

CARF Accreditation Report
for
The Right Door for Hope,
Recovery, and Wellness
Three-Year Accreditation



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About CARF

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

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

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

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

Organization

The Right Door for Hope, Recovery, and Wellness
375 Apple Tree Drive
Ionia, MI 48846

Organizational Leadership

Kerry Possehn, MBA, CEO
Susan Richards, QI/Corporate Compliance Officer

Survey Number

168828

Survey Date(s)

April 19, 2023–April 21, 2023

Surveyor(s)

Daniel J. Kubas-Meyer, MA, Administrative
Cesar Dumelod, LMFT, BCPC, Program

Program(s)/Service(s) Surveyed

Assessment and Referral: Integrated: IDD/Mental Health (Adults)
Assessment and Referral: Integrated: IDD/Mental Health (Children and Adolescents)
Assessment and Referral: Integrated: SUD/Mental Health (Adults)
Assessment and Referral: Integrated: SUD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Integrated: SUD/Mental Health (Adults)
Crisis Intervention: Integrated: SUD/Mental Health (Children and Adolescents)
Intensive Family-Based Services: Family Services (Adults)
Intensive Family-Based Services: Family Services (Children and Adolescents)
Outpatient Treatment: Integrated: IDD/Mental Health (Adults)
Outpatient Treatment: Integrated: IDD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)
Governance Standards Applied

Previous Survey

August 17, 2020–August 19, 2020
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: May 31, 2026

Executive Summary

This report contains the findings of CARF’s site survey of The Right Door for Hope, Recovery, and Wellness conducted April 19, 2023–April 21, 2023. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF’s consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization’s strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, The Right Door for Hope, Recovery, and Wellness demonstrated substantial conformance to the standards. The Right Door has many strengths and is successfully addressing the challenges of providing behavioral health services in an expansive rural setting. The organization is mission driven, and the leadership and staff members demonstrate professionalism and pride in the work they do. Leadership and staff are dedicated to the goals of the organization, which include being accessible to those in need and delivering high-quality services. The board of directors, senior leadership, and staff are committed to meeting community needs. Persons served expressed a high level of satisfaction with the services provided, and the organization is seen by the community as a valuable resource that is willing to embrace change and innovation and to be flexible in its approach to service delivery. Areas for improvement include addressing trends in the analysis of formal complaints, regularly reviewing the driving records of staff providing transportation, consistently documenting team meetings and supervision, and expanding the person-centered planning process.

The Right Door for Hope, Recovery, and Wellness appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. The Right Door for Hope, Recovery, and Wellness is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

The Right Door for Hope, Recovery, and Wellness 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 The Right Door for Hope, Recovery, and Wellness was conducted by the following CARF surveyor(s):

- Daniel J. Kubas-Meyer, MA, Administrative
- Cesar Dumelod, LMFT, BCPC, 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 The Right Door for Hope, Recovery, and Wellness 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):

- Assessment and Referral: Integrated: IDD/Mental Health (Adults)
- Assessment and Referral: Integrated: IDD/Mental Health (Children and Adolescents)
- Assessment and Referral: Integrated: SUD/Mental Health (Adults)
- Assessment and Referral: Integrated: SUD/Mental Health (Children and Adolescents)
- Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
- Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
- Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
- Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
- Crisis Intervention: Integrated: IDD/Mental Health (Adults)
- Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
- Crisis Intervention: Integrated: SUD/Mental Health (Adults)
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- Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
- Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)
- *Governance Standards Applied*

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that The Right Door for Hope, Recovery, and Wellness demonstrated the following strengths:

- The board is engaged and well educated in the inner workings of the organization, as appropriate to their governance roles. The members’ commitment to good governance is evidenced by their full conformance to the governance standards. The “committee as a whole” structure of the board is innovative and facilitates the distribution of relevant information to the entire board in a timely manner.
- The organization is financially sound with a good ratio of assets to liabilities. The organization has consistently generated a surplus over the years, as the board and senior leadership take pride in the sound financial stewardship of the organization.
- The Right Door is outcomes-focused and dedicated to providing and documenting the practices that lead to the highest levels of performance management and improvement. The quality improvement and information technology departments have combined efforts to create a meaningful visual presentation of outcomes that is easy to read and understand and is able to be updated in a timely manner.
- The Right Door has relatively small administrative departments and limited space. Staff members are flexible and willing to share space and take on tasks as needed to ensure that services are administered in an efficient and effective manner.
- The Right Door demonstrates and exhibits leadership within the community by adopting creative methods of empowering persons served. The Drab to Fab event that is held twice a year provides clothing and haircuts to those in need. School-age children benefit from the back-to-school supplies drive. Both of these initiatives enhance the self-esteem of the persons served.
- Feedback from community members was positive. The Right Door was said to be collaborative and innovative in its approach to developing services and to working with governmental and regulatory authorities, schools, and other providers in the community. Examples include the organization’s ability to assimilate the Certified Community Behavioral Health Clinic (CCBHC) project into its service delivery system and the development of a state-of-the-art Autism Program.
- The organization embraces a whole-person approach to care. Staff members understand and address the interplay of medical issues and social determinants of health on both the access and effectiveness measures of behavioral health services. The medical staff is also highly invested in the provision of quality care. The Right Door has a medical director who is committed to and proactive in the delivery of efficient and effective medical services.

- The Right Door is valued as an integral part of the community and is highly valued as a provider of services for individuals with co-occurring disorders and a consistent history of substance use. The Right Door is providing person-centered programs that have impacted the lives of the persons served. The efficient and effective implementation of services that address mental, behavioral, and substance use issues greatly help the persons served attain stability and resiliency.
- The Right Door demonstrates dedication and commitment to helping individuals who are on the threshold of hopelessness and do not know where else to turn for help. The various programs serve as a conduit to help people facing multiple challenges.
- The persons served expressed a high level of satisfaction with services provided by The Right Door. They are appreciative and grateful for the caring, sincere, nonjudgmental approach of the staff members. The staff members are well respected because they go above and beyond their responsibilities. The persons served stated that clinicians and other staff of The Right Door have changed and even saved their lives.
- The Right Door's greatest asset is the dedicated, committed, and caring staff members, who are true and sincere about improving the lives of the persons served. The staff members are open, receptive, and determined to achieve the mission, vision, and goals of the organization. They expressed their desire to support the programs that help the persons served thrive and grow as individuals and become productive community members. A stakeholder described The Right Door as "a wonderful resource to schools and the community at large thanks to their caring and committed staff."

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

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

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.B. Governance (Optional)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

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.13.b.

Although the organization is committed to safety and checks the driving records upon hire of those providing transportation for persons served, it is recommended that there be evidence of regular review of driving records of all the drivers.

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

There are no recommendations in this area.

1.J. Technology

Description

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

1.K.4.b.(2)

The Right Door does a good job of documenting complaints made by persons served on a timely basis and developing action plans, as appropriate, to address the complaints. The complaints are summarized and analyzed on an annual basis. It is recommended that the analysis of all formal complaints be expanded to include trends.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

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

The foundation for successful performance measurement and management includes:

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

2.A.23.e.(2)

Team members, in response to the needs of the persons served, should document the results of team meetings.

2.A.26.b.(1)

2.A.26.b.(2)

2.A.26.b.(3)

2.A.26.b.(4)

2.A.26.b.(5)

2.A.26.b.(6)

2.A.26.b.(7)

2.A.26.b.(8)

2.A.26.c.

Ongoing supervision of clinical or direct service personnel should consistently address accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each person served; treatment/service effectiveness as reflected by the person served meeting goals identified in the person-centered plan; risk factors for suicide and other dangerous behaviors; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices. Supervision should provide feedback to personnel that enhances skills. It is suggested that the organization adopt a uniform template that could be used for clinical supervision that includes all of the elements indicated in this standard.

Consultation

- It is suggested that the organization adopt a uniform template that could be used for the treatment team meetings that includes all of the elements indicated in the associated CARF standard.

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

There are no recommendations in this area.

2.C. Person-Centered Plan

Description

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

Key Areas Addressed

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

Recommendations

2.C.2.a.(2)(e)

2.C.2.a.(2)(f)

2.C.2.a.(2)(g)

Documentation of the person-centered planning process should include specific service or treatment objectives that are consistently measurable, achievable, and time specific.

2.C.5.a.

2.C.5.b.

When the person served has concurrent disorders or disabilities and/or comorbidities, it is recommended that the person-centered plan consistently and specifically address these conditions in an integrated manner and that services be provided by personnel, either within the organization or by referral, who are qualified to provide services for persons with concurrent disabilities and/or disorders.

- 2.C.6.a.(1)(a)**
- 2.C.6.a.(1)(b)**
- 2.C.6.a.(2)**
- 2.C.6.a.(3)**

It is recommended that progress notes consistently document progress toward achievement of identified objectives and goals; significant events or changes in the life of the person served; and the delivery and outcomes of specific interventions, modalities, and/or services that support the person-centered plan.

Consultation

- It is suggested that the organization adopt a progress note template that addresses progress on goals, objectives, significant changes in the lives of persons served, and outcomes of the intervention used. The organization could use the behavior, intervention, response, and plan (BIRP) note template or the subjective, objective, assessment, and plan (SOAP) method.

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

There are no recommendations in this area.

2.E. Medication Use

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.I. Service Delivery Using Information and Communication Technologies

Description

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

The provision of services via information and communication technologies may:

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

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

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

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.E. Crisis Intervention (CI)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.L. Intensive Family-Based Services (IFB)

Description

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

Key Areas Addressed

- Services designed to prevent out-of-home placement
- Family assessments
- Child- and family-centered planning
- Contingency planning

Recommendations

There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 4. Core Support Program Standards

Description

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

4.A. Assessment and Referral (AR)

Description

Assessment and referral programs provide a variety of activities, including prescreening, screening, psychosocial assessment, determination of need, and referral to appropriate level of care. The provision of information on available resources is not considered a full assessment and referral program. An adequate assessment must be conducted to provide more informed referrals.

Such programs may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Organizations performing assessment and referral as a routine function of entrance into other core programs, such as their outpatient treatment, case management, or residential programs, are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

Key Areas Addressed

- Identification of valid, reliable, or standardized assessment tools, tests, or instruments
- Method of identifying appropriate levels of care
- Information provided on available choices for community resources

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

The Right Door for Hope, Recovery, and Wellness

375 Apple Tree Drive
Ionia, MI 48846

Assessment and Referral: Integrated: IDD/Mental Health (Adults)
Assessment and Referral: Integrated: IDD/Mental Health (Children and Adolescents)
Assessment and Referral: Integrated: SUD/Mental Health (Adults)
Assessment and Referral: Integrated: SUD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Crisis Intervention: Integrated: IDD/Mental Health (Adults)
Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)
Crisis Intervention: Integrated: SUD/Mental Health (Adults)
Crisis Intervention: Integrated: SUD/Mental Health (Children and Adolescents)
Intensive Family-Based Services: Family Services (Adults)
Intensive Family-Based Services: Family Services (Children and Adolescents)
Outpatient Treatment: Integrated: IDD/Mental Health (Adults)
Outpatient Treatment: Integrated: IDD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)
Governance Standards Applied

The Right Door for Hope, Recovery, and Wellness - Belding

7441 North Storey Road
Belding, MI 48809

Assessment and Referral: Integrated: IDD/Mental Health (Adults)
Assessment and Referral: Integrated: IDD/Mental Health (Children and Adolescents)
Assessment and Referral: Integrated: SUD/Mental Health (Adults)
Assessment and Referral: Integrated: SUD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)
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Crisis Intervention: Integrated: SUD/Mental Health (Adults)
Crisis Intervention: Integrated: SUD/Mental Health (Children and Adolescents)
Intensive Family-Based Services: Family Services (Adults)
Intensive Family-Based Services: Family Services (Children and Adolescents)
Outpatient Treatment: Integrated: IDD/Mental Health (Adults)
Outpatient Treatment: Integrated: IDD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

The Right Door for Hope, Recovery, and Wellness - Portland

208 West Bridge Street
Portland, MI 48875

Assessment and Referral: Integrated: IDD/Mental Health (Adults)
Assessment and Referral: Integrated: IDD/Mental Health (Children and Adolescents)
Assessment and Referral: Integrated: SUD/Mental Health (Adults)
Assessment and Referral: Integrated: SUD/Mental Health (Children and Adolescents)
Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)
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Intensive Family-Based Services: Family Services (Adults)
Intensive Family-Based Services: Family Services (Children and Adolescents)
Outpatient Treatment: Integrated: IDD/Mental Health (Adults)
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Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)