



CARF
Survey Report
for
St. Clair County
Community Mental
Health Authority

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Organization

St. Clair County Community Mental Health Authority
1011 Military Street
Port Huron, MI 48060

Organizational Leadership

Michael P. McCartan, M.A., Executive Director

Survey Dates

March 3-5, 2008

Survey Team

Robert J. DiDomenico, D.Min., Administrative Surveyor

Patricia Perez, Program Surveyor

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Heather Todd, Program Surveyor

Programs/Services 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)
- Crisis Intervention: Integrated: AOD/MH (Adults)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Intensive Family-Based Services: Mental Health (Adults)
- 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)
- Community Services: Child and Youth Services
- Community Services: Respite Services

Previous Survey

February 16-18, 2005
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: April 2011

SURVEY SUMMARY

St. Clair County Community Mental Health Authority has strengths in many areas.

- The organization is dedicated to continuously striving to provide quality services, ensuring financial solvency, and reviewing and making necessary changes. This is demonstrated through the strategic planning process and improvements made since the previous survey.
- The board of directors is composed of individuals from various backgrounds. County commissioners make board appointments, and 50 percent of the twelve board members are or represent persons with disabilities. The organization has developed excellent board orientation and board member education and development processes. Staff members emphasized that one of the greatest strengths is the executive director who is described as embodying the spirit and heart of the organization. He has an open-door policy for employees, families, persons served, and other stakeholders. The executive director demonstrates a thorough knowledge of all aspects of the organization and is recognized for prioritizing the delivery of quality services. He chairs the Community Collaborative, a group of 70 human service organizations working together across systems and received the 2007 State of Michigan Exemplary Service Award.
- The organization has a cohesive and experienced management team with good business skills, commitment to the mission, and an investment in continuously improving operations and services. There is also a solid base of experienced and long-tenured staff members throughout the organization. Staff members demonstrate passion for and commitment to the provision of high quality care for which the persons served are truly appreciative.
- The organization invested resources into hiring CPAs for its financial department and a lawyer to ensure that legal matters are addressed.
- The organization has been a lead Prepaid Inpatient Health Plan (PIHP) to coordinate substance abuse and mental health services. In the state of Michigan, these two areas have always been separate.
- The organization is using mentors in all of its programs. The mentors are former persons served. They are used as group facilitators, as advocates, and for program interventions.

- The organization is working on creating a strong recovery environment. To continually reinforce the recovery concept, the Keeping Recovery Skills Alive (KRSA) program developed by META Services is utilized. All staff members, from the executive director to the office clerks, participate in these small group weekly (15- to 30-minute) sessions. Additional activities that have been implemented include, but are not limited to, holding recognition ceremonies honoring individuals in recovery, holding several “recovery language” presentations, hiring peer supports, having Wellness Recovery Action Plan (WRAP) training for staff members and persons served, and revising the organization’s mission/vision to incorporate the principles of recovery.
- The organization achieved 100 percent on the annual outside audit from Health Services Advisory Group. It looked at the validation of performance measures, compliance monitoring, and performance improvement projects. The organization is dedicated to safety. There is an annual quality improvement report for safety activities with identified goals and accomplishments noted. There is a red emergency procedures handbook given to all staff.
- The organization has a user-friendly website that offers online “continued learning” opportunities for staff members and individual rights.
- The organization participates in a suicide prevention committee, which is chaired by the executive director. The organization’s planning officer has written the St. Clair County Suicide Prevention Plan and is involved in its implementation.
- The Access facility collects an impressive amount of data for utilization review and level of care decision making. The process is thorough, is well-organized, and provides a comprehensive view of the PIHP attention to the needs of persons served.
- The organization is participating in research for Integrated Dual Diagnosed Treatment (IDDT), an area that is relevant to persons served.

In the following areas St. Clair County Community Mental Health Authority demonstrates exemplary conformance to the standards.

- The organization’s ombudsman program is exemplary. It provides a strong support to all persons served through the PIHP, including outreach and issue resolution.
- The organization’s person-centered program can be a shining star in the nation for person-centered planning. The program allows the person served to choose the person-centered planning meeting facilitator. It teaches the person served what a facilitator is, what makes a good facilitator, who can be a facilitator, when it is a good time to get a new facilitator, and how to get a new facilitator. The organization teaches the person that he/she can be a facilitator or others whom the person chooses, such as a friend or relative, another person served, the person’s current case manager, a case manager the person would like to have, or an independent facilitator. The organization further teaches the person served person-centered planning and the person’s role in planning his/her future.
- The organization is a leader in the community in providing public education and activities that promote the elimination of discrimination and stigma for the persons served and advocates for the needs of the persons served.

St. Clair County Community Mental Health Authority should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate nonconformance to standards but are offered as consultation for further quality improvement.

On balance, the leadership and staff members of St. Clair County Community Mental Health Authority are dedicated, committed, and enthusiastic in providing care and assistance to the persons served. Teamwork and quality services are the consistent focus of the organization. Persons served, families, and vendors speak highly of the organization's services and mission. Persons served are treated with respect in a caring environment. The organization enjoys a positive reputation throughout the community. The organization has made good use of the CARF accreditation process and benefited from the conscientious implementation of quality improvement practices. It has demonstrated the ability to maintain substantial conformance to the CARF standards. The organization is recognized for its commitment to the recovery model and evidence-based practices and has made significant efforts to improve its financial stability. Although several opportunities for improvement are identified, the organization demonstrates the willingness and ability to address these opportunities as part of its performance improvement process.

St. Clair County Community Mental Health Authority has earned a Three-Year Accreditation. The leadership and staff members are congratulated on this achievement and encouraged to continue to use the CARF standards as a guide to the provision of quality services.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

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

Key Areas Addressed

- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations

There are no recommendations in this area.

Criterion B. Accessibility

Principle Statement

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

Key Areas Addressed

- Written accessibility plan(s)
 - Status report regarding removal of identified barriers
 - Requests for reasonable accommodations
-

Recommendations

There are no recommendations in this area.

Criterion C. Information Management and Performance Improvement

Principle Statement

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

- Information collected, analyzed, and used to address critical customer needs
- Accurate and consistent information collection
- Proactive performance improvement
- Performance information shared with all stakeholders
- Written technology and system plan

Recommendations

C.3.c.(7)

For business function improvement, the organization is urged to utilize data from human resources in setting and measuring performance indicators.

Criterion D. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

- Meaningful communication of rights
 - Commitment to diversity
 - Policies promote rights of persons served
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

There are no recommendations in this area.

Exemplary Conformance

D.3.b.(2)(g)

The organization's ombudsman program was started in December 2007 and provides a way for active persons served to share opinions with individuals who are in charge of their local community mental health center or coordinating agency for substance use disorders. The program passes along the good comments of persons served to providers, looks into individual concerns or complaints, helps solve issues as soon as possible, helps consumers with the formal grievance and appeals process, and advocates for persons served. The ombudsman makes presentations about the services offered, talks with persons about speaking up when they think something is not right, takes information persons want shared with advisory committees, and works with Thumb Alliance Customer Relations Workgroup to identify and plan education programs for staff members and persons served. The ombudsman works with the citizens' advisory councils in all three counties, providing training on policies and procedures, monitoring persons on the waiting list for substance abuse treatment, and solving issues as they arise. He also participates in a workgroup made up of members of the councils and parents and guardians.

Consultation

- Although financial and other exploitation and humiliation are addressed in the organization's policies, it is suggested that the terms be added to the information given to the person served.
-

Criterion E. Health and Safety

Principle Statement

CARF-accredited organizations maintain accessible, healthy, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

Key Areas Addressed

- One annual external inspection
 - Self-inspections twice a year
 - Emergency procedures, including evacuation, tested/analyzed annually
 - Access to emergency first-aid resources
 - Competency of personnel in safety procedures
 - Defined system for reporting/reviewing critical incidents
 - Infection control plan
 - Transportation requirements, if applicable
-

Recommendations

E.3.b.(5)

E.3.b.(6)

It is recommended that the organization provide annual training for the identification and reporting of critical incidents.

E.7.b.(1) through E.7.b.(7)

It is recommended that the annual written analysis report not only document the number of occurrences for various critical incidents, but also include causes, trends, actions for improvement, results of performance improvement plans, necessary education and training of personnel, prevention of recurrence, and internal and external reporting requirements.

Consultation

- During the site visit, it was noted that one vehicle did not have emergency equipment in it. When informed, the equipment was placed in the vehicle within two hours. It is suggested that the organization review its system of ensuring that all vehicles have safety equipment.

- Although there is documentation that staff members receive annual training for workplace violence, when a staff member was given a scenario about a workplace violence situation, the individual did not know how to respond. It is suggested that the organization consider giving training more often at the various sites instead of using the continuing learning on the website.
 - It is suggested that the organization regularly inspect the biohazard kits at all sites to ensure that each kit contains all supplies.
 - It is suggested that the defibrillator at the Marine City site be moved to a location where it can be accessed at all times. Currently, it is stored in the lavatory, possibly limiting access during a medical emergency.
 - The organization is encouraged to document monthly inspections of fire extinguishers on each fire extinguisher in addition to maintaining inspection records at the central office.
 - The organization may benefit from conducting natural disaster drills independently of the central office oversight so as to address the unique conditions that may occur at the outlying offices.
 - It is suggested that the organization consider holding evacuation drills in the vehicles.
 - It is suggested that the organization consider having an information card on the dashboard in case the individual driving cannot communicate.
-

Criterion F. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

F.3.c.

It is recommended that the organization identify any trends in personnel turnover.

F.5.d.(4)(a)

F.5.d.(4)(b)

It is recommended that the organization assess performance related to objectives established in the last evaluation period and establish measurable performance objectives for the next year.

Consultation

- Although there is evidence that a new staff member received orientation in the personnel record, it is suggested that the New Employee Checklist completed at the site be consistently filed in the record. It is further suggested that a checklist for the overall orientation be developed and filed in the record.
 - Although the organization verifies state criminal checks through the state police, it is suggested that the organization also consider conducting national criminal checks.
 - The organization may benefit from creating a job shadowing program that allows personnel to learn about the job duties completed by other personnel from differing disciplines. This may assist in collaborative efforts throughout the organization.
-

Criterion G. Leadership

Principle Statement

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

Key Areas Addressed

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

Recommendations

G.4.a.(1)

G.4.a.(5)

It is recommended that the organization's written ethical codes of conduct include business and human resources.

Exemplary Conformance

G.9.a.

G.9.b.

The organization is a leader in the community in providing public education and activities that promote the elimination of discrimination and stigma for the persons served and advocates for the needs of the persons served. The program consists of having two plays a year. The individuals who perform in the plays are a blending of persons served, general community members, and providers of services. The plays have a mental health theme. There are also art classes and art shows that are open to the public. There's a high school poster contest for mental health month. The grand prize winning poster will become the poster for mental health month and be distributed throughout the county. There is also a billboard with the poster on it. There is a middle school writing contest for poetry, fiction, and nonfiction. The grand prize winner's writing will be published. The goal is to get students to see how they are thinking about persons with disabilities. There is a program called Read All About It. Adults from the community mental health center go into kindergarten, first, and second grades and read one of three books about children who have autism or a developmental disability. There is then a conversation about differences. The books are donated to the schools. The Child Abuse and Neglect Council gave the organization a \$500 mini grant to purchase the books and bracelets that say *Embrace Differences*. There are billboards that have local individuals voicing the message that *I Am Not My Mental Illness*. There is wonderful feedback from the community that says it shows the "whole person." This endeavor will soon be statewide. The organization also has ads on television and a public radio service.

Criterion H. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
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Recommendations

There are no recommendations in this area.

Criterion I. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
 - Financial results reported/compared to budgeted performance
 - Organization review
 - Fiscal policies and procedures
 - Annual review of service billing records, if applicable
 - Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

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.

A. Program Structure and Staffing

Principle Statement

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

A.1.a.

A.1.e.

A.1.f.

It is recommended that the organization carefully review the current array of programs and services to ensure that each core program for which the organization is seeking accreditation has a written plan that guides the delivery of services and includes a description of the program, identification or a description of special populations and mechanisms to address their needs, and assurance that adequate resources are available to deliver the identified core programs. Currently, the organization has written descriptions of many services provided within various sites, such as outpatient facilities, but the core programs are not delineated.

Consultation

- It is suggested that the organization include documentation of topics discussed during group clinical supervision in addition to a list of attendees.
-

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed 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 strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, 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

B.2.c.

It is recommended that the organization consistently establish clearly written exclusionary or ineligibility criteria.

B.6.b.(2)(g)

The organization is urged to provide each person served with an orientation that identifies requirements for follow-up for the person mandated to services, regardless of his or her discharge outcome.

Consultation

- The organization is encouraged to review the extensive documentation required as part of the screening and assessment process. Many elements are duplicated on various forms and may be simplified and/or consolidated.
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C. Individual Plan

Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Exemplary Conformance

C.2.b.(1) through C.2.b.(4)

The organization's person-centered program is a shining star in the nation for person-centered planning. The program allows the person served to choose the person-centered planning meeting facilitator. It teaches the person served what a facilitator is, what makes a good facilitator, who can be a facilitator, when it is a good time to get a new facilitator, and how to get a new facilitator. The organization teaches the person served that he/she can be a facilitator or others whom the person chooses, such as a friend or relative, another person, the person's current case manager, a case manager the person would like to have, or an independent facilitator. The organization further teaches the person person-centered planning and the person's role in planning his/her future.

Consultation

- The organization is encouraged to clearly identify the individual who is responsible for the coordination of services to a person served, particularly in instances where two or more staff members are collaborating in the delivery of services to a person served.
-

D. Transition/Recovery Support Services

Principle Statement

In transition or discharge planning, the organization assists the persons served to obtain services that are needed but that are not available within the organization or in transitioning from one level of care to another 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. Transition services are critical for the support of the individual's ongoing recovery or well-being.

The discharge plan is a clinical document that includes information about the person's progress in recovery, describes the completion of goals, services, and reasons for discharge. This document is prepared when the person leaves services for any reason (against medical advice, no show, infringement of program rules, etc.).

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 contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services are needed.

The transition plan and/or discharge summary may be included in a combined document as long as it is clear whether the information relates to the transition or discharge planning.

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

D.4.e.

Although the organization identifies the person's need for support systems, it is recommended that the written transition plan be prepared to ensure continuity of service. The plan should include information such as contact name, telephone number, locations, hours, and days of services of referrals being made to address the person's need for support systems.

D.9.d.

D.9.e.(2) through D.9.e.(6)

D.9.h.

D.9.j.

It is recommended that the discharge summary on each person served consistently describe the extent to which established goals and objectives were achieved, the person's progress in his or her own recovery or move toward well-being, gains achieved during program participation, strengths, needs, abilities, and preferences. The summary should also identify the person's need for support systems or other types of services that will assist in continuing his or her recovery or well-being and recommendations for services or supports.

Consultation

- Although personnel are able to identify who is responsible for follow-up after transition, it is suggested that the clinical record clearly identify who is designated to provide the follow-up contact and/or coordination.
 - It is suggested that the organization explore with each person transitioning from the programs when the person has achieved maximum benefit from the program, such as clearly identifying the achievement of person-centered goals to optimize the recovery process, and minimize continuation of services beyond what is medically necessary.
-

E. Pharmacotherapy

Principle Statement

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

Pharmacotherapy includes all prescribed medications, whereas medication monitoring includes prescribed medications and over-the-counter medications.

Key Areas Addressed

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

Recommendations

E.2.d.

It is recommended that personnel consistently comply with organizational policy and procedure regarding documentation of medication use. The policy on medication and treatment records does not include the partial day program. In addition, personnel are not consistently documenting on the medication administration record in accordance with the organization's policy.

E.6.b.(1)

E.6.b.(2)

It is recommended that the organization establish a program of medication utilization evaluation, which includes measures of effectiveness and satisfaction of persons served. This may be conducted by an individual who is familiar with pharmacotherapy such as a psychiatrist or pharmacologist able to offer detailed feedback to prescribers.

Consultation

- The organization is encouraged to review current policies guiding the disposal of discontinued or expired medications to identify alternative methods that preclude flushing medications down the toilet.
- The organization may benefit from a review of policies and procedures that addresses the handling of medications by nonmedical practitioners. Attention to this high-risk activity may be included in the organization's risk management planning process and training curriculum so as to ensure that personnel are able to minimize medication incidents.

F. Seclusion and Restraint

Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time-out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes that are not in response to the behavioral health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

Key Areas Addressed

- Emergency intervention procedures
 - Patterns of use reviewed
 - Policies and procedures for use of seclusion and restraint
 - Persons trained in use
 - Designated room
-

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

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
- Time frames for entries to records
- Individual record requirements
- Duplicate records

Recommendations

G.1.d.

The organization is urged to consistently maintain information in the clinical record that is current.

H. Quality Records Review

Principle Statement

The organization has 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.

Consultation

- In its regular review of closed records, the organization is encouraged to consistently address issues identified at or following discharge such as linkage to other service providers identified in the transition/discharge process.
 - It may be helpful to revise the clinical record review form to specifically identify if a person served received a complete orientation to the program. Currently, the form identifies the various orientation elements in several locations in the document.
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MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/disorders, such as mental illness and a developmental disability.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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.

A. Assertive Community Treatment

Principle Statement

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 health care.

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.

Recommendations

There are no recommendations in this area.

B. Assessment and Referral

Principle Statement

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.

Recommendations

There are no recommendations in this area.

C. Case Management/Services Coordination

Principle Statement

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 individual service 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.

Recommendations

There are no recommendations in this area.

E. Community Integration

Principle Statement

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. A psychosocial clubhouse, a drop-in center, an activity center, and a day program are examples of community integration services.

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.
-

Recommendations

There are no recommendations in this area.

G. Crisis Intervention

Principle Statement

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.

Recommendations

G.2.c.

G.2.f.

G.2.g.

It is recommended that the organization revise the current crisis assessment/intervention form to include current living situation, medications and compliance, and use of alcohol or drugs.

G.4.b.

It is recommended that the program provide face-to-face assessment services.

Consultation

- The organization is encouraged to explore converting the crisis plan into a “wellness plan” that incorporates the strengths and assets of the person served to support his or her recovery process.
 - Although case managers or clinicians may be utilized to provide transportation to persons served, the organization is encouraged to develop mobile services that are independent of the outpatient/case management personnel.
-

N. Intensive Family-Based Services

Principle Statement

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 towards family restoration when a child has been in an out-of-home placement.

Recommendations

There are no recommendations in this area.

Q. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. 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, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

INTEGRATED AOD/MENTAL HEALTH

Core programs in this field category are designed to provide a combination of alcohol and other drugs/addictions and mental health services. This may include services provided in a psychosocial format. Services may be provided through a seamless system of care for individuals with needs in one or both areas or for persons with the identified co-occurring disorders.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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.

A. Assertive Community Treatment

Principle Statement

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 health care.

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.

Recommendations

There are no recommendations in this area.

B. Assessment and Referral

Principle Statement

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.

Recommendations

There are no recommendations in this area.

C. Case Management/Services Coordination

Principle Statement

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 individual service 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.

Recommendations

There are no recommendations in this area.

G. Crisis Intervention

Principle Statement

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.

Recommendations

G.2.c.

G.2.f.

G.2.g.

It is recommended that the organization revise the current crisis assessment/intervention form to include current living situation, medications and compliance, and use of alcohol or drugs.

G.4.b.

It is recommended that the program provide face-to-face assessment services.

Consultation

- The organization is encouraged to explore converting the crisis plan into a “wellness plan” that incorporates the strengths and assets of the person served to support his or her recovery process.

- Although case managers or clinicians may be utilized to provide transportation to persons served, the organization is encouraged to develop mobile services that are independent of the outpatient/case management personnel.
-

Q. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. 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, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

A. Children and Adolescents

Assessment and Referral: Integrated: AOD/MH
Assessment and Referral: Mental Health
Case Management/Services Coordination: Integrated: AOD/MH
Case Management/Services Coordination: Mental Health
Crisis Intervention: Mental Health
Intensive Family-Based Services: Mental Health
Outpatient Treatment: Integrated: AOD/MH
Outpatient Treatment: Mental Health

Principle Statement

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.

Recommendations

There are no recommendations in this area.

SECTION 5. EMPLOYMENT AND COMMUNITY SERVICES

A. Individual-Centered Service Planning, Design, and Delivery

Principle Statement

Improvement of the quality of an individual's services 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 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 are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

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.

L. Community Services Principle Standards

Key Areas Addressed

- Access to community resources and services
-

Recommendations

There are no recommendations in this area.

M. Child and Youth Services

Principle Statement

Child and youth services provide one or more services, such as prenatal counseling, service coordination, early intervention, prevention, preschool programs, and after-school programs. These services may be provided in any of a variety of settings, such as a family's private home, the organization's facility, and community settings such as parks, recreation areas, preschools, or child day care programs not operated by the organization.

In all cases, the physical settings, equipment, and environments meet the identified needs of the children and youth served and their families. Families are the primary decision makers in the process of identifying needs and services.

Key Areas Addressed

- Individualized services based on identified needs and desired outcomes
 - Healthcare, safety, emotional, and developmental needs of child/youth
-

Recommendations

There are no recommendations in this area.

P. Respite Services

Principle Statement

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate.

Key Areas Addressed

- Time-limited, temporary relief from service delivery
 - Accommodation for family's living routine and needs of person served
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization expand Respite Family Fun Days to outlying communities that currently are not able to access these services beyond Port Huron. This could be included in the accessibility planning process.
-

PROGRAMS/SERVICES BY LOCATION

St. Clair County Community Mental Health Authority

1011 Military Street
Port Huron, MI 48060

Administrative Location Only

Community Integration Services

230 Huron
Port Huron, MI 48060

Case Management/Services Coordination: Mental Health (Adults)

Community Integration: Mental Health (Adults)

Crisis Intervention: Mental Health (Adults)

Outpatient Treatment: Mental Health (Adults)

Children's Services

2875 Henry Street
Port Huron, MI 48060

Case Management/Services Coordination: Mental Health (Children and Adolescents)

Crisis Intervention: Mental Health (Children and Adolescents)

Intensive Family-Based Services: Mental Health (Adults)

Intensive Family-Based Services: Mental Health (Children and Adolescents)

Outpatient Treatment: Mental Health (Children and Adolescents)

Community Services: Child and Youth Services

Community Services: Respite Services

Access

3051 Commerce Drive
Fort Gratiot, MI 48059

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)

St. Clair County CMH West: Capac

14960 Park Street
Capac, MI 48014

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Community Services: Child and Youth Services
Community Services: Respite Services

Northgate

3847 Pine Grove, Suite A
Fort Gratiot, MI 48059

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Assertive Community Treatment: Mental Health (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Mental Health (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Mental Health (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Mental Health (Adults)

St. Clair County CMH South: Algonac

555 Saint Clair River Drive
Algonac, MI 48001

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Mental Health (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Mental Health (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Mental Health (Adults)

St. Clair County CMH South: Marine City

515 South Parker Street
Marine City, MI 48039

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)

Crisis Intervention: Mental Health (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Mental Health (Adults)

Outpatient Treatment: Mental Health (Children and Adolescents)

Community Services: Child and Youth Services

Community Services: Respite Services

Port Huron Clinic Services

1007 Military Street
Port Huron, MI 48060

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Mental Health (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Mental Health (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Mental Health (Adults)