CARF Accreditation Report

for

Sanilac County Community Mental Health Authority

Three-Year Accreditation

Contents

About CARF

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

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

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

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

Organization

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

Organizational Leadership

Anthony Shaver, BS, CFO
Beth L. Westover, MBA, CIO
Deb Messing, Executive Secretary
John Mitchell, DO
Nancy Tezak, RRO
Nicole Beagle, MS, LLP, BCBA, COO
Sheila Hill, BBA, HR Manager
Wilbert Morris, MA, LLP, CEO

Survey Number

132661

Survey Date(s)

December 14, 2020–December 16, 2020
January 27, 2021–January 29, 2021

Surveyor(s)

Wayde J. Washburn, MDiv, CAC II, NCAC I, DESS Administrative
Sarah Fletcher, LCSW, DESS Program
Roland G. Jacobson, DESS Program

Program(s)/Service(s) 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 (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Autism Spectrum Disorder-Children and Adolescents)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Supported Living: Mental Health (Adults)
Governance Standards Applied

Previous Survey

July 26, 2017–July 28, 2017
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: August 31, 2023

Executive Summary

This report contains the findings of CARF's site survey of Sanilac County Community Mental Health Authority conducted December 14, 2020–December 16, 2020 and January 27, 2021–January 29, 2021. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.

- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.

- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.

- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.

- Documentation of the specific sections of the CARF standards that were applied on the survey.

- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.

- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Sanilac County Community Mental Health Authority demonstrated substantial conformance to the standards. Sanilac County Community Mental Health Authority (SCCMHA) provides a vast array of behavioral health services in Sanilac County, Michigan. The organization began providing services almost 50 years ago and has adapted to changing needs in the community by offering services most needed for the community. SCCMHA has utilized advances in technology in its business and clinical practices, including electronic records in human resources and the records of the individuals, and by continuing to provide services during the COVID-19 pandemic. The organization is led by a supportive board of directors and a CEO who are committed to ensuring that quality services are well managed and offered in the community. The organization has opportunities for improvement, including developing a cultural competency and diversity plan and a risk management plan and testing the organization's procedures for business continuity/disaster recovery at least annually. In clinical services, recommendations include ensuring that thorough clinical supervision is provided, ensuring that ethical codes include boundaries in the peer support program, documenting a peer review in the prescribing of medications, and implementing a complete systemic review of records. SCCMHA demonstrates the desire and possesses the tools to progress toward achieving its goals of demonstrating excellence in business and clinical practices.

Sanilac County Community Mental Health Authority appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Sanilac County Community Mental Health Authority is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Sanilac County Community Mental Health Authority has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.

- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Sanilac County Community Mental Health Authority was conducted by the following CARF surveyor(s):

- Wayde J. Washburn, MDiv, CAC II, NCAC I, DESS Administrative

- Sarah Fletcher, LCSW, DESS Program

- Roland G. Jacobson, DESS Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.

- Business unit resources, such as finance and human resources.

- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.

- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.

- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Sanilac County Community Mental Health Authority and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.

- Direct observation of the organization's operations and service delivery practices.

- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.

- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.

- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

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

- Assertive Community Treatment: 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 (Children and Adolescents)

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

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

- Outpatient Treatment: Mental Health (Adults)

- Outpatient Treatment: Mental Health (Children and Adolescents)

- Supported Living: Mental Health (Adults)

- *Governance Standards Applied*

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that Sanilac County Community Mental Health Authority demonstrated the following strengths:

- SCCMHA is led by a strong board of directors. Board members are very involved in their roles by participating in various committees and providing appropriate leadership for the organization.

- The administrative committee demonstrates diligence in managing the business and clinical functions, ensuring that the unique needs of individuals are met.

- The CEO has assembled a competent and skilled executive team that demonstrates attention to details and applying sound business and clinical practices for continuous quality improvement.

- SCCMHA has begun utilizing an electronic record for its personnel files. This use of technology allows greater access to records for the organization and for a more efficient storage method.

- The SCCMHA facilities are attractive and accessible, offering a welcoming environment for individuals, guests, and personnel. This includes displaying art by individuals in the program and including items in waiting areas for both children and adults. Decorating for the holidays further increases the feel of a friendly environment.

- SCCMHA has many staff members who have been with the organization for more than ten years, which helps to provide individuals with continuity of care, familiarity, and historical information. The longevity of staff is a testament to the positive culture of the organization.

- Staff members report being grateful for the training opportunities available to them and feeling supported in being able to continue to learn and get their CEUs. They indicate that leadership is very supportive of ongoing clinical and staff member development.

- SCCMHA has done an amazing job in adapting with creativity and flexibility during the COVID-19 pandemic to ensure that individuals have access to services and continue to feel supported. It has continued to safely provide in-person services to individuals in need throughout the pandemic.

- The clinical leadership and staff members demonstrate a strong determination to provide appropriate and effective services for the individuals.

- SCCMHA is acknowledged for its implementation and ongoing support of the peers support program and the applied behavioral analysis program. Both of these programs, along with the other evidence-based practices procedures adopted and used, have clearly been effective in a very positive way with individuals served.

- Individuals report being happy with the care they are receiving and are grateful for the support. They state that staff members are, "Excellent people, there when I need them, they know how to encourage me, they get me, listen well, very dependable, and are caring professionals." Other statements include, "The [organization] is good people, yes, sir, and I can't wait to get back to the program full time"; "My peer support has been really important to me especially when I was grieving the loss of my mother"; "I really respect the girls in the reception area, they are always so nice and cordial and welcoming to everyone"; "The Home Based program has provided the stability and structure that my granddaughter really needed and it has really helped;" and "The ABA program has been like going from night to day for my daughter and the difference has been wonderful. Also, the staff explained to me about the behaviors of the autism spectrum and it really helped me to understand the behaviors of my daughter."

- SCCMHA shows a significant commitment to the community and is a great partner with others, including various providers, such as housing, benefits, employment, centers, primary care providers, and other stakeholders. This helps to provide the best care possible to individuals and ensure integration of services.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

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

Key Areas Addressed

■ Leadership structure and responsibilities
■ Person-centered philosophy
■ Organizational guidance
■ Leadership accessibility
■ Cultural competency and diversity
■ Corporate responsibility
■ Organizational fundraising, if applicable

Recommendations

1.A.5.a.(1)
1.A.5.a.(2)
1.A.5.a.(3)
1.A.5.b.(1)
1.A.5.b.(2)
1.A.5.b.(3)
1.A.5.b.(4)
1.A.5.b.(5)
1.A.5.b.(6)
1.A.5.b.(7)
1.A.5.b.(8)
1.A.5.c.
1.A.5.d.
Although SCCMHA has a policy regarding cultural competency and diversity that describes expectations regarding diversity, the organization has not developed a plan to address these expectations. It is recommended that the organization implement a cultural competency and diversity plan that addresses persons served, personnel, and other stakeholders. The cultural competency and diversity plan should consider culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, and other factors. The plan should be reviewed at least annually for relevance and updated as needed.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board

and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

■ Collection of input
■ Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

1.G.1.a.(1)
1.G.1.a.(2)
1.G.1.a.(3)
1.G.1.a.(4)
1.G.1.a.(5)
1.G.1.a.(6)
1.G.1.a.(7)
1.G.1.b.(1)
1.G.1.b.(2)

Although the organization has a policy regarding risk management that identifies general areas of risk, there is not a written risk management plan that identifies specific loss exposures for SCCMHA. It is recommended that the organization implement a risk management plan that includes identification of loss exposures, analysis of loss exposures, identification of how to rectify identified exposures, implementation of actions to reduce risk, monitoring of actions to reduce risk, reporting results of actions taken to reduce risks, and inclusion of risk reduction in performance improvement activities. The plan should be reviewed at least annually for relevance and updated as needed. SCCMHA is encouraged to create opportunities for staff members to brainstorm risk exposures in their areas of work that assist in developing the risk management plan. This could afford greater risk prevention for the organization and encourage the staff members to be more aware of risks in their environment.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization consider realistic scenarios in conducting tests that could include simulated fire emergencies at various locations, door hangers to indicate hot doors, suspicious packages randomly placed to simulate potential bomb threats, and various medical emergencies identified on index cards for random selections.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills,

abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

■ Composition of workforce
■ Ongoing workforce planning
■ Verification of background/credentials/fitness for duty
■ Workforce engagement and development
■ Performance appraisals
■ Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

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

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

Key Areas Addressed

■ Ongoing assessment of technology and data use
■ Technology and system plan implementation and periodic review
■ Technology policies and procedures
■ Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
■ ICT instruction and training, if applicable
■ Access to ICT information and assistance, if applicable
■ Maintenance of ICT equipment, if applicable
■ Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

1.J.1.a.(6)
To identify gaps and opportunities in the use of technology, the leadership should support ongoing assessment of the organization's current use of technology and data, including assistive technology.

1.J.4.a.
1.J.4.b.(1)
1.J.4.b.(2)
1.J.4.b.(3)
1.J.4.b.(4)
1.J.4.b.(5)
1.J.4.b.(6)
1.J.4.c.

SCCMHA is currently developing a process for the business continuity/disaster recovery test. A test of the organization's procedures for business continuity/disaster recovery should be conducted at least annually; analyzed for effectiveness, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, and necessary education and training of personnel; and evidenced in writing, including the analysis.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

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

Key Areas Addressed

■ Assessment of accessibility needs and identification of barriers
■ Accessibility plan implementation and periodic review
■ Requests for reasonable accommodations

Recommendations

1.L.1.b.(7)
The organization's leadership should implement an ongoing process for identification of accessibility barriers in technology.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

2.A.26.b.(1)
2.A.26.b.(2)
2.A.26.b.(3)
2.A.26.b.(4)
2.A.26.b.(5)
2.A.26.b.(6)
2.A.26.b.(7)
2.A.26.b.(8)
Although there are documented supervision notes for direct service staff, it is recommended that ongoing supervision of clinical or direct service personnel consistently addresses accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each individual; treatment/service effectiveness as reflected by the individual meeting goals identified in the person-centered plan; risk factors for suicide and other dangerous behaviors; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance review; cultural competency issues; and, model fidelity, when implementing evidence-based practices. It could be helpful to create a template for all programs to use listing out the standards so that supervisors are reminded of topics to address.

2.A.33.

The organization's written ethical codes of conduct addresses boundaries in general, but do not specifically address boundaries related to peer support services. It is recommended that boundaries related to peer support services be added to the ethical codes of conduct.

Consultation

- To promote access and efficiency, it is suggested that the policy named "Weapons and Illegal Substances" be revised to include both legal/licit and illegal drugs and that it clearly refer to both individuals served as well as staff members.

- The organization has a comprehensive handbook and service guide available for individuals served. It is suggested that separate handbooks be developed for the programs provided that is easier to read and more user-friendly.

- It is suggested that the organization review the list of trainings that are offered every other year versus annually and consider offering more of them annually, including cultural competency and HIPAA.

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.C. Person-Centered Plan

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential

solutions. The planning process is person directed and person centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- In many of the treatment plans, the objectives and the interventions are listed in the same section under objectives. It is understood that the electronic medical record is set up in this manner and interviews with staff indicate that the present system was working. If, in the future, it is possible to revise the electronic record forms, it is suggested that a separate section be established for interventions separate from the objectives. This could also allow for a clearer connection from the objectives to the progress notes.

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

Recommendations

There are no recommendations in this area.

Consultation

- The transition plan and discharge summary are located in the same document. It is suggested that the two processes have their separate forms. The two forms could help staff members to keep clear the difference between the transition plan and the discharge summary.

2.E. Medication Use

Description

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

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

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

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

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

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs

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■ Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
■ Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
■ Peer review of prescribing practices, if applicable to the program

Recommendations

2.E.8.a.(4)(a)
2.E.8.a.(4)(c)
2.E.8.a.(4)(d)
2.E.8.a.(4)(e)
2.E.8.a.(5)(a)(i)
2.E.8.a.(5)(a)(ii)
2.E.8.a.(5)(a)(iii)
2.E.8.a.(5)(b)
2.E.8.a.(5)(c)(i)
2.E.8.a.(5)(c)(ii)
Because SCCMHA provides prescribing of medications, the documented peer review should be conducted to assess the appropriateness of each medication, as determined by the needs and preferences of the individual, dosage, periodic reevaluation of continued use related to the primary condition being treated, and the efficacy of the medication, and to determine whether contraindications, side effects, and adverse reactions were identified and, if needed, addressed. The peer review should also determine if necessary monitoring protocols was being implemented and if there was simultaneous use of multiple medications, including polypharmacy and co-pharmacy.

Consultation

- When programs are packing medication boxes with individuals or taking out several days of medications at a time, it is suggested that the form used to sign out the medications include the amount of days or doses being taken out so that it is clear from looking at the form how many days the individual is receiving.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

The organization implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

■ Quarterly professional review
■ Review current and closed records
■ Items addressed in quarterly review
■ Use of information to improve quality of services

Recommendations

2.H.4.c.(1)(a)
2.H.4.c.(1)(b)
2.H.4.c.(4)(a)
2.H.4.c.(4)(b)
2.H.4.c.(5)(a)(ii)
2.H.4.c.(5)(b)
2.H.4.c.(8)
2.H.4.c.(10)
Although the program implements a systematic review of records, the review is not complete. It is recommended that the systemic review of records consider whether the individuals were provided with an appropriate orientation and actively involved in making informed choices regarding the services they received; risk factors were being adequately assessed and resulted in safety plans, when appropriate; the goals and service/treatment objectives of the individuals were based on the input of the individual and revised when indicated; the person-centered plan was reviewed and updated in accordance with the organization's policy; and services were documented in accordance with the organization's policy.

Section 3. Core Treatment Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

3.A. Assertive Community Treatment (ACT)

Description

Assertive Community Treatment (ACT) is a multidisciplinary team approach that assumes responsibility for directly providing acute, active, and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. The program team provides assistance to individuals to maximize their recovery, ensure consumer-directed goal setting, assist the persons served to gain hope and a sense of empowerment, and provide assistance in helping the persons served become respected and valued members of their community. The program provides psychosocial services directed primarily to adults with severe and persistent mental illness who often have co-occurring problems, such as substance abuse, or are homeless or involved with the judicial system.

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.E. Crisis Intervention (CI)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.L. Intensive Family-Based Services (IFB)

Description

These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach to treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed toward family restoration when a child has been in an out-of-home placement.

Key Areas Addressed

- Services designed to prevent out-of-home placement
- Family assessments
- Child- and family-centered planning
- Contingency planning

Recommendations

There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed

■ Therapy services
■ Education on wellness, recovery, and resiliency
■ Accessible services
■ Creation of natural supports

Recommendations

There are no recommendations in this area.

Section 4. Core Support Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

4.H. Supported Living (SL)

Description

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 sample 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 co-sign 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 survey application or identified as a site on the accreditation outcome.

Key Areas Addressed

■ Person-centered
■ Education and wellness, recovery, and resiliency
■ Independence and self-determination
■ Education on health and safety

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

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

Description

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

Services for children and adolescents with ASD are designed to provide to the child/adolescent and family a variety of resources that reflect sound research. The family will have access to results-oriented therapies, education, advocacy, and supports for their child's optimal progress and to establish a lifetime of positive learning and behaviors. Services involve families, networks of resources, and education and support communities for adolescents transitioning to adulthood. Individuals served under this designation may range from birth to the age of majority, although sometimes services for adolescents transitioning to adulthood are provided by programs that also serve adults. Ages served would be identified in a program's scope of services.

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

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

- Connecting with mentors and parent-to-parent support groups or contacts.
- Connecting with community organizations and support groups dedicated to people with ASD.
- Becoming an advocate for policy changes, as desired.

Key Areas Addressed

- Services reflect current ASD research
- Community awareness and acceptance of ASD are promoted
- Personnel receive specific competency-based training
- Comprehensive evaluations result in option and referrals for appropriate services
- Services are family centered
- Families are connected to needed resources
- Timely transition planning is facilitated

Recommendations

There are no recommendations in this area.

5.C. Children and Adolescents (CA)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Sanilac County Community Mental Health Authority

227 East Sanilac Avenue
Sandusky, MI 48471

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

Creative Enterprise

300 Green Acres
Sandusky, MI 48471

Community Integration: Psychosocial Rehabilitation (Adults)

David Ehardt Center

217 East Sanilac Avenue
Sandusky, MI 48471

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

Sanilac County Community Mental Health Authority - Croswell Office

110 North Howard Avenue
Croswell, MI 48422

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