

**CARF Accreditation Report**  
**for**  
**Manistee Benzie Community**  
**Mental Health Organization dba**  
**Centra Wellness Network**

**Three-Year Accreditation**



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## About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

## **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  
Joseph L. Johnston, II, LMSW, Executive Director  
Karen Goodman, LMSW, Chief Operating Officer  
Erin Barbus, LMSW, Clinical Director  
Patrick Kozlowski, LPC, Director, Customer and Provider Services  
Donna Nieman, Chief Financial Officer  
Jennifer Pallamara, MD, Medical Director

## **Survey Number**

168816

## **Survey Date(s)**

April 18, 2023–April 20, 2023

## **Surveyor(s)**

Bonnie R. Breit, OT, MHSA, Administrative  
Gloria Hilton, DNP, RN, Program  
Anju Verma, Program

## **Program(s)/Service(s) Surveyed**

Assertive Community Treatment: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)  
Community Integration: Integrated: IDD/Mental Health (Adults)  
Crisis Intervention: Integrated: IDD/Mental Health (Adults)  
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)  
Health Home: Comprehensive Care (Adults)  
Health Home: Comprehensive Care (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)

## **Previous Survey**

March 11, 2020–March 13, 2020  
Three-Year Accreditation

## **Accreditation Decision**

**Three-Year Accreditation**

**Expiration: May 31, 2026**

# Executive Summary

This report contains the findings of CARF's site survey of Manistee Benzie Community Mental Health Organization dba Centra Wellness Network conducted April 18, 2023–April 20, 2023. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

## Accreditation Decision

On balance, Manistee Benzie Community Mental Health Organization dba Centra Wellness Network demonstrated substantial conformance to the standards. Manistee Benzie Community Mental Health Organization dba Centra Wellness Network (CWN) has been an integral partner of the Northern Michigan Regional Entity for over 31 years and has successfully navigated the past three years with tireless effort, open communication, and innovation. In response to the COVID-19 pandemic, the board of directors and leadership team focused on ensuring the delivery of quality care, including transitioning to telehealth services immediately once approval from the state was received. Staff members are trained in trauma-informed care, embracing the model for daily service delivery. Although CWN clearly incorporates the CARF standards into its daily practices, there are some opportunities for improvement in the areas of legal requirements, financial planning and management, workforce development and management, accessibility, performance improvement, screening and access to services, person-centered planning, transition/discharge, medication use, records of the clients, quality records management, service delivery using information and communication technologies, and crisis intervention. The organization's long history of quality service delivery, leadership in the region, and willingness to tackle new challenges instills confidence that it has the ability to address the recommendations.

Manistee Benzie Community Mental Health Organization dba Centra Wellness Network appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Manistee Benzie Community Mental Health Organization dba Centra Wellness Network is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

**Manistee Benzie Community Mental Health Organization dba Centra Wellness Network has earned a Three-Year Accreditation.** The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

## Survey Details

### Survey Participants

The survey of Manistee Benzie Community Mental Health Organization dba Centra Wellness Network was conducted by the following CARF surveyor(s):

- Bonnie R. Breit, OT, MHSA, Administrative
- Gloria Hilton, DNP, RN, Program
- Anju Verma, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

### Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Manistee Benzie Community Mental Health Organization dba Centra Wellness Network and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

## Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Assertive Community Treatment: Integrated: SUD/Mental Health (Adults)
- Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
- Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
- Community Integration: Integrated: IDD/Mental Health (Adults)
- Crisis Intervention: Integrated: IDD/Mental Health (Adults)
- Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
- Health Home: Comprehensive Care (Adults)
- Health Home: Comprehensive Care (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)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

## Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

## Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

## Areas of Strength

CARF found that Manistee Benzie Community Mental Health Organization dba Centra Wellness Network demonstrated the following strengths:

- CWN boasts an enthusiastic leadership team and board of directors. The organization embraces a person-centered approach and trauma-informed care, which are evident throughout the organization. The executive director shares a weekly newsletter to keep all staff up to date on CWN news. Additionally, there is true transparency throughout the organization and its programs. Clients, their families/caregivers, and the staff are members of various committees and participate in the operations of CWN.
- CWN navigated the pandemic by focusing on the needs of its clients. Recognizing the challenges facing the organization and the community, leadership initiated a comprehensive training program to educate the staff on trauma-informed care and its importance in delivering services to the clients. Enabling staff to take the time to learn and integrate the concepts into the fabric of the programs has been extremely successful. Simultaneously, CWN recognized a need for expanded services in the region and proceeded to create new programs to address those gaps in care. Representatives from the community raved about the compassion and dedication of the staff in providing care. Staff surveys also reflect high levels of satisfaction and an appreciation for CWN's efforts during the COVID-19 pandemic.
- The executive director has a long history with the organization and with Michigan's public mental health system. He has chosen to take his experiences and understanding of the complex system and share these internally with staff. With board support, he has also begun traveling to share this knowledge with other directors of community health organization to enable their understanding and compliance with the numerous regulations. There is a keen awareness of the importance of passing historical knowledge throughout the organization and the region to ensure ongoing quality services.
- During the past three years, CWN undertook renovating its multiple locations. The COO led the efforts to upgrade the facilities. The locations are well appointed; are appropriately maintained; and offer a welcoming environment to clients, visitors, and staff.
- CWN has a highly committed and talented quality management (QM) team led by a manager who is enthusiastic about her work and eagerly embraces challenges to continually improve services. The team manages the processes for over 114 reports, gathering and analyzing over 1000 total data points required by various regulatory and accrediting bodies. The analyses are used to guide CWN leadership and staff in providing quality services. Through the QM process, CWN is well positioned to remain a top provider of care.
- CWN recognizes the value of community engagement and relationship building. Senior leadership has developed connections with local governmental leaders, and some serve as commissioners on local boards. These efforts enable the organization to be an integral partner within the community and help guide regulations and decisions that truly impact the care for the clients served.
- CWN is an organization with committed staff members who are devoted to meeting the needs of the clients. Staff members are enthusiastic and respectful, speak highly of each other, and work together as a cohesive team for the betterment of the organization. They present as a solid and cohesive team, displaying eagerness to promote powerful services in meeting the needs of each client.



- CWN has an elite group of clinicians doing excellent client-centered work. The executive team recognizes talent and promotes from within. This culture of promoting from within is prevalent throughout the entire organization. Many clinical supervisors at CWN reported having started out as case managers and working their way up by demonstrating excellent clinical skills, empathy for persons served, and passion for the field.
- The health home programs at CWN offer complete healthcare management for persons with mental illness and chronic medical conditions. This is a truly integrated system of care between the mental health and medical models. The programs also offer clients the ability to manage their recovery along with their healthcare needs. This is an advanced system of care that embodies providing integrated healthcare and community outreach.
- The prevention program utilizes creative ways to involve the clients. One of the school locations offers an affirmation board labeled “I Am.” There is a mirror on the wall accompanying the board, and the clients are encouraged to look in the mirror and state positive self-affirmations. This strengths-based model is very empowering to them.
- Clients spoke highly of CWN and its commitment to creativity and quality of care. Clients with disabilities value the creativity that the staff have used in bringing pool and ping pong tables into the social activities. Some clients voiced how this has changed their lives by incorporating activities that they had never dreamed of being able to partake in.
- The staff members are highly dedicated and passionate about providing services to the clients. Staff members expressed high job satisfaction, function as a team, and recognize the support and efforts of all members of the team in maintaining a positive workplace culture.
- Clients offered gratitude to the staff, describing them as personable and caring. They expressed much appreciation for the staff and emphasized the positive impact that their participation at CWN is having on their lives. Clients described the staff as being “amazing.” One client especially expressed appreciation for the 24-hour crisis intervention program. She has had to call on occasion after hours and is always thankful for the follow-up immediately received from CWN.
- The consensus of the clients is that they are consistently treated with respect by staff members who listen to their concerns and give them alternative ways of thinking. Clients were able to identify their goals and accomplishments, and skill-building abilities are discussed. Clients said they would recommend CWN to others, and some have done so already.

## Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

## **Section 1. ASPIRE to Excellence®**

### **1.A. Leadership**

#### **Description**

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

#### **Key Areas Addressed**

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

#### **Recommendations**

There are no recommendations in this area.

#### **Consultation**

- While managing the pandemic, CWN simultaneously entered into a successful growth mode, actually increasing staff by 50 percent. The changes highlighted some of the program and operational silos that existed in the organization. Although efforts to address these have been in progress, the team is encouraged to explore its current models of leadership meetings, team responsibilities, and structure to enhance the collaboration of the team. This could be accomplished by expanding departmental memberships on key committees, such as safety and quality improvement, and exploring the use of responsible, accountable, consulted, and informed (RACI) guidance in decision-making situations.

### **1.C. Strategic Planning**

#### **Description**

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

### **Key Areas Addressed**

- Environmental considerations
- Strategic plan development, implementation, and periodic review

### **Recommendations**

There are no recommendations in this area.

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

### **Description**

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

### **Key Areas Addressed**

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

### **Recommendations**

There are no recommendations in this area.

## **1.E. Legal Requirements**

### **Description**

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

### **Key Areas Addressed**

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

### **Recommendations**

#### **1.E.3.f.**

Although CWN has a current practice of completing client service documentation within 24 hours, no policies exist. The organization should implement policies and written procedures that address timeframes for documentation in the records of the clients served. Recognizing the critical nature of the services delivered, CWN may wish to follow best practice to complete documentation by the end of the staff shift.

## 1.F. Financial Planning and Management

### Description

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

### Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### Recommendations

1.F.7.a.

1.F.7.b.(1)

1.F.7.b.(2)

1.F.7.b.(3)

1.F.7.b.(4)

As CWN bills for services provided, it should conduct a documented review of a representative sample of bills of the persons served at least quarterly that addresses whether bills are accurate, trends, areas needing improvement, and actions to be taken. As the organization expands its programming, it might consider including direct care staff members in the billing review process to support their understanding of the billing codes and the documentation requirements.

## 1.G. Risk Management

### Description

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

### Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

### Recommendations

There are no recommendations in this area.

## 1.H. Health and Safety

### Description

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

### Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

### Recommendations

There are no recommendations in this area.

### Consultation

- CWN might consider moving the sound machines off of the floor and mounting them on the wall with special adhesive tape or adding wall baskets to hold them. Although no issues have occurred, it is encouraged to remove trip hazards whenever possible.
- The safety committee might consider expanding its membership to include representatives from information technology, client rights, quality management, and other departments. By adding representatives from various divisions, new perspectives and approaches may be provided to address the important work of health and safety efforts.

## 1.I. Workforce Development and Management

### Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

### Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

## Recommendations

### 1.I.6.d.(1)(h)

Although CWN promotes engagement through respect for all individuals in the workforce, the organization should have policies and written procedures that address the prevention of harassment. This could be accomplished by modifying the existing harassment policy.

## 1.J. Technology

### Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

### Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

### Recommendations

There are no recommendations in this area.

## 1.K. Rights of Persons Served

### Description

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

### Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

### Recommendations

There are no recommendations in this area.

### Consultation

- As the client rights might not be easily understood for clients and families/caregivers, CWN might consider enhancing its orientation and training processes around the services offered by this department. Creating a generalized forwarding mailbox may increase input or questions from clients. The forwarding mailbox could be triaged to several key staff members to ensure that timely and accurate replies are completed.

## 1.L. Accessibility

### Description

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

### Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

### Recommendations

#### 1.L.1.a.(1)

#### 1.L.1.a.(2)

#### 1.L.1.a.(3)

CWN has a comprehensive accessibility plan; however, the identified barriers and actions do not address the stakeholders (e.g., clients, personnel, or other stakeholders). It is recommended that the organization's leadership assess the accessibility needs of the clients served, personnel, and other stakeholders.

## 1.M. Performance Measurement and Management

### Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

### Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

### Recommendations

There are no recommendations in this area.

## 1.N. Performance Improvement

### Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

### Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

### Recommendations

1.N.4.a.(1)

1.N.4.a.(2)

1.N.4.a.(3)

1.N.4.b.(1)

1.N.4.b.(2)

1.N.4.b.(3)

In accordance with the performance measurement and management plan, CWN should consistently communicate accurate performance information to clients, personnel, and other stakeholders according to the needs of the specific group, including content, format, and timing. Part of CWN's responsibility is to optimize the accessibility of its programs to the public. The performance information could be posted in user-friendly formats, such as graphics, trifolds, or other simplified reports on the CWN website and/or in the clinic rooms. Performance information could also be verbally shared at client meetings. Additionally, the data could be included in the existing annual plans that are already created. Focusing on the needs of the specific group, CWN could survey stakeholder groups for their preferences and perspectives on content, format, and timing.

## 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.



## 2.A. Program/Service Structure

### Description

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

### Key Areas Addressed

- 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.

## 2.B. Screening and Access to Services

### Description

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

2.B.13.c.

2.B.13.e.

It is recommended that the assessment process consistently gather and record information about the client's individual needs and preferences. Although present in some records, enhancing the consistency of the information collected for all clients could be beneficial.

**2.B.14.a.**

**2.B.14.b.(1)**

**2.B.14.b.(2)**

**2.B.14.b.(3)**

**2.B.14.b.(4)**

**2.B.14.c.**

It is recommended that the assessment process include the preparation of a written interpretive summary that is based on the assessment data; identifies any disorders, co-occurring disorders, and comorbidities; identifies any risks for suicide, violence, or other risky behaviors; and is used in the development of the person-centered plan.

## **2.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 the 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**

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

### **Recommendations**

**2.C.1.c.(2)**

**2.C.1.c.(4)**

The person-centered planning process should be consistently based upon the client's needs and preferences.

**2.C.2.a.(1)(a)**

It is recommended that documentation of the person-centered planning process consistently include the identification of the needs/desires of the client served through goals that are expressed in the words of the client. Although found in some records, documentation of this information was inconsistent.

## **2.D. Transition/Discharge**

### **Description**

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. 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 the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

2.D.3.a.(1)

2.D.3.a.(2)

2.D.3.b.(1)

2.D.3.b.(2)

2.D.3.c.

2.D.3.d.

2.D.3.e.

2.D.3.f.

2.D.3.g.(1)

2.D.3.g.(2)

2.D.3.g.(3)

2.D.3.g.(4)

Although there is some evidence of transition planning in the records of the clients, there is no cohesive format for this. It is recommended that the written transition plan be consistently prepared or updated to ensure a seamless transition when a client is transferred to another level of care or an aftercare program or prepares for a planned discharge. The written transition plan should identify the person's current progress in recovery or move toward well-being and gains achieved during program participation; identify the person's need for support systems or other types of services that will assist in continuing recovery, well-being, or community integration; include information on the continuity of the client's medication(s), when applicable; include referral information, such as contact name, telephone number, locations, hours, and days of services, when applicable; include communication

of information on options and resources available if symptoms recur or additional services are needed, when applicable; and include strengths, needs, abilities, and preferences. CWN is encouraged to develop a standardized format for its transition plans.

## **2.E. Medication Use**

### **Description**

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

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

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

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

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

### **Key Areas Addressed**

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

### **Recommendations**

#### **2.E.8.a.(3)**

Although the program provides a documented peer review, it is recommended that the documented peer review be conducted on the records of a more representative sample of clients for whom prescriptions were provided.

## Consultation

- Although the program has a peer review tool, it is suggested that the tool be updated to clearly identify the title of the provider doing the review and the provider being reviewed. To ensure that the provider being reviewed receives comments and/or recommendations from the reviewer, it is also suggested that the review tool be updated to include a signature and date line for both the reviewer and the person being reviewed.
- It is suggested that the Medical Services Policy be updated to address the outcome of the information collected from the peer review and demonstrate that information is reported to the appropriate personnel, used to improve the quality of services provided, and incorporated into the performance measurement and management system.

## 2.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
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

### Recommendations

#### 2.G.2.a.

#### 2.G.2.b.

#### 2.G.2.c.

Although CWN is in the process of implementing a new electronic health record, it is recommended that the individual record communicate information in a manner that is organized, clear, and complete.

#### 2.G.4.q.

Although present in some records, it is recommended that the individual record consistently include a transition plan.

## 2.H. Quality Records Management

### Description

The organization implements 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

### 2.H.1.b.(4)

It is recommended that the program conduct a documented review of the services provided that also addresses, as evidenced by the record of the person served, model fidelity, when an evidence-based practice is identified. CWN could add a section for model fidelity to its existing tool. It might also be helpful to add the commonly used evidence-based practices to the tool. That information could guide training to support enhanced consistency in the implementation of these practices.

## 2.I. Service Delivery Using Information and Communication Technologies

### Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in remote settings.

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of professionals such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, rehabilitation engineers, assistive technologists, and teachers.
- Encompass settings such as:
  - Hospitals, clinics, professional offices, and other organization-based settings.
  - Schools, work sites, libraries, community centers, and other community settings.
  - Congregate living, individual homes, and other residential settings.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available, is not considered providing services via the use of information and communication technologies.

### Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others.
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT

## Recommendations

### 2.I.1.a.(1)

Although the program has recently developed a policy related to service delivery through technology, it is recommended that the program implement written procedures that address consent of the person served.

#### **2.I.7.b.**

Although CWN has recently developed a policy regarding service delivery via technology, it is recommended that emergency procedures address the unique aspects of service delivery via information and communication technologies, including identification of local emergency resources, including phone numbers.

## **Section 3. Core Treatment 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.

### **3.A. Assertive Community Treatment (ACT)**

#### **Description**

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 persons served to meet their needs and to achieve their 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 of the persons served to manage their 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.

### **Key Areas Addressed**

- Composition of ACT team and ratio of staff members/persons served
- Medication management
- Provision of crisis intervention, case management, and community integration services
- Assertive outreach and engagement of ACT team with persons served primarily in community settings

### **Recommendations**

There are no recommendations in this area.

## **3.B. Case Management/Services Coordination (CM)**

### **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.

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.

### **Key Areas Addressed**

- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL

### **Recommendations**

There are no recommendations in this area.

## **3.C. Community Integration (COI)**

### **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.

#### **Key Areas Addressed**

- Opportunities for community participation
- Based on identified preferences of participants
- Times and locations meet the needs of participants

#### **Recommendations**

There are no recommendations in this area.

### **3.E. Crisis Intervention (CI)**

#### **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.

#### **Key Areas Addressed**

- Services are available 24 hours a day, 7 days a week
- Assessment and immediate stabilization of acute symptoms
- Timely engagement
- Telephone and face-to-face crisis assessment
- Crisis intervention plan
- Qualified behavioral health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

## Recommendations

- 3.E.7.a.
- 3.E.7.b.
- 3.E.7.c.
- 3.E.7.d.
- 3.E.7.e.
- 3.E.7.f.

It is recommended that written emergency procedures address screening for medical conditions; making referrals to emergency medical services when indicated; identifying personnel trained in emergency procedures; when appropriate, identifying personnel other than physicians who can perform special procedures, including the circumstances under which they can perform these procedures and the degree of supervision required to perform these procedures; handling standing orders; and involuntary hospitalization.

## 3.I. Health Home (HH)

### Description

A health home is a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral health, other healthcare, and community and social support services. A health home allows for individual choice and is capable of assessing the various physical and behavioral health needs of persons served. The program demonstrates the capacity to address, either directly or through linkage with or referral to external resources, behavioral health conditions, such as mental illness and substance use disorders, and physical health conditions. Programs may also serve persons who have intellectual or other developmental disabilities and physical health needs or those who are at risk for or exhibiting behavioral disorders. Care is coordinated over time across providers, functions, activities, and sites to maximize the value and effectiveness of services delivered to persons served.

A health home provides comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family/support services, and linkage and referral to community and social support services. Services are designed to support overall health and wellness and:

- Embody a recovery-focused model of care that respects and promotes independence and responsibility.
- Promote healthy lifestyles and provide prevention and education services that focus on wellness and self-care.
- Ensure access to and coordination of care across prevention, primary care (including ensuring that persons served have a primary care physician), and specialty healthcare services.
- Monitor critical health indicators.
- Support individuals in the self-management of chronic health conditions.
- Coordinate/monitor emergency room visits and hospitalizations, including participation in transition/discharge planning and follow-up.

A health home collects, aggregates, and analyzes individual healthcare data across the population of persons served by the program and uses that data and analysis to manage and improve outcomes for the persons served. If the health home is not the actual provider of a particular healthcare service, it remains responsible for supporting and facilitating improved outcomes by providing disease management supports and care coordination with other providers.

### **Key Areas Addressed**

- Comprehensive care management
- Health assessment
- Cross-training of personnel
- Utilization of health records/patient registries

### **Recommendations**

There are no recommendations in this area.

## **3.O. Outpatient Treatment (OT)**

### **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.

### **Key Areas Addressed**

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

### **Recommendations**

There are no recommendations in this area.

## **Section 4. Core Support 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.

## **4.G. Prevention (P)**

### **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 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
- Appropriate program activities
- Public awareness
- Program strategies

#### **Recommendations**

There are no recommendations in this area.

## **Section 5. Specific Population Designation Standards**

### **5.C. Children and Adolescents (CA)**

#### **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.

#### **Key Areas Addressed**

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

#### **Recommendations**

There are no recommendations in this area.

# Program(s)/Service(s) by Location

## **Manistee Benzie Community Mental Health Organization dba Centra Wellness Network**

310 North Glocheski Drive  
Manistee, MI 49660

Community Integration: Integrated: IDD/Mental Health (Adults)

### **Benzie Community Resource Center**

6051 Frankfort Highway, Suite 200  
Benzonia, MI 49616

Assertive Community Treatment: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)  
Community Integration: Integrated: IDD/Mental Health (Adults)  
Crisis Intervention: Integrated: IDD/Mental Health (Adults)  
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)  
Health Home: Comprehensive Care (Adults)  
Health Home: Comprehensive Care (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)

### **Manistee Wellness Center**

2198 US 31 South  
Manistee, MI 49660

Assertive Community Treatment: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)  
Crisis Intervention: Integrated: IDD/Mental Health (Adults)  
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)  
Health Home: Comprehensive Care (Adults)  
Health Home: Comprehensive Care (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)