

CARF Accreditation Report
for
Northeast Michigan 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.

Organization

Northeast Michigan Community Mental Health Authority
400 Johnson Street
Alpena, MI 49707

Organizational Leadership

Erin Fletcher, LMSW, Director of Clinical & Support Services
Mary Crittenden, LMSW, Chief Operations Officer
Nena Sork, LMSW, Executive Director

Survey Number

157290

Survey Date(s)

August 24, 2022–August 26, 2022

Surveyor(s)

J. Penelope Kidder, MA, LPCC-S, Administrative
Kevin P. Costa, Program
Cynthia Konal, LMSW, Program
Leslie B. Williams, MEd, Program

Program(s)/Service(s) Surveyed

Assertive Community Treatment: Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Housing: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (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: Integrated: IDD/Mental Health (Adults)
Community Employment Services: Employment Supports
Community Employment Services: Job Development
Governance Standards Applied

Previous Survey

June 12, 2019–June 14, 2019
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: June 30, 2025

Executive Summary

This report contains the findings of CARF’s site survey of Northeast Michigan Community Mental Health Authority conducted August 24, 2022–August 26, 2022. 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, Northeast Michigan Community Mental Health Authority demonstrated substantial conformance to the standards. Northeast Michigan Community Mental Health Authority (NeMCMHA) has provided a wide range of services for many years. The organization strives to meet the needs of the communities it serves. The well-respected organization is considered to be a leader by other organizations within the region. The board and leadership team members demonstrate a strong commitment to providing quality services. They have continued to utilize the CARF standards throughout the work they do. At all levels, the personnel understand the mission, vision, and values of NeMCMHA and demonstrate these values daily in their interactions with the persons served. There are opportunities for improvement, including consistent documentation of contract reviews, actions taken in response to emergency drills, the inclusion of onboarding activities in the review of the strategic plan, the implementation of written procedures for personnel to provide feedback, cybersecurity training, performance measurement in the areas of experience of services and other feedback from stakeholders, resources used to achieve results for persons served, the completion of annual training on prevention or unsafe behaviors, the efficacy of past medications used, measurable objectives, and specific interventions to be used on the plan of service and crisis planning. Positive responses to comments and suggestions given throughout the survey process are indicative of the organization’s continued commitment to conforming to the CARF standards.

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

Northeast Michigan 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 Northeast Michigan Community Mental Health Authority was conducted by the following CARF surveyor(s):

- J. Penelope Kidder, MA, LPCC-S, Administrative
- Kevin P. Costa, Program
- Cynthia Konal, LMSW, Program
- Leslie B. Williams, MEd, 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 Northeast Michigan 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: Integrated: IDD/Mental Health (Adults)
- Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Housing: Integrated: IDD/Mental Health (Adults)
- Crisis Intervention: Integrated: IDD/Mental Health (Adults)
- Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (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: Integrated: IDD/Mental Health (Adults)
- Community Employment Services: Employment Supports
- Community Employment Services: Job Development
- *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 Northeast Michigan Community Mental Health Authority demonstrated the following strengths:

- The board of directors are citizens appointed from the four county catchment areas served by NeMCMHA. The members have long tenure and are dedicated to ensuring that services are available in all counties. New members receive a thorough orientation to board processes and are actively engaged in the work of the board. The board follows the Carver Policy Governance® model and has a well-developed set of policies and procedures that guide its work.
- The executive director is a well-respected leader in the community and an active participant in the work of the regional entity that provides oversight to NeMCMHA. She is passionate about the work of the organization. Her commitment to the quality of the services delivered is very evident.
- The leadership team is comprised of skilled and experienced professionals that are passionate about the organization's services. The leadership members seek out training opportunities for the staff members and have established a welcomed communication mechanism between the leadership and personnel.
- In response to information offered during an exit interview with a departing staff member, the leadership team sought opportunities to improve its approach to cultural competency and were accepted into a training and cultural learning community. This experience led to the development of the Cultural Understanding and Advancement Committee. This committee is dedicated to expanding the knowledge of diverse cultures by providing information and experiences for all personnel to enhance their level of cultural awareness.
- As NeMCMHA is in a rural area, access to continuing education can be difficult. The leadership team applied to the Association of Social Work Board to become an approved provider of continuing education. It is currently working with a local community college to recognize its trainings and to develop a path for direct care staff members to earn an associate's degree in human services. Further, NeMCMHA successfully applied for loan reimbursement for students through the U.S. Health and Human Services Administration's National Health Service Corp. This is expected to be beneficial for current personnel and is a major benefit to assist in recruiting.

- As the global pandemic began to impact the persons served and personnel, NeMCMHA began a supervisor support group and Supervisor Enrichment and Encouragement Day with the goal of problem solving together and supporting one another. The value of this group has been so impactful that the supervisors have continued their monthly meetings.
- Community stakeholders speak highly of NeMCMHA and the work it does. The responsiveness to referrals for service and the satisfaction of the persons referred are noted as strengths. NeMCMHA is very visible in the communities it serves. It engages in and sponsors events that benefit not just the persons served but also all community members.
- The offices and homes from which NeMCMHA operates are spacious, well lit, and well maintained. The provision of transportation through the fleet of vehicles the organization uses ensures access to programs for all persons served.
- Over the past year and a half, NeMCMHA completed many household remodels and upgrades to enhance access for the persons served, allow for more outdoor activities, and update kitchens and appliances. This also includes technological upgrades in all homes.
- NeMCMHA developed a four-day training program for residential training workers that includes education on psychology, nursing, occupational therapy, dietary, medication training, adult daily living, and household duty training. This training is completed in conjunction with all new hire training, and it goes above and beyond the basic trainings.
- NeMCMHA applied for and received a grant from the Opioid Prescribing Engagement Network (OPEN) for a permanent opioid disposal box in the Alpena office lobby. This offers an additional method to dispose unused, expired, and discontinued medications, making the community a safer place. The impact of this is anticipated to be great one, as NeMCMHA has over 400 employees, along with over 2,500 persons served. NeMCMHA has participated in the Michigan OPEN Take Back Events for the past two years and has collected roughly 95 pounds of medications to be disposed.
- The children's team at NeMCMHA is very resilient. Although the team has been without a permanent supervisor for almost one year, it has successfully provided services to the persons in need of children's services. This team lost a great deal of staff members throughout the COVID-19 pandemic, but it has taken on every change and challenge to ensure that the persons served are taken care of. The children's team has maintained a positive attitude with humor while being flexible and accommodating to meet the needs of the persons served. Several of the staff members shared that the team is a joy to be around and eager to assist one another.
- NeMCMHA employs a full-time occupational activities coordinator that works within the group homes to offer scheduled activities and to make activity recommendations to staff members. Recently, the occupational activities coordinator put a carnival together for the persons served in the group homes. The organization also employs a full-time occupational therapist for any mobility or wheelchair needs. Additionally, a dietitian provides support to the homes and assists with meal planning, diet modification, education, and new hire training.
- The personnel reported that they love working for NeMCMHA, and they feel as though the direct supervisors and administration team supports them in every way. A staff member at NeMCMHA noted, "I like being an inspiration to the people and letting them know they are capable of getting what they want in life and achieve their dreams."

- The very welcoming workplace culture of NeMCMHA reflects the dedication of the staff members to the organization’s success in working to fulfill its mission. The staff members draw on their creativity to ensure that the needs of the persons served are addressed through the organization’s resources and through the utilization of community resources with ongoing sensitivity to cultural diversity, the use of complementary approaches, and the honoring of individual preferences. The personnel truly model the provision of exceptionally enthusiastic, and caring programs and services. The concepts of teamwork, mutual respect, cooperation, and open communication characterize the relationships among the entire workforce at NeMCMHA.
- The individual placement services (IPS) and intellectual and development disabilities (IDD) employment programs are applauded for the great collective work they do in benefits management. A staff member has recently completed a training on benefits management and received a certification as a benefits to work coach. This staff member plans to continue other trainings so that he can assist the persons served with the best possible services.
- The IPS and IDD teams have worked very hard over the last two years to work together. The teams are made up of staff members that are committed to the programs and to each other. The team members play off of each other’s strengths to overcome any weaknesses. They are very professional and caring.
- Stakeholders associated with the employment programs at NeMCMHA spoke very highly of the persons they hire from the organization. The stakeholders also mentioned that the organization is willing to step in at any time to assist with support. One employer shared that he appreciates that NeMCMHA does not just focus on employment, but, when needed, it will step back in to help employees with any challenges they might have. Stakeholders also truly appreciate the job coaches and the employment specialists they work with. An employer stated, “It’s like getting a two for one deal. The job coaches and employment specialists are there to avert any problems that might arise so that employee can stay on track.”
- The assertive community treatment team invested in the persons served throughout the pandemic, and is currently doing so by continuing of face-to-face visits and developing tools that were employed to enhance the ability of the team to work together virtually. The team has created a welcoming and nurturing environment that allows the persons served to manage their lives in the best way possible.
- The persons served in the outpatient programs spoke warmly of the compassion, professionalism, and respect shown by the staff members. The intensive family-based programs clearly take a child- and family-centered approach to its services that is comprehensive and multidisciplinary. The persons served reported that their lives have been significantly and positively impacted by the services.
- The Harrisville Home provides a warm, homelike environment that is inviting and conducive to the holistic well-being of the persons who reside there. The gardens are inviting and beautiful. They enhance the productivity of the persons served as they grow their own vegetables. The staff members appear to be invested in the happiness and independence of the persons served.
- NeMCMHA has established an emergency response program. All staff members, referred to as the Tech Team, are fully trained in emergency response and crisis prevention. They are available 24 hours a day, 7 days a week to assist with medications, medical concerns, and day-to-day challenges. Open-line monitoring provides around-the-clock home audio that safely maintains personal privacy and supports independence in a less restrictive environment. Through collaboration, the entire care team communicates and encourages the persons served to new heights of growth and achievement. The Tech Team listens to 23 monitors during sleep hours. The Tech Team assists individuals over the monitor by giving reminders. They also listen for auditory cues to determine if a person is in distress.

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.

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

1.G.4.d.

As some of the services delivered by the program seeking accreditation are provided under contract with another organization or individual, it is recommended that documented reviews of the contract services be performed at least annually. The current form in use for the review is comprehensive, but not all contracts for delivering services have been reviewed annually (primarily as a result of the pandemic disruptions to services). It is noted that there is a process in place to resume these annual reviews.

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.c.(3)

An unannounced test of each emergency procedure should be comprehensively analyzed for performance that addresses implementation of the actions.

Consultation

- For its comprehensive health and safety self-inspection, it is suggested that NeMCMHA record the actions taken in response to comments and recommendations for improvement in separate locations. The current form displays the same column for both comments and actions; however, once the findings are listed, there is little room to record the actions taken.

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.5.a.(6)

Although the strategic plan is available to all staff members on the internal network, documentation of discussion of this is not included on the orientation checklist. It is recommended that onboarding and engagement activities include orientation that addresses the organization's strategic plan.

1.I.6.d.(1)(a)

1.I.6.d.(1)(b)

Although it is evident that open lines of communication are available and used regularly to communicate feedback and concerns, the written procedures are not evident. NeMCMHA should promote engagement through respect for all individuals in the workforce, including policies and written procedures that address mechanism(s) to provide favorable and constructive feedback and mechanism(s) to address concerns.

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
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Provision of information related to ICT, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

1.J.5.a.

The organization should provide documented training to personnel on cybersecurity. Although the basic elements of security are addressed in its general training on technology use, specific training on cybersecurity threats could be beneficial to the organization and to all personnel in the use of technology.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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

1.M.6.a.

1.M.6.b.(5)

The organization conducts assessments regarding community needs identified by stakeholders; however, this does not address experience of the services delivered in the community. No objectives or performance targets have been set. Some of the programs/services seeking accreditation do seek input from unique stakeholders, but this data is included in the satisfaction data of the persons served and not reported separately. To measure experience of services and other feedback from other stakeholders, each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.7.b.(5)

Although NeMCMHA collects extensive data and has set an objective(s) for each program/service seeking accreditation, only three programs, crisis intervention, assertive community treatment (ACT), and community employment, have documented a performance target. To measure the resources used to achieve results for the persons served (efficiency), each program/service seeking accreditation should document a performance indicator(s), including a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

Consultation

- It is suggested that NeMCMHA consolidate all the information it collects for its performance measurement and management activities into one location. Information is recorded in multiple places (including the strategic plan, program reports, and quality improvement plan). This makes it difficult to create a 360-degree view of the successes of the various programs/services and of the organization as a whole.

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.16.b.

2.A.16.c.(1)

2.A.16.c.(2)

2.A.16.c.(3)(a)

2.A.16.c.(3)(b)

2.A.16.c.(3)(c)

As applicable to the population served, it is recommended that all direct service personnel receive documented competency-based training at least annually. The competency-based training should address prevention of unsafe behaviors, including contributing factors or causes that may lead to unsafe behaviors; health conditions that may contribute to unsafe behaviors; and how interpersonal interactions may impact the behaviors of the persons served, including how persons served interact with each other, how personnel interact with persons served, and how personnel interact with each other.

Consultation

- It is suggested that the supervision form and the case consultation forms for the persons served be separated. This could prevent possible legal issues in the case of a potential Freedom of Information Act (FOIA) request. In addition, it could benefit the staff members and supervisors to have a staff member complete the supervision form and have a supervisor sign it.

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.h.(2)

2.B.13.j.

It is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centered plan for each person served, including information about the person's medication, including efficacy of current or previously used medication and use of complementary health approaches.

2.C. Person-Centered Plans

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.2.a.(2)(e)

2.C.2.a.(3)(a)

2.C.2.a.(3)(b)

The organization should ensure that documentation of the person-centered planning process consistently includes specific service or treatment objectives that are measurable and services to be provided that describe specific interventions and modality to be used.

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.(2)

2.D.3.g.(3)

2.D.3.g.(4)

It is recommended that the written transition plan consistently include strengths, needs, abilities, and preferences.

2.E. Medication Use

Description

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

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

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

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to 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

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- The organization is encouraged to update its quarterly record review form to identify which programs are evidence based to ensure that model fidelity is being addressed.

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.10.a.

The ACT team should consistently develop an initial crisis intervention plan upon contact for each person served.

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.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.C. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as recovery homes, transitional housing, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living can be offered in apartments or homes, or in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

Key Areas Addressed

- Safe, secure, private location
- Support to persons as they explore alternatives
- In-home safety needs
- Access as desired to community activities
- Options to make changes in living arrangements
- System for on-call availability of personnel

Recommendations

There are no recommendations in this area.

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.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.

2021 Employment and Community Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. Quality Individualized Services and Supports

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

- Services are person centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders

- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations

There are no recommendations in this area.

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

Description

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.D. Employment Services Principle Standards

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 3. Employment Services

Description

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

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

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

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

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

- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

3.G. Community Employment Services (CES)

Description

Community employment services assist persons to obtain successful community employment opportunities that are responsive to their choices and preferences. Through a strengths-based approach the program provides person-directed services/supports to individuals to choose, achieve, and maintain employment in integrated community employment settings.

Work is a fundamental part of adult life. Individually tailored job development, training, and support recognize each person's employability and potential contribution to the labor market. Persons are supported as needed through an individualized person-centered model of services to choose and obtain a successful employment opportunity consistent with their preferences, keep the employment, and find new employment if necessary or for purposes of career advancement.

Such services may be described as individualized competitive employment, individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups in the community, community-based SourceAmerica® contracts, and other business-based work groups in community-integrated designs. In Canada, employment in the form of bona fide volunteer placements is possible.

Individuals may be paid by community employers or by the organization. Employment is in the community.

The following service categories are available under Community Employment Services (please refer to the program descriptions and applicable standards):

- Job Development (CES:JD)
- Employment Supports (CES:ES)

If an organization provides only Job Development or Employment Supports, then it may be accredited for only that service. If it is providing both Job Development and Employment Supports, then it must seek accreditation for both. If any clarification is needed, please contact your CARF resource specialist. There is no charge for consultation.

Note: In making the determination of what an organization is actually providing in comparison to these service descriptions, these factors are considered: the mission of the services, the program descriptions, brochures and marketing image for these services, and the outcomes of the services.

Depending on the scope of the services provided, some examples of the quality outcomes desired by the different stakeholders of these services include:

- Persons obtain community employment.
- Persons obtain individualized competitive employment.
- Employment matches interests and desires of persons.
- Wages, benefits, and hours of employment achieved as desired.
- Average number of hours worked per week increases.
- Average number of hours worked per week meets the desires of the person served.
- Full-time employment with benefits.
- Transition-age youth move directly from their educational environment into community employment.
- Potential for upward mobility.

- Self-sufficiency.
- Integration.
- Responsive services.
- Safe working conditions.
- Cost-effective for placement achieved.
- Performance level achieved meets requirements of job or position.
- Increase in skills.
- Increase in productivity.
- Increase in hours worked.
- Increase in pay.
- Employment retention.
- Increase in natural supports from coworkers.
- Persons served treated with respect.
- Minimize length of time for supports.
- Type and amount of staff interaction meets needs.
- Employer satisfaction.
- Responsiveness to customers.

Job Development (CES:JD): Successful job development concurrently uses assessment information about the strengths and interests of the person seeking employment to target the types of jobs available from potential employers in the local labor market. Typical job development activities include reviewing local employment opportunities and developing potential employers/customers through direct and indirect promotional strategies. Job development may include facilitating a hiring agreement between an employer and a person seeking employment. Some persons seeking employment may want assistance at only a basic, informational level, such as support for a self-directed job search.

Employment Supports (CES:ES): Employment support services promote successful training of a person to a new job, job adjustment, retention, and advancement. These services are based on the individual employee with a focus on achieving long-term retention of the person in the job. The level of employment support services is individualized to each employee and the complexity of the job.

Often supports are intensive for the initial orientation and training of an employee with the intent of leading to natural supports and/or reduced external job coaching. However, some persons may not require any employment supports at the job site; others may require intensive initial training with a quick decrease in supports, while some will be most successful when long-term supports are provided.

Supports can include assisting the employee with understanding the job culture, industry practices, and work behaviors expected by the employer. It may also include helping the employer and coworkers to understand the support strategies and accommodations needed by the worker.

Supports are a critical element of the long-term effectiveness of community employment. Support services address issues such as assistance in training a person to complete new tasks, changes in work schedule or work promotion, a decrease in productivity of the person served, adjusting to new supervisors, and managing changes in nonwork environments or other critical life activities that may affect work performance. Routine follow-up with the employer and the employee is crucial to continued job success.

Key Areas Addressed

- Integrated employment choice
- Integrated employment obtainment
- Employment provided in regular business settings
- Integrated employment retention
- Provides career advancement resources

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Northeast Michigan Community Mental Health Authority

400 Johnson Street
Alpena, MI 49707

Assertive Community Treatment: Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (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: Integrated: IDD/Mental Health (Adults)
Community Employment Services: Employment Supports
Community Employment Services: Job Development
Governance Standards Applied

Brege Group Home

491 Brege Drive
Rogers City, MI 49779

Community Housing: Integrated: IDD/Mental Health (Adults)

Cambridge Group Home

755 Cambridge Street
Alpena, MI 49707

Community Housing: Integrated: IDD/Mental Health (Adults)

Harrisville Home

329 West Main Street
Harrisville, MI 48740

Community Housing: Integrated: IDD/Mental Health (Adults)

Mill Creek Group Home

350 Mill Creek Road
Harrisville, MI 48740

Community Housing: Integrated: IDD/Mental Health (Adults)

NeMCMHA - Fletcher Street Office

318 West Fletcher Street
Alpena, MI 49707

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Employment Services: Employment Supports
Community Employment Services: Job Development

NeMCMHA - Hillman Office

630 Caring Street
Hillman, MI 49746

Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Community Employment Services: Employment Supports
Community Employment Services: Job Development

NeMCMHA - Lincoln Office

177 North Barlow Road
Lincoln, MI 48741

Outpatient Treatment: Mental Health (Children and Adolescents)

NeMCMHA - Rogers City Office

156 North Fourth Street
Rogers City, MI 49779

Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Community Employment Services: Employment Supports
Community Employment Services: Job Development

Pine Park Home

11680 Lake 15 Road
Atlanta, MI 49709

Community Housing: Integrated: IDD/Mental Health (Adults)

Princeton Group Home

215 Princeton Avenue
Alpena, MI 49707

Community Housing: Integrated: IDD/Mental Health (Adults)

Thunder Bay Home

15080 Fairway Court
Hillman, MI 49746

Community Housing: Integrated: IDD/Mental Health (Adults)

Walnut Group Home

638 Walnut Street
Alpena, MI 49707

Community Housing: Integrated: IDD/Mental Health (Adults)