

CARF Accreditation Report
for
Northern Lakes Community Mental
Health Authority

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.

Organization

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

Organizational Leadership

Kari Barker, Quality Improvement Director

Survey Number

141734

Survey Date(s)

December 1, 2021–December 3, 2021

Surveyor(s)

Wendy Hunter, LPCC-S, Administrative
Christine N. McGlashen, LCSW, Program
Michael Fanjoy, CAADC, LPC, CCS, Program

Program(s)/Service(s) Surveyed

Assertive Community Treatment: Integrated: SUD/Mental Health (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: SUD/Mental Health (Adults)
Prevention: Integrated: SUD/Mental Health (Children and Adolescents)
Governance Standards Applied

Previous Survey

May 9, 2018–May 11, 2018
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation

Expiration: May 31, 2024

Executive Summary

This report contains the findings of CARF's site survey of Northern Lakes Community Mental Health Authority conducted December 1, 2021–December 3, 2021. 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) has a strong presence in the community, offering services to six counties in Michigan. The organization's board of directors has demonstrated its support for and commitment to obtaining CARF accreditation for NLCMHA. With the support of strong leadership from the board, the CEO, and the leadership team and a stable staff of committed behavioral health service providers, the organization has provided effective programs and services. NLCMHA has dedicated employees who are passionate about their work and committed to providing consumer-focused services. There are opportunities for improvement identified in the recommendations in this report. Some of the areas for improvement include health and safety, technology, workforce development and management, person-centered plans, and transition/discharge. NLCMHA demonstrates a willingness and ability to use its resources to address these areas, and its leadership and staff members appear to possess the knowledge, skills, and motivation to make improvements.

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):

- Wendy Hunter, LPCC-S, Administrative
- Christine N. McGlashen, LCSW, Program
- Michael Fanjoy, CAADC, LPC, CCS, 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: SUD/Mental Health (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: SUD/Mental Health (Adults)
- Prevention: Integrated: SUD/Mental Health (Children and Adolescents)
- *Governance Standards Applied*

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that Northern Lakes Community Mental Health Authority demonstrated the following strengths:

- NLCMHA has developed a Cultural Diversity, Equity, and Inclusion Committee, showing a commitment to making sure that the organization is culturally competent.
- NLCMHA's leadership and management team members are energetic and highly motivated to support the growth and development of the organization while balancing a genuine concern and interest in the welfare of the persons served. The members of the board of directors are dedicated to the organization and the fulfillment of its mission.
- The financial condition of the organization appears to allow for current stability and future growth.
- NLCMHA offers a comprehensive variety of services to treat the persons served holistically.
- Despite the current COVID-19 pandemic, NLCMHA continues to offer essential services to consumers and the community. Several external stakeholders and personnel spoke highly of NLCMHA's community participation and community events.
- The organization's assessment and referral program has worked to develop relationships with various providers in the community and accepts referrals from a very diverse array of sources and also works to accept those referrals 24 hours a day, 7 days per week.
- Direct service staff members spoke positively of the how the organization addresses the safety needs of the consumers and the providers. The organization is praised for addressing safety concerns through the assessment process for newly admitted consumers.
- NLCMHA has a strong peer support program. These staff members are integral parts of treatment teams and fully utilize their skills to bring consumers 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 consumers out of high-risk situations, out of involvement with the legal system, and out of institutions.
- Consumers 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.
- 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. NLCMHA has developed exciting community events, such as the annual Recovery Celebration, Consumer Art Show, and Co-occurring Conference.
- In an effort to improve staff retention and stabilize services, the organization created and implemented a phone app to connect with consumers. The My Strength app is a creative and innovative way to reach out to consumers and break the barriers posed in a rural setting.
- Local law enforcement has been provided with iPad® devices that facilitate immediate access to both NLCMHA and first responders. This benefits the consumers by providing greater access and coordination of care.

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

1.A.6.a.(6)(e)

It is recommended that the organization's written ethical codes of conduct also include the witnessing of legal documents.

Consultation

- Although the organization is accessible to persons served, personnel, and other stakeholders, it was noted that it usually takes several outreach attempts for persons served to reach the organization. For example, a person served had to call three or four times before reaching someone. It is suggested that the organization consider developing a centralized phone line to answer calls or a procedure to require personnel to return calls within a certain amount time, such as 48 hours.
- The organization has a comprehensive cultural competency and diversity plan that conforms to the standards. The organization might consider reformatting the plan to make it more understandable and concise.

1.B. Governance (Optional)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

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

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

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

1.G.1.a.(4)

1.G.1.a.(5)

1.G.1.a.(6)

1.G.1.a.(7)

It is recommended that the organization's risk management plan include the 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.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.c.(5)

1.H.7.d.

While the organization tests its fire emergency procedures on each shift at each location, it is recommended that an unannounced test of each emergency procedure be conducted at least annually on each shift at each location. Each test should include, as relevant to the emergency procedures, a complete actual or simulated physical evacuation drill and be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. Each test should be evidenced in writing, including the analysis. The organization is encouraged to use a centralized comprehensive form to capture all unannounced tests of emergency procedures.

1.H.11.b.(1)

1.H.11.b.(2)

1.H.11.b.(5)

1.H.11.b.(6)

1.H.11.b.(7)

1.H.11.b.(8)

1.H.11.b.(9)

1.H.11.b.(10)

It is recommended that the organization develop a written analysis of all critical incidents that is provided to or conducted by the leadership that also addresses causes, trends, implementation of the actions, whether the actions taken accomplished the intended results, necessary education and training of personnel, prevention of recurrence, and internal and external reporting requirements. The organization could consider adding sections to the WC Claims spreadsheets that it already uses to evaluate incidents.

1.H.14.b.(3)

It is recommended that the organization's comprehensive health and safety self-inspections result in a written report that also identifies actions taken to respond to the recommendations.

1.H.15.b.(3)

Comprehensive health and safety inspections should result in a written report that also identifies actions taken to respond to the recommendations.

Consultation

- The organization might benefit from having more comprehensive first aid supplies in the vehicle, such as NARCAN®, especially because it offers substance use disorder services.

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.3.a.

It is recommended that ongoing workforce planning also include workforce analysis. The organization might benefit from an analysis that includes future workforce needs; gaps between the present and future; and possible solutions that could allow the organization to accomplish its mission, goals, and objectives.

1.I.5.a.(5)

1.I.5.a.(6)

It is recommended that onboarding and engagement activities include orientation that addresses the organization's risk management plan and strategic plan.

1.I.8.f.

It is recommended that the organization implement written procedures for performance appraisal that address measurable goals. The organization is encouraged to start using the SMART (specific, measurable, achievable, realistic, and time-bound) format when developing measurable goals.

1.I.11.c.

1.I.11.d.

1.I.11.e.

1.I.11.f.

1.I.11.g.

The organization has a continuity-of-executive-functions document that addresses its current workforce needs and identification of key positions. It is recommended that the organization's succession planning also address the identification of the competencies required by key positions, a review of talent in the current workforce, identification of workforce readiness, gap analysis, and strategic development.

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
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Provision of information related to ICT, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

1.J.4.b.(1)

1.J.4.b.(2)

1.J.4.b.(3)

1.J.4.b.(4)

1.J.4.b.(5)

1.J.4.b.(6)

1.J.4.c.

A test of the organization's procedures for business continuity and disaster recovery should be analyzed for effectiveness, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, and necessary education and training of personnel. The test should be evidenced in writing, including the analysis.

1.J.6.a.(3)

1.J.6.b.(1)

1.J.6.b.(2)

1.J.6.b.(3)(a)

1.J.6.b.(3)(b)

It is recommended that the organization implement written procedures that address decision making about when to use information and communication technologies versus face-to-face services. The organization should also implement written procedures to confirm that all necessary technology and/or equipment is available and functions prior to the start of service delivery and as needed throughout services at the originating site and remote site.

- 1.J.7.a.**
- 1.J.7.b.**
- 1.J.7.c.**
- 1.J.7.d.**
- 1.J.7.e.**
- 1.J.7.g.**

It is recommended that personnel who deliver services via information and communication technologies also receive documented competency-based training on equipment features, setup, use, maintenance, safety considerations, and troubleshooting.

- 1.J.12.a.**
- 1.J.12.b.**

The organization is urged to develop emergency procedures that address the unique aspects of service delivery via information and communication technologies, including the provider becoming familiar with the emergency procedures of the remote site, if the procedures exist, and identification of local emergency resources, including phone numbers.

Consultation

- The organization might benefit from reviewing its technology plan at least annually and noting the status of the completion of goals.
- The organization might benefit from creating a telehealth safety plan that details procedures to be taken in emergency situations during telehealth services. This plan could include contact information for the consumer and/or parent/guardian (in the event of technology failure), clinician contact information, who to contact in the event of a crisis during a telehealth session, a code word to stop the session, and crisis and emergency phone numbers.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

- 1.K.4.b.(2)**
- 1.K.4.b.(3)**
- 1.K.4.b.(4)**
- 1.K.4.b.(5)**
- 1.K.4.b.(6)**

The organization conducts an analysis of all formal complaints annually that includes whether formal complaints have been received. It is recommended that the analysis of all formal complaints be documented, including trends, areas needing performance improvement, actions to address the improvements needed, implementation of the actions, and whether the actions taken accomplished the intended results.

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.2.a.(2)

1.L.2.b.(1)

1.L.2.b.(2)

It is recommended that the organization's accessibility plan also include timelines for all identified barriers. The plan should be reviewed at least annually for relevance, including progress made in the removal of identified barriers and areas needing improvement.

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

1.M.2.c.

1.M.2.d.

It is recommended that the organization identify gaps and opportunities in preparation for the development or review of a performance measurement and management plan, including consideration of expected results and extenuating and influencing factors that may impact results.

1.M.3.a.(4)

1.M.3.a.(7)

It is recommended that the organization implement a performance measurement and management plan that addresses the identification of priority measures determined by the organization for business function objectives and extenuating and influencing factors that may impact results.

1.M.9.a.

1.M.9.b.(1)

1.M.9.b.(2)

1.M.9.b.(3)

1.M.9.b.(4)

1.M.9.b.(5)

The organization measures some business functions, such as finance, but not others, such as testing all emergency procedures, analyzing critical incidents, and testing business continuity/disaster recovery. To measure its business function, the organization should document objectives in priority areas it determines. For each objective, the organization should develop a performance indicator(s), including to what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, the identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or that is based on an industry benchmark.

Consultation

- The organization is encouraged to more clearly distinguish results among programs/services in all measurements pertaining to performance improvement.

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.1.d.(2)

1.N.1.e.(2)

1.N.1.e.(3)

1.N.1.f.(1)

1.N.1.f.(2)

1.N.1.f.(3)

1.N.1.f.(4)

It is recommended that the analysis of service delivery performance also incorporate the impact of extenuating or influencing factors; include the identification of trends and causes; and be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results. The organization might consider demonstrating these items in one comprehensive document by adding a table with these items and distinguishing the information between programs.

1.N.2.a.

1.N.2.b.

1.N.2.c.

1.N.2.d.(1)

1.N.2.d.(2)

1.N.2.e.(2)

1.N.2.e.(3)

The analysis of some business functions (e.g., finances) is completed and documented at least annually. It is recommended that the analysis of business function performance be documented, be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan, and address all priority business function indicators determined by the organization. Further, the analysis should incorporate the characteristics of the persons served, incorporate the impact of extenuating or influencing factors, and include the identification of trends and causes.

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.31.b.

Of the provider training records reviewed, none of the records indicated that the provider had received orientation training based on the role of peer support specialists. It is recommended that the organization demonstrate a climate of recovery and/or resilience building by training all personnel on the role of peer support specialists at orientation.

2.A.33.

The organization's code of conduct does not specifically address boundaries related to peer support services. It is recommended that the organization's written ethical codes of conduct specifically address boundaries related to peer support services.

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.8.a.(1)
- 2.B.8.a.(2)
- 2.B.8.b.
- 2.B.8.c.
- 2.B.8.d.(1)(a)
- 2.B.8.d.(1)(b)
- 2.B.8.d.(1)(c)
- 2.B.8.d.(1)(d)(i)
- 2.B.8.d.(1)(d)(ii)
- 2.B.8.d.(1)(d)(iii)
- 2.B.8.d.(1)(d)(iv)
- 2.B.8.d.(1)(d)(v)
- 2.B.8.d.(1)(d)(vi)
- 2.B.8.d.(1)(d)(vii)
- 2.B.8.d.(1)(d)(viii)
- 2.B.8.d.(1)(d)(ix)
- 2.B.8.d.(1)(e)
- 2.B.8.d.(1)(f)(i)
- 2.B.8.d.(1)(f)(ii)
- 2.B.8.d.(1)(f)(iii)
- 2.B.8.d.(1)(f)(iv)
- 2.B.8.d.(1)(f)(v)
- 2.B.8.d.(1)(g)(i)
- 2.B.8.d.(1)(g)(ii)
- 2.B.8.d.(1)(g)(iii)
- 2.B.8.d.(2)
- 2.B.8.d.(3)
- 2.B.8.d.(4)
- 2.B.8.d.(5)(a)
- 2.B.8.d.(5)(b)
- 2.B.8.d.(5)(c)
- 2.B.8.d.(5)(d)
- 2.B.8.d.(5)(e)
- 2.B.8.d.(5)(f)
- 2.B.8.d.(6)

Of the consumer records reviewed, there was no documentation that the consumer received orientation. Each person served should receive an orientation that is provided in a timely manner based on the person's presenting condition and the type of services provided. The orientation should be understandable to the person served and documented. It is recommended that the orientation include, as applicable, an explanation of the rights and responsibilities of the person served; complaint and appeal procedures; ways in which input can be given; the organization's confidentiality policies, intent/consent to treat, behavioral expectations of the person served, transition criteria and procedures, discharge criteria, response to the identification of potential risk to the person served, access to after-hour services, standards of professional conduct related to services, and requirements for reporting and/or follow-up for the mandated person served (regardless of discharge outcome; any and all financial obligations, fees, and financial arrangements for services provided by the organization; the program's health and safety policies regarding the use of seclusion or restraint, use of tobacco products, potential substances of misuse brought into the program, prescription medication brought into the program, and weapons brought into the program; and the program rules and expectations, which identifies any restrictions the program may place on the person served, events or behaviors or attitudes and their likely consequences, and means by which the person served may regain privileges that have been restricted. Further, the orientation should include familiarization with

the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits; education regarding advance directives, when indicated; identification of the purpose and process of the assessment; a description of how the person-centered plan will be developed, the person's participation in goal development and achievement, the potential course of treatment and/or services, how motivational incentives may be used (if applicable), expectations for legally required appointments or sanctions or court notifications, and expectations for family involvement; and identification of the person(s) responsible for service coordination.

Consultation

- The organization does inquire as to whether or not a consumer has experienced and/or witnessed trauma. However, the assessment does not provide any further specification to inquire whether or not the experienced and/or witnessed trauma was related to abuse, neglect, violence, or sexual assault. As each consumer's definition of trauma may differ, it is suggested that the organization consider including more in-depth questions as a part of the assessment process related to experiencing and/or witnessing trauma. The organization might consider providing the consumer with a definition related to a traumatic event or include training to providers on how to explore additional trauma information when completing the assessment process with a consumer.

2.C. Person-Centered Plans

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.2.a.(1)(a)

2.C.2.a.(2)(e)

None of the records reviewed expressed the goals of the persons served in their own words. It is recommended that documentation of the person-centered planning process include the identification of the needs/desires of the person served through goals that are expressed in the words of the person served. Further, the treatment objectives listed were not measurable. It is recommended that documentation of the person-centered planning process include specific service or treatment objectives that are measurable.

- 2.C.4.a.**
- 2.C.4.b.**
- 2.C.4.c.**
- 2.C.4.d.(1)**
- 2.C.4.d.(2)**
- 2.C.4.d.(3)**
- 2.C.4.d.(4)(a)**
- 2.C.4.d.(4)(b)**
- 2.C.4.d.(5)(a)**
- 2.C.4.d.(5)(b)**
- 2.C.4.d.(6)**

Of the records reviewed, when the assessment identified a potential risk for suicide, violence, or other risky behaviors, a safety plan was not included in the consumer record. It is recommended that, when assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan be completed in accordance with an established protocol with the person served as soon as possible. The plan should include triggers, current coping skills, warning signs, actions to be taken to respond to periods of increased emotional pain, actions to be taken to restrict access to lethal means, preferred interventions necessary for personal and public safety, and advance directives (when available).

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)

2.D.3.h.

Although the organization's electronic health record does have a transition plan, it is not being used consistently. To ensure a seamless transition, a written transition plan should consistently be prepared or updated when a person served 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; identify the person's current 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 person's medication, when applicable; include referral information, such as the 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; identify the person's strengths, needs, abilities, and preferences; and identify the person responsible for coordinating the transfer or discharge. It is suggested that the organization consider using its Program Referral Form as a transition document. Since this form is already being utilized in transferring consumers between programs within the organization, it could meet the standards related to transition planning.

2.D.6.d.

2.D.6.f.

For all persons leaving services, the written discharge summary should identify the status of the person served at last contact and describe the extent to which established goals and objectives were achieved.

2.E. Medication Use

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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.

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

2.G.3.

It is recommended that all documents generated by the organization that require signatures include original or electronic signatures.

2.G.4.o.

It is recommended that the individual record include safety plan(s).

2.G.5.

It was noted that progress notes were entered up to six days after service delivery. The organization's policy states that entries will be entered within 24 hours. It is recommended that entries to the records of the persons served follow the organization's policy that specifies timeframes for entries.

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

There are no recommendations in this area.

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

3.A.9.

It is recommended that the treatment plan be reviewed at least quarterly and modified as necessary based on the needs of the person served. Of the records reviewed for consumers participating in the program, the treatment plans were not reviewed quarterly or modified as necessary based on the needs of the persons served. Some of the consumer records had not had a treatment plan review in over one year.

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

3.B.1.

It is recommended that persons served be consistently linked to services and resources to achieve objectives as identified in their person-centered plan. The records reviewed for consumers receiving case management services did not include information relevant to case management services. None of the records reviewed documented the consumer receiving planning, linkage, advocacy, or coordination services. Some of the records reviewed appeared to be more therapeutic in nature, despite case management services being selected as the service modality.

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.3.a.

3.E.3.b.

3.E.3.c.

In one of the consumer records, it was found that a crisis/safety plan was indicated in the initial assessment and not entered into the record. In another section of the record, it was noted that the consumer refused a safety plan, so one was not created. It is recommended that the crisis assessment lead to an initial crisis intervention plan, developed upon contact with each person served, that includes identified immediate response needs, identified follow-up when referral is made, and a statement of crisis resolution.

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

There are no recommendations in this area.

Consultation

- For multiple records, it was found that the treatment plan was not reviewed or updated for up to one year. Although this meets the policy of updating the consumer center treatment plan at least annually, it is suggested that the plan be updated more frequently to include identifying ongoing goals, achievement, and family progress toward the goals.

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.

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.

Consultation

- Many of the staff members did not seem to be knowledgeable of the CARF standards. It is suggested that the organization conduct at least annual reviews of CARF's program-specific standards in order to increase knowledge and awareness and build skills and competencies.

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

5.C.1.a.(1)

5.C.1.a.(2)

5.C.1.a.(3)

5.C.1.a.(4)

It was noted that the developmental history portion of the assessment has been left blank. It is recommended that assessments of each child or adolescent served include information on developmental history, including pregnancy/delivery, motor development, speech and language, and other developmental factors contributing to impact on functioning (if present).

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: SUD/Mental Health (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: SUD/Mental Health (Adults)
Prevention: Integrated: SUD/Mental Health (Children and Adolescents)
Governance Standards Applied

Northern Lakes Community Mental Health Authority

204 Meadows Drive
Grayling, MI 49738

Assertive Community Treatment: Integrated: SUD/Mental Health (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: SUD/Mental Health (Adults)
Prevention: Integrated: SUD/Mental Health (Children and Adolescents)

Northern Lakes Community Mental Health Authority

2715 South Townline Road
Houghton Lake, MI 48629

- Assertive Community Treatment: Integrated: SUD/Mental Health (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: SUD/Mental Health (Adults)
- Prevention: Integrated: SUD/Mental Health (Children and Adolescents)

Northern Lakes Community Mental Health Authority

527 Cobb Street
Cadillac, MI 49601

- Assertive Community Treatment: Integrated: SUD/Mental Health (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: SUD/Mental Health (Adults)
- Prevention: Integrated: SUD/Mental Health (Children and Adolescents)