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**Three-Year Accreditation**

# CARF Survey Report for Sanilac County Community Mental Health Authority

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## Organization

Sanilac County Community Mental Health Authority (SCCMHA)
227 East Sanilac Avenue
Sandusky, MI 48471

## Organizational Leadership

Jim Johnson, Executive Director

## Survey Dates

July 16-18, 2014

## Survey Team

Holly Borel, Administrative Surveyor

Mary L. Williams, Program Surveyor

Beth A. Gerken, M.S.W., LISW-S, Program Surveyor

## Programs/Services Surveyed

Assertive Community Treatment: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Psychosocial Rehabilitation (Adults)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Family Services (Adults)
Intensive Family-Based Services: Family Services (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Adults)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Supported Living: Mental Health (Adults)

## Previous Survey

July 11-13, 2011
Three-Year Accreditation

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## Survey Outcome

**Three-Year Accreditation**
**Expiration: August 2017**

# SURVEY SUMMARY

**Sanilac County Community Mental Health Authority (SCCMHA) has strengths in many areas.**

- The organization has a dedicated and involved board of directors. Many of the board members have significant tenure, and the institutional knowledge of the board ensures a positive forward moving direction of the organization.
- The senior staff members of SCCMHA make it a point to interact with the persons served in a positive manner. The value of this personal interaction was clear on the facility tour when several persons served reached or called out to the senior staff members, happy to see them.
- SCCMHA is involved in a number of anti-stigma, recovery-oriented organizational and community activities, including Mental Health Minutes radio spots, Keeping Recovery Skills Alive, Casual for a Cause, and the Partners in Recovery award. These activities ensure that the organization, staff, and the community at large demonstrate respect and dignity to the persons served.
- The organization has developed unique and relevant ways to help the persons served achieve dignity and self-respect, including art classes, which result in truly impressive paintings; candle, soap, and lotion making classes; and popcorn fundraising activities. These types of activities keep the persons served actively involved and help them to recognize and embrace their value to society.
- The clients speak highly of the staff and appear grateful for the individual and group treatment and concern for their well-being. Overall, the clients appear to be happy and well taken care of within the programs. One client stated, "I don't know where I would be if I didn't have SCCMHA to come to."
- The organization operates within beautiful, clean, and spacious facilities that are conveniently located to enhance accessibility to services. The pleasant and professional appearance of the facilities support the therapeutic goals of programs, provide a welcoming environment, and enhance the dignity and respect of the persons served.
- The persons served appear to have an investment in their plan of care and understand the importance of participating in the development of their individual plans. The persons served often referenced goals and objectives within the service plan.

- The staff members of SCCMHA appear to be dedicated, motivated, and passionate in regard to their work and the clients.
- The organization is well established and viewed as an integral part of the community.
- The commitment and passion of administration and the dedication, compassion, and skills of the staff members are trademarks of the organization. The commitment to their jobs and the persons served is evident, and they serve as positive role models for the persons served and other stakeholders.

**SCCMHA should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as consultation for further quality improvement.**

On balance, it is evident that SCCMHA has made a dedicated effort to maintain international accreditation and has demonstrated substantial conformance to the CARF standards. The organization provides excellent services to adults, children, and adolescents; is involved in the community; and has a committed and involved board of directors. The persons served expressed great satisfaction with the services provided. The organization has areas for improvement, including strengthening its codes of ethical conduct, development of a risk management plan, and work in the area of critical incidents. Additional areas for improvement exist in the area of human resources. The programs are very strong and beneficial to the persons served. The leadership and personnel were open to constructive feedback and demonstrated a commitment to continued improvement of the organization and its services. The organization appears to have the ability and willingness to make improvements in the areas identified in this report.

Sanilac County Community Mental Health Authority has earned a Three-Year Accreditation. The board, leadership, staff members, and other stakeholders are congratulated on this achievement. They are encouraged to continue to use the CARF standards to improve organizational performance and guide their pursuit of excellence.

# SECTION 1. ASPIRE TO EXCELLENCE®

## A. 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

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### Recommendations

**A.6.a.(2)**
**A.6.a.(4)(e)**
**A.6.a.(4)(f)**
**A.6.a.(6)**
**A.6.b.(1) through A.6.b.(2)(b)**

Although SCCMHA has a code of ethics, it does not address all areas of the CARF standards. It is recommended that the organization revise its code of ethics to address ethical behavior in marketing; service delivery, including setting boundaries and the witnessing of documents; and human resources. It is recommended that SCCMHA develop written procedures to deal with allegations of violations of ethical codes that include a no-reprisal approach for personnel reporting and time frames that are adequate for prompt consideration and result in timely decisions.

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## C. Strategic Planning

### Principle Statement

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

### Key Areas Addressed

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

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### Recommendations

There are no recommendations in this area.

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## D. Input from Persons Served and Other Stakeholders

### Principle Statement

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

### Key Areas Addressed

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

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### Recommendations

There are no recommendations in this area.

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## E. Legal Requirements

### Principle Statement

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

### Key Areas Addressed

- Compliance with all legal/regulatory requirements

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### Recommendations

There are no recommendations in this area.

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## F. 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
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

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### Recommendations

**F.6.b.(2)**

It is recommended that the organization provide ongoing training related to fiscal policies and procedures to appropriate personnel.

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## G. Risk Management

### Principle Statement

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

### Key Areas Addressed

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

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### Recommendations

**G.1.a.(1) through G.1.b.(2)**

Although SCCMHA conducts a variety of risk management activities, it does not have an action-oriented risk management plan. It is recommended that the organization implement a risk management plan that includes identification and analysis of loss exposures; identification of how to rectify identified loss exposures; implementation, monitoring, and reporting of actions taken to reduce risk; and inclusion of risk reduction in performance improvement activities. The plan should be reviewed at least annually and updated as needed.

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## H. Health and Safety

### Principle Statement

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

### Key Areas Addressed

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

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### Recommendations

**H.9.c. through H.9.e.**

**H.9.f.(7)**

Some of the organization's written procedures regarding critical incidents did not address documentation, remedial action, and timely debriefings following the critical incidents. It is recommended that documentation, remedial action, and timely debriefings following the critical incidents be added to all critical incident related policies. It is further recommended that the organization develop written procedures regarding critical incident types, including aggression or violence.

**H.10.b.(7)**

**H.10.b.(8)**

It is recommended that leadership conduct an annual written analysis of all critical incidents that addresses internal and external reporting requirements.

### Consultation

- It is suggested that the organization review contents of first aid kits regularly to remove any expired items. To save time, the organization may want to consider purchasing kits that do not include any items that may expire.
- It is suggested that the organization consider development of a single critical incident policy that addresses all types of critical incidents and core requirements, rather than having a separate written procedure for each specific type of critical incident.

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## I. 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 descriptions/performance
- Policies regarding students/volunteers, if applicable

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### Recommendations

**I.5.a.(2)**
**I.5.b.(2) through I.5.b.(5)**
**I.5.b.(10)**

It is recommended that SCCMHA provide documented personnel training at regular intervals that addresses confidentiality requirements, customer service, diversity, ethical codes of conduct, and the rights of personnel.

**I.6.a.(1)**
**I.6.a.(2)**
**I.6.b.(4)(a)**

Although the organization's policy specifies that it reviews job descriptions annually, in practice it does not do so consistently. It is recommended that the organization review job descriptions annually and update them as needed. It is recommended that the annual performance evaluations include an assessment of performance related to objectives established in the last evaluation period.

**I.7.f.**

It is recommended that the organization implement policies and written procedures for the dismissal of students/volunteers.

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## J. Technology

### Principle Statement

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

### Key Areas Addressed

- Written technology and system plan

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### Recommendations

**J.1.a.(4)**

**J.1.a.(6)**

It is recommended that the organization address confidentiality and assistive technology in its technology and systems plan.

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## K. Rights of Persons Served

### Principle Statement

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

### Key Areas Addressed

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

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### Recommendations

There are no recommendations in this area.

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## L. 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)
- Requests for reasonable accommodations

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### Recommendations

There are no recommendations in this area.

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## M. Performance Measurement and Management

### Principle Statement

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

### Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

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### Recommendations

There are no recommendations in this area.

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## N. Performance Improvement

### Principle Statement

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

### Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

### Recommendations

There are no recommendations in this area.

# 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/Service Structure

### 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.10.a. through A.10.d.**

It is recommended that the organization develop program descriptions for each program seeking accreditation that describe the program, outline the philosophy of the program, identify the goals of the program, and outline the treatment modalities utilized in the program.

## B. Screening and Access to Services

### Principle Statement

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**

**B.9.d.(1)(f)(i)**

**B.9.d.(2)**

It is recommended that the orientation process for the persons served be modified to include the program's health and safety policies regarding the use of seclusion or restraint. It is also recommended that the orientation process include the familiarization of the premises, including emergency exits and shelters, fire suppression equipment, and first aid kits.

**B.14.n.(1)(b)**
**B.14.n.(2)(c)**

Although some assessments of persons served included the witnessing of violence, it is recommended that the current assessment tool be modified to include this terminology in order for it to be addressed consistently in the assessments of all persons served. Although experiencing violence is addressed in some of the assessments of the persons served, it is recommended that the current assessment tool be modified to include this terminology for the purposes of consistency in the assessments of all persons served.

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## C. Person-Centered Plan

### Principle Statement

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

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### Recommendations

There are no recommendations in this area.

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## D. Transition/Discharge

### Principle Statement

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

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### Recommendations

**D.7.c.**

**D.7.d.**

The discharge plan consistently addresses the strengths and needs of the person served at time of discharge. It is recommended that the tool be modified to include the abilities and preferences of the person served as well when the summary/plan is sent to external programs/services to support a person's transition or discharge plan.

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## E. Medication Use

### Principle Statement

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

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

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

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

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

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

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

### 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

There are no recommendations in this area.

## F. Nonviolent Practices

### Principle Statement

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

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

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

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

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

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

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

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

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral health care setting.

### Key Areas Addressed

- Training and procedures supporting nonviolent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

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### Recommendations

There are no recommendations in this area.

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## 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

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### Recommendations

There are no recommendations in this area.

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## H. Quality Records Management

### 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

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### Recommendations

There are no recommendations in this area.

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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 and may provide services to those with behavioral health disabilities or co-occurring disabilities; intellectual or developmental disabilities; victims or perpetrators of domestic violence or abuse; persons needing treatment because of eating or sexual disorders; and/or drug, gambling, or internet addictions.

# 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.

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### Recommendations

There are no recommendations in this area.

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## 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 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.

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### Recommendations

There are no recommendations in this area.

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## G. Crisis Programs

### 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.

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#### Recommendations

There are no recommendations in this area.

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## O. 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 toward family restoration when a child has been in an out-of-home placement.

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#### Recommendations

There are no recommendations in this area.

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## Q. Outpatient Programs

### 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, and addictions.

### Recommendations

There are no recommendations in this area.

## V. Supported Living

### Principle Statement

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long term in nature, but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sampling of these sites will be visited as part of the interview process of the person served. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would cosign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant. The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the intent to survey or identified as a site on the accreditation outcome.

### Recommendations

There are no recommendations in this area.

# PSYCHOSOCIAL REHABILITATION

Core programs in this field category demonstrate a strong collaborative partnership with the persons served, the development of opportunities for personal growth, a commitment to community integration, goal-oriented and individualized supports, and the promotion of satisfaction and success in community living. Programs in this category may serve persons with a variety of concerns, including persons with developmental or physical disabilities.

# 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.

## 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. 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.

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**Recommendations**

There are no recommendations in this area.

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# FAMILY SERVICES

Core programs in this field category are designed to maintain or improve the quality of life for children, adolescents, or other family members individually or in their relationships with their families, their environments, or other individuals. Core programs in this field category are directed at the reduction of symptoms and/or the improvement of functioning for the person served or family unit.

# 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.

## O. 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 toward family restoration when a child has been in an out-of-home placement.

### Recommendations

There are no recommendations in this area.

# SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

## B. Children and Adolescents

### 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.

### Consultation

- Although many records addressed prenatal exposure to alcohol, tobacco, or other substances, the organization might consider clearly identifying this topic in the child's assessment for purposes of clarity.

# PROGRAMS/SERVICES BY LOCATION

### Sanilac County Community Mental Health Authority

227 East Sanilac Avenue
Sandusky, MI 48471

Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Psychosocial Rehabilitation (Adults)
Supported Living: Mental Health (Adults)

### David Ehardt Center

217 East Sanilac Avenue
Sandusky, MI 48471

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