

**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](http://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, MSW, LBSW, QIDP, QMHP, Quality Improvement Director

## **Survey Number**

197986

## **Survey Date(s)**

July 14, 2025–July 16, 2025

## **Surveyor(s)**

Barb P. Namett, LISW-S, Administrative  
Marta McKenna, LPC, CADAC, NCC, Program  
Joanne M. Furze, BS, CSW, 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 Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)  
Crisis Programs - 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**

August 5, 2024–August 7, 2024  
One-Year Accreditation

## **Accreditation Decision**

### **Three-Year Accreditation**

**Expiration: August 31, 2028**

# Executive Summary

This report contains the findings of CARF's site survey of Northern Lakes Community Mental Health Authority conducted July 14, 2025–July 16, 2025. 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 continued to undergo major changes and upheaval in the last year. Despite this, and in direct connection to last year's CARF accreditation results, the organization has been laser focused on revamping key items, including the development of a new risk management and compliance structure and an update to the program measurement and management structure. All of this has been designed to conform to the CARF standards, address state of Michigan requirements, and better meet the needs of the organization now and into the future. There are opportunities for improvement identified in the recommendations in the report related to health and safety, performance measurement and management, performance improvement, transition/discharge, and medication use.

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):

- Barb P. Namett, LISW-S, Administrative
- Marta McKenna, LPC, CADAC, NCC, Program
- Joanne M. Furze, BS, CSW, 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 Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)
- Crisis Programs - 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 is a flexible and resilient organization that continues to thrive and provide benefits to the community while facing many challenges, both internally and externally. Staff members remain positive and hopeful for improvement in the lives of the consumers.
- It is evident that staff members across the organization are dedicated to the provision of quality care to the consumers, ensuring that their needs are being met and assisting them to be as healthy as possible.
- NLCMHA (along with some of its staff members) has a longstanding presence in the community. One consumer reported that they have had the same psychiatrist for over 20 years. The consumer values the stability of having the same provider for such a long period of time.
- Clinical staff members are skilled, resolute, and caring individuals who are deeply committed to the mission of the organization and to the delivery of quality services. They are motivated, dynamic, and responsive in serving the consumers.
- Consumers receive a thorough and comprehensive assessment protocol that results in a treatment plan reflecting critical issues to be addressed while enrolled in the program and plans for individual preferences upon discharge.
- The organization offers a continuum of services that allows for the smooth transition of the consumer between service levels to accommodate changing needs. Staff members demonstrate creativity in ensuring that the needs of the consumers are met within the organization and through the utilization of community resources.
- The pristine condition and aesthetic quality of the organization's sites are a testament to its dedication to fostering a supportive and appealing environment. This approach not only benefits staff members by boosting morale and productivity but also enhances the experience for the consumers, thereby strengthening their trust and satisfaction.
- The Cadillac location is a well-maintained former training school that houses an assertive community treatment (ACT) team, outpatient, case management, crisis, and other services. It is evident that the ACT team members appreciate the community work they provide to the consumers. One staff member commented that the greatest thing about working on the ACT team is the miracles they see happen when the consumers make progress.
- The Clubhouses work collaboratively, using innovative and successful fundraising events to provide scholarships and training opportunities for the consumers throughout the year. The mental health first aid classes for youth and adults, held both in the community and at office sites, offer peer supporters, community members, and personnel tools to assist individuals facing mental health challenges. An annual art show and community celebration emphasize advocacy and networking with local partners. The prevention programs are also recognized for their work.
- The organization demonstrates a strong commitment to training, which enhances the commitment and confidence of staff members to provide quality services and keeps best practices at the heart of the program.
- The board of the organization underwent a significant structural overhaul in the last year to increase accountability, to ensure more active participation, and to better guide the organization through current and future challenges.
- The new risk management and compliance database went into effect April 1, 2025. Data and reports are already reaping benefits for all levels of staff, for management, for the board, and for the consumers.
- The organization has gone through a thoughtful and deliberate process to develop a new strategic plan. This includes input from the consumers, staff, and other stakeholders as well as the use of critical data, resulting in a solid roadmap for where the organization is now, where it wants to go, and how it plans to get there.

## 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, diversity, and inclusion
- Corporate responsibility
- Organizational fundraising, if applicable

#### Recommendations

There are no recommendations in this area.

## Consultation

- The organization has multiple policies and documents related to ethical codes of conduct. It is suggested that these be merged into one complete document that contains all required elements.
- The organization has multiple documents related to corporate compliance. It is suggested that these be merged into one complete document, with references to other key policies/procedures, as needed.

## 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

There are no recommendations in this area.

## 1.H. Health and Safety

### Description

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

### Key Areas Addressed

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

### Recommendations

**1.H.4.a.(5)**

**1.H.4.a.(6)**

**1.H.4.b.(5)**

**1.H.4.b.(6)**

Although the personnel receive documented competency-based training, it is recommended that personnel also receive documented competency-based training at orientation and at least annually in the areas of identification of critical incidents and reporting of critical incidents. This could ensure that everyone is aware of both state-specific and CARF-identified critical incidents that are to be reported. It is suggested that the organization confer with other similar organizations to see how this is documented in the EHR.

- 1.H.10.a.(1)
- 1.H.10.a.(2)
- 1.H.10.a.(3)
- 1.H.10.a.(4)
- 1.H.10.a.(5)
- 1.H.10.a.(6)
- 1.H.10.a.(7)
- 1.H.10.a.(8)
- 1.H.10.a.(9)
- 1.H.10.a.(10)
- 1.H.10.a.(11)
- 1.H.10.a.(12)
- 1.H.10.a.(13)
- 1.H.10.a.(14)
- 1.H.10.a.(15)
- 1.H.10.a.(16)
- 1.H.10.a.(17)
- 1.H.10.a.(18)
- 1.H.10.a.(19)

It is recommended that the organization implement written procedures regarding critical incidents that specify medication errors, use of seclusion, use of restraint, incidents involving injury, communicable disease, infection control, aggression or violence, use and unauthorized possession of weapons, wandering, elopement, vehicular accidents, biohazardous accidents, abuse, neglect, suicide and attempted suicide, sexual assault, overdose, and other sentinel events. The organization is encouraged to develop an expanded procedure for critical incidents that go beyond the Michigan reporting requirements.

**1.H.11.b.(9)**

Although the organization has a written analysis for critical incidents, it is recommended that the written analysis of all critical incidents also address internal reporting requirements.

**Consultation**

- It is suggested that the organization modify its emergency drill form to include the name of the site and the different drill types. This could help simplify completion of the form and reporting and ensure that staff members are aware of all the types of emergency drills to be completed.

**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**

There are no recommendations in this area.

## **1.J. Technology**

### **Description**

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **1.K. Rights of Persons Served**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **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

There are no recommendations in this area.

# 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.1.b.

Although the leadership demonstrates accountability for performance measurement and management in service delivery, it is recommended that the leadership also demonstrate accountability for performance measurement and management in the area of business functions. This might be accomplished by developing business function objectives.

### 1.M.3.a.(4)

### 1.M.3.b.

Although NLCMHA has implemented a performance measurement and management plan, the plan should also address identification of priority measures determined by the organization for business function objectives and be reviewed at least annually for relevance. The organization is currently reviewing its data quarterly, and the new reporting database has only been operational since April 2025. As a result, it has not completed an annual review.

**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)**

To measure its business function, NLCMHA should document objectives in priority areas determined by the organization and, for each objective, document a performance indicator(s), including to what the indicator(s) will be applied, the person(s)/positions(s) responsible for collecting the data, the source(s) from which data will be collected, 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**

- It is suggested that the performance measurement and management plan include key wording as to what is being measured and why for effectiveness, efficiency, access, experience of services received and other feedback from the consumers, and experience of services and other feedback from other stakeholders. This could help ensure that all staff members understand these key measures.

**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.a.

1.N.1.b.

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

1.N.1.c.(4)

1.N.1.c.(5)

1.N.1.d.(1)

1.N.1.d.(2)

1.N.1.e.(1)

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)

The organization implemented a new database for data gathering and reporting in April 2025. It is thus unable to provide an annual report at present. The analysis of service delivery performance should be documented; be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan; address service delivery indicators for each program/service seeking accreditation, including results achieved for the consumers (effectiveness), experience of services received and other feedback from the consumers, experience of services and other feedback from other stakeholders, resources used to achieve results for the consumers (efficiency), and service access; incorporate the characteristics of the consumers and the impact of extenuating or influencing factors; include comparative analysis, identification of trends, and identification of 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.

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.(1)

1.N.2.e.(2)

1.N.2.e.(3)

1.N.2.f.(1)

1.N.2.f.(2)

1.N.2.f.(3)

1.N.2.f.(4)

The analysis of business function performance should be documented; be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan; address priority business function indicators determined by the organization; incorporate the characteristics of the consumers, if applicable, and the impact of extenuating or influencing factors; include comparative analysis, identification of trends, and identification of 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.

- 1.N.3.a.
- 1.N.3.b.(1)
- 1.N.3.b.(2)
- 1.N.3.c.

The results of performance analysis should be used to improve the quality of programs and services, facilitate organizational decision making regarding service delivery and business functions, and guide changes to the performance and measurement plan.

- 1.N.4.a.(1)
- 1.N.4.a.(2)
- 1.N.4.a.(3)
- 1.N.4.b.(1)
- 1.N.4.b.(2)
- 1.N.4.b.(3)

In accordance with the performance measurement and management plan, the organization should communicate accurate performance information to the consumers, personnel, and other stakeholders according to the needs of the specific group, including content, format, and timing.

## Section 2. General Program Standards

### Description

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

### 2.A. Program/Service Structure

#### Description

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

#### Key Areas Addressed

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

#### Recommendations

There are no recommendations in this area.

## 2.B. Screening and Access to Services

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 2.C. Person-Centered Planning

### 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

There are no recommendations in this area.

## 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.g.(2)**

**2.D.3.g.(3)**

**2.D.3.g.(4)**

The written transition plan should consistently include needs, abilities, and preferences.

### Consultation

- To ensure consistent conformance, the organization may want to consolidate the various transition plans into one document that includes all of the elements of the CARF standards to be used across the organization.

## 2.E. Medication Use

### Description

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

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

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

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

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

### Key Areas Addressed

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

### Recommendations

#### 2.E.1.a.(2)

Although the organization provides training regarding medications at orientation and as needed to medical staff, it is recommended that documented training and education regarding medications be provided to all direct service personnel at least annually.

- 2.E.9.a.(4)(a)
- 2.E.9.a.(4)(b)
- 2.E.9.a.(4)(c)
- 2.E.9.a.(4)(d)
- 2.E.9.a.(4)(e)
- 2.E.9.a.(5)(a)(i)
- 2.E.9.a.(5)(a)(ii)
- 2.E.9.a.(5)(a)(iii)
- 2.E.9.a.(5)(a)(iv)
- 2.E.9.a.(5)(b)
- 2.E.9.a.(5)(c)
- 2.E.9.b.(3)

Although the organization conducts a peer review annually, it is recommended that the documented peer review also assess the appropriateness of each medication, as determined by the needs and preferences of the consumer, the condition for which the medication is prescribed, dosage, periodic reevaluation of continued use related to the primary condition being treated, and the efficacy of the medication. Additionally, the review should determine whether contraindications, side effects, adverse reactions, and drug-to-drug interactions were identified and, if needed, addressed; whether necessary monitoring protocols were implemented; and whether, when applicable, simultaneous use of multiple in-class medications was limited to the fewest number of medications needed to achieve the therapeutic goals of the person served. Information collected from the peer review process should be incorporated into the performance measurement and management system.

## 2.G. Records of the Persons Served

### Description

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

### Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

### Recommendations

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

Some of the records reviewed had questions with no answers and were left blank. It is recommended that the individual record communicate information in a manner that is complete. The organization might consider entering "n/a" in spaces with no answer.

## 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.

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

### Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dieticians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
- Encompass settings such as:
  - Hospitals, clinics, professional offices, and other organization-based settings.
  - Schools, work sites, libraries, community centers, and other community settings.
  - Congregate living, individual homes, and other residential settings.
- Be provided via fully virtual platforms.

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

### Key Areas Addressed

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

ACT 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, ACT 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 Programs (CP)**

#### **Description**

Crisis programs include a continuum of services designed to rapidly respond to the needs of persons experiencing acute emotional, mental health, and/or substance use crises in order to keep them safe, seek to resolve the crisis, and maintain community tenure. Crisis response, depending on the immediate needs and preferences of the persons served, may be managed through a crisis contact center, a crisis intervention program that might include mobile crisis intervention services, or admission to a crisis stabilization program.

#### **Key Areas Addressed**

Crisis Intervention Programs:

- 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.K. Intensive Family-Based Services**

#### **Description**

Intensive family-based services are provided in a supportive and interactive manner and directed toward maintaining or restoring a healthy family relationship by building and strengthening the capacity of families to care for their children. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach and have a goal of keeping families together or supporting reunification when a child has been in an out-of-home placement. The services may include wraparound and family preservation type programs.

#### **Key Areas Addressed**

- Services designed to maintain intact families, prevent out-of-home placement, and promote reunification
- Child- and family-centered planning
- Assessment of family function
- Engagement of family members in services
- Information and referrals to community services and concrete services and supports
- Access to professionals trained in child/youth and family care
- Procedures to address urgent situations that may cause family disruption 24 hours a day, 7 days a week

#### **Recommendations**

There are no recommendations in this area.

### **3.N. 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.

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

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

#### **Description**

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

#### **Key Areas Addressed**

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

#### **Recommendations**

There are no recommendations in this area.

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

*One or more programs are delivered via information and communication technologies (ICT), in whole or in part. CARF-accredited programs, when delivered to one or more persons wholly via ICT, are included in the accreditation regardless of the location of the person served.*

## **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 Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)  
Crisis Programs - 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**

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 Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)  
Crisis Programs - 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**

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 Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)  
Crisis Programs - 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 Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults)  
Crisis Programs - 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)