



**CARF**  
**Survey Report**  
**for**  
**Pines Behavioral**  
**Health Services**

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## Organization

Pines Behavioral Health Services  
200 Orleans Boulevard  
Coldwater, MI 49036

## Organizational Leadership

John H. Bolton, M.A., LLP, Chief Executive Officer

## Survey Dates

September 6–8, 2006

## Survey Team

Robert J. DiDomenico, D.Min., Administrative and Program Surveyor

Suzanne M. Goolden, M.H.A., CTRS, CASAC, Program Surveyor

Doris M. Lucas, M.S.W., LCSW, Program Surveyor

## Programs/Services 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)

Intensive Family-Based Services: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Prevention/Diversion: Mental Health (Adults)

Prevention/Diversion: Mental Health (Children and Adolescents)

Community Services: Respite Services

## Previous Survey

June 18–20, 2003

Three-Year Accreditation



## Survey Outcome

Three-Year Accreditation

Expiration: June 2009

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# SURVEY SUMMARY

## **Pines Behavioral Health Services has strengths in many areas.**

- Pines Behavioral Health Services ensures that it is visible within the community. Through the efforts of the board members, executive director, staff members, and families, the organization has a high profile and positive reputation. Funding sources indicate that the organization is flexible, community-minded and collaborative, and willing to work with other organizations.
- The organization's management, administrative, and direct care staff members are dedicated and enthusiastic. The executive director has demonstrated that he has a thorough knowledge of all aspects of the organization, and he clearly prioritizes the delivery of quality services.
- The board of directors consists of individuals with various backgrounds. Board members are dedicated to ensuring that persons receive quality services. The board and the executive director demonstrate clear understanding and knowledge of their roles and responsibilities.
- The organization's comprehensive safety program ensures the health and safety of staff members, persons served, and volunteers. The organization's buildings are kept clean and neat. Power doors into the building have been installed since the last site survey.
- The organization's performance improvement and outcomes measurement system is easily understood and complete. The reports are understandable and provide detailed and necessary information to determine the effectiveness and efficiency of its programs. The system collects information from stakeholders, analyzing and integrating it into the business practices. The leadership responds to the information collected.
- The human resource department is complimented for the maintenance of the personnel records, which are kept in three-ring binders.
- Pines Behavioral Health Services appears to maintain financial solvency, and it is complimented for its budget process. Various financial reports give detailed information. This information assists leadership to make appropriate administrative and programmatic decisions.
- The organization continuously ensures that all programs offered and/or considered relate to its mission. Staff members indicate that the organization is not afraid to change and be creative to meet needs of persons served. When persons served were affected by Medicare Part D, the organization sent a staff person for training to be a Medicaid/Medicare Assistance Program representative (MMAP). This person works on behalf of Medicare beneficiaries in Michigan to enroll them into Medicare plans. Having that service on site has been a tremendous help for the persons served.
- Persons served express pleasure with services received. Staff members are familiar with individuals they support. The skills and abilities expected of the staff members as indicated in the job descriptions provide for a service delivery system that ensures quality services.
- Open communications and support is available for the families of persons served.
- Pines Behavioral Health Services demonstrates commitment to excellence to its persons served. It is evident that it is a caring organization.

- The organization is complimented for the longevity of its staff members. Enthusiastic and experienced staff members are very knowledgeable and competent regarding service provision guidelines. Staff members indicate that they feel respected and listened to and that there is teamwork and support from one another. The staff members network within the organization, working together to solve problems and find the best solutions for persons served.
- Therapy services are willing and able to implement new approaches to help persons served.
- The organization provides an integrated access service, assisting mental health and substance use needs. Persons can have both their mental health and substance abuse needs met in one location.
- The organization is complimented on its procedures related to screening, access, and intake. Pines Behavioral Health Services is responsive to and timely in meeting the needs of its customers and is able to provide immediate care and referral as necessary.
- The prevention program addresses the identified needs of elementary school children through focusing on reduction of absenteeism. It is believed this focus will enable children and families to address multiple areas of need for persons and provide additional involvement of the children and families toward school achievement.

**In the following area Pines Behavioral Health Services demonstrates exemplary conformance to the standards.**

- The senior respite services is an exceptional program for caregivers and families of persons with Alzheimer’s disease, providing support informally on a daily basis and formally in the caregivers support group. Any person within the community attending the support group is provided respite for their loved one at no cost to the person or family.

**Pines Behavioral Health Services should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate nonconformance to standards but are offered as consultation for further quality improvement.**

On balance, the board, management, and staff members of Pines Behavioral Health Services are dedicated, committed, and enthusiastic with regard to helping families and persons served. It is clear that Pines Behavioral Health Services is genuinely committed to providing quality services and to maintaining CARF accreditation. Persons served and families speak highly of the organization’s services and mission, and the organization enjoys a positive reputation throughout the community. Pines Behavioral Health Services’ business practices are in substantial conformance to the standards. The organization is encouraged to address the opportunities for improvement in its clinical services. It is evident that the dedication and enthusiasm displayed by the leadership of the organization will be carried over to addressing the recommendations made in this survey report and meeting the needs of persons served.

Pines Behavioral Health Services has earned a Three-Year Accreditation. It is apparent that persons served are being treated with respect in a caring environment. The leadership and staff members are recognized for their achievement, and they are encouraged to continue to use the CARF standards to improve the quality of services.

# SECTION 1. BUSINESS PRACTICES

## Criterion A. Input from Stakeholders

### Principle Statement

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

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## Criterion B. Accessibility

### Principle Statement

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

### Key Areas Addressed

- Written accessibility plan(s)
  - Status report regarding removal of identified barriers
  - Requests for reasonable accommodations
- 

### Recommendations

There are no recommendations in this area.

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## **Criterion C. Information Management and Performance Improvement**

### **Principle Statement**

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

- Information collected, analyzed, and used to address critical customer needs
  - Accurate and consistent information collection
  - Proactive performance improvement
  - Performance information shared with all stakeholders
  - Written technology and system plan
- 

### **Recommendations**

There are no recommendations in this area.

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## **Criterion D. Rights of Persons Served**

### **Principle Statement**

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

## **Key Areas Addressed**

- Meaningful communication of rights
  - Commitment to diversity
  - Policies promote rights of persons served
  - Complaint, grievance, and appeals policy
  - Annual review of complaints
- 

## **Recommendations**

There are no recommendations in this area.

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## **Criterion E. Health and Safety**

### **Principle Statement**

CARF-accredited organizations maintain accessible, healthy, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

### **Key Areas Addressed**

- One annual external inspection
  - Self-inspections twice a year
  - Emergency procedures, including evacuation, tested/analyzed annually
  - Access to emergency first-aid resources
  - Competency of personnel in safety procedures
  - Defined system for reporting/reviewing critical incidents
  - Infection control plan
  - Transportation requirements, if applicable
- 

### **Recommendations**

There are no recommendations in this area.

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## **Criterion F. Human Resources**

### **Principle Statement**

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

### **Key Areas Addressed**

- Adequate staffing
  - Verification of background/credentials
  - Recruitment/retention efforts
  - Personnel skills/characteristics
  - Annual review of job description/performance
  - Policies regarding students/volunteers, if applicable
- 

### **Recommendations**

There are no recommendations in this area.

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## **Criterion G. Leadership**

### **Principle Statement**

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

## **Key Areas Addressed**

- Leadership structure
  - Leadership guidance
  - Corporate responsibility
  - Corporate compliance
  - Commitment to diversity
- 

## **Recommendations**

There are no recommendations in this area.

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## **Criterion H. Legal Requirements**

### **Principle Statement**

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
- 

## **Recommendations**

There are no recommendations in this area.

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## **Criterion I. Financial Planning and Management**

### **Principle Statement**

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

## **Key Areas Addressed**

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Annual review of service billing records, if applicable
  - Review of fee structure, if applicable
  - Annual outside review/audit, if applicable
  - Written risk management plan
  - Adequate insurance coverage
  - Policies regarding safeguarding funds of persons served, if applicable
- 

## **Recommendations**

There are no recommendations in this area.

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# **SECTION 2. GENERAL PROGRAM STANDARDS**

## **Principle Statement**

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

## **A. Program Structure and Staffing**

### **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

### **A.15.d.**

Pines Behavioral Health Services should consistently ensure that ongoing supervision of direct service personnel addresses the provision of feedback that enhances the skills of direct service personnel. This could include professional development issues such as interviewing skills, identifying transference, and counter-transference, as well as counseling theories and establishing therapeutic relationships with the persons served.

### **Consultation**

- Pines Behavioral Health Services is encouraged to continue its efforts in recruitment of staff members reflective of the cultural composition of the persons served.
- 

## **B. Screening and Access to Services**

### **Principle Statement**

The process of screening and assessment is designed 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 strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, or from external resources.

## Key Areas Addressed

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

## Recommendations

### **B.6.b.(7)**

### **B.6.e.(3)**

### **B.6.g.(1) through B.6.g.(3)**

### **B.6.k. through B.6.l.(2)(d)**

It is recommended that Pines Behavioral Health Services expand its orientation process for persons served to include an explanation of the organization's requirements for follow-up for the mandated person served regardless of his or her discharge outcome; the program's policies regarding illicit or licit drugs brought into the program; a copy of the program rules that identifies any restrictions the program may place on the person served; the events, behaviors, or attitudes that may lead to the loss of rights or privileges for the person served; and the means by which the person served may regain rights or privileges that have been restricted. Orientation should also include information regarding transition criteria and procedures; an explanation of the organization's expectations for consistent court appearances; and an explanation of the organization's therapeutic interventions, including sanctions, interventions, incentives, and administrative discharge criteria.

### **B.9.e.**

### **B.9.f.**

### **B.9.g.(3)**

### **B.9.r.**

The organization should expand its primary assessment to include the person's abilities/interests, preferences, efficacy of currently or previously used medications, and educational functioning. The organization is urged to consistently document medication allergies or adverse side effects of the persons served.

### **B.10.b.(1)**

### **B.10.b.(2)**

It is recommended that Pines Behavioral Health Services prepare an interpretive summary that is based on the assessment data and used in the development of the individual plan.

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## C. Individual Plan

### Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

### Key Areas Addressed

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

### Recommendations

#### C.1.a.

It is recommended that the individual plan be prepared using the information from the primary assessment and interpretive summary.

#### C.2.a.(1)

#### C.2.a.(5)(c)

#### C.2.a.(5)(d)

#### C.2.b.(7)

#### C.2.e.

Pines Behavioral Health Services should consistently include in the individual plan the goals expressed in the words of the persons served, the person's abilities and preferences, measurable objectives, and information on or conditions for transition to other services.

#### C.3.a.

When the person served has co-occurring disabilities and/or disorders, the individual plan should specifically address those issues in an integrated manner.

#### C.6.a.(1)

#### C.6.a.(2)

It is recommended that progress notes consistently document the achievement of identified goals and objectives.

#### C.7.h.

It is recommended that the organization ensure that a designated individual(s) assists in coordinating services for each person served by facilitating the transition process, including arrangements for follow-up services.

## Consultation

- It is suggested that Pines Behavioral Health Services develop a system that shows a master list of goals and objectives, the prioritization of the goals and objectives to be addressed, and the progress toward these goals and objectives.
- 

## D. Transition/Recovery Support Services

### Principle Statement

The organization assists the persons served to obtain services that are needed but that are not available within the organization and to plan for transition from services and follow-up, when needed. 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 organization proactively attempts to contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. The organization reviews the postdischarge information to determine the effectiveness of its services and determine if additional services are needed.

### 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

### D.1.b.

Pines Behavioral Health Services should follow its policy and procedures regarding transition to other services on a consistent basis.

### D.2.

Transition planning should be initiated with the person served at the earliest possible point in the individual planning and service delivery process.

### D.3.a.(1) through D.3.f.

Pines Behavioral Health Services does not appear to consistently adhere to its written policy regarding transition planning. The written transition plan should identify the person's current progress in his or her own recovery or move toward well-being; gains achieved during program

participation; and strengths, needs, abilities, and preferences. The plan should be developed with the input and participation of the person served; the family, when applicable or permitted; a legally authorized representative, when appropriate; personnel; and the referral source, when appropriate and permitted. Transition plans should identify the person's need for support systems or other types of services that will assist in continuing his or her recovery or well-being; include information on the person's medication(s), when applicable; include referral source information, such as contact name, telephone number, locations, hours, and days of services; and include communication of information on options available if symptoms recur or additional services are needed.

#### **D.4.**

Individuals who participate in the development of the transition plan should receive copies of the plan when permitted.

#### **D.6.a.**

#### **D.6.b.**

When an unplanned transition or discharge occurs, personnel should be identified who will be responsible for follow-up to determine with the person served whether further services are needed and to offer or refer to needed services when possible.

#### **D.7.a.**

#### **D.7.b.**

When a person is discharged or removed for aggressive or assaultive behavior, it is recommended that the organization follow-up within 72 hours postdischarge to ensure linkage to appropriate care.

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## **E. Pharmacotherapy**

### **Principle Statement**

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

### **Key Areas Addressed**

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

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## Recommendations

### E.4.b.

Pines Behavioral Health Services is urged to develop policies and procedures to address a program for medication utilization evaluation.

### E.8.g.

### E.8.k.

### E.8.l.

It is recommended that the organization provide for training and education that focuses on risks associated with pregnancy, alternatives to the use of medications, and alternative medication.

## Consultation

- It is suggested that Pines Behavioral Health Services develop ongoing training and education for those personnel directly involved with persons who are prescribed medications to further understand side effects, efficacy, and potential drug reactions.

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## F. Seclusion and Restraint

### Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time-out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

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

In a correctional setting, the use of seclusion or restraint for purposes that are not in response to the behavioral health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

## **Key Areas Addressed**

- Emergency intervention procedures
  - Patterns of use reviewed
  - Policies and procedures for use of seclusion and restraint
  - Persons trained in use
  - Designated room
- 

## **Recommendations**

There are no recommendations in this area.

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## **G. Records of the Persons Served**

### **Principle Statement**

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

### **Key Areas Addressed**

- Confidentiality
  - Time frames for entries to records
  - Individual record requirements
  - Duplicate records
- 

### **Recommendations**

#### **G.3.h.(7)**

#### **G.3.i.(3)**

It is recommended that the individual record include the transition plan, when applicable, as well as describe the extent to which the established goals and objectives were achieved.

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## H. Quality Records Review

### Principle Statement

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

### Key Areas Addressed

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

### Recommendations

#### H.3.d.

#### H.3.e.(1)

Pines Behavioral Health Services should include in its quality record reviews whether the actual services related to goals and objectives and whether the transition and/or discharge plan has been completed when applicable.

### Consultation

- It is suggested that the organization utilize the compliance chart audit format that is used by the case management supervisor by all clinical supervisors within the organization.
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## MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/ disorders, such as mental illness and a developmental disability.

# SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

## Principle Statement

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

## Q. Prevention/Diversion

### Principle Statement

Prevention/diversion programs are proactive and evidence-based, 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/diversion 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 disorders, physical illness, or violence and abuse; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Programs are provided in the community, school, home, workplace or other settings.

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

- Universal programs target the general population and seek to reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations.
- Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem behavior. These programs are tailored to reduce identified risk factors and strengthen protective factors in the individual. Selected programs may include student assistance (SAP), peer counseling, or peer mentor groups.
- Indicated programs target groups that are exhibiting early signs of the problem behavior. These individuals are at risk for continued or increased problems. Indicated prevention may include programs traditionally thought of as intervention that focus on changing outcomes for

individuals and targeting antecedents of problem behavior. Indicated programs may also include diversion programs such as DUI/OWI classes, report centers, home monitoring, after-school tracking, or supervised visitation.

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### **Recommendations**

There are no recommendations in this area.

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## **SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS**

### **Principle Statement**

If an organization is required or chooses to add one of the following Specific Population Designations to a core program(s) being surveyed, the standards for these designations will be applied at the time of the survey in addition to the core program standards.

### **A. Children and Adolescents**

#### **Prevention/Diversion**

### **Principle Statement**

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

---

### **Recommendations**

#### **A.1.a.**

#### **A.1.e.**

#### **A.1.f.(2) through A.1.n.**

Although the organization completes an assessment for each child or adolescent served, the assessment should consistently include the person's school history; hearing functioning; visual functioning; immunization record; learning ability; intellectual functioning; family relationships; interactions with peers; environmental surroundings; and prenatal exposure to alcohol, tobacco, or other drugs.

**A.6.a.**

**A.6.b.**

**A.6.d.**

When identified and based on the needs of the persons served, Pines Behavioral Health Services should ensure that the program for children or adolescents served includes community living skills, social skills, and vocational skills.

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## **INTEGRATED AOD/MENTAL HEALTH**

Core programs in this field category are designed to provide a combination of alcohol and other drugs/addictions and mental health services. Services may be provided through a seamless system of care for individuals with needs in one or both areas or for persons with the identified co-occurring disorders.

### **SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS**

#### **Principle Statement**

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

#### **A. Assertive Community Treatment**

##### **Principle Statement**

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

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

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

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## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- It is suggested that the assertive community treatment (ACT) team develop protocols to more effectively document substance abuse services. This could be accomplished through a more focused effort in the assessment and treatment planning process.

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## **C. Case Management/ Services Coordination**

### **Principle Statement**

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

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

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

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### **Recommendations**

There are no recommendations in this area.

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## **M. Intensive Family-Based Services**

### **Principle Statement**

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

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### **Recommendations**

There are no recommendations in this area.

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## **O. Outpatient Treatment**

### **Principle Statement**

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and psychoeducation. 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, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Intensive outpatient treatment programs are clearly identified as a separate and distinct program. The intensive outpatient program consists of a scheduled series of sessions appropriate to the individual plans of the persons served. These may include services provided during evenings and on weekends or interventions delivered by a variety of services providers in the community. The program can function as a step-down program from partial hospitalization, detoxification, or

residential services; may be used to prevent or minimize the need for a more intensive and restrictive level of treatment; and is considered to be more intensive and integrated than traditional outpatient services.

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### **Recommendations**

There are no recommendations in this area.

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## **SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS**

### **Principle Statement**

If an organization is required or chooses to add one of the following Specific Population Designations to a core program(s) being surveyed, the standards for these designations will be applied at the time of the survey in addition to the core program standards.

### **A. Children and Adolescents**

**Case Management/Services Coordination  
Intensive Family-Based Services  
Outpatient Treatment**

### **Principle Statement**

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

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### **Recommendations**

**A.1.a.**

**A.1.e.**

**A.1.f.(2) through A.1.n.**

Although the organization completes an assessment for each child or adolescent served, the assessment should consistently include the person's school history; hearing functioning; visual functioning; immunization record; learning ability; intellectual functioning; family relationships; interactions with peers; environmental surroundings; and prenatal exposure to alcohol, tobacco, or other drugs.

**A.6.a.**

**A.6.b.**

**A.6.d.**

When identified and based on the needs of the persons served, Pines Behavioral Health Services should ensure that the program for children or adolescents served includes community living skills, social skills, and vocational skills.

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## **SECTION 5. EMPLOYMENT AND COMMUNITY SERVICES**

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

- Identification of employment opportunities and resources in the local job market.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources to achieve and maintain employment.
- Coordination of and referral to employment-related services.

The organization maintains its leadership role in the employment sector of the community by designing and continually improving its services based on input from the persons served, input from employers in the local job market, and 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.

### **A. Individual-Centered Service Planning, Design, and Delivery**

#### **Principle Statement**

Improvement of the quality of an individual's services 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 are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

## **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.

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## **L. Community Services Principle Standards**

### **Principle Statement**

The standards in this subsection assert basic principles that should be demonstrated by any organization seeking accreditation in the area of community services.

### **Key Areas Addressed**

- Access to community resources and services
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### **Recommendations**

There are no recommendations in this area.

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## **O. Respite Services**

### **Principle Statement**

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate.

### **Key Areas Addressed**

- Time-limited, temporary relief from service delivery
  - Accommodation for family's living routine and needs of person served
- 

### **Recommendations**

There are no recommendations in this area.

## **Exemplary Conformance**

### **O.2.a.**

### **O.2.b.**

Respite services clearly accommodates each family's living routine and the needs of the person served. The senior respite services is an exceptional program for caregivers and families of persons with Alzheimer's disease. The program is located in one area of the local senior citizens center, providing access to many of the services and programs of the center. Beginning in 1997, the program has served 127 families, offering support for persons who might have had to be in a higher level of care. The program provides support informally on a daily basis and formally with a caregivers' support group. Any person within the community attending the support group is provided respite for their loved one at no cost to the person or family. Senior respite services is run by creative, dedicated, and positive staff members, living their theme of "one good day, one day at a time," with regular special attention to the spiritual, physical, and emotional health for the persons served and their families. There is continual mental and physical stimulation for the persons served within a calm, loving, reassuring, and positive environment. The program has many volunteers, including school-age children and adults, and has support by many individuals and groups within the community for special services to the persons served.

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# PROGRAMS/SERVICES BY LOCATION

## **Pines Behavioral Health Services**

200 Orleans Boulevard  
Coldwater, MI 49036

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)  
Intensive Family-Based Services: Integrated: AOD/MH (Children and Adolescents)  
Outpatient Treatment: Integrated: AOD/MH (Adults)  
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)  
Prevention/Diversion: Mental Health (Adults)  
Prevention/Diversion: Mental Health (Children and Adolescents)

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## **Burnside Senior Center - Pines Senior Respite**

65 Grahl Drive  
Coldwater, MI 49036

Community Services: Respite Services

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