CARF INTERNATIONAL

CARF Accreditation Report

for

St. Clair County Community Mental Health Authority

Three-Year Accreditation

ASPIRE to Excellence

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Contents

About CARF

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

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

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

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

Organization

St. Clair County Community Mental Health Authority
3111 Electric Avenue
Port Huron, MI 48060

Organizational Leadership

Debra Johnson, Executive Director

Survey Number

128553

Survey Date(s)

March 2, 2020–March 4, 2020

Surveyor(s)

James Haughey, EdD, Administrative
Jackie Sims-Piljay, CCS, CEAP, SAP, Program
William F. Barker, Jr., LPC, Program
Judy Hayes, Program
Leslie D. Quarles, Program

Program(s)/Service(s) Surveyed

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Assertive Community Treatment: Mental Health (Adults)
Assessment and Referral: Integrated: AOD/MH (Adults)
Assessment and Referral: Integrated: AOD/MH (Children and Adolescents)
Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Mental Health (Adults)
Comprehensive Suicide Prevention Program: Integrated: AOD/MH (Adults)
Comprehensive Suicide Prevention Program: Integrated: AOD/MH (Children and Adolescents)
Comprehensive Suicide Prevention Program: Mental Health (Adults)
Comprehensive Suicide Prevention Program: Mental Health (Children and Adolescents)
Court Treatment: Integrated: AOD/MH (Adults)
Court Treatment: Mental Health (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Integrated Behavioral Health/Primary Care: Integrated: AOD/MH (Adults)
Integrated Behavioral Health/Primary Care: Mental Health (Adults)
Intensive Family-Based Services: Mental Health (Autism Spectrum Disorder-Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Office-Based Opioid Treatment: Addictions Pharmacotherapy (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)

Outpatient Treatment: Mental Health (Children and Adolescents)
Employee Development Services
Employment Planning Services

Previous Survey

March 22, 2017–March 24, 2017
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: April 30, 2023

Executive Summary

This report contains the findings of CARF's on-site survey of St. Clair County Community Mental Health Authority conducted March 2, 2020–March 4, 2020. 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, St. Clair County Community Mental Health Authority demonstrated substantial conformance to the standards. St. Clair County Community Mental Health Authority (SCCCMHA) demonstrates its ongoing commitment to providing quality care, as evidenced by the commitment of the leadership and staff members to quality improvement and being a data-driven organization. Staff members are responsive to the needs of the recipients receiving services. They are dedicated professionals who display genuine care and support, demonstrating a commitment to improving the quality of services to the recipients. This philosophy of improvement and exceeding expectations is exemplified by the clinical directors and entire staff. The organization implements over 20 evidence-based practices. Opportunities for improvement are identified in the recommendations in this report and primarily focus on updating policies and procedures, documented competency-based training, success planning, and more consistent documentation. The organization demonstrates the willingness and ability to use its resources to address these areas, as demonstrated by the resources the organization devotes to quality management.

St. Clair County Community Mental Health Authority appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. St. Clair County 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.

St. Clair County 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 St. Clair County Community Mental Health Authority was conducted by the following CARF surveyor(s):

- James Haughey, EdD, Administrative
- Jackie Sims-Piljay, CCS, CEAP, SAP, Program
- William F. Barker, Jr., LPC, Program
- Judy Hayes, Program
- Leslie D. Quarles, 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 St. Clair County Community Mental Health Authority and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

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

- Assertive Community Treatment: Integrated: AOD/MH (Adults)
- Assertive Community Treatment: Mental Health (Adults)
- Assessment and Referral: Integrated: AOD/MH (Adults)
- Assessment and Referral: Integrated: AOD/MH (Children and Adolescents)
- Assessment and Referral: Mental Health (Adults)
- Assessment and Referral: Mental Health (Children and Adolescents)
- Case Management/Services Coordination: Integrated: AOD/MH (Adults)
- Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
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- Comprehensive Suicide Prevention Program: Mental Health (Children and Adolescents)
- Court Treatment: Integrated: AOD/MH (Adults)
- Court Treatment: Mental Health (Adults)
- Crisis Intervention: Integrated: AOD/MH (Adults)
- Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Integrated Behavioral Health/Primary Care: Integrated: AOD/MH (Adults)
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- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Employee Development Services

- Employment Planning Services

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that St. Clair County Community Mental Health Authority demonstrated the following strengths:

- The organization places a strong emphasis on upholding the rights of the recipient, as evidenced by receiving state awards for its practices in this area. These practices are recommended by the state to other organizations as best practices.
- Communication flows up and down the organization's chain of command, as evidenced by the recent construction of a new building for children's services based on the advocacy of staff members providing services in these programs.
- A payer reported that the organization has a strong management structure, which allows the organization to plan and carry through its planning. SCCCMHA was also praised for its active participation in the payer's continuous quality improvement process, as evidenced by it implementing changes based on the feedback it receives through this process.
- The board president, payer source representative, and CEO all praised the staff members of the organization for providing quality services to the recipients they serve.
- The individual placement and support vocational profile includes a disclosure plan for approaching employers. Common concerns are reviewed, with the recipient provided with space to compare advantages and disadvantages. This incorporates the spirit of self-determination and individualization of services.

- The Galley is a clean, inviting place for recipients and patrons where the instructor has extensive expertise in the culinary field which compliments the 300-hour curriculum that is being used. This teaching style is a strong match for motivating recipients in mastering both hard and soft skills necessary for employment.

- The InSHAPE Prevention Plus Wellness program has been specially designed to focus on the link between physical and mental healthcare. InSHAPE's benefits include increasing one's overall stamina and nutrition knowledge and intuitiveness to their medical needs. There are several success stories, including an instance where a recipient progressed from limited ability to walk even short distances to eventually adopting a dog that is walked daily. Since the program's inception in 2012, 225 recipients have lost a total of 1,831 pounds.

- The organization provides the latest evidence-based services to recipients in its community. Staff is offered the training to utilize dialectical behavior therapy, eye movement desensitization and reprocessing, cognitive behavioral therapy, prolonged exposure therapy for PTSD, and integrated dual diagnosis group. Service staff members get the initial training and required clinical supervision to be able to help the most challenging recipients, thus improving the results.

- The assertive community treatment team demonstrates the recipient-centered approach in everything it does, including community visits by the entire team and medical director when necessary. The team nurse does 99 percent of the visits in the community, meeting the recipients where they are.

- The staff members are caring and competent and take obvious pride in their work and the many accomplishments of recipients. The enthusiasm and skills of the staff members in each program contribute much to the development and implemented high-quality programming for which the recipients are truly appreciative.

- All of the recipients interviewed excitedly shared how the programs had helped them. They talked about how the staff members had gone above and beyond to meet special requests and needs. They expressed feeling safe and that they trusted the staff members, explaining how their experience was unlike other programs in which they had participated

- The addition of integrated behavioral health has strengthened the organization and has enhanced the quality, accessibility, and effectiveness of treatment services. The medical partnership has provided necessary and timely care for the vulnerable recipients. In addition, it has encouraged improved health for these vulnerable recipients who have struggled with accessing medical care and has improved continuous consultations.

- The implementation of the comprehensive suicide prevention program has provided necessary service needs, increased awareness to staff members, recipients, the community, and other stakeholders. The organization is commended for the comprehensive services, training, commitment from staff members, and the community.

- Case management services of Oasis provide a wide range of services, dealing with the tangled web of community resource linkages. The case managers perform these tasks throughout the community to ensure positive supports for the recipients actively involved in services. During an interview with a recipient, she reported she has been able to maintain commitments to the courts, ask for help, and utilize peer support and assistance with therapy and dealing with severe PTSD as a result of domestic violence. She is just enrolling in a new program offering program exposure therapy. She stated the help of peer support and encouragement from the clinical team follow-up has saved her life.

- The organization's intensive family based services (IFBS) provide outstanding and creative solutions for recipients and their families. Facilitation for wraparound services provides assistance, such as respite care, peer support, and the genuine sense of the vulnerabilities of family systems in crisis. An interaction with a family member reported the services have helped to bring back a sense of pride and balance the family lost due to the stress of dealing with a child with serious mental illness. The family member reported prior to being involved with Oasis IFBS, the family had used private insurance with few and limited services, including children's hospitals. A referral to Oasis from a friend has made a difference in all their lives. The child has made progress and, for the first time, the parents feel there is hope.

- The organization works very closely with other community organizations to provide wraparound services to recipients. Examples include hospital emergency rooms, homeless shelters, local schools, churches, employers, other service providers, and even border services. It has created a St. Clair County Help Card which lists and provides telephone numbers for a variety of services, including education, employment, poverty assistance, health, housing, crisis services, and services to specific populations.

- SCCCMHA embraces the recipient-centered approach to services. The service plan developed is consistently based primarily on the goals identified by the recipient and/or their parent/guardian as ones on which they want to work, even if it is not the focus that the clinician identifies.

- The applied behavior analysis program (ABA) has an exceptional commitment to ongoing training. Not only does staff members come with state-mandated training, but they also complete a series of training modules on Relias and the supervisor staff members have a process of further individualized training.

- The parents and/or guardians of the children and youth served through ABA and child and youth mental health spoke extensively about the positive impacts the services provided had on their children. They particularly mentioned the dedication and flexibility of the staff members and their ability to listen and to explore different options.

- The community inclusion program is effectively dealing with recipients with very challenging behaviors in a manner that allows them to have choices, to succeed in controlling behaviors, to actively participate in volunteer opportunities, and to graduate to less intensive services as appropriate.

- The mobile unit is an efficient program to ensure that mental health crisis services are available 24/7 for both existing and new recipients, linking the clinicians with peer support workers or interns that support staff safety.

- The emergency services handbook is comprehensive and readily accessible throughout the organization. It can be readily grabbed should an evacuation be necessary and contains key information, such as phone numbers and assembly points. It also has flags to identify if people in a room are safe or if there is someone injured and a tool to break windows.

- In the developmental disabilities areas surveyed, the organization has an exceptional "golden thread" where the diagnosis or presenting problem clearly and directly links to the assessment, which links to the individual recipient service plan and carries through to the goals and objectives.

- Case management services are closely connected to a range of community-based services and make good use of these services to ensure that their recipients are included in the wider community.

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.3.m.
It is recommended that the identified leadership guide succession planning.

1.A.6.a.(6)(e)
1.A.6.a.(9)
It is recommended that corporate responsibility efforts include, at a minimum, witnessing of legal documents and organizational fundraising.

1.A.9.a.(1)
1.A.9.a.(2)(a)
1.A.9.a.(2)(b)
1.A.9.a.(2)(c)
1.A.9.a.(2)(d)
1.A.9.a.(3)
1.A.9.a.(4)
1.A.9.a.(5)
1.A.9.a.(6)
1.A.9.b.(1)
1.A.9.b.(2)
Since the organization engages in fundraising, it is recommended that the organization, to demonstrate accountability, implement written procedures that address, at a minimum, oversight; donor solicitation, communication, recognition, and confidentiality; valuing of donation; use of donations in accordance with donor intent; documentation and recordkeeping; and use of volunteers in fundraising efforts, if applicable. The organization should provide training related to fundraising written procedures to appropriate personnel, including initial training and ongoing training.

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
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

1.E.2.b.
1.E.2.c.
It is recommended that the organization implement written procedures to guide personnel in responding to search warrants and investigations.

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
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

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.4.a.
1.G.4.b.
1.G.4.c.
1.G.4.d.
It is recommended that reviews of the contract services assess performance in relation to the scope and requirements of their contracts, ensure that they follow all applicable policies and procedures of the organization, ensure that they conform to CARF standards applicable to the services they provide, and are performed at least annually.

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

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

1.H.4.b.(5)
1.H.4.b.(6)
1.H.4.b.(9)
Although the organization offers competency-based training in many areas, it is recommended that personnel receive documented competency-based training at least annually in identification of critical incidents, reporting of critical incidents, and workplace violence.

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 background/credentials/fitness for duty

- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

1.I.3.g.
It is recommenced that ongoing workforce planning include succession planning.

1.I.5.a.(5)
1.I.5.a.(6)
It is recommended that onboarding and engagement activities include an orientation that addresses the organization's risk management plan and strategic plan.

1.I.11.a.
1.I.11.b.
1.I.11.c.
1.I.11.f.
Although the organization is currently engaged in some succession activities, it is recommended that the organization's succession planning address, at a minimum, its future workforce needs, identification of key positions, identification of the competencies required by key positions, and gap analysis.

1.J. Technology

Description

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

Key Areas Addressed

- Ongoing assessment of technology and data use
- 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
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

1.J.3.d.(2)
1.J.3.d.(5)
It is recommended that the organization implement policies and procedures in the area of security, including audit capabilities and protection from malicious activity.

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

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.

Consultation

- It is suggested that the request for reasonable accommodations form include a space for the outcome, rather than relying on emails and other forms of documentation to document outcomes.

1.M. Performance Measurement and Management

Description

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

Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organizational decision making
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

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

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.

Consultation

- It is suggested that the organization incorporate the benefits of substance use disorder, suicide prevention, and additions to trauma-informed care services such as medication-assisted therapy (MAT) to maximize opportunities for recipients. Strong SUD and community service programs and innovative treatment for PTSD could complement mental health services, establish advocacy to reduce deaths due to overdose, improve outcomes for recipients with severe trauma, and assist the community to enhance services provided.

- The organization may want to consider making the clinical or direct service personnel supervision form an electronic form. This may address a concern from staff members using the form, that there is insufficient space to enter summary information, and create the opportunity for the organization to effectively analyze the information captured.

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- The organization has a comprehensive recipient handbook which is geared to an accessible reading level. For those recipients without reading capacity, staff members could read and discuss the handbook. The organization may want to consider development of supplemental information specifically geared to those individuals without reading capacity, including children and those with developmental disabilities.

2.C. Person-Centered Plan

Description

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

Key Areas Addressed

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

Recommendations

2.C.2.b.(5)
2.C.2.b.(6)
2.C.2.b.(7)
It is recommended that the recipient-centered plan include specific service or treatment objectives that are consistently measurable, achievable, and time specific.

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point

- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow up for persons discharged for aggressiveness

Recommendations

2.D.3.a.(1)
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)

It is recommended that the written transition plan be consistently prepared or updated to ensure a seamless transition when a recipient is transferred to another level of care or an aftercare program or prepares for a planned discharge. The plan should identify the recipient's need for support systems or other types of services that will assist current progress in his/her own recovery, well-being, or community integration. It should also include information on the continuity of the person's medication(s), when applicable; referral information, such as contact name, telephone number, locations, hours, and days of services, when applicable; communication of information on options and resources available if symptoms recur or additional services are needed, when applicable; and the recipient's strengths, needs, abilities, and preferences.

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 his/her 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.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
- Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to others.
- Holding a person's hand or arm to safely guide him or her from one area to another or away from another person.
- Security doors designed to prevent elopement or wandering.
- Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed
- Policy addressing how the program will respond to unsafe behaviors of persons served
- Competency-based training for direct service personnel on the prevention of unsafe behaviors
- Policies on the program's use of seclusion and restraint, if applicable
- Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
- Plan for elimination of the use of seclusion and restraint, if applicable
- Written procedures regarding orders for and the use of seclusion and restraint, if applicable
- Review and analysis of the use of seclusion and restraint, if applicable

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

There are no recommendations in this area.

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

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

In certain geographic areas, Assertive Community Treatment programs may be called Community Support programs, Intensive Community Treatment programs, Mobile Community Treatment Teams, or Assertive Outreach Teams.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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

Description

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.D. Court Treatment (CT)

Description

Court Treatment programs provide comprehensive, integrated behavioral health services that work in conjunction with the judicial system. The purpose of court treatment programs is to appropriately respond to the abuse of alcohol and/or other drugs, mental illness, post-traumatic stress disorder, family problems, or other concerns and their related criminal and/or civil judicial actions, in order to reduce recidivism and further involvement in the criminal justice system. Court treatment includes services provided to persons referred through various types of problem-solving courts, including drug, mental health, veteran's, family dependency, tribal, re-entry, and others.

The treatment team works in collaboration with judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services, treatment programs, evaluators, and an array of local service providers. Treatment is usually multi-phased and is typically divided into a stabilization phase, an intensive phase, and a transition phase. During each phase, the treatment team is responsible for assessing the behavioral health needs of the person served within the parameters of the legal sanctions imposed by the court. The treatment team either directly provides or arranges for the provision of screening and assessment, case management, detoxification/withdrawal support, intensive outpatient treatment, outpatient, residential treatment, medication use, self-help and advocacy, recovery, health and wellness, relapse prevention, and education regarding factors contributing to the person's court involvement.

A court treatment program may be a judicial or law enforcement organization that provides or contracts for the identified services or may be a direct treatment provider working as part of the court treatment team.

Key Areas Addressed

- Comprehensive behavioral health services in conjunction with judicial system
- Collaboration between judicial system and behavioral health providers
- Address concerns related to recidivism
- Multi-phased process
- Linkages to community resources based on the needs of the person served
- Person-centered planning

Recommendations

3.D.9.a.
3.D.9.b.
3.D.9.c.
3.D.9.d.
It is recommended that written procedures consistently specify that the court treatment program provides or arranges for the provision of the following services when needed by the resident: detoxification/withdrawal support, inpatient treatment, residential treatment, and intensive outpatient treatment.

3.E. Crisis Intervention (CI)

Description

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- SCCCMHA collects the information required for the written crisis intervention assessment. However, the information is from multiple sources, including hospital information. The organization may want to consider consolidating this information on one electronic form, which could be more accessible and may help to ensure that information is not lost.

3.K. Integrated Behavioral Health/Primary Care (IBHPC)

Description

Integrated Behavioral Health/Primary Care programs have an identified level of medical supervision and are supported by an "any door is a good door" philosophy. These programs allow for choice and are capable of assessing the various medical and behavioral needs of persons served in an integrated manner. Programs demonstrate competency to identify and treat behavioral health concerns, such as mental illness and substance use disorders, and general medical or physical concerns in an integrated manner. Integration is the extent to which care is coordinated across persons, functions, activities, and sites over time to maximize the value of services delivered to persons served. Programs may also serve persons who have intellectual or other developmental disabilities and medical needs, or those who are at risk for or exhibiting behavioral disorders.

Models may include, but are not limited to, the following: contractual, where two separate, legal entities enter into an agreement to staff and operate a single program either at a location specifically identified for the provision of integrated care or located within another institution (such as a school-based health center); a distinct, integrated program located within a larger entity such as a Veterans Health Administration campus; the colocating of complementary disciplines such as the placement of behavioral staff in a primary care setting (as in a federally qualified health center) or primary care staff in a community mental health center; or a single organization that incorporates both behavioral health and primary care services into an integrated model. Although most integrated models focus on primary care, the standards could also be applied to an integrated system located in specialty care settings such as Ob-Gyn and HIV.

Key Areas Addressed

- Coordinated team approach to providing interdisciplinary services
- Written procedures for screening and assessment
- Individualized integrated plan
- Procedures for ongoing communication and collaboration

Recommendations

There are no recommendations in this area.

Consultation

- The organization is encouraged to provide applicable cross-training when implementing new program services, repeat training for MAT to ensure increased knowledge, and competency and communication with participants regarding resources and contraindication for medications.

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.

3.N. Office-Based Opioid Treatment Program (OBOT)

Description

Office-based opioid treatment (OBOT) programs are medically managed programs that provide treatment services to persons with opioid use disorders. Central to treatment are medications, typically buprenorphine or naltrexone, which are provided in concert with other medical and psychosocial interventions designed to realize a person's highest achievable recovery. Based on the needs of the persons served, these programs provide or arrange for a comprehensive array of treatment services that includes counseling/therapy, medication supports, social supports, education and training, care coordination, and other recovery-enhancing services.

OBOT programs provide services under the supervision of a physician and are guided by written treatment procedures and protocols that address the routine needs of persons with opioid use disorders, including the needs of special populations. From induction to stabilization and into maintenance, OBOT programs provide ongoing care to persons served to support their recovery.

Key Areas Addressed

- Individualized services based on assessed needs
- Oversight by medical director who is a physician
- Written treatment protocols for populations served
- Written procedures for induction, stabilization, and maintenance
- Written procedures for medication monitoring and diversion control
- Written procedures for pharmacy services
- Training and education for persons served
- Training and education for direct service personnel
- Retention of persons served in the program
- Education for community stakeholders

Recommendations

3.N.9.

It is recommended that the performance measurement and management system include an indicator to measure retention of recipients in the OBOT program.

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.C. Comprehensive Suicide Prevention Program (CSPP)

Description

Comprehensive suicide prevention programs are designed to reduce the incidence and impact of suicide events and promote hope and healing in the population served. Suicide prevention programs work to reduce risk factors and increase protective factors through the implementation of universal, selected, and indicated strategies that address the needs and reflect the culture and environment of the population served. They take a strategic approach to the design and implementation of activities that will be accessible to and have the greatest impact on persons served and their families/support systems, personnel, and partners and other stakeholders in the community.

Personnel in a comprehensive suicide prevention program receive competency-based training on suicide prevention, intervention, and postvention. Suicide prevention activities must be integrated into numerous community and clinical environments to be successful. To that end, comprehensive suicide prevention programs engage with stakeholders, including persons with lived experience, regarding capacity building; communication and messaging; and outreach, education, and training to increase awareness and expertise related to evidence-informed suicide prevention practices.

The program collects and analyzes data to measure its performance, inform capacity building to address gaps in resources and services, and further reduce risks and build resilience in the population served.

Key Areas Addressed

- Environmental scan used for program planning
- Comprehensive program plan
- Prevention, intervention, and postvention strategies
- Procedures for referrals to address identified needs
- Crisis intervention procedures
- Development and maintenance of referral resources and services
- Capacity building to address gaps in resource and services
- Stakeholder outreach and engagement
- Competency-based training for program personnel
- Support and resources for program personnel

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.B. Children/Adolescents with Autism Spectrum Disorder (ASD:C)

Description

Early identification, intervention, treatment planning, and educational strategies for children with autism spectrum disorder (ASD) remain a challenge for families, their physicians, community supports, and educational systems. Early recognition of the condition allows families to receive advice and support to help them adjust to the child's learning and development challenges and to mobilize resources to provide the best early intervention services for the child.

Services for children and adolescents with ASD are designed to provide to the child/adolescent and family a variety of resources that reflect sound research. The family will have access to results-oriented therapies, education, advocacy, and supports for their child's optimal progress and to establish a lifetime of positive learning and behaviors. Services involve families, networks of resources, and education and support communities for adolescents transitioning to adulthood.

Individuals served under this designation may range from birth to the age of majority, although sometimes services for adolescents transitioning to adulthood are provided by programs that also serve adults. Ages served would be identified in a program's scope of services.

Organizations with accredited services/supports for children with ASD are a resource for families, community services, and education. With the focus on continuous learning about ASD, the organization can assist parents with:

- Obtaining early intervention screening.
- Obtaining early intervention services.
- Obtaining an evaluation by clinicians experienced in evaluating children with ASD to improve treatment and outcomes.
- Navigating the multiple and complex systems that families need to coordinate, including medical, educational, mental health, disability, and community services.
- Connecting to resources to identify and treat medical or other conditions associated with ASD, as they are needed, to improve independence, family well-being, and adaptive behavior.
- Gaining understanding of the core features of ASD and associated conditions.
- Adjusting and adapting to the challenges of raising a child with ASD.
- Understanding the future opportunities, services, and challenges that lay before them as they raise their child.
- Planning for transition to/from school and life planning.
- Building linkages within segments of school systems and across school systems to facilitate successful transitions between placements.
- Providing outcomes information to schools to enhance individualized education plans and employment transition planning.
- Connecting with mentors and parent-to-parent support groups or contacts.
- Connecting with community organizations and support groups dedicated to people with ASD.
- Becoming an advocate for policy changes, as desired.

Key Areas Addressed

- Services reflect current ASD research
- Community awareness and acceptance of ASD are promoted
- Personnel receive specific competency-based training
- Comprehensive evaluations result in option and referrals for appropriate services

- Services are family centered
- Families are connected to needed resources
- Timely transition planning is facilitated

Recommendations

There are no recommendations in this area.

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.

2019 Employment and Community Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. Quality Individualized Services and Supports

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

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

- Services are person-centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations

There are no recommendations in this area.

2.B. Individual-Centered Service Planning, Design, and Delivery

Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed

- Services are person-centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes

Recommendations

There are no recommendations in this area.

2.D. Employment Services Principle Standards

Description

An organization seeking CARF accreditation in the area of employment services provides individualized services and supports to achieve identified employment outcomes. The array of services and supports may include:

- Identification of employment opportunities and resources in the local job market.
- Development of viable work skills that match workforce needs within the geographic area.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources and supports to achieve and maintain employment.
- Coordination of and referral to employment-related services and supports.

The organization maintains its strategic positioning in the employment sector of the community by designing and continually improving its services based on input from the persons served and from employers in the local job market, and managing results of the organization's outcomes management system. The provision of quality employment services requires a continuous focus on the persons served and the personnel needs of employers in the organization's local job market.

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

- Individualized, appropriate accommodations.
- A flexible, interactive process that involves the person.
- Increased independence.
- Increased employment options.
- Timely services and reports.
- Persons served obtain and maintain employment consistent with their preferences, strengths, and needs.
- Person served obtains a job at minimum wage or higher and maintains appropriate benefits.
- Person served maintains the job.

Key Areas Addressed

- Goals of the persons served
- Community resources available
- Personnel needs of local employers
- Economic trends in the local employment sector

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that employer contacts and recipients be polled to determine any matches in openings and vocational goals, then those matches get targeted directly.

- It is further suggested that the organization consider hosting an employer to conduct on-site interviews or even participate in a job fair. Feedback could be collected by employers to gauge how to best target future events.

- It is further suggested that the reverse job fair model be considered, in which the employers approach the recipients. This set-up may provide an innovative way for the recipients to showcase their skills with photos or conversation starters.

Section 3. Employment Services

Description

An organization seeking CARF accreditation in the area of employment services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased self-direction, self-determination, and self-reliance
- Self-esteem.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.
- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

3.A. Employment Planning Services (EPS)

Description

Employment planning services are designed to assist a person seeking employment to learn about employment opportunities within the community and to make informed decisions. Employment planning services are individualized to assist a person to choose employment outcomes and/or career development opportunities based on his or her preferences, strengths, abilities, and needs. Services begin from a presumption of employability for all persons and seek to provide meaningful information related to planning effective programs for persons with intervention strategies needed to achieve the goal of employment.

Employment planning uses some type of employment exploration model. This may involve one or more of the following:

- Situational assessments.
- Paid work trials.
- Job tryouts (may be individual, crew, enclave, cluster, etc.).
- Job shadowing.
- Community-based assessments.
- Simulated job sites.
- Staffing agencies/temporary employment agencies.
- Volunteer opportunities.
- Transitional employment.

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

- Work interests are explored and identified.
- Recommendations for employment options are appropriate.
- Employment planning reports lead to job goals.
- Transferable work skills and employment barriers are identified.
- Benefits planning is included.
- Services are timely in their delivery.
- Services are cost-effective.
- Individuals served understand recommendations that are made.
- Individuals served identify desired employment outcomes.

Key Areas Addressed

- Employment opportunities within the community
- Informed decision-making by participants
- Referrals to services to implement employment plan

Recommendations

There are no recommendations in this area.

3.D. Employee Development Services (EDS)

Description

Employee development services are individualized services/supports that assist persons seeking employment to develop or reestablish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, functional capacities, etc., to achieve positive employment outcomes.

Such services/supports are time limited and can be provided directly to persons seeking employment or indirectly through corporate employer/employee support programs. These services/supports can be provided at community job sites, within formal and organized training and educational settings, through coaching, by tutorial services, or within the organization. These services may be offered in a free-standing unit or as a functional piece of other services.

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

- Person served obtains employment.
- Person served moves to a training program or better employment.
- Person served retains his or her job.
- Person served obtains improved benefits.
- Increased wages.
- Increased skills.
- Increased work hours.
- Movement to individualized competitive employment.
- Employment in an integrated environment.
- Job advancement potential increases.
- Job-seeking skills are developed.
- Job-keeping skills are developed.
- Career growth and development.
- Level of support needed is reduced.
- Exposure to and availability of a variety of jobs.
- Program is kept at capacity.
- Services are cost-effective for the results achieved.
- Responsiveness (days from referral to starting services).

Key Areas Addressed

- Skills development/reestablishment
- Attitude development/reestablishment
- Work behaviors development/reestablishment
- Employment outcomes

Recommendations

There are no recommendations in this area.

Consultation

- The student training manual for Sail In Café and Convenience Store clearly outlines the learning objectives with detailed job descriptions. It is suggested that this also be created for The Galley, with the inclusion of "other duties as assigned." This may be reviewed with recipients as part of orientation, then signed and scanned into the electronic records system. Finally, job descriptions may be reviewed with recipients at regular intervals, or as applicable to performance reviews.

Program(s)/Service(s) by Location

St. Clair County Community Mental Health Authority

3111 Electric Avenue
Port Huron, MI 48060

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Assertive Community Treatment: Mental Health (Adults)
Assessment and Referral: Integrated: AOD/MH (Adults)
Assessment and Referral: Integrated: AOD/MH (Children and Adolescents)
Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Mental Health (Adults)
Comprehensive Suicide Prevention Program: Integrated: AOD/MH (Adults)
Comprehensive Suicide Prevention Program: Integrated: AOD/MH (Children and Adolescents)
Comprehensive Suicide Prevention Program: Mental Health (Adults)
Comprehensive Suicide Prevention Program: Mental Health (Children and Adolescents)
Court Treatment: Integrated: AOD/MH (Adults)
Court Treatment: Mental Health (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Integrated Behavioral Health/Primary Care: Integrated: AOD/MH (Adults)
Integrated Behavioral Health/Primary Care: Mental Health (Adults)
Intensive Family-Based Services: Mental Health (Autism Spectrum Disorder-Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Office-Based Opioid Treatment: Addictions Pharmacotherapy (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Employee Development Services
Employment Planning Services

St. Clair County CMH - ABA Program Children's and Family Services

2415 24th Street
Port Huron, MI 48060

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Comprehensive Suicide Prevention Program: Integrated: AOD/MH (Children and Adolescents)
Comprehensive Suicide Prevention Program: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Autism Spectrum Disorder-Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Children and Adolescents)

St. Clair County CMH South: Marine City

135 Broadway Street
Marine City, MI 48039

Assessment and Referral: Integrated: AOD/MH (Adults)
Assessment and Referral: Integrated: AOD/MH (Children and Adolescents)
Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Comprehensive Suicide Prevention Program: Integrated: AOD/MH (Adults)
Comprehensive Suicide Prevention Program: Integrated: AOD/MH (Children and Adolescents)
Comprehensive Suicide Prevention Program: Mental Health (Adults)
Comprehensive Suicide Prevention Program: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

St. Clair County CMH West: Capac

14675 Downey Road
Capac, MI 48014

Assessment and Referral: Integrated: AOD/MH (Adults)
Assessment and Referral: Integrated: AOD/MH (Children and Adolescents)
Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Comprehensive Suicide Prevention Program: Integrated: AOD/MH (Adults)
Comprehensive Suicide Prevention Program: Integrated: AOD/MH (Children and Adolescents)
Comprehensive Suicide Prevention Program: Mental Health (Adults)
Comprehensive Suicide Prevention Program: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)