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Three-Year Accreditation

CARF Survey Report for Northeast Michigan Community Mental Health Authority

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Organization

Northeast Michigan Community Mental Health Authority
400 Johnson Street
Alpena, MI 49707

Organizational Leadership

Edwin M. LaFramboise, M.B.A., Executive Director

Survey Dates

February 20-22, 2013
April 10-12, 2013

Survey Team

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Programs/Services Surveyed

Assertive Community Treatment: Mental Health (Adults)
Case Management/Services Coordination: Integrated DD/Mental Health (Adults)
Case Management/Services Coordination: Integrated DD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Housing: Integrated DD/Mental Health (Adults)
Community Integration: Mental Health (Adults)
Crisis Intervention: Integrated DD/Mental Health (Adults)
Crisis Intervention: Integrated DD/Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Integrated DD/Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated DD/Mental Health (Adults)
Outpatient Treatment: Integrated DD/Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Mental Health (Children and Adolescents)
Supported Living: Integrated DD/Mental Health (Adults)

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

Previous Survey

March 15-17, 2010
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: June 2016

SURVEY SUMMARY

Northeast Michigan Community Mental Health Authority has strengths in many areas.

- Northeast Michigan Community Mental Health Authority is respected as a progressive, innovative, cost-effective service provider, serving populations with complex needs in rural northeastern Michigan.
- The organization has been highly successful in assisting the persons served to live in the community with a high degree of independence.
- The leadership of the organization, both at the board level and the executive management level, is highly committed to work with state of Michigan authorities to improve the integration of holistic, integrated primary care and behavioral health services in order to improve outcomes for the persons served.
- The organization involves the persons served in entrepreneurial projects and activities that are supportive of the organization's programs. The organization utilizes a highly effective peer support program.
- The organization has incorporated Gentle Teaching and positive behavioral interventions into the treatment milieu.
- The leadership of the organization has exercised excellent financial stewardship, and the organization employs an exceptionally experienced group of individuals in leadership positions. These individuals act as role models in their respective specialty areas.
- The organization demonstrates a commitment to person-centered care, recovery, and wellness that permeates its culture. The organization has embraced fidelity in the implementation of evidence-based practices. Community and employment services continue to be innovative and creative in client-centered job development through such programs as the micro-enterprises initiative and use of evidence-based approaches.

- The personnel files of the organization are well organized, complete, and thorough.
- Services are provided by a cadre of caring, competent, and committed staff members who take obvious pride in their work and the many accomplishments of the persons served. The enthusiasm and skills of the staff members in each program contribute to the development and provision of high quality programming for which the persons served are truly appreciative.
- The persons served, individually and collectively, speak highly of the staff members and the quality of services received. Comments indicate that the persons served are grateful for the personalized treatment and believe that staff members are authentic in their desire to help.
- The organization has developed linkages with external partners that provide specialized services for the persons served and that benefit community organizations.
- The organization's facilities are well maintained, clean, attractive, and integrated into the community and present a familylike atmosphere for the persons served.
- The persons served speak favorably of their experiences with the staff members and the treatment process, stating that they are treated with respect. They report that their lives have been significantly and positively impacted by their time in treatment and that staff members are genuinely concerned about them as individuals and their recovery.
- The case management/services coordination program continues to diligently pursue innovative resources for meeting needs of the persons served within the primarily rural service setting.
- The director of intensive family-based services is highly visible and active within numerous professional entities and presents free workshops (e.g., Power of Parenting and Conscious Parenting).
- The organization demonstrates significant efforts in prevention through the use of many innovative programs for children and parents. The Interagency Network for Children website allows for connecting community and individual resources with identified needs of children or families. By posting the need or resource and contact information in an email, the individual/family may receive information in a more efficient and effective manner.
- Northeast Michigan Community Mental Health Authority uses the effective evidence-based practice, Gentle Teaching, to assist in facilitating community living by validating each individual's humanity and offering an environment where the person feels safe and connected to others.
- The assertive community treatment team has increased the independence of the persons served within the community and reduced hospitalization through medication management, individual assistance, and group support, and offering weekly dialectical behavioral therapy (DBT) and integrated dual diagnosis treatment groups (IDDT).
- Community housing sites are well maintained and furnished in a manner that is appropriate and engenders a feeling of safety and positive self-worth for the persons served. There is evidence of personalized décor and support of individual choices. The longevity of staff in the residential sites engenders a strong sense of family and commitment to the persons served.
- The organization is focused on the needs of persons served and provides timely services on site that meet those needs. This is of particular note, given the challenges associated with significant distances.

In the following area Northeast Michigan Community Mental Health Authority demonstrates exemplary conformance to the standards.

- The Supported Independence Program (SIP) is a model for excellence that includes an innovative response system that provides on-call staff to respond to the needs of the persons served around the clock, including weekends and holidays. This program also offers a unique open-line monitoring system to provide additional safety, security, and emergency assistance when needed.

Northeast Michigan Community Mental Health Authority 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, Northeast Michigan Community Mental Health Authority is a highly respected provider of comprehensive community-based services to a sparsely populated, but vast geographic area, in northeastern Michigan. The organization has demonstrated substantial conformance to the CARF standards and is committed to utilizing the accreditation process to continuously improve the quality of services to the persons served. The leadership and staff members have a distinguished record of developing and nurturing programs that foster improved independence for the persons served. Likewise, the leadership and staff members are committed to utilizing evidence-based practices. This report identifies some opportunities for improved conformance to the CARF standards primarily related to policy development, documentation of services and administrative activities, and implementation of a peer review process and procedures. The organization clearly has the ability and motivation to accomplish the recommended improvements.

Northeast Michigan Community Mental Health Authority has earned a Three-Year Accreditation. The leadership and staff members of the organization are congratulated for their achievement. They are encouraged to utilize the CARF International accreditation standards to continuously improve administrative and program services.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

C. Strategic Planning

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Principle Statement

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures

- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

G. Risk Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

G.3.

It is recommended that the organization develop a written procedure regarding media relations.

H. Health and Safety

Principle Statement

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

Key Areas Addressed

- Inspections
- Emergency procedures
- Access to emergency first aid

- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

H.14.a. through H.14.c.

It is recommended that the organization clarify its written procedures related to handling, storage, and disposal of hazardous materials. It appears that the organization is not following its written policy, although the written policy may be more stringent than is required. It is suggested that the organization have a contingency contract with a company that disposes of hazardous waste in the event that the service is needed.

Consultation

- It is suggested that the organization specify in written policy that drivers of vehicles while transporting persons served will have a cell phone on their person to be used for communication in the event of an emergency.

I. Human Resources

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

J. Technology

Principle Statement

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

Key Areas Addressed

- Written technology and system plan

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

L. Accessibility

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Principle Statement

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

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

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

A. Program/Service Structure

Principle Statement

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

Key Areas Addressed

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

Recommendations

A.19.e.(2)

Although the organization engages the participants in team meetings, it is recommended that the results of team meetings be consistently documented.

A.21.

It is recommended that the organization develop a plan and written procedures for the supervision of all individuals providing direct services.

A.22.a. through A.22.g.

Ongoing supervision is not consistently being documented throughout the organization. It is recommended that documented ongoing supervision of clinical or direct service personnel address, when applicable, the accuracy of assessment and referral skills; the appropriateness of the treatment or service interventions to meet the specific needs of the persons served; treatment/service effectiveness as reflected by the person served meeting his/her individual goals; the provision of feedback that enhances the skills of direct service personnel; issues of ethics, legal aspects of clinical practice, and professional standards including boundaries; clinical documentation issues identified through ongoing compliance review; and cultural competency issues.

Exemplary Conformance

A.17.

The SIP is a model for excellence that includes an innovative response system that provides on-call staff to respond to the needs of the persons served around the clock, including weekends and holidays. This program offers a unique open-line monitoring system to provide additional safety, security, and emergency assistance when needed.

B. Screening and Access to Services

Principle Statement

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

Key Areas Addressed

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

Recommendations

B.9.d.(1)(f)(i)
B.9.d.(1)(f)(iv)
B.9.d.(2)

It is recommended that each person served receive an orientation that includes, as applicable, an explanation of the program's health and safety policies regarding the use of seclusion and restraint; prescription medications brought into the program; and familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits.

B.14.c. through B.14.f.
B.14.m.(2)
B.14.n.(1)(b)
B.14.n.(2)(b)

It is recommended that the assessment process consistently gather information about the person's strengths, needs, abilities, and preferences; gender, sexual orientation, and gender expression; and a history of trauma that is witnessed and includes neglect.

C. Person-Centered Plan

Principle Statement

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

Key Areas Addressed

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

Recommendations

C.1.c.(1) through C.1.c.(4)

It is recommended that the person-centered plan consistently include the strengths, needs, abilities, and preferences of the persons served.

C.6.a.

C.6.b.

It is recommended that, when the person served has concurrent disorders or disabilities and/or co-morbidities, the person-centered plan specifically address these conditions in an integrated manner and that services be provided by personnel, either within the organization or by referral, who are qualified to provide services for persons with concurrent disabilities and/or disorders.

D. Transition/Discharge

Principle Statement

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

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

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

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

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

Key Areas Addressed

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

Recommendations

D.3.d.

D.3.e.

Although medications are listed on transition plans, it is not consistently documented for continuity of medications. It is recommended that the written transition plan include information on the continuity of the person's medications, when applicable. The plan should include referral information, such as contact name, telephone number, locations, and hours and days of services, when applicable.

D.7.d.

The organization is urged to ensure that, when a transition plan and/or a discharge summary are provided to external programs/services to support a person's transition, it includes the person's preferences.

E. Medication Use

Principle Statement

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self

administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

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

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

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

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

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

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

Key Areas Addressed

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

Recommendations

E.3.d.

E.3.e.

Although the organization has established medication use policies and procedures, it is recommended that the organization add a policy on the safe storage and safe handling of medications brought into the Light of Hope Clubhouse program.

E.8.a. through E.8.e.(2)

It is recommended that a documented peer review be conducted annually on a representative sample of records of persons served for whom prescriptions were provided to assess the appropriateness of each medication, as determined by the needs and preferences of each person served; to assess the efficacy of the medication; and to determine if the presence of side effects, unusual effects, and contraindications were identified and addressed and necessary tests were conducted. The review should identify the use of multiple simultaneous medications and medication interactions.

E.9.a. through E.9.c.

Information from the peer review process should be reported to applicable staff, used to improve the quality of services provided, and incorporated into the organization's performance improvement system.

F. Nonviolent Practices

Principle Statement

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

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

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

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to self, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral health care setting.

Key Areas Addressed

- Training and procedures supporting nonviolent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

G.2.c.

It is recommended that the individual record communicate information in a manner that is complete.

G.4.i.

After a review of a number of records of the persons served, there was evidence of inconsistent documentation for discharge summaries. It is recommended that the individual record of the person served include a discharge summary.

H. Quality Records Management

Principle Statement

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

Key Areas Addressed

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

Recommendations
H.4.h.(1)
H.4.h.(2)
H.4.j.
It is recommended that the records review address, when applicable, the transition plan and discharge summary. When billing for services occurs, the clinical documentation should be consistent with the billing records.

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/disorders, such as mental illness and a developmental disability.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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

A. Assertive Community Treatment

Principle Statement

Assertive Community Treatment (ACT) is a multidisciplinary team approach that assumes responsibility for directly providing acute, active, and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. The program team provides assistance to individuals to maximize their recovery, ensure consumer-directed goal setting, assist the persons served to gain hope and a sense of empowerment, and provide assistance in helping the persons served become respected and valued members of their community. The program provides

psychosocial services directed primarily to adults with severe and persistent mental illness who often have co-occurring problems, such as substance abuse, or are homeless or involved with the judicial system.

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

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

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

Recommendations

There are no recommendations in this area.

C. Case Management/Services Coordination

Principle Statement

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

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

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

Recommendations

There are no recommendations in this area.

E. Community Integration

Principle Statement

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Recommendations

E.7.a.

E.7.b.

It is recommended that the Light of Hope Clubhouse program develop procedures for follow-up for and outreach to the persons who drop out of services or those who have transitioned to another setting. The Light of Hope Clubhouse program is encouraged to work on the program handbook to expand its use and functionality.

H. Crisis Intervention

Principle Statement

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

Recommendations

There are no recommendations in this area.

P. Intensive Family-Based Services

Principle Statement

These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach to treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed towards family restoration when a child has been in an out-of-home placement.

Recommendations

There are no recommendations in this area.

S. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

U. Prevention

Principle Statement

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

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

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

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

  Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.

- *Training* programs provide curriculum-based instruction to active or future personnel in child and youth service programs.

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

INTEGRATED DD/MENTAL HEALTH

Core programs in this field category are designed to provide services to persons whose primary diagnoses are intellectual or other developmental disabilities and who are at risk for or exhibiting behavioral disorders or have identified mental health needs. These programs encompass many therapeutic settings and intervention modalities and a commitment to community integration.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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

C. Case Management/Services Coordination

Principle Statement

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

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

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

Recommendations

There are no recommendations in this area.

D. Community Housing

Principle Statement

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

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

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

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

Community housing may include either or both of the following:

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

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

Recommendations

There are no recommendations in this area.

H. Crisis Intervention

Principle Statement

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

Recommendations

There are no recommendations in this area.

P. Intensive Family-Based Services

Principle Statement

These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach to

treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed towards family restoration when a child has been in an out-of-home placement.

Recommendations

There are no recommendations in this area.

S. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

X. Supported Living

Principle Statement

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long term in nature, but may change in scope, duration, intensity, or location as the needs and preferences o individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sampling of these sites will be visited as part of the interview process of the person served. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would cosign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant. The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the intent to survey or identified as a site on the accreditation outcome.

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

B. Children and Adolescents

Case Management/Services Coordination: Integrated DD/Mental Health
Case Management/Services Coordination: Mental Health
Crisis Intervention: Integrated DD/Mental Health
Crisis Intervention: Mental Health
Intensive Family-Based Services: Integrated DD/Mental Health
Intensive Family-Based Services: Mental Health
Outpatient Treatment: Integrated DD/Mental Health
Outpatient Treatment: Mental Health
Prevention: Mental Health

Principle Statement

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Recommendations

There are no recommendations in this area.

SECTION 5. COMMUNITY AND EMPLOYMENT SERVICES

A. Program/Service Structure

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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

Principle Statement

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

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

Key Areas Addressed

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

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Recommendations

There are no recommendations in this area.

D. Employment Services Principle Standards

Principle Statement

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

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

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

Key Areas Addressed

- Goals of the persons served
- Personnel needs of local employers
- Community resources available
- Economic trends in the local employment sector

Recommendations

There are no recommendations in this area.

E. Medication Monitoring and Management

Key Areas Addressed

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

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Recommendations

There are no recommendations in this area.

O. Community Employment Services

Principle Statement

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

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

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

Individuals may be paid by community employers or by the organization. Employment is in the community.

The following service categories are available under Community Employment Services:

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Northeast Michigan Community Mental Health Authority

400 Johnson Street
Alpena, MI 49707

Assertive Community Treatment: Mental Health (Adults)
Case Management/Services Coordination: Integrated DD/Mental Health (Adults)
Case Management/Services Coordination: Integrated DD/Mental Health (Children and Adolescents)
Crisis Intervention: Integrated DD/Mental Health (Adults)
Crisis Intervention: Integrated DD/Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Integrated DD/Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated DD/Mental Health (Adults)
Outpatient Treatment: Integrated DD/Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Mental Health (Children and Adolescents)
Supported Living: Integrated DD/Mental Health (Adults)

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

NeMCMHA - Hillman Office

630 Caring Street
Hillman, MI 49746

Case Management/Services Coordination: Integrated DD/Mental Health (Adults)
Case Management/Services Coordination: Integrated DD/Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)

NeMCMHA - Roger City Office

156 North Fourth Street
Roger City, MI 49779

Case Management/Services Coordination: Integrated DD/Mental Health (Adults)
Case Management/Services Coordination: Integrated DD/Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)

Psychosocial Rehabilitation Program - Clubhouse

228 South Third, Suite C
Alpena, MI 49707

Community Integration: Mental Health (Adults)

Avalon Lakeside Home

17855 North County Road 459
Hillman, MI 49746

Community Housing: Integrated DD/Mental Health (Adults)

Brege Group Home

491 Brege Drive
Roger City, MI 49779

Community Housing: Integrated DD/Mental Health (Adults)

Cambridge Group Home

755 Cambridge Street
Alpena, MI 49707

Community Housing: Integrated DD/Mental Health (Adults)

Dewar Group Home

2898 East Dewar Road
Harrisville, MI 48740

Community Housing: Integrated DD/Mental Health (Adults)

Harrisville Home

329 West Main Street
Harrisville, MI 48740

Community Housing: Integrated DD/Mental Health (Adults)

Mill Creek Group Home

350 Mill Creek Road
Harrisville, MI 48740

Community Housing: Integrated DD/Mental Health (Adults)

Pine Park Home

11680 Lake 15 Road
Atlanta, MI 49709

Community Housing: Integrated DD/Mental Health (Adults)

Princeton Group Home

215 Princeton Street
Alpena, MI 49707

Community Housing: Integrated DD/Mental Health (Adults)

Thunder Bay Home

15080 Fairway Court
Hillman, MI 49746

Community Housing: Integrated DD/Mental Health (Adults)

Walnut Group Home

638 Walnut Street
Alpena, MI 49707

Community Housing: Integrated DD/Mental Health (Adults)

District Health Department Two

311 Lake Street
Harrisville, MI 48740

Outpatient Treatment: Mental Health (Adults)

Fletcher Street Office

318 Fletcher Street
Alpena, MI 49707

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)

Community Employment Services: Employment Supports