CARF Accreditation Report

for

North Country Community Mental Health

Three-Year Accreditation

Contents

About CARF

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

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

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

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

Organization

North Country Community Mental Health
1420 Plaza Drive
Petoskey, MI 49770

Organizational Leadership

Brian Babbitt, CEO
Kim S. Rappleyea, Chief Operating Officer

Survey Number

201376

Survey Date(s)

October 22, 2025–October 24, 2025

Surveyor(s)

Jean M. Pfaendtner, LMSW, Administrative
Tina Gomez, Program
Stacey Dettloff, MA, LPC, LLP, Program

Program(s)/Service(s) Surveyed

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

Previous Survey

November 2, 2022–November 4, 2022
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation

Expiration: November 30, 2028

Executive Summary

This report contains the findings of CARF's site survey of North Country Community Mental Health conducted October 22, 2025–October 24, 2025. 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, North Country Community Mental Health demonstrated substantial conformance to the standards. North Country demonstrates strong leadership, a dedicated and compassionate workforce, and a clear commitment to quality improvement. The organization emphasizes data-driven decision making, strategic planning, and evidence-based practices to enhance service effectiveness. Collaboration across programs and with community partners supports comprehensive, person-centered care. Staff longevity reflects deep loyalty and stability, contributing to consistent service delivery and a supportive organizational culture. This environment of engagement, teamwork, and professional growth fosters welcoming settings and meaningful connections that promote recovery and well-being. Opportunities for improvement include the cultural competency, diversity, and inclusion plan; code of ethics; annual corporate compliance work plan; procedures regarding search warrants, investigations, and other legal action; emergency testing analysis; actions taken to respond to the recommendations for health and safety inspections; and performance appraisal. Additional areas in programs include policies regarding items brought into the facility, client orientation, support for smoking cessation, and medication training and procedures.

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

North Country Community Mental Health 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 North Country Community Mental Health was conducted by the following CARF surveyor(s):

- Jean M. Pfaendtner, LMSW, Administrative

- Tina Gomez, Program

- Stacey Dettloff, MA, LPC, LLP, 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 North Country Community Mental Health and its program(s)/service(s) consisted of the following activities:

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

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

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

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

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

- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

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

- Assertive Community Treatment: Mental Health (Adults)

- Case Management/Services Coordination: Mental Health (Adults)

- Case Management/Services Coordination: Mental Health (Children and Adolescents)

- Community Integration: Mental Health (Adults)

- Crisis Programs - Crisis Intervention: Mental Health (Adults)

- Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)

- Outpatient Treatment: Mental Health (Adults)

- Outpatient Treatment: 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 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 North Country Community Mental Health demonstrated the following strengths:

- North Country provides quality behavioral health services for children, adolescents, and adults. Serving a primarily rural area, the organization offers care through several satellite offices to increase accessibility for the clients. The leadership team includes experienced professionals with extensive tenure in the organization and the behavioral health system, positioning them to provide informed direction and sound decision making for North Country.

- North Country has a diverse, multigenerational staff that demonstrates strong dedication to both the clients and the organization. Many team members have been with North Country for ten to 30 years, providing stability and institutional knowledge. They are complemented by newer employees who bring fresh perspectives and diverse skill sets that strengthen the organization's overall capacity and innovation. The long tenure of many employees reflects a deep dedication to North Country and to the quality of services provided within its supportive and committed network. Several employees expressed their intention to build lifelong careers with the organization, with some sharing, "I hope to retire here," underscoring the sense of loyalty and fulfillment North Country fosters among its staff.

- North Country demonstrates a strong commitment to effective data capture and utilization. The organization takes a thoughtful approach by identifying key questions before collecting data, analyzing the results thoroughly, and then using those findings to guide improvements. This intentional process allows North Country to enhance the effectiveness and efficiency of its operations.

- The organization engages in an in-depth strategic planning process using the Hoshin Kanri model. Through this approach, North Country identifies core priorities that form the foundation of a well-developed, measurable, and forward-thinking plan to guide its future direction. The organization also follows a clearly defined process for identifying problems, gathering and analyzing data, and implementing performance-enhancing changes that support continuous improvement.

- North Country is recognized as a strong team player within its Prepaid Inpatient Health Plan (PIHP) system. The organization develops tools, databases, and system processes that promote effective and efficient services for the clients. In addition, North Country demonstrates openness and collaboration by sharing its resources and quality practices with external partners to support their operations too and strengthen systemwide performance.

- The organization's website provides a comprehensive overview of its programs and services. It offers detailed information about the approach and scope of care, serving as a valuable resource for clients seeking treatment and their family members. The site's user-friendly design allows for easy navigation, and its engaging, interactive features enhance the user experience while encouraging service engagement. The website effectively communicates essential information in a clear and accessible manner.

- North Country builds strong collaborative relationships with community resources in its immediate and surrounding counties to support the ongoing and emerging needs of its clients. These partnerships include referral sources, organizations addressing social determinants of health, and primary and specialty care providers that together form a comprehensive network of support. Of particular note are the monthly meetings between North Country's nursing staff and external primary care coordinators, which serve as an effective forum for care coordination and continuity of services.

- North Country demonstrates a strong commitment to clinical excellence through the consistent implementation of evidence-based practices in a comprehensive range of therapeutic approaches that reflects the organization's dedication to individualized, recovery-focused care. This also underscores North Country's commitment to fostering a culture of continuous learning, professional growth, and best-practice integration among its clinical staff.

- Clients provided heartfelt testimonials that reflect the dedication and compassion of North Country's staff. Through daily interactions, the organization creates an environment where clients feel genuinely supported and valued in their recovery journeys. Many clients expressed that staff members play a significant role in their progress, emphasizing that they are treated as equals with dignity and respect. One client shared, "My staff [member] is the best person I have ever known in my whole life," while another mother tearfully stated that she believes her daughter would not be alive today without the care, services, and commitment of the program staff and her clinician.

- The organization's Assertive Community Treatment (ACT) program demonstrates a strong commitment to quality improvement through its use of a comprehensive data dashboard. This tool allows real-time monitoring of service delivery, client engagement, and team performance to ensure that ACT services remain responsive and aligned with model fidelity and field guide standards. By using data to inform clinical decisions and guide resource allocation, the program strengthens accountability, promotes transparency, and supports continuous improvement in both client outcomes and overall program effectiveness.

- North Country demonstrates a forward-thinking, client-centered approach through the implementation of its Holistic Approach to Coordinated Healthcare (HATCH). This model addresses six key dimensions of health and wellness: care management, care coordination, health promotion, transitional care, individual and family support, and referral to community and social resources. Through HATCH, care extends beyond symptom management to support the full scope of each client's well-being. The model promotes interdisciplinary collaboration, empowers clients in their recovery journeys, and reinforces the organization's commitment to treating the whole person rather than the diagnosis.

- North Country stands out for the unwavering dedication of its staff in providing the highest quality care to every client. This commitment is evident through proactive engagement, personalized treatment approaches (such as the creation of individualized mini libraries), and an ongoing pursuit of professional growth. Staff members consistently demonstrate excellence by ensuring that services are clinically effective and delivered with empathy, respect, and genuine concern for each client's well-being. This collective dedication creates a culture where exceptional care is both expected and achieved. Although North Country's service area is geographically vast, the strong sense of cohesion among staff is evident across all locations.

- Employees share a strong sense of camaraderie, support, compassion, and unity with one another. Many describe North Country as their "family" and express genuine care and concern for each other. Teams and locations often participate in enjoyable group activities that strengthen these bonds. For example, staff members at the Bellaire location collaborated to create the beautiful paintings and artwork displayed throughout the hallways and offices, reflecting their creativity and teamwork.

- Each site reflects a warm, welcoming, bright, and peaceful atmosphere. The spaces are thoughtfully decorated for the season, creating an inviting environment for clients and staff. Employees are encouraged to add personal touches to their workspaces, which contributes to a comfortable, personable setting that supports quality work and effective treatment.

- The organization holds a morning huddle each workday at every service location. These huddles include all staff members and positions, providing an opportunity for case consultation, updates, and team support. The practice fosters effective communication, ensures timely information sharing, and strengthens overall cohesiveness within each team.

- The Bellaire ACT team is dynamic, energetic, and deeply engaged in providing intensive, effective, and evidence-based treatment. The team demonstrates a high level of support, encouragement, and compassion for the clients and one another. Many team members have worked together for several years, reflecting strong consistency and dedication to quality service delivery.

- The New Horizons Clubhouse has a vibrant and engaging atmosphere, reflected in the communication, creativity, activities, and participation of clients. The clubhouse maintains strong connections with community events, partners, and resources, fostering a sense of belonging and purpose. Many clients share that their involvement has been life-changing, noting significant improvements in their sense of connection, reduced loneliness and isolation, and an overall increase in quality of life.

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, diversity, and inclusion
■ Corporate responsibility
■ Organizational fundraising, if applicable

Recommendations

1.A.5.b.(2)
1.A.5.b.(3)
1.A.5.b.(4)
1.A.5.b.(5)
1.A.5.b.(6)
North Country recently redesigned its cultural competency plan, establishing it as a separate, standalone document rather than embedding it within the cultural competency policy. This new format allows for greater clarity, focus, and flexibility in guiding the organization's ongoing efforts to promote cultural awareness and inclusivity. However, it is recommended that the organization implement a cultural competency, diversity, and inclusion plan that is also based on consideration of the diversity of its stakeholders in the areas of age, gender, sexual orientation, spiritual beliefs, and socioeconomic status.

1.A.6.a.(3)
1.A.6.a.(4)
1.A.6.a.(5)
1.A.6.a.(6)(a)(i)
1.A.6.a.(6)(a)(ii)
1.A.6.a.(6)(a)(iii)
1.A.6.a.(6)(b)
1.A.6.a.(6)(c)
1.A.6.a.(6)(e)
1.A.6.b.(1)
1.A.6.b.(2)(a)
1.A.6.b.(2)(b)
Corporate responsibility efforts should also include written ethical codes of conduct in the areas of contractual relationships, conflicts of interest, use of social media, and service delivery (including exchange of gifts, money, and gratuities; personal fundraising; personal property; and witnessing of legal documents) and written procedures to deal with allegations of violations of ethical codes, including a no-reprisal approach for personnel reporting and timeframes that are adequate for prompt consideration and result in timely decisions. North Country has a written code of conduct policy stating that staff members may not engage in intimate or sexual relationships with clients to whom they provide services. It is suggested that this statement be revised to clearly prohibit such relationships with any clients served by North Country.

1.A.7.c.(2)(c)
It is recommended that an organization in the United States receiving federal funding demonstrate corporate compliance through designation of a staff member to serve as the organization's compliance officer who implements an annual work plan.

Consultation

▪ To strengthen understanding of CARF standards and support processes that enhance service delivery and quality outcomes, North Country is encouraged to ensure that all organizational leaders, including directors, have continuous access to the CARF standards relevant to their programs. Regular engagement with these standards could help maintain alignment with quality practices and promote consistent quality across all services.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

1.E.2.b.
1.E.2.c.
1.E.2.d.
North Country has a comprehensive and understandable written procedure to guide personnel in responding to subpoenas. The organization should implement written procedures to also guide personnel in responding to 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
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information

- ■ Critical incidents
- ■ Infections and communicable diseases
- ■ Health and safety inspections

Recommendations

1.H.4.a.(7)
1.H.4.b.(7)
Personnel should consistently receive documented competency-based training in the area of medication management at orientation and at least annually.

1.H.5.c.(5)
There should be written emergency procedures that address accounting for all persons involved. This could be added to the emergency plan.

1.H.7.c.(1)
1.H.7.c.(2)
1.H.7.c.(3)
1.H.7.c.(4)
1.H.7.c.(5)
1.H.7.d.
The organization conducts testing of all emergency plans at each location. Data from actual or simulated evacuation drills are recorded using an emergency drill report form. However, the results from these reports are not consistently compiled or analyzed as part of an ongoing data review process. An unannounced test of each emergency procedure should be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. Each test should be evidenced in writing, including the analysis.

1.H.10.a.(8)
1.H.10.a.(13)
1.H.10.a.(18)
It is recommended that North Country implement written procedures regarding critical incidents that specify use and unauthorized possession of weapons, unauthorized use and possession of legal or illegal substances, and overdose.

1.H.14.b.(3)
North Country conducts comprehensive internal health and safety self-inspections, which are thoroughly documented. However, comprehensive health and safety self-inspections should result in a written report that identifies actions taken to respond to the recommendations.

1.H.15.b.(3)
Health and safety inspections are conducted by an external contractor and result in a detailed summary report outlining specific corrective actions required to address any identified deficiencies. However, comprehensive health and safety inspections should result in a written report that identifies actions taken to respond to the recommendations.

Consultation

- ▪ North Country conducts regular fire evacuation drills for staff and clients. Although these drills are well established, evacuation times vary significantly and could present safety risks. The organization is encouraged to strengthen its process by establishing target evacuation times within its policies as benchmarks for comparison. Programs that do not meet these benchmarks could review contributing factors and implement corrective actions to improve safety and response efficiency. In addition, North Country is

encouraged to enhance these exercises by introducing simulated fire locations, such as designating a "fire" with a red-wrapped box or red blankets placed in different areas. This approach could promote adaptability, critical thinking, and improved preparedness during real emergencies.

1.I. Workforce Development and Management

Description

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

Key Areas Addressed

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

Recommendations

1.I.9.c.
1.I.9.f.
North Country should consistently implement written procedures for performance appraisal that address involvement of the person being appraised and measurable goals. It is suggested that the organization develop meaningful preappraisal input strategies that encourage employees to reflect on and share their achievements, significant contributions, areas for growth, and goals for the coming year. This approach could promote engagement, support professional development, and strengthen the overall performance evaluation process.

Consultation

- North Country currently relies on a heavily paper-based system to manage personnel processes and files. The organization is encouraged to explore investment in an electronic personnel record management system, either through internal development or external purchase, to improve efficiency, accessibility, and record accuracy.

1.J. Technology

Description

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

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

Key Areas Addressed

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

Recommendations

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

1.J.2.b.(2)
The organization's technology plan includes goals expressed in the form of actions. North Country should implement a technology and system plan that also includes priorities. This could be implemented using a priority ranking system, such as assigning numbers (with "one" representing the most urgent), a color-coded traffic light system with red indicating the highest priority, or another method developed by the organization to effectively identify and address priorities.

Consultation

▪ North Country has established a contractual partnership with a cybersecurity provider that monitors cyber risks around the clock. The organization is encouraged to expand and diversify staff training on cybersecurity to include regular updates on emerging risks and guidance on how to identify, prevent, and respond to potential threats.

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 Office of Recipient Rights (ORR) functions as an office within North Country under the organization's leadership. It operates in accordance with the Michigan Mental Health Code and is responsible for implementing and upholding recipient rights protections as required by state law. ORR is encouraged to revise its existing rights procedure to incorporate the new 2026 fiscal year state standards for continuing education requirements for rights staff. ORR is further encouraged to include the completion and submission of state-required reports as part of its mandated functions to ensure full compliance and accountability.

▪ North Country's rights procedure requires that rights information be presented to clients in a way that is understandable. The organization is encouraged to explore various methods for presenting rights information that match clients' differing levels of understanding, such as creating a coloring book for young children, a comic book for preteens and teenagers, or a simplified handout with visuals and key words for clients with

cognitive impairments. In addition, ORR is encouraged to provide training to direct service personnel, such as supports coordinators, on effective ways to communicate rights information and how to present and discuss the annual rights booklet to ensure consistency, comprehension, and meaningful engagement.

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.

Consultation

- North Country has a comprehensive accessibility plan in place. The organization is encouraged to strengthen this plan by incorporating a prioritization system for each goal, such as a traffic light or numerical rating approach. In addition, adding a reporting column to the right side of the table could streamline documentation by allowing quarterly and annual updates to be recorded directly within the plan.

1.M. Performance Measurement and Management

Description

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

The foundation for successful performance measurement and management includes:

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- The organization has made significant progress since its last CARF survey by fully integrating business functions into its performance measurement and management approach. This effort has been successful and demonstrates a strong commitment to organizational improvement. The organization is encouraged to continue building on this progress to further strengthen its quality management system.

1.N. Performance Improvement

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

2.A.14.b.(2)
North Country has written procedures to ensure that intrusive procedures are administered in a safe manner. However, the program should implement written procedures that ensure that intrusive procedures are administered in a safe manner, with consideration given to the developmental history of the clients.

2.A.28.a.(1)(a)
2.A.28.a.(1)(b)
2.A.28.a.(1)(c)
2.A.28.a.(2)(a)
2.A.28.a.(2)(b)
2.A.28.a.(2)(c)
2.A.28.a.(2)(d)
2.A.28.a.(2)(e)
2.A.28.b.(1)
2.A.28.b.(2)
The organization's tobacco and drug use policy and procedure do not outline actions for handling unpermitted items. In addition, although the policy and the orientation to services brochure reference "tobacco" and "smoking," they do not address nicotine products such as vapes or chewing tobacco. Similarly, the vehicle use policy prohibits smoking but does not specifically include nicotine products. It is recommended that the program implement policies and procedures that address the handling of items brought into the program by clients, personnel, and visitors, including illegal drugs, legal drugs, prescription medication, weapons, and other items that are not permitted. The policies and procedures should also address the use of nicotine products in all locations and vehicles owned or operated by the organization.

2.A.29.b.
North Country has a laboratory monitoring procedure, but it does not specify which treatment conditions require a drug screen. When applicable, programs that treat persons with substance use disorders should implement written procedures that address the use of drug screening, including specific treatment conditions that would warrant drug screening.

2.A.32.b.
It is recommended that the organization demonstrate a climate of recovery and/or resilience building by training personnel on the role of peer support specialists at orientation.

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

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

Recommendations

2.B.8.d.(1)(d)(viii)
2.B.8.d.(1)(f)(ii)
2.B.8.d.(1)(f)(iii)
2.B.8.d.(1)(f)(iv)
2.B.8.d.(1)(f)(v)
2.B.8.d.(2)
The organization provides orientation materials to each client entering services, including an orientation. Each client should receive an orientation that also includes, as applicable, an explanation of the organization's standards of professional conduct related to services; an explanation of the program's health and safety policies regarding use of nicotine products, potential substances of misuse brought into the program, prescription medication brought into the program, and weapons brought into the program; and familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits.

Consultation

- It is suggested that all staff members receive reminders and ongoing updates on how to access and use advance directive information and forms.

- Although North Country's assessment process collects and documents information related to neglect under the "other" section of its Life Event Checklist, the organization is encouraged to add a dedicated section specifically for neglect to ensure consistency and clarity in assessment documentation.

2.C. Person-Centered Planning

Description

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

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

Key Areas Addressed

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

Recommendations

2.C.2.a.(2)(b)(iii)
It is recommended that documentation of the person-centered planning process include specific service or treatment objectives that are reflective of the person's culture and ethnicity.

2.C.5.a.
2.C.5.b.
2.C.5.c.
2.C.5.d.
Although the organization assesses for tobacco use, consistent follow-up when use is identified is not evident. When assessment identifies that the client currently uses nicotine products, the program should offer one or more of the following: education on the health risks of nicotine and the potential impact on the person's recovery and long-term health, counseling and support, medications to support reduction or elimination of use, and/or smoking cessation services.

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

2.D.5.b.
The organization has written procedures for referrals and transfers. However, the program should implement procedures for referrals and transfers to monitor the program's effectiveness.

2.E. Medication Use

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

2.E.1.a.(1)
2.E.1.a.(2)
2.E.1.b.(3)
2.E.1.b.(4)
North Country offers some documented training and education regarding medications to personnel. When the program provides medication control, administering, and/or prescribing, documented training and education regarding medications should be provided to direct service personnel at orientation and at least annually and include signs of nonadherence to medication prescriptions and the availability of financial supports and resources to assist the clients to obtain needed medications.

2.E.2.b.(3)
2.E.2.b.(5)
2.E.2.b.(6)
2.E.2.b.(7)
2.E.2.b.(8)
2.E.2.b.(10)
2.E.2.b.(11)
2.E.2.b.(12)
2.E.2.b.(14)
2.E.2.b.(15)
2.E.2.b.(16)
When the program provides medication control, administering, and/or prescribing, documented training and education regarding medications should include, as appropriate to the medication and the client, contraindications; missed doses; potential implications of diet and exercise when using medications; risks associated with medication use during pregnancy; the importance of taking medications as prescribed, including, when applicable, the identification of potential obstacles to adherence; signs that medication efficacy is diminishing; signs of nonadherence to medication prescriptions; potential drug reactions when combining prescription and nonprescription medications; the expected course of use of medication, including discontinuation; the availability of financial supports and resources to assist the clients to obtain needed medications; and what to do in the event there is a question or concern about a medication the client is taking or has been prescribed. The organization is encouraged to develop a training checklist, signed by both the client and the staff member providing the training, that outlines all components of the required instruction.

2.E.3.c.
2.E.3.d.
2.E.3.e.(2)
2.E.3.e.(6)(a)
2.E.3.e.(6)(b)
2.E.3.e.(6)(c)
2.E.3.e.(6)(d)
2.E.3.e.(8)

Although North Country has written procedures that address the handling and disposal of medications, the procedures are not well defined or consistently implemented. In addition, the written medication procedures are not comprehensive. When the program controls and/or administers medications, written procedures should be implemented that address safe handling, safe disposal, and the following (as applicable): transportation and delivery; a verification process for medications brought to the program for a client that includes for each medication accurate identification, the amount/quantity of the medication brought to the program, proper dosing instructions, and instructions for use (including the method/route of administration); and return of surplus medications to the clients upon transition/discharge. The organization is encouraged to strengthen medication handling processes to enhance safety and accountability. This could include implementing written procedures for the secure transport and delivery of medications to protect the protected health information (PHI) on pharmacy labels, establishing a reconciliation process for all medications brought into the organization and before administration, and ensuring the immediate disposal of discontinued medications with a witness present. The organization is also encouraged to implement a process for labeling all distributed medication samples that includes the Five Rights of Medication Administration and the information required by the FDA.

2.E.6.d.(1)
2.E.6.h.
2.E.6.i.
2.E.6.j.
2.E.6.l.(1)
2.E.6.n.
2.E.6.o.
2.E.6.p.
2.E.6.q.
2.E.6.r.

Although the organization has written medication procedures, they do not address all necessary areas and are not implemented consistently. A program that provides administering or prescribing of medications should implement written procedures that address review of past medication use, including efficacy; use of medications by persons of childbearing age, if applicable; use of medications during pregnancy, if applicable; special dietary needs and restrictions associated with medication use; documented assessment of abnormal involuntary movements in clients receiving antipsychotic medications, if applicable, at the initiation of treatment; review of medication use activities as part of the performance measurement and management system; an evaluation of the risk of diversion; behaviors related to stockpiling of medication; actions to be taken in case of emergencies related to the use of medications; and how the clients obtain the medications needed to promote desired treatment/service outcomes while in the program.

2.E.8.a.
2.E.8.b.
2.E.8.c.

A program that provides prescribing of medications should implement written procedures that address screening for common medical comorbidities, evaluation of coexisting medical conditions for potential medication impact, and identification of potential medication interactions.

2.E.9.b.(3)
North Country provides prescribing of medication, and a documented peer review is conducted. However, in a program that provides prescribing of medications, information collected from the peer review process should also be incorporated into the performance measurement and management system.

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.

2.I. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

■ Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
■ Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dieticians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
■ Encompass settings such as:
   - Hospitals, clinics, professional offices, and other organization-based settings.
   - Schools, work sites, libraries, community centers, and other community settings.
   - Congregate living, individual homes, and other residential settings.
■ Be provided via fully virtual platforms.

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

Key Areas Addressed

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

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

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

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

Key Areas Addressed

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

Recommendations

3.A.17.
It is recommended that the ACT team be directly responsible for providing medication management in accordance with the standards in Section 2.E. Medication Use.

Consultation

- The organization is encouraged to provide every team with a full-time, dedicated support staff member to ensure consistent communication and timely assistance.

- It has been some time since the ACT team included a peer support specialist. The organization is encouraged to increase efforts to recruit and identify peers to join the ACT team and actively participate in service delivery.

- Although North Country collects information on client advance directives when available, the organization does not consistently track instances where staff members have assisted clients in completing advance directive paperwork. It could be beneficial to add a dropdown field to the preplan or any form that assesses advance directives to ensure consistent tracking and documentation of this process.

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 Programs (CP)

Description

Crisis programs include a continuum of services designed to rapidly respond to the needs of persons experiencing acute emotional, mental health, and/or substance use crises in order to keep them safe, seek to resolve the crisis, and maintain community tenure. Crisis response, depending on the immediate needs and preferences of the persons served, may be managed through a crisis contact center, a crisis intervention program that might include mobile crisis intervention services, or admission to a crisis stabilization program.

Key Areas Addressed

Crisis Intervention Programs:
- 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

3.E.13.b.
3.E.13.m.
North Country conducts a written, crisis-focused assessment of each client. However, the program should conduct a written, crisis-focused assessment of each client that also includes preferences of the client and advance directives, when applicable.

3.E.14.b.
Although a crisis intervention plan is developed with each client, the plan does not include the preferences of the client. Based on the crisis-focused assessment, a crisis intervention plan should be developed with each client that includes preferences of the client.

Consultation

- ▪ North Country conducts a written, crisis-focused assessment for each person served that includes trauma and current treatment providers. The organization is encouraged to expand this section to align more closely with the comprehensive intake assessment by including additional details and incorporating specialty providers beyond psychiatric and primary care. This enhancement could support a more complete understanding of each person's treatment network and needs during a crisis.

3.N. Outpatient Treatment (OT)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

North Country Community Mental Health

1420 Plaza Drive
Petoskey, MI 49770

Assertive Community Treatment: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Bellaire Office

203 East Cayuga Street
Bellaire, MI 49615

Assertive Community Treatment: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Charlevoix Office

6250 M-66 North
Charlevoix, MI 49720

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Cheboygan Office

825 South Huron Street, Suite 4
Cheboygan, MI 49721

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Gaylord Office

800 Livingston, Suite A
Gaylord, MI 49735

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Kalkaska Office

515 South Birch Street
Kalkaska, MI 49646

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

New Horizons Clubhouse

7164 Rapid City Road NW
Rapid City, MI 49676

Community Integration: Mental Health (Adults)

Petoskey Clubhouse

555 West Mitchell Street
Petoskey, MI 49770

Community Integration: Mental Health (Adults)