

**CARF Accreditation Report**  
**for**  
**AuSable Valley Community Mental**  
**Health Authority**

**Three-Year Accreditation**



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## About CARF

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

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

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

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

## **Organization**

AuSable Valley Community Mental Health Authority  
1199 West Harris Avenue  
Tawas City, MI 48764

## **Organizational Leadership**

Patricia Otremba, LMSW CADAC-M, Chief Quality Officer

## **Survey Number**

162139

## **Survey Date(s)**

March 27, 2023–March 29, 2023

## **Surveyor(s)**

John R. Cocciolone, Administrative  
Sarah Fletcher, LCSW, Program  
Alan R. Hyla, MS, 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: Mental Health (Adults)  
Community Integration: 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)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)  
*Governance Standards Applied*

## **Accreditation Decision**

### **Three-Year Accreditation**

**Expiration: March 31, 2026**

# Executive Summary

This report contains the findings of CARF’s site survey of AuSable Valley Community Mental Health Authority conducted March 27, 2023–March 29, 2023. 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, AuSable Valley Community Mental Health Authority demonstrated substantial conformance to the standards. AuSable Valley Community Mental Health Authority (AVCMHA) is a provider of quality mental health services and supports in three counties in northeastern Michigan. The organization’s leadership and staff members are committed to a continuous quality improvement culture, using the CARF standards and best practices as the basis for its efforts. AVCMHA has a well-developed infrastructure and technology system to support the persons served and to provide staff members at all levels with powerful tools to do their work. The organization is urged to continue to develop its policies and strive for consistency in conducting tests of its emergency procedures, expanding its succession planning, and enhancing its clinical documentation and records reviews.

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

**AuSable Valley 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 AuSable Valley Community Mental Health Authority was conducted by the following CARF surveyor(s):

- John R. Cocciolone, Administrative
- Sarah Fletcher, LCSW, Program
- Alan R. Hyla, MS, 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 AuSable Valley 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: Mental Health (Adults)
- Community Integration: 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)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- *Governance Standards Applied*

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

## Representations and Constraints

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

## Survey Findings

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

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

## Areas of Strength

CARF found that AuSable Valley Community Mental Health Authority demonstrated the following strengths:

- The CEO and leadership team of AVCMHA are very transparent and easily available to all stakeholders. The leadership provides a highly motivated work environment and has assembled a high-performing team that supports the persons served very well.
- The organization is upgrading its facilities so that all locations are welcoming and comfortable to all who visit. The facilities are clean and well maintained and fit well in the communities in which they are located.
- The investment in technology and the highly professional technology staff and director provide top-notch support for staff members, administration, and the persons served. The organization is implementing leading technology solutions and policies. Security of the system is very well developed and maintained to the highest standards.
- The governing board of AVCMHA is a highly professional and talented group of community leaders. High engagement and impressive support of the organization's staff members and persons served set the board members apart. The board has an excellent relationship with the CEO and leadership team without overstepping the defined responsibilities of each.
- A funding/referral source representative stated that she was very happy with the relationship that her organization has with AVCMHA's staff members and leadership. She stated that the organization always responds completely and quickly to requests for information or input. She stated that AVCMHA is one of the best organizations in the region and is a leader in its initiatives.
- The organization has implemented impressive service delivery adaptations when faced with the recent COVID-19 pandemic restrictions. Changes in how staff members were deployed and technological solutions supported the service provision for persons served. These changes were highly effective with positive outcomes.
- The organization's community connections are strong. It is evident that AVCMHA is highly collaborative and responsive. The organization goes above and beyond, is very cooperative, and reports realistically about progress or lack of progress. Through extensive outreach to a large geographic area, AVCMHA has established relationships with hospitals, police departments, school systems, courts, and a host of community service agencies to serve as a central point of contact to address acute needs for stabilization and timely linkages with wraparound services that otherwise could not be met. The clinical assessors and clinical staff members are highly trained, and the organization has incorporated quality assurance processes to ensure consistency of service provision. It is clear that the persons served and the communities at large have benefitted from the organization's highly regarded integrated services that provide robust options for the continuum of care.
- The culture of the organization's staff is very welcoming, and it is apparent that the staff members are dedicated to the success of AVCMHA. Staff members demonstrate creativity for ensuring that the needs of the persons served are met with an emphasis on individual preferences. This team of professionals truly models passionate and compassionate care for the persons and families members and one another. Teamwork, mutual respect, and cooperation are evident throughout the organization.
- The organization's leadership and staff members are motivated, dedicated, and humble professionals who deeply care and are enthusiastic about the work they do. They foster an organizational culture of accountability, transparency, and mutual trust, and they develop positive relationships with the persons served. Through an investment in positive relationship building, the leadership and staff members establish pathways by which high-quality services are rendered, leading to greater opportunities for success and greater acceptance within the community.

- The organization’s management is a dynamic and energized group of individuals that brings synergy to the implementation of progressive, innovative, and creative approaches for realizing the organization’s mission of enhancing the quality of life of all persons served.
- This organization has a longstanding reputation for providing quality services in the communities served for youth and adults experiencing behavioral health circumstances. Services are provided by a cadre of skilled, dedicated, compassionate, caring, competent, and committed staff members who take obvious pride in their work. The staff embraces the philosophy of meeting the persons served “wherever they are” and helping each person achieve individual goals.
- The dedication to staff development is evident throughout the organization. AVCMHA has a robust training schedule for the orientation of personnel and many opportunities for training in a multitude of areas for staff members to meet their continuing education needs. The organization is open to staff members completing training in their areas of interest, and it offers in-person and virtual learning with internal and external trainers.
- It is evident that there is a strong commitment from the organization’s leadership to staff appreciation and making sure that staff members feel heard. The organization’s Employee Experience Committee includes staff members across programs, highlights the contributions of specific staff members, and works on other initiatives. There is a culture of feeling as though concerns are listened to and suggestions taken seriously. Staff members reported feeling that they “always have support.”
- The persons served expressed a high satisfaction with staff throughout all of the programs. They expressed that having “kind, caring, accepting, and nonjudgmental workers” that support them on meeting goals is important to them and makes a difference in their lives.
- It is evident that there is a person-centered approach to care where the needs of the persons served come first. There is thoughtfulness around making the persons served feel welcome and comfortable and linking them to ongoing services as quickly as possible.
- The organization’s leadership and staff members are well trained, qualified, experienced, enthusiastic, and dedicated to the provision of quality care. Staff members recognize the importance of ongoing communication, coordination, and collaboration to best meet the needs of the persons served. Many staff members have been with the organization for a significant number of years across the programs. Staff members are dedicated to the excellent work that they are doing.
- The organization uses a tool called a Carter Kit™. The kits are used to help personnel who work with children and young adults on the autism spectrum to enlist communication and calming using multisensory and tactile tools and toys. The organization was able to provide many of these kits to first responders and emergency personnel to use as a tool in their day-to-day interactions.

## 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**

There are no recommendations in this area.

#### **Consultation**

- The organization regularly reviews its policies and plans. It might be helpful to compose a master tracking system that can easily show when policies and plans are due for review and/or revision in a master document maintained by the quality assurance team. This could help the organization keep on top of things as they become due.

## 1.B. Governance (Optional)

### Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.C. Strategic Planning

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.D. Input from Persons Served and Other Stakeholders

### Description

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

### **Key Areas Addressed**

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

### **Recommendations**

There are no recommendations in this area.

## **1.E. Legal Requirements**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **1.F. Financial Planning and Management**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **1.G. Risk Management**

### **Description**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

## **1.H. Health and Safety**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

**1.H.7.a.(1)**

**1.H.7.a.(2)**

**1.H.7.b.**

**1.H.7.c.(1)**

**1.H.7.c.(2)**

**1.H.7.c.(3)**

**1.H.7.c.(4)**

**1.H.7.c.(5)**

**1.H.7.d.**

During the COVID-19 pandemic, tests of emergency procedures have fallen off and/or were inconsistently completed. It is recommended that an unannounced test of each emergency procedure be consistently conducted at least annually on each shift at each location. Each test should include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill and be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. Each test should be evidenced in writing, including the analysis.

## 1.I. Workforce Development and Management

### Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

### Key Areas Addressed

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

### Recommendations

#### 1.I.11.b.

#### 1.I.11.c.

The organization's succession planning addresses the replacement of the CEO if the position is vacated. It is recommended that succession planning also address the identification of other key positions and the identification of the competencies required by key positions.

## 1.J. Technology

### Description

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

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.K. Rights of Persons Served

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### Consultation

- The organization has a nonretaliation clause in its policy and procedures documentation. It might be helpful to include a statement regarding nonretaliation on the actual form used to submit a complaint so that it is clear to the person reporting the suspected infraction.

## 1.L. Accessibility

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.M. Performance Measurement and Management

### Description

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

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.

- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

### **Key Areas Addressed**

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

### **Recommendations**

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

There are no recommendations in this area.

### Consultation

- It is suggested that the organization explore additional evidence-based trauma treatment modalities to meet the specific needs of women and men.
- To enhance the effectiveness and consistency of clinical supervision, best practice key indicators might be identified for clinicians and be incorporated into supervision sessions. Potential trends could also be analyzed to assist staff members in improving their effectiveness and overall program quality. It is further suggested that clinical supervision notes reference any direct observation of group and/or individual therapy conducted. Such indicators could be incorporated in program performance outcomes measures and be useful in enhancing overall service delivery. In addition, it is suggested that the supervision of direct service personnel incorporate a regular component of supervision that involves direct observation of the methods/strategies used, with feedback provided based on those observations.

## 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**

### **2.B.13.j.**

The assessment process should also gather and record information about the person's use of complementary health approaches.

## **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**

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

## **Recommendations**

### **2.C.4.d.(4)(a)**

### **2.C.4.d.(4)(b)**

When assessment identifies a potential risk for suicide, violence, or other risky behaviors, the safety plan that is developed should also include actions to be taken to respond to periods of increased emotional pain and actions to be taken to restrict access to lethal weapons.

### **2.C.6.b.(1)**

### **2.C.6.b.(2)**

It is recommended that the progress notes be consistently signed and dated. The organization is encouraged to address this need related to progress notes in the electronic health record.

## **2.D. Transition/Discharge**

### **Description**

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

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

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

**2.D.3.g.(1)**

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

The written transition plan should also include strengths and preferences.

## **2.E. Medication Use**

### **Description**

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

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

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

**2.E.2.e.(2)**

**2.E.2.e.(5)**

When a program physically controls medications and/or administers medications, written procedures should be implemented that address transportation and delivery of medications and off-site use of medications. The organization is encouraged to include details regarding how medications are to be transported and brought back to the program for all programs. It might be helpful to have a separate cabinet for Assertive Community Treatment (ACT) medications with labeled bins for each person served for easy access and a marked area for discarded medications.

## **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.b.(1)

#### 2.H.4.b.(2)

The organization is urged to demonstrate that the information collected from its records review process is used to identify personnel training needs and improve the quality of services through performance improvement activities.

### Consultation

- The organization provides Crisis Prevention Institute (CPI) training, and, upon completion, staff members are awarded a two-year certificate. To ensure that staff members continue to have the skills readily available to address unsafe behavior, it is suggested that the organization regularly conduct refresher sessions with staff members to reinforce and practice skills. The use of scripted, scenario-based roleplaying with materials from CPI workbooks could be useful in simulating real-life situations that staff members might encounter on the job.
- It is suggested that AVCMHA compile for each program a list and brief summary of all evidence-based practices (EBPs) provided for clinical care within each program. Further, it is suggested that the organization identify clinical staff members who are EBP trainers or subject matter experts with the expertise to provide education and/or consultation for an EBP protocol. This could facilitate the dissemination of information to staff members regarding training and consultation on EBPs. It could also be utilized to provide the persons served with treatment information about any EBPs available for their individual treatment plans.

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

### Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in remote settings.

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of professionals such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, rehabilitation engineers, assistive technologists, and teachers.
- Encompass settings such as:
  - Hospitals, clinics, professional offices, and other organization-based settings.
  - Schools, work sites, libraries, community centers, and other community settings.
  - Congregate living, individual homes, and other residential settings.

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **Section 3. Core Treatment Program Standards**

### **Description**

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

### **3.A. Assertive Community Treatment (ACT)**

#### **Description**

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

The team is the single point of clinical responsibility and is accountable for assisting the 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.

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 of the persons served to manage their own healthcare.

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

### **Key Areas Addressed**

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

### **Recommendations**

#### **3.A.2.c.**

It is recommended that the ACT team at least annually review its capacity to provide comprehensive integrated treatment services.

## **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

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

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

#### **Description**

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

#### **Key Areas Addressed**

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

#### **Recommendations**

There are no recommendations in this area.

#### **Consultation**

- It might be helpful to add a drop-down menu to the immunization question that provides more prompts for types of immunizations received and when.
- It might be helpful to develop a separate child orientation guide that includes pictures and explanations in language that is easier for children to understand.
- It is suggested that the organization develop a training curriculum to meet the self-protection needs of the persons served. Included in this curriculum might be methods for responding to physical aggression, intimidation, exploitation, unwanted sexual advances, dangers of social media, and self-advocacy.
- It might be helpful to add a children's area/smaller furniture to all waiting room areas to have a welcoming first impression. This is present at some sites but not all.

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

## **AuSable Valley Community Mental Health Authority**

1199 West Harris Avenue  
Tawas City, MI 48764

Assertive Community Treatment: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Children and Adolescents)  
Community Integration: Mental Health (Adults)  
Community Integration: 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)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)  
*Governance Standards Applied*

## **AuSable Valley Community Mental Health Authority**

511 Griffin  
West Branch, MI 48661

Assertive Community Treatment: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Children and Adolescents)  
Community Integration: Mental Health (Adults)  
Community Integration: 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)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)

## **AuSable Valley Community Mental Health Authority**

42 Mt. Tom Road  
Mio, MI 48647

Assertive Community Treatment: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Children and Adolescents)  
Community Integration: Mental Health (Adults)  
Community Integration: 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)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)

## **AuSable Valley Community Mental Health Authority**

5805 Cedar Lake Road  
Oscoda, MI 48750

Assertive Community Treatment: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Children and Adolescents)  
Community Integration: Mental Health (Adults)  
Community Integration: 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)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)

### **AVCMH-Antelope COH**

2554 Antelope Trail  
West Branch, MI 48661

Community Integration: Mental Health (Adults)

### **AVCMHA COH-State Street**

707 State Street  
East Tawas, MI 48730

Community Integration: Mental Health (Adults)

### **AVCMHA-Alice Street COH**

603 Alice Street  
East Tawas, MI 48730

Community Integration: Mental Health (Adults)

### **AVCMHA-Fairview COH**

1696 Fairview Road  
West Branch, MI 48661

Community Integration: Mental Health (Adults)

### **AVCMHA-Hayes COH**

612 Hayes Street  
Rose City, MI 48654

Community Integration: Mental Health (Adults)

### **AVCMHA-Lupton COH**

3488 Lupton Road  
Lupton, MI 48635

Community Integration: Mental Health (Adults)

**AVCMHA-Woodlea COH**

6899 Woodlea  
Oscoda, MI 48750

Community Integration: Mental Health (Adults)