carf INTERNATIONAL

CARF Accreditation Report

for

Manistee Benzie Community Mental Health Organization dba Centra Wellness Network

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 an on-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

Manistee Benzie Community Mental Health Organization dba Centra Wellness Network
310 North Glocheski Drive
Manistee, MI 49660

Organizational Leadership

Dennis Risser, Chairperson, Board of Directors
Erin King, LMSW, Clinical Director
Joseph L. Johnston, II, LMSW, Executive Director

Survey Number

129632

Survey Date(s)

March 11, 2020–March 13, 2020

Surveyor(s)

Walter A. Peake, LMSW, ACSW, Administrative
Christine S. Walkons, LPC, CAADC, CCS-M, MA, Program
Jessica Broz, MA, LPCC-S, Program

Program(s)/Service(s) Surveyed

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

Previous Survey

April 19, 2017–April 21, 2017
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: May 31, 2023

Executive Summary

This report contains the findings of CARF's on-site survey of Manistee Benzie Community Mental Health Organization dba Centra Wellness Network conducted March 11, 2020–March 13, 2020. 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, Manistee Benzie Community Mental Health Organization dba Centra Wellness Network demonstrated substantial conformance to the standards. Centra Wellness Network continues to provide high-quality services and supports that are responsive to the needs of the communities served and result in positive outcomes in the lives of the persons served. The many strengths of the organization are reflected in the positive service outcomes and the satisfaction of stakeholders in both counties. Among these strengths are the organization's demonstrated commitment to collecting and using data and input to guide its business and service delivery functions. The care and competence of the board members, leadership, and personnel in all areas are clearly a key to the organization's ongoing stability and success. Although the organization demonstrates significant strengths, there remain a few areas for improvement. These areas are reflected in the recommendations that follow, including those related to consistent implementation of written procedures for personnel responding to subpoenas, search warrants, investigations, and other legal action; assessment of competencies; and annual testing of emergency procedures and business continuity/disaster recovery procedures. The leadership and staff have the ability and resources to address the identified areas for improvement.

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

Manistee Benzie Community Mental Health Organization dba Centra Wellness Network 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 Manistee Benzie Community Mental Health Organization dba Centra Wellness Network was conducted by the following CARF surveyor(s):

- Walter A. Peake, LMSW, ACSW, Administrative
- Christine S. Walkons, LPC, CAADC, CCS-M, MA, Program
- Jessica Broz, MA, LPCC-S, 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 Manistee Benzie Community Mental Health Organization dba Centra Wellness Network 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: Integrated: AOD/MH (Adults)
- Case Management/Services Coordination: Integrated: AOD/MH (Adults)
- Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
- Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
- Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
- Community Integration: Integrated: AOD/MH (Adults)
- Community Integration: Integrated: IDD/Mental Health (Adults)
- Crisis Intervention: Integrated: AOD/MH (Adults)
- Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
- Crisis Intervention: Integrated: IDD/Mental Health (Adults)
- Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
- Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
- Outpatient Treatment: Integrated: IDD/Mental Health (Adults)
- Outpatient Treatment: Integrated: IDD/Mental Health (Children and Adolescents)
- Prevention: Integrated: IDD/Mental Health (Children and Adolescents)

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 on-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 Manistee Benzie Community Mental Health Organization dba Centra Wellness Network demonstrated the following strengths:

- The organization's governance structure includes its board of directors, composed of persons served, family members, local individuals, and county commissioners from both counties. The board takes an active role in supporting operations through its regular meetings, committee work, and the annual retreat. The current president has been with the board for 14 years and communicates pride in the many accomplishments of Centra Wellness Network.
- The work of the organization is guided by a dynamic and creative executive, who communicates a clear dedication to the provision of high-quality services and supports that are particularly responsive to the needs of the communities served. Beyond these communities, the executive is actively involved in local, state, and national committees; work groups; and trade organizations, supporting the organization's ability to shape policy and inform funding decisions.
- Centra Wellness Network has undertaken significant steps to ensure that information about the organization, its programs, outcomes, and strategic planning process is shared with internal and external stakeholders. In addition to multiple public events and committees, the organization publishes an up-to-date, relevant, and informative newsletter for staff members. Another example of its effort to share information with the communities served is the publication of its annual report in the local weekly newspaper, which is widely distributed throughout and beyond the service area.
- The organization has developed a committee structure that supports a relatively lean administrative structure, while ensuring that information is obtained, analyzed, used, and shared throughout. All personnel participating in the survey process were uncommonly aware of the data and information needed to support their work.
- Strategic planning processes are designed to include input from a wide variety of stakeholders and result in the development of a written strategic plan that provides a clear future vision and establishes clear goals and priorities.
- The executive and leadership personnel make particularly good use of data and input that are collected from a variety of sources and stakeholders. There are multiple committees, collaborative ventures, and forums that present opportunities for the organization to identify unmet needs and in some instances bring immediate decision-making authority and resources to address them. Among these opportunities is the Annual Assessment, a forum in which stakeholders, including families and other service providers, from throughout the communities served come together to identify and address unmet or emerging needs.
- The organization has developed powerful, positive relationships with community partners and other stakeholders that consistently support the organization's ability to provide services that enhance the lives of the persons served and the well-being of the community. The collaboration with these stakeholders is exceptional, as is the organization's responsiveness to identified needs and creative solutions applied. One example is the organization's role on the suicide prevention collaborative. This collaborative effort, initiated with the Little River Band of the Ottawa tribe, includes the coroner, sheriff, hospital systems, and schools. In addition to the review of incidents, the work of the collaborative venture has resulted in public information and messaging campaigns.

- Centra Wellness Network has taken initiative to ensure a positive work culture, as evidenced by use of strength-based language in communication, providing quarterly retreats, and encouraging participation in a variety of wellness activities.
- Centra Wellness Network has demonstrated a commitment to creating a trauma-informed environment for persons served and staff as indicated by the use of trauma-informed language, clinical training in trauma-specific evidence-based practices, and a focus on creating a comfortable environment.
- Centra Wellness Network has undertaken significant efforts to advocate the behavioral health service needs within the community. This is especially evident in program development and the creative use of providing services in locations and settings to meet the needs of the families served. The organization has sites that include integrated medical and dental care, thus providing increased opportunities for persons with both mental and physical needs. This is of particular note, given the distances and challenges in rural areas.
- Access to services and programs is provided in a timely and uncomplicated manner. The person served and provider services seeks opportunities for growth and process improvement such as recent tracking of crisis calls and how quickly it can establish contact between the caller and a clinician. For example, one person served expressed his appreciation for how rapidly he was always connected to his provider.
- Centra Wellness Network's clinical leadership team's members participate in community groups, including coordination of care (housing); child advocacy centers; law enforcement and area agency leaders; domestic violence sexual assault response teams; law advisory; intermediate school district transition planning meetings; Communities That Care coalitions - Manistee Substance, Education, & Awareness and Benzie Area Youth Initiative; and the co-occurring conference committee (annual regional conference on trauma and addiction for healthcare professionals). These dedicated and highly motivated staff members embody Centra Wellness Network's mission and vision to make a significant positive difference in the lives of the persons served.
- Community integration is a valuable part of the program and provides a supportive environment for persons served to learn and refine skills needed for wellness. The staff members empower the persons served by assisting them in finding employment and developing and practicing healthy living skills. One example is a person served who has established a business in providing snacks to the sites, with plans to expand to other facilities in the community. He expressed gratitude to staff members who assisted him in getting a small business loan and for transporting him to buy and deliver his products. He spoke with pride of how this small business helped him financially and how he was able to keep account of the money for this endeavor.
- Centra Wellness Network manages health home programs, which offer healthcare management for persons with a mental health disorder and chronic medical condition. A third health home program, the Opioid Health Home, has been created along with services for medication-assisted treatment as an enhanced level of care for persons with an opioid addiction. The Opioid Health Home providers work with the person served to coordinate, support, and help manage the person's recovery along with other healthcare and social needs.
- It was quite evident from the interviews conducted with persons served that staff members demonstrate commitment and care in their engagement and inclusiveness for each person. One person shared that he loved the services provided for him. Another spoke of her appreciation for staff members who took her on outings and provided a nursing service in her home. Persons served spoke collectively of their appreciation, and all reported being treated with respect and dignity.

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

- Although the organization has developed a written plan on cultural competency and diversity, it is encouraged to continue its work on assessing current competencies, identifying areas for improvement, and implementing actions to address those areas.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

1.E.2.a.
1.E.2.b.
1.E.2.c.
1.E.2.d.
The organization has developed policy statements that provide detailed descriptions of the type of information that can and/or must be released in response to a subpoena, but these documents do not provide specific "how-to" procedures that describe actual expected practice. In addition, the existing documents appear to be limited to

subpoenas, without addressing search warrants, investigations, or other legal actions. As noted in the previous accreditation report, the organization is again urged to implement written procedures to guide personnel in responding to subpoenas, search warrants, investigations, and other legal action.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

1.G.1.a.(2)
1.G.1.a.(6)
1.G.1.b.(2)
The organization has developed a document identified as the "Safety, Crisis Preparedness, Risk Management Manual." This document includes information about a variety of areas of potential risk exposure, but it appears to reflect relatively static policy positions rather than an action-oriented process that relates to a specific project or goal. The current document does address various potential areas of exposure, but the related content appears to reflect existing policies and procedures intended to mitigate those risks. The organization is urged to implement a written a risk management plan that includes analysis of loss exposures and reporting results of actions taken to reduce risks and is updated as needed. It is suggested that the organization consider existing sources of input and data, such as incident reports, complaints, grievances, and health and safety inspections and drills, which might

support the identification of risk exposures; analyze these data to understand the likelihood and potential impact of an occurrence; establish specific goals and actions to mitigate potential exposure; and review the effectiveness of those actions.

1.G.3.a.
The organization has developed written procedures that address communications, but is urged to implement written procedures regarding communications that address media relations. It is suggested that the organization also review and expand its written procedures regarding social media, in order to provide specific guidance for personnel and other stakeholders.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.7.a.(2)
1.H.7.c.(1)
1.H.7.c.(2)
1.H.7.c.(3)
1.H.7.c.(4)
1.H.7.d.
The organization conducts tests of most emergency procedures, but is urged to ensure that unannounced tests of each emergency procedure are conducted at least annually at each location that include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill that is analyzed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. Tests should be consistently evidenced in writing, including the analysis. It is suggested that the health and safety committee consider each emergency procedure for each location and consider revising these documents to provide additional specific, step-by-step guidance for each action to be taken. It is also suggested that the forms for documenting tests be modified to include each step in the procedure and support a clear review of whether the procedure provides accurate, adequate guidance.

1.H.13.a.(1)
1.H.13.a.(2)
1.H.13.b.(1)
1.H.13.b.(2)
1.H.13.b.(3)
The organization arranges for the completion of safety inspections by a variety of external authorities, including fire safety vendors; heating, ventilation, and air conditioning professionals; public health professionals; and local fire authorities. The type of inspection appears to vary according to which location is being inspected. As noted in

the previous accreditation report, the organization is again urged to ensure that comprehensive health and safety inspections are conducted at least annually by a qualified external authority. Each inspection should result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations. It is suggested that the organization identify the various types of inspections currently conducted at each location and consider what additional inspections might be required to represent a comprehensive process.

Consultation

- Emergency procedures are documented in a variety of policies and plans. Some are overarching, organizationwide documents, and others are site specific. These written procedures could be enhanced through additional testing and consideration of each specific step or action that would be required to promote safety. The organization is encouraged to consider a regular review of these procedures as a part of ongoing health and safety planning and perhaps consolidate the content of the various documents to promote clear, complete communication of intended practice at each location.
- The organization uses a standard form to document health and safety self-inspections at each facility. It is suggested that the forms be reviewed and revised to reflect any specific conditions or potential issues at each site. The organization is encouraged to involve additional personnel in completing these inspections.

1.I. Workforce Development and Management

Description

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

Key Areas Addressed

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

Recommendations

1.I.7.b.
1.I.7.c.
The organization is working to develop a program for assessment of competencies, but the existing document has not yet been fully implemented. It is recommended that workforce development activities include assessment of competencies and identification of timeframes/frequencies related to the competency assessment process.

Consultation

- The organization has developed a brief statement that describes many characteristics of its workforce, and there are additional policies, plans, and procedures that include additional descriptions. It is suggested that the organization consider the benefit of organizing a single description, or perhaps separate descriptions of the workforce associated with each core program, which might support ease of use and provide a comprehensive description.

1.J. Technology

Description

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

Key Areas Addressed

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

Recommendations

1.J.4.a.
1.J.4.b.(1)
1.J.4.b.(2)
1.J.4.b.(3)
1.J.4.b.(4)
1.J.4.b.(5)
1.J.4.c.
The organization is urged to conduct at least an annual test of its procedures for business continuity/disaster recovery. The test should be analyzed for effectiveness, areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. The test should be evidenced in writing, including the analysis.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- The organization collects and analyzes data regarding formal complaints and grievances through its rights advisory committee. It is encouraged to consider including additional information about the analysis process on the form that includes goals and action plans.

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

Key Areas Addressed

■ Data collection
■ Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

Consultation

- The organization describes its robust performance measurement and management system in a variety of documents and plans. It is suggested that it consider development of a single document to provide an overall description, which could be easily used to educate stakeholders about its approach and use of the performance measurement and management system.

1.N. Performance Improvement

Description

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

Key Areas Addressed

■ Analysis of performance indicators in relation to performance targets
■ Use of performance analysis for quality improvement and organizational decision making
■ 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.

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 his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, his or her family or significant others, or from external resources.

Key Areas Addressed

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

Recommendations

2.B.12.d.
Although Centra Wellness Network has plans to incorporate this screening process, it has not yet done so. Therefore, it is recommended that the organization's assessment process include screening for suicide risk for all persons served age 12 and older using a standardized tool normed for the population served.

Consultation

- Although staff members at Centra Wellness Network guide persons served through the orientation process in a one-on-one setting, the organization may consider including pictures in its orientation packet to help guide nonreaders.
- A frequently documented response to the question on the organization's assessment regarding culture was "none" or "none reported." It is suggested that the description of the person's culture in the assessment be expanded to include elements such as whether the person served was raised in a rural or urban or other geographic area, family traditions, and other aspects of culture.
- The organization is encouraged to consider enhancing the content of its interpretive summary to include more in-depth clinical impressions.

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 his or her plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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 person served when he or she moves to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

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

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

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

Key Areas Addressed

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

Recommendations

2.D.3.a.(1)
2.D.3.a.(2)
2.D.3.b.(1)
2.D.3.b.(2)
2.D.3.c.
2.D.3.d.
2.D.3.e.
2.D.3.f.
2.D.3.g.(1)
2.D.3.g.(2)
2.D.3.g.(3)
2.D.3.g.(4)

Although there is some evidence of transition planning in the records of the persons served, there is no cohesive format for this. Therefore, it is recommended that a written transition plan be prepared or updated to ensure a seamless transition when a person served is transferred to another level of care or an aftercare program or prepares for a planned discharge. The transition plan should identify the person's current progress in his/her own recovery or move toward well-being and gains achieved during program participation. Additionally, the transition plan should identify the person's need for support systems or other types of services that will assist in continuing his/her recovery, well-being, or community integration; include information on the continuity of the person's medication(s), when applicable; include referral information, such as contact name, telephone number, locations, hours, and days of services, when applicable; include communication of information on options and resources available if symptoms recur or additional services are needed, when applicable; and include the person's strengths, needs, abilities, and preferences. The organization is encouraged to develop a standardized format for its transition plans.

2.D.4.a.(1)
2.D.4.a.(2)
2.D.4.a.(3)
2.D.4.a.(4)
2.D.4.a.(5)
2.D.4.a.(6)
2.D.4.b.

It is recommended that the written transition plan be developed with the input and participation of the person served; the family/legal guardian, when applicable and permitted; a legally authorized representative, when appropriate; team members; the referral source, when appropriate and permitted; and other community services, when appropriate and permitted. The written transition plan should be given to individuals who participate in the development of the transition plan, when permitted. The organization might consider a transition plan form that documents all preparation for transition in a single document.

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 his/her 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.9.a.(4)(a)
2.E.9.a.(4)(d)
2.E.9.a.(5)(a)(i)
2.E.9.a.(5)(a)(ii)
2.E.9.a.(5)(a)(iii)
2.E.9.a.(5)(c)(i)
2.E.9.a.(5)(c)(ii)
Although the organization demonstrates conducting an annual peer review of medications, the peer review is incomplete. It is recommended that a documented peer review of medications prescribed be conducted to assess the appropriateness of each medication as determined by the needs and preferences of each person served and periodic reevaluation of continued use related to the primary condition being treated; to determine whether contraindications, side effects, and adverse reactions were identified and, if needed, addressed; and to determine whether there was simultaneous use of multiple medications, including polypharmacy and co-pharmacy.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

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

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
- Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to others.
- Holding a person's hand or arm to safely guide him or her from one area to another or away from another person.
- Security doors designed to prevent elopement or wandering.
- Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

■ Policy addressing how the program will respond to unsafe behaviors of persons served
■ Competency-based training for direct service personnel on the prevention of unsafe behaviors
■ Policies on the program's use of seclusion and restraint, if applicable
■ Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
■ Plan for elimination of the use of seclusion and restraint, if applicable
■ Written procedures regarding orders for and the use of seclusion and restraint, if applicable
■ Review and analysis of the use of seclusion and restraint, if applicable

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.

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

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

There are no recommendations in this area.

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

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.E. Crisis Intervention (CI)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.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.G. Prevention (P)

Description

Prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse or neglect, exposure to or experience of violence in the home and community; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings.

Organizations may provide one or more of the following types of prevention programs, categorized according to the population for which they are designed:

■ Universal programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.
■ Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, tobacco use prevention, child abuse prevention, and suicide prevention.
■ Training programs provide curriculum-based instruction to active or future personnel in human service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

■ Personnel qualifications
■ Appropriate program activities
■ Public awareness
■ Program strategies

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.

Program(s)/Service(s) by Location

Manistee Benzie Community Mental Health Organization dba Centra Wellness Network

310 North Glocheski Drive
Manistee, MI 49660

Community Integration: Integrated: AOD/MH (Adults)
Community Integration: Integrated: IDD/Mental Health (Adults)

Benzie Community Resource Center

6051 Frankfort Highway, Suite 200
Benzonia, MI 49616

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

Manistee Wellness Center

2198 US 31 South
Manistee, MI 49660

Assertive Community Treatment: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: IDD/Mental Health (Adults)
Outpatient Treatment: Integrated: IDD/Mental Health (Children and Adolescents)
Prevention: Integrated: IDD/Mental Health (Children and Adolescents)