

CARF Accreditation Report
for
Northern Lakes Community Mental
Health Authority

Three-Year Accreditation



Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Program\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

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 an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

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

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Northern Lakes Community Mental Health Authority
105 Hall Street, Suite A
Traverse City, MI 49684

Organizational Leadership

Kari Barker, Quality Improvement Director

Survey Date(s)

May 9, 2018–May 11, 2018

Surveyor(s)

Aimee L. Graves, Administrative
Thomas L. Moore, LMSW, LLP, CCS, Program
Charles A. Dillon, Ph.D., Program

Program(s)/Service(s) Surveyed

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Integrated: AOD/MH (Adults)
Prevention: Integrated: AOD/MH (Children and Adolescents)
Governance Standards Applied

Previous Survey

Three-Year Accreditation
April 27, 2015–April 29, 2015

Accreditation Decision

Three-Year Accreditation

Expiration: May 31, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of Northern Lakes Community Mental Health Authority conducted May 9, 2018–May 11, 2018. 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, Northern Lakes Community Mental Health Authority demonstrated substantial conformance to the standards. Northern Lakes Community Mental Health Authority (NLCMHA) demonstrates a high commitment to the CARF standards as a method for ensuring quality services to consumers. NLCMHA is a long-standing organization with a sound reputation. Consumers are benefiting from services, and the organization appears to protect the health, welfare, and safety of consumers. There is an evident culture that strives toward excellence in delivered services, with resulting effectiveness and success for persons served. Opportunities for improvement include the areas of performance measurement and management, health and safety, human resources, assessment, and records review. Leadership is aware of and capable of addressing these areas.

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

Northern Lakes Community Mental Health Authority 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 Northern Lakes Community Mental Health Authority was conducted by the following CARF surveyor(s):

- Aimee L. Graves, Administrative
- Thomas L. Moore, LMSW, LLP, CCS, Program
- Charles A. Dillon, Ph.D., 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 Northern Lakes Community Mental Health Authority 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: AOD/MH (Adults)
- Assessment and Referral: Mental Health (Adults)
- Assessment and Referral: Mental Health (Children and Adolescents)
- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Intensive Family-Based Services: Mental Health (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Prevention: Integrated: AOD/MH (Adults)
- Prevention: Integrated: AOD/MH (Children and Adolescents)
- *Governance Standards Applied*

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

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-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 Northern Lakes Community Mental Health Authority demonstrated the following strengths:

- The organization enhances the quality of life of the consumers by supporting their recovery, health, and well-being.
- Referral sources and funders express appreciation for the services that the organization affords the consumers mutually served across the system. NLCMHA was further described as being "transparent," and its leadership was described as "solutions oriented."
- The board of directors is highly engaged and educated about the nuances of behavioral health care funding and the political landscape. It also lives policy governance. Leadership staff understand the model and have worked to make the organization's operations marry seamlessly with it.
- Board members report that the CEO does a great job of capturing data and information from management, synthesizing and sharing it with the board. Members report that the CEO has created a culture of collaboration and advocacy.
- Leadership has developed an organizational culture that embraces feedback, reflection, and action in support of continuous quality improvement.
- NLCMHA's cultural competency and diversity plan is robust and spans the breadth of what the organization does in meaningful ways that increase access to services and offer relationship-building opportunities across populations, including the Little River Band of Ottawa, the Band of Ottawa, and the Chippewa Indians. The plan also pays special attention to the culture of poverty and how it intersects with the organization's services and programs.
- Sixty percent of the organization's workforce is comprised of contractors. NLCMHA's contract management is immaculate and thorough.
- In an effort to improve staff retention, employee morale, and stabilize services, the organization created an assistant home supervisor. This effectively created a career ladder that progresses from residential counselor aide, to assistant, and to supervisor-level positions.
- The organization implements a wellness program designed for all staff members that encourages them to be active participants. Examples include vending machines with healthy snacks for staff, organization-sponsored walking clubs, water filtration systems, Wellness Wednesdays, fresh fruit smoothies, a weight loss competition, and more.
- The organization invested in staff training and competency so that they are trauma informed. NLCMHA took the lead to increase access to area Children's Advocacy Centers by strengthening communications and cross-training.
- NLCMHA established a crisis service program for children to decrease the incidence of children going to the emergency room by sending crisis workers to schools, homes, or wherever the child is to provide de-escalation interventions.
- Staff members consistently stated that they always try to meet their consumers wherever they may be. This means forming their interventions based on the emotional and psychological condition of each consumer and going to whatever geographical location best meets the consumer's needs. They had little difficulty providing numerous examples of how they have gone into the community to meet consumers in places that were either more convenient or more tolerable for their unique conditions and needs.
- Direct service staff spoke positively of the open lines of communication that allow them to feel supported and appreciated by their immediate supervisors and by organizational leadership.

- NLCMHA has developed a website that is informative, user friendly, and that facilitates ease of access to the organization's services.
- Case management staff members were proud of their successful advocacy efforts, describing numerous examples of when their efforts had managed to overcome barriers that had initially seemed insurmountable.
- The prevention program uses the myStrength app to provide information to help understand the symptoms of mental illness and offer practical self-help tips that aid members of the general community in coping effectively with the stressors of daily life. It is practical and easy to use. In a comparatively short period of time, use of the app has grown well beyond the predicted number of users that had been expected when the app was first funded, and its popularity continues to increase.
- The organization is located in four different locations, each of which offer a warm and welcoming environment that facilitates treatment efforts. Consumers noted that they felt comfortable going to NLCMHA because it "does not feel like an institution."
- NLCMHA has avoided the development of service silos, thereby allowing all services to work as teams to ensure that they are all coordinating their efforts to meet the needs and goals of the consumers.
- The organization's prevention program is an active participant in a wide array of community efforts to reduce the stigma surrounding mental illness and developmental disabilities and to provide information about available service resources. This has greatly assisted NLCMHA in establishing and maintaining significant cooperative relationships with other services in the communities it serves, allowing it to extend the breadth of services available.
- Focusing primarily on persons with severe and chronic mental illness and with persons with developmental disabilities, the organization effectively serves patient populations that are often neglected and underserved. Its services allow consumers to live in their home communities and be more productive and independent than would otherwise have been possible.
- NLCMHA has a strong peer support program. These staff members are integral parts of their treatment teams and fully utilize their skills and bring consumers the special perspectives and insights that only they can provide.
- The organization is effective in dealing with crisis situations. The rapid and flexible approach used in its crisis intervention program has helped keep people out of high risk situations, involvement with the legal system, and institutions.
- Consumers interviewed during the survey expressed appreciation for the way that all staff members treat them with dignity and respect and always convey a sense of truly caring about their progress and well-being.
- Regardless of degrees or status, the members of the Assertive Community Treatment teams work together as colleagues, respecting the special professional perspectives and insights that each bring to the treatment of their consumers. This collegial atmosphere results in significant preemptive measures for reducing unnecessary emergency room visits and inpatient hospitalizations.
- The organization clearly recognizes the primary issues, concerns, and presenting problems of the regional population. In accord with population needs, the organization has planned and implemented a number of improvements in service delivery. In particular, NLCMHA decided to address the incident, severity, and impact of trauma, thus leading to the provision of Seeking Safety, an evidence-based model for individuals with trauma symptomology. In addition, several clinicians recently received training in eye movement desensitization and reprocessing, allowing for another trauma-specific service to be offered.
- A community outreach court, or "homeless court," has been established in Traverse City that addresses the special needs of local citizens with an emphasis on coordinating services from a unified perspective. NLCMHA is an active partner, both in coordinating services and providing behavioral health resources.

- Local law enforcement has been provided with iPad® devices, allowing immediate access both from NLCMHA and first responders. One of the obvious benefits involves greater access for consumers along with coordination of care.
- Since a significant number of consumers present both mental health and substance use disorders, the organization decided to ensure staff competence with substance use disorders. This has been addressed through staff either establishing development plans toward certification or obtaining full certification as substance use disorder counselors in the state of Michigan.
- NLCMHA represents the only community mental health organization in Michigan pursuing Omnibus Budget Reconciliation Act involvement with nursing homes. This fills a needed gap with the elderly community through identification of mental health issues, networking for community resources, and assisting with health care needs. The MI Choice Waiver program is a second example of NLCMHA's taking the lead in care within the area.

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

Recommendations

1.A.3.g.

1.A.3.k.

NLCMHA is urged to guide ongoing performance improvement and review its policies at least annually. One method of tracking annual reviews and/or updates that the organization might consider is to create a spreadsheet roster of policies and written procedures with creation and review/edit date columns over time. Another method would be to indicate on the policies and written procedures the creation and review/edit dates over time using a header or footer.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
- Board composition, selection, orientation, development, assessment, and succession
- Board leadership, organizational structure, meeting planning, and management
- Linkage between governance and executive leadership
- Corporate and executive leadership performance review and development
- Executive compensation

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

1.C.2.c.(2)

It is recommended that leadership set priorities in the organization's strategic plan.

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

- 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.

1.E. Legal Requirements

Description

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

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

- 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.

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

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

Recommendations

1.G.1.a.(1)

1.G.1.a.(2)

1.G.1.a.(3)

1.G.1.a.(4)

1.G.1.a.(5)

1.G.1.a.(6)

1.G.1.a.(7)

1.G.1.b.(1)

1.G.1.b.(2)

Although there is clear evidence that NLCMHA monitors and proactively manages its risk and loss exposure, this is not reflected in its risk management plan. The quality improvement committee, e-team, and annual review all have analyses that show individual programs are managing risk. This is also evidenced in the annual agency assessment, annual board review, and annual report that goes out to the community across six counties. NLCMHA should incorporate its efforts into a formal risk management plan for implementation from an organizational perspective, rather than individual program and business function areas. The plan should include 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. The plan should be reviewed at least annually for relevance and be updated as needed.

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

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

Recommendations

1.H.4.a.(2)

1.H.4.b.(1)

1.H.4.b.(2)

1.H.4.b.(3)

1.H.4.b.(4)

1.H.4.b.(5)

1.H.4.b.(6)

1.H.4.b.(7)

1.H.4.b.(8)

Personnel receive documented competency-based training upon hire but do not consistently receive training at least annually thereafter. It is recommended that personnel receive documented competency-based training at least annually thereafter in the areas of health and safety practices; identification of unsafe environmental factors; emergency procedures; evacuation procedures, if appropriate; identification and reporting of critical incidents (and risk events); medication management, if appropriate; and reducing physical risks. The organization might track in-house and external trainings that personnel complete in Relias in addition to the online modules to assist supervisors and staff in managing training requirements and overall organization performance.

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.d.

NLCMHA has conducted fire drills on each shift and at each of its locations at least annually. It has also designated safety officers at each of its sites to strengthen its safety program since the last CARF survey. The organization has created an abbreviated and color-coded procedure guide that it distributes to each of its personnel. However, fire drills are the sole kind of drill documented as having been practiced. NLCHMA is urged to conduct unannounced tests of all emergency procedures on each shift at least annually at each location. In addition to fire, tests should include bomb threats, natural disasters, utility failures, medical emergencies, and violent or threatening situations. The tests may include complete actual or simulated physical evacuation drills and should be analyzed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. The tests should be evidenced in writing, including the analysis.

1.H.9.f.(11)

It is recommended that the organization include vehicular accidents in its written procedures regarding critical incidents.

1.H.12.g.(1)

1.H.12.g.(2)

When transportation is provided for persons served, there should be consistent evidence of training of drivers regarding NLCMHA's transportation procedures and the unique needs of the persons served.

Consultation

- NLCMHA provides each employee and on-site contractor with a desk-sized, color-coded emergency procedure booklet that can be hung on a wall in a cubicle. This could be strengthened by making the evacuation and other instructions location specific for each of the organization's sites. Different kinds of emergencies could be color coded and marked on the back of personnel's badges for ease of use and communication.
- NLCMHA uses checklists to implement its policy and procedure for inspecting and maintaining the condition of its first aid kits. These checklists are dated and initialed; they are quite detailed and are completed frequently. During the survey, eye wash that had expired in 2015 was still in a kit at Houghton Lake. Although contents of first aid kits are not included in CARF's standards, the organization is expected to adhere to its own policies and procedures, and it seems that the procedure may have been documented as completed but not implemented accurately. The organization might consider reviewing its staff training needs around its procedure for maintaining the contents of its first aid supplies.
- Because Michigan delineates critical incidents from risk events, the organization might consider tracking and reporting the combination in an electronic format that is easily exported to larger reports.

1.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

1.I.5.a.(1)

1.I.5.a.(2)

1.I.5.b.(1)

1.I.5.b.(2)

1.I.5.b.(3)

1.I.5.b.(4)

1.I.5.b.(5)

1.I.5.b.(6)

1.I.5.b.(7)

1.I.5.b.(8)(a)

1.I.5.b.(8)(b)

1.I.5.b.(9)

1.I.5.b.(10)

1.I.5.b.(11)

There is ample evidence in NLCMHA's policies that personnel are afforded rights in a variety of arenas, but not in formal training. It is recommended that the organization provide documented personnel training that addresses the rights of personnel. This could be done by rolling up content highlights from the organization's policies and overarching values into a formalized training format. The organization is urged to consistently provide documented personnel training at orientation and at regular intervals thereafter that address, at a minimum, the identified competencies needed by personnel, confidentiality requirements, customer service, diversity, ethical codes of conduct, promoting wellness of the persons served, person-centered practice, reporting of suspected abuse and neglect, rights of the persons served, and the unique needs of the persons served.

1.I.6.a.(1)

The organization has a formal process to cue supervisors and their reports to review job descriptions at the time of an employee's annual performance review. A point person sends the job description and a reminder that a review is due, but there is not a way to track whether the supervisor and employee execute that job description review. Additionally, the point person was not available to provide evidence of her tracking sheet at the time of the survey. NLCMHA is urged to include annual review of its job descriptions as part of its performance management. The organization might consider including in its performance evaluation template a field where staff could indicate that they have reviewed the job description and do or do not have suggested edits. Any requests for changes to a job description could be attached to the completed performance evaluation for HR consideration.

Consultation

- Because some items that HR and program areas track such as immunization records, non-online training modules, and motor vehicle record checks are kept outside of HR at service locations, NLCMHA might consider utilizing Relias to track when required non-training items are due and have been met in a manner that protects privacy and confidentiality.
- NLCMHA is encouraged to incorporate competency-based elements in its job descriptions. There are publications available which have language that may help in the organization's intended job description review initiative this next year.

- The organization is encouraged to execute its intended job description review and update initiative this next year so that job functions are more strongly tied to identified competencies and are more aligned with what is measured during employees' annual performance evaluations. Additionally, NLCMHA could research a supervision and coaching model that aligns with its values (as it has adopted governance policy) to support its workforce development, staff retention goals, and assist with managing business efficiencies.
- Since 60 percent of NLCMHA's workforce is comprised of contract personnel, the organization is encouraged to review its monitoring processes that ensure that contractors conform to CARF standards applicable to the services that they provide.

1.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

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

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

Recommendations

There are no recommendations in this area.

1.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

1.L.2.a.(2)

It is recommended that the organization include implementation timelines for all identified barriers in its accessibility plan.

1.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

1.M.5.d.

It is recommended that the organization collect data about the persons served at point(s) in time following services. This could be done via phone outreach, online surveys, a hard copy letter, alumni focus groups, and more. Data collected should be incorporated into the organization's self-assessment and organization plans and reports, as appropriate.

Consultation

- NLCMHA frequently compares its results to sister organizations within the region. It could strengthen its comparative analysis by including national benchmarks more frequently. This might lead to the discovery of additional ways to differentiate itself from its sister organizations with regard to becoming the "premier provider" as stated in its strategic plan.

1.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.

Consultation

- NLCMHA collects and analyzes a great deal of information about the people it serves, personnel, and other stakeholders and business functions. Much of this is reported to leadership and the board. It appears that this information is relatively siloed and that only a few people get to see the birds-eye view of the entire organization's health and challenges. The organization could strengthen its performance management for both clinical and business functions by finding ways to meld and analyze its data into cohesive annual reports and updated plans.

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

2.A.25.

Although the organization has a policy and written procedure for the supervision of individuals providing direct services, it has not been consistently implemented. It is recommended that the organization consistently implement its policy and procedures regarding the supervision of direct service staff. One possible way to accomplish this could be through ongoing supervision of the supervisory staff.

- 2.A.26.a.**
- 2.A.26.b.**
- 2.A.26.c.**
- 2.A.26.i.**

With the exception of model fidelity, which is a new category that should be added to the clinical supervision form, it was apparent in discussions with both supervisory and direct service staff that the current supervision form only marginally touches on the issues identified in this recommendation. They were often unable to explain what specific issues would be discussed to ensure that these issues were adequately addressed during ongoing supervision. It is therefore suggested that the form be modified to more clearly identify the issues needing to be covered during ongoing supervision. Clinical supervision should include the accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of the persons served; the treatment service effectiveness as reflected by the person served meeting his or her individual goals; and model fidelity, when implementing evidence-based practices.

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 his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, his or her family or significant others, or from external resources.

Key Areas Addressed

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

Recommendations

- 2.B.13.h.(2)**
- 2.B.13.m.(3)**
- 2.B.13.m.(4)**
- 2.B.13.m.(11)**
- 2.B.13.n.(1)(a)**
- 2.B.13.n.(2)(a)**
- 2.B.13.n.(2)(b)**
- 2.B.13.n.(2)(c)**
- 2.B.13.n.(2)(d)**
- 2.B.13.q.**

The assessment process should consistently document the efficacy of previously used medications; sexual orientation; gender expression; family history; and history of witnessed traumas, including sexual assault, violence, abuse, and neglect; and information about the person's literacy level.

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 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

2.C.2.b.(5)

2.C.2.b.(6)

Objectives should consistently be written in terms that are measurable and achievable. It might be beneficial to avoid writing all objectives with the same one-year time limit. It would be possible to better document the progress of each person and the effectiveness of given interventions if the time limits were of shorter duration and more specific to the preferences, needs, and abilities of the individual.

2.C.7.a.(1)(a)

2.C.7.a.(1)(b)

Progress notes should consistently document progress toward achievement of identified goals and objectives.

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 person served when he or she moves to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

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

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

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

Key Areas Addressed

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

Recommendations

2.D.3.a.(1)

Although there is a transition form in the electronic health records, it was not used consistently. It is recommended that a written transition plan be prepared or updated whenever a person served is transferred to another level of care or an aftercare program.

2.E. Medication Use

Description

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

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

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

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

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

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

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

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

- 2.E.2.a.
- 2.E.2.b.(1)
- 2.E.2.b.(2)
- 2.E.2.c.(1)
- 2.E.2.c.(2)
- 2.E.2.c.(3)
- 2.E.2.c.(4)
- 2.E.2.c.(5)
- 2.E.2.c.(6)
- 2.E.2.c.(7)
- 2.E.2.c.(8)
- 2.E.2.c.(9)
- 2.E.2.c.(10)
- 2.E.2.c.(11)
- 2.E.2.c.(12)
- 2.E.2.c.(13)
- 2.E.2.c.(14)
- 2.E.2.c.(15)
- 2.E.2.c.(16)

NLCMHA is urged to document ongoing training and education regarding medications. The training and education should be received by personnel providing direct service to the person served, as well as by the persons served. When applicable, individuals and family members with legal right or identified by the persons served should also receive education regarding medications. The specified training and education includes how the medication works;

the risks associated with each medicine; the intended benefits, as related to the behavior or symptom targeted by this medication; side effects; contraindications; potential implications between medications and diet/exercise; risks associated with pregnancy; the importance of taking medications as prescribed, including, when applicable, the identification of potential obstacles to adherence; and the need for laboratory monitoring. Education should also include the rationale for each medication; early signs of relapse related to medication efficacy; signs of nonadherence to medication prescriptions; potential drug reactions when combining prescription and nonprescription medications, including alcohol, tobacco, caffeine, illegal drugs, and alternative medications; instructions on self-administration, when applicable; wellness management and recovery planning; and the availability of financial supports and resources to assist the persons served with handling the costs associated with medications.

2.E.5.e.(1)

2.E.5.e.(2)

2.E.5.e.(3)

When an organization provides prescribing, dispensing, or administering of medications, it is recommended that NLCMHA implement written procedures documenting a review of past medication use, including effectiveness, side effects, allergies, or adverse reactions.

2.F. Nonviolent Practices

Description

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

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

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

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

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

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

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.c.

Within the individual record, NLCMHA is urged to communicate information in a manner that is complete, especially in regard to immunization records for children and family history for children and adults.

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.a.

2.H.1.b.(2)

2.H.1.b.(4)

Although NLCMHA conducts a documented review of services provided, it should be done quarterly and address, as evidenced by the record of the person served, appropriateness of services and model fidelity.

2.H.4.a.(1)

2.H.4.b.

2.H.4.g.(1)

2.H.4.g.(2)

NLCMHA should conduct a documented records review that addresses whether the person served was provided with an appropriate orientation, confidential information was released according to applicable laws/regulations, and the actual services offered reflect an appropriate level of care and were for a reasonable duration.

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

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

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

There are no recommendations in this area.

3.L. Intensive Family-Based Services (IFB)

Description

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

Key Areas Addressed

- Services designed to prevent out-of-home placement
- Family assessments
- Child- and family-centered planning
- Contingency planning

Recommendations

3.L.2.

It is recommended that a written assessment of how each family functions be done for every family receiving intensive family-based services.

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.A. Assessment and Referral (AR)

Description

Assessment and referral programs provide a variety of activities, including prescreening, screening, psychosocial assessment, determination of need, and referral to appropriate level of care. The provision of information on available resources is not considered a full assessment and referral program. An adequate assessment must be conducted to provide more informed referrals.

Such programs may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Organizations performing assessment and referral as a routine function of entrance into other core programs, such as their outpatient treatment, case management, or residential programs, are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

Key Areas Addressed

- Identification of valid, reliable, or standardized assessment tools, tests, or instruments
- Method of identifying appropriate levels of care
- Information provided on available choices for community resources

Recommendations

There are no recommendations in this area.

Consultation

- The organization is encouraged to identify and implement a validated screening and assessment instrument for substance use disorders.

4.F. 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.D. 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

5.D.1.h.

It is recommended that assessments of each child or adolescent served include information on his or her immunization record.

Program(s)/Service(s) by Location

Northern Lakes Community Mental Health Authority

105 Hall Street, Suite A
Traverse City, MI 49684

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)
Outpatient Treatment: Mental Health (Adults)
Prevention: Integrated: AOD/MH (Adults)
Prevention: Integrated: AOD/MH (Children and Adolescents)
Governance Standards Applied

Northern Lakes Community Mental Health Authority

204 Meadows Drive
Grayling, MI 49738

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Integrated: AOD/MH (Adults)
Prevention: Integrated: AOD/MH (Children and Adolescents)

Northern Lakes Community Mental Health Authority

2715 South Townline Road
Houghton Lake, MI 48629

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Integrated: AOD/MH (Adults)
Prevention: Integrated: AOD/MH (Children and Adolescents)

Northern Lakes Community Mental Health Authority

527 Cobb Street
Cadillac, MI 49601

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Integrated: AOD/MH (Adults)
Prevention: Integrated: AOD/MH (Children and Adolescents)