carf INTERNATIONAL

CARF
Survey Report
for

Manistee Benzie Community Mental Health Organization dba Centra Wellness Network

www.carf.org

carf INTERNATIONAL

Organization

Manistee Benzie Community Mental Health
Organization dba Centra Wellness Network
310 North Glocheski Drive
Manistee, MI 49660

Organizational Leadership

Dennis Risser, Chairperson, Board of Directors

Erin King, LMSW, Director, Customer and Provider Services

Joseph L. Johnston, II, LMSW, Executive Director

Three-Year Accreditation

Survey Dates

April 19-21, 2017

Survey Team

Lynn H. Chenault, ACSW, Administrative Surveyor

Sally E. McMinn, M.B.A., M.S.W., RSW, Program Surveyor

Mary A. Spencer, M.B.A., CASAC, Emeritus, Program Surveyor

Programs/Services Surveyed

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Community Integration: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: IDD/Mental Health (Adults)
Community Integration: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: IDD/Mental Health (Adults)
Outpatient Treatment: Integrated: IDD/Mental Health (Children and Adolescents)
Prevention: Integrated: IDD/Mental Health (Children and Adolescents)
Child and Youth Services

Previous Survey

April 28-30, 2014
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: May 31, 2020

SURVEY SUMMARY

Manistee Benzie Community Mental Health Organization dba Centra Wellness Network (MBCMHO) has many strengths.

- The clinical director and supervisors are some of the most competent, compassionate, ambitious, energetic, highly intelligent employees found in organizations throughout the United States and Canada. They work collaboratively with one another, are respectful and professional, and yield positive results and outcomes that exceed what one would expect.
- MBCMHO offers a comprehensive and robust personal and professional development and training for staff members. This clearly gives staff members the message that they are valued and that the organization takes pride in having highly credentialed staff members who are knowledgeable in the most up-to-date, evidence-based programs and interventions.
- MBCMHO employs a full array of highly credentialed staff members. This includes a psychiatrist, nurse practitioner, psychologist, occupational therapist, nurses, master's- and bachelor's-level clinicians, and other interns and personnel who provide a full complement of disciplines to meet all the needs of the persons served.
- MBCMHO is commended for its commitment to offering full-time employment to persons who had previously served as peer support specialists. These persons provide such a valuable connection through experience and a desire to be of service to others.
- Assertive community treatment is a set of intensive clinical, medical, and psychological services offered through a multidisciplinary treatment team. Although small in size, this team is committed, is extremely supportive of one another, and often goes above and beyond to support clients involved with their team.
- Case management services are provided in collaboration with other healthcare providers in a responsive, coordinated, and efficient manner to ensure an inclusive quality of life in their communities for clients. The gifted team of cross-trained, well-educated, and highly motivated individuals supports one another and sets an example of respectful and dignified relations between one another and the clients.
- The crisis intervention program provides services 24 hours a day, 7 days a week to persons with significant challenges during urgent and emergency situations. The organization has very positive collaborative relationships with other providers, including law enforcement and emergency room personnel. This service helps the client improve functioning and is delivered by a competent and capable team of caring professionals.
- The organization provides services in two locations, and each is co-located with medical, dental, and substance abuse services, providing a single-entry experience to an array of services. The lobbies and check-in areas are designed to promote rights to privacy by offering no wrong check-in windows and large, spacious waiting areas. Facilities are professionally decorated with client services rooms all having windows, being well lighted, and providing an atmosphere conducive to wellness and services.
- MBCMHO strives to form and maintain high-quality, collaborative relationships with community partners. Community partner meetings offer opportunities to collaborate, communicate, and provide quarterly trainings. Documented meeting minutes demonstrate a variety of community partners and strategies for collaborative services and activities. MBCMHO

strives to highlight external stakeholders for their collaborative activities through awards and other recognition activities. The organization is well known and respected in the communities it serves, and stakeholders are highly complimentary of its board and leadership staff.

- MBCMHO has strong, effective leadership with long-term continuity with respect to the mission and vision of the organization. The dedicated board includes several long-term members.
- Among its health and safety trainings, and mindful of recent events across the nation and the world, the organization recently held its first active shooter training. State police provided the training and helped to establish the procedures to follow to maintain safety in the event a shooter is near.
- Persons served consistently remark that Centra Wellness Network "staff are awesome," "understand what we need," "they give me peace of mind," "they really care about me and that I'm doing better," "they help me get well," "very validating (parent)," "very personable," and "would not be where we are emotionally."
- In addition to the programs and services highlighted in this report, the organization offers other services in its continuum to include: court services, jail diversion program, supported living services, intensive family-based services, supported employment, organizational employment, and respite services.
- SafeNet prevention services are offered in all schools in both counties served. The program provides multiple evidence-based curricula and includes screening, education, and services within the family, the school, and the community.
- The peer mentor program has just begun and is making an impact. The client serving as a peer mentor has presented the program at school and in professional conferences. This client provides a clear example of the role he has taken in the program and demonstrates patience and willingness to help people understand disabilities, thereby reducing stigma.
- MBCMHO, through its community integration program and other services, offers many activities and events and participation in community activities. An abundance of activities is available for education, skill building, community inclusion, and just plain fun.

MBCMHO should seek improvement in the area(s) identified by the recommendation(s) in the report. Any consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, MBCMHO demonstrates substantial conformance to the CARF International standards. It is evident that the organization provides an excellent array of behavioral health and intellectual disability services to the persons served and is dedicated to ongoing quality improvement. The organization is highly respected in the community. Persons served and referral sources have all expressed satisfaction with the services provided. The organization has a few areas for improvement, including full development of a cultural competency and diversity plan and a risk management plan, procedures for staff response to search warrants and investigations, consistent annual health and safety inspections at all sites, and procedures for follow-up for clients who are in transition or discharge. MBCMHO appears to have the ability and the willingness to make improvements in the areas identified in this report.

Manistee Benzie Community Mental Health Organization dba Centra Wellness Network has earned a Three-Year Accreditation. The organization is commended for its efforts to provide quality services and is encouraged to use its resources to address the few improvements noted in this report and to use the CARF standards as guidelines for continuous quality improvement.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Description

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

Key Areas Addressed

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

Recommendations

A.5.a.(1) through A.5.d.

Although the organization has very extensive documentation regarding cultural competency and diversity, such as policies, training materials, etc., there is no plan as such. (See "Plan" in the Glossary at the back of the CARF standards manual.) MBCMHO is therefore urged to prepare and implement a cultural competency and diversity plan that addresses persons served, personnel, and other stakeholders and that is based on consideration of the following areas: culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. The plan should be reviewed at least annually for relevance and updated as needed.

C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

C.2.b.(1) through C.2.b.(3)
C.2.c.(2)

It is recommended that the strategic plan reflect the organization's financial position at the time the plan is written, at projected point(s) in the future, and with respect to allocating resources necessary to support accomplishment of the plan. The plan should also set priorities.

D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Description

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

E.2.b. through E.2.d.

In addition to its written procedures to guide personnel in responding to subpoenas, MBCMHO should develop and implement procedures for responding to search warrants, investigations, and other legal action.

F. Financial Planning and Management

Description

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

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

G.1.a.(1) through G.1.b.(2)

The organization has compiled and analyzed information about a variety of loss exposures but, as noted earlier regarding cultural competency and diversity, there is not an actual plan for risk management that is action oriented and related to defined goals. MBCMHO is urged to implement such a plan for risk management that includes identification of loss exposures, analysis of loss exposures, identification of how to rectify identified exposures, implementation of actions to reduce risk, monitoring of actions to reduce risk, reporting results of actions taken to reduce risks, and inclusion of risk reduction in performance improvement activities. Additionally, the plan should be reviewed at least annually for relevance and updated as needed.

H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

H.7.c.(3)

It is recommended that unannounced tests of all emergency procedures be analyzed for performance that addresses results of any performance improvement plans.

H.13.a.(1) through H.13.b.(3)

MBCMHO should ensure that comprehensive health and safety inspections are conducted at least annually by a qualified external authority at all locations. The inspections should result in written reports that identify the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations. Maintenance, repairs, and cleaning, even if related to health and safety, do not qualify as comprehensive inspections.

Consultation

- It might be helpful to use a larger format for posted diagrams of accessible evacuation routes.
- MBCMHO is encouraged to use complete actual or simulated physical evacuation drills for all appropriate emergency tests, and minimize or avoid drills that are only a re-reading of emailed procedures. The organization might also benefit from closer monitoring for consistency of tests of all emergencies at each site at least annually.
- It is suggested that the most urgent emergency procedures (perhaps five or six) also be posted on a card on the driver's sun visor in all vehicles for quick reference.

I. Human Resources

Description

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

Key Areas Addressed

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

Recommendations

I.7.b.(1) through I.7.b.(3)

The management of students or volunteers at MBCMHO should include identification of their duties, scope of responsibility, and supervision. A written job description is a typical means of doing so.

J. Technology

Description

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

Key Areas Addressed

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

J.1.a.(6)

The organization has a very good technology and system plan, but it should also include assistive technology.

K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that MBCMHO consider combining its records of requests for reasonable accommodations for staff members/applicants with those of clients.

M. Performance Measurement and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- For collection of data from clients at point(s) in time following services, MBCMHO is encouraged to try utilizing students and/or trained volunteers to gather this information.

N. Performance Improvement

Description

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

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized,

establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

B. Screening and Access to Services

Description

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

Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, his or her family or significant others, or 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.3.e.

It is recommended that the organization implement policies and written procedures that define exclusionary or ineligibility criteria.

B.15.a.

It is recommended that the written interpretive summary be based on the assessment data.

Consultation

- It is suggested that items in the assessment be attended to rather than be left blank when there is no adverse information to enter into the record.

C. Person-Centered Plan

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization separate objectives from interventions/modalities to better clarify which approaches are designed to assist clients to achieve goals. It is further suggested that efforts be made to write objectives unilaterally.

D. Transition/Discharge

Description

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

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

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

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

Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or predischarge 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.1.f.

It is recommended that MBCMHO implement written procedures for follow-up for persons served who are either in transition or discharge.

D.3.f.

It is recommended that the written transition plan include communication of information on options and resources available if symptoms recur or additional services are needed, when applicable.

E. Medication Use

Description

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

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

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

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served to his or her body, and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister pack 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 repackaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

F. Nonviolent Practices

Description

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

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

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff is 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 healthcare 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

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Description

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

INTEGRATED AOD/MENTAL HEALTH

Core programs in this field category are designed to provide a combination of alcohol and other drugs/addictions and mental health services. This may include services provided in a psychosocial format. Services may be provided through a seamless system of care for individuals with needs in one or both areas or for persons with the identified co-occurring disorders.

A. Assertive Community Treatment

Description

Assertive community treatment 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 program 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 assertive community treatment 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 healthcare.

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

Description

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.

Recommendations

There are no recommendations in this area.

E. Community Integration

Description

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

There are no recommendations in this area.

G. Crisis Programs

Crisis Intervention

Description

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.

Q. Outpatient Programs

Outpatient Treatment

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may

vary in level of intensity. 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, and substance use disorders and other addictive behaviors.

Recommendations

There are no recommendations in this area.

INTEGRATED IDD/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.

C. Case Management/Services Coordination

Description

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.

Recommendations

There are no recommendations in this area.

E. Community Integration

Description

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

There are no recommendations in this area.

G. Crisis Programs

Crisis Intervention

Description

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.

Q. Outpatient Programs

Outpatient Treatment

Description

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

Recommendations

There are no recommendations in this area.

S. Prevention

Description

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, tobacco use prevention, child abuse prevention, and suicide prevention.
- *Training* programs provide curriculum-based instruction to active or future personnel in human services 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.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

C. Children and Adolescents

Description

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.

Consultation

- It is suggested that the organization consider including child- and adolescent-specific information across all related assessments.

SECTION 5. COMMUNITY AND EMPLOYMENT SERVICES

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.

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 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

Recommendations

There are no recommendations in this area.

C. 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.

G. Child and Youth Services

Description

Child and youth services provide one or more services, such as prenatal counseling, service coordination, early intervention, prevention, preschool programs, and after-school programs. These services/supports may be provided in any of a variety of settings, such as a family's private home, the organization's facility, and community settings such as parks, recreation areas, preschools, or child day care programs not operated by the organization.

In all cases, the physical settings, equipment, and environments meet the identified needs of the children and youth served and their families. Families are the primary decision makers in the process of identifying needs and services and play a critical role, along with team members, in the process.

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

- Services individualized to needs and desired outcomes.
- Collection and use of information regarding development and function as relevant to services.
- Children/youths developing new skills.
- Collaborative approach involves family members in services.

Key Areas Addressed

- Individualized services based on identified needs and desired outcomes
- Healthcare, safety, emotional, and developmental needs of child/youth

---

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Manistee Benzie Community Mental Health Organization dba Centra Wellness Network

310 North Glocheski Drive
Manistee, MI 49660
US

Community Integration: Integrated: AOD/MH (Adults)
Community Integration: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: IDD/Mental Health (Adults)
Community Integration: Integrated: IDD/Mental Health (Children and Adolescents)

Benzie Community Resource Center

6051 Frankfort Highway, Suite 200
Benzonia, MI 49616
US

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Community Integration: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: IDD/Mental Health (Adults)
Community Integration: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: IDD/Mental Health (Adults)
Outpatient Treatment: Integrated: IDD/Mental Health (Children and Adolescents)
Prevention: Integrated: IDD/Mental Health (Children and Adolescents)
Child and Youth Services

Manistee Wellness Center

2198 US 31 South
Manistee, MI 49660
US

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: IDD/Mental Health (Adults)
Outpatient Treatment: Integrated: IDD/Mental Health (Children and Adolescents)
Prevention: Integrated: IDD/Mental Health (Children and Adolescents)
Child and Youth Services