child's/youth's life, while the service systems and personnel within those systems fluctuate.
■ Facilitation of family-professional collaboration at all levels of care.
■ Sharing of unbiased and complete information about a child's/youth's care on an ongoing basis, in an appropriate and supportive manner.
■ Implementation of appropriate policies and programs that are comprehensive and provide necessary support to meet the needs of children/youth and families.

■ Recognition of child/youth and family strengths and individuality and respect for different methods of coping.
■ Understanding and incorporating the developmental needs of children/youth and families into service systems.
■ Assurance that the design of health and social service delivery systems is flexible, accessible, and responsive to the needs of children/youth and families.

Key Areas Addressed

■ Written plan that guides service delivery
■ Team composition
■ Team member responsibilities
■ Developmentally appropriate surroundings and equipment
■ Crisis intervention provided
■ Medical consultation
■ Services relevant to diversity
■ Qualifications and competency of direct service staff
■ Family participation
■ Relevant education
■ Collaborative partnerships
■ Child/youth/family role in decision making
■ Supervision
■ Assistance with advocacy and support groups
■ Effective information sharing
■ Arrangement or provision of appropriate services
■ Gathering customer satisfaction information
■ Residential/overnight program requirements
■ Peer Support

Recommendations

There are no recommendations in this area.

Consultation

▪ Currently the organization has written procedures for the use of cell phones. The organization might consider expanding these procedures to specifically include other personal electronic devices such as electronic tablets, personal cameras, and personal laptops.

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, the person's family or significant others, and external sources.

Key Areas Addressed

■ Policies and procedures defining access
■ Assessment(s)
■ Waiting list criteria
■ Interpretive summary
■ Orientation to services

- Access and screening
- Admission criteria and process
- Ineligibility/exclusionary criteria

Recommendations

There are no recommendations in this area.

2.C. Individualized Planning

Description

Each person served is actively involved in and has a significant role in the individual planning process and determining the direction of the individualized plan. The individualized planning process includes goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served, as well as identified challenges and potential solutions. Individualized planning considers the significance of traumatic events.

The individualized planning process can result in a document that may also be referred to as a person-centered plan, service plan, treatment plan, case plan, or plan of care. In programs that serve young children, or families as a unit, the plan is often family focused rather than focused on a specific child.

Key Areas Addressed

- Participation of child/youth in preparation of individual plan
- Components of individual plan
- Safety planning
- Co-occurring disabilities/disorders
- Content of program notes

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 after they are discharged. The transition process is planned with the active participation of each person served. Transition may include planned or unplanned discharge, movement to a different level or intensity of services or movement to community-based services.

The transition plan is a document that is developed in collaboration with and for the person served, family, and other interested persons who have participated with the individual in services. It is meant to be a plan that the person served uses when leaving the program to identify important supports and actions to prevent the need to return to the program or other higher level of care.

A discharge summary is a document written by the program when the person leaves the program (planned or unplanned) and includes information about the person's progress while in the program, including the completion of goals. 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, transition services are critical for the safety and support of the individual's ongoing well-being. The program takes a proactive approach to follow-up with persons served after discharge to gather information related to their post-discharge status and to assist in determining the effectiveness of services and whether additional services were or are currently needed.

Key Areas Addressed

■ Transition/discharge planning
■ Components of transition plan
■ Follow-up after program participation
■ Discharge summary

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications, other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. 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, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose 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/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail 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

■ Scope of medication services provided by the program(s) seeking accreditation
■ Education and training provided to direct service personnel at orientation and at least annually
■ Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs

■ Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
■ Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
■ Peer review of prescribing practices, if applicable to the program

Recommendations

There are no recommendations in this area.

Consultation

- The organization implements its procedures for proper medication storage by utilizing storage containers to store medications in secured locations. Some homes store the medications in separate bins per student while other homes store two to three students' medications in one bin. The organization might benefit from implementing a consistent practice of storing medications in a single bin per student across all homes.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

■ Engagement.
■ Partnership.
■ Holistic approaches.
■ Nurturance.
■ Respect.
■ Hope.
■ Self-direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support, there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, 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.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space 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 only if freedom to leave the segregated room or space is denied.

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 as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

■ Assistive devices used for persons with physical or medical needs.
■ Briefly holding a person served, without undue force, for the purpose of comforting the individual or to prevent self-injurious behavior or injury to others.
■ Holding a person's hand or arm to safely guide the individual from one area to another or away from another person.
■ Security doors designed to prevent elopement or wandering.
■ Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
■ In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

■ Policies on the program's use of seclusion and restraint, if applicable
■ Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
■ Policies and written procedures regarding orders for and the use of seclusion and restraint, if applicable
■ Plan for elimination of the use of seclusion and restraint, if applicable
■ Review and analysis of the use of seclusion and restraint, if applicable
■ Documentation
■ Risk assessment

Recommendations

There are no recommendations in this area.

2.G. Records of the Person 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

■ Authorization for release of information
■ Timeframes for entries to records
■ Individual record requirements
■ Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Review

Description

The program 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 program in improving the quality of services provided to each person served.

Key Areas Addressed

- Focus of quarterly review
- Use of information from quarterly review
- Record selection for review

Recommendations

There are no recommendations in this area.

Section 4. Core Residential Program Standards

4.D. Group Home

Description

Group home programs provide trauma-informed treatment and services in a safe, supportive, 24-hour setting to children/youth for whom there are documented reports of abuse, maltreatment, and/or behavioral health needs and who cannot safely live in a family setting within the community.

Group home programs are time limited with goals for reunification with the family of the child/youth or placement within another family setting or other community placement with an emphasis toward permanency.

Key Areas Addressed

- Community living skills to support transition to a family setting
- Maintenance of family relationships
- Reunification/permanency planning
- Personnel requirements for 24/7 operations

Recommendations

There are no recommendations in this area.

Consultation

- The organization offers cultural programming that includes theatre, cultural meals, outings, and sharing experiences from the students' and staffs' native countries. The organization might also consider taking students on cultural food tours and implementing a passport program where students could explore a culture or country each month that may include musical experience, internet exploration, native attire, and preparing food and crafts from that culture.

- The program has many recreational materials available in the home, implements a daily schedule that includes chores and private time, and implements an ongoing monthly activity calendar. The program might consider enhancing daily enrichment activities by requiring daily programming to ensure ongoing engagement with staff and students. This could include a period of time where staff members engage with students in games and encourage socialization.

Program(s)/Service(s) by Location

The Guild for Human Services

521 Virginia Road
Concord, MA 01742

Group Home (Children and Adolescents)
Governance Standards Applied

Billerica House

6 Charlesanna Lane
Billerica, MA 01821

Community Housing (Autism Spectrum Disorder-Adults)

Burlington House

55 Harriett Avenue
Burlington, MA 01803

Community Housing (Autism Spectrum Disorder-Adults)

Cedar House

27 Gilbert Street
Watertown, MA 02472

Group Home (Children and Adolescents)

Chestnut

21 Robin Hood Lane
Billerica, MA 01821

Group Home (Children and Adolescents)

Dedham House

75 Maple Place
Dedham, MA 02026

Community Housing (Autism Spectrum Disorder-Adults)

Dogwood

9 Beaver Place
Billerica, MA 01821

Group Home (Children and Adolescents)

Foxborough House

3 Bailey Street
Foxborough, MA 02035

Community Housing (Autism Spectrum Disorder-Adults)

Framingham House

31 Hiram Road
Framingham, MA 01701

Community Housing (Autism Spectrum Disorder-Adults)

Maple House

2 Carmel Drive
Billerica , MA 01862

Group Home (Children and Adolescents)

Maynard House

36 Chandler Street
Maynard, MA 01754

Community Housing (Autism Spectrum Disorder-Adults)

Melrose House

11 Windsor Street
Melrose, MA 02716

Community Housing (Autism Spectrum Disorder-Adults)

Mulberry

21 Bennett Circle
Billerica, MA 01821

Group Home (Children and Adolescents)

Norfolk House

14 Maple Street
Norfolk, MA 02056

Community Housing (Autism Spectrum Disorder-Adults)

Pine House

245 Concord Road
Bedford, MA 01730

Group Home (Children and Adolescents)

Sassafrass

152/154 Orchard Street
Watertown, MA 02472

Group Home (Children and Adolescents)

Sudbury House

201 Haynes Road
Sudbury, MA 01776

Community Housing (Autism Spectrum Disorder-Adults)

Walnut House

321 Old Billerica Road
Bedford, MA 01730

Group Home (Children and Adolescents)

Walpole House

15 Treeland Drive
Walpole, MA 02081

Community Housing (Autism Spectrum Disorder-Adults)

Waltham House

21 High Rock Circle
Waltham, MA 02452

Community Housing (Autism Spectrum Disorder-Adults)

Waltham2 House

163 Mallard Way
Waltham, MA 02452

Community Housing (Autism Spectrum Disorder-Adults)

Willow

263 Worcester Lane
Waltham, MA 02451

Group Home (Children and Adolescents)

Wilmington House

32 Marcia Road
Wilmington , MA 02452

Community Housing (Autism Spectrum Disorder-Adults)

Woburn 1

5 Silvermine Road
Woburn, MA 01801

Community Housing (Autism Spectrum Disorder-Adults)

Woburn House 2

3 Cleveland Avenue
Woburn, MA 01801

Community Housing (Autism Spectrum Disorder-Adults)