

# Accreditation Report

Quality Improvement Plan  
& Benchmarking Data

Prepared for  
Gratiot County Community Mental Health

*enhancing* PEOPLE'S LIVES

## **Accreditation Decision**

Three-Year Accreditation  
Expiration: September 2013

## **Organization**

Gratiot County Community Mental Health (GCCMH)  
608 Wright Avenue  
Alma, MI 48801

## **Organizational Leadership**

Carolyn Hilley, Executive Director  
Michael Hetzman, Clinical Director  
Heather Betts, Chief Financial Officer

## **Survey Dates**

September 20-21, 2010

## **Survey Team**

Joylin D. Kirk, M.S., Administrative Surveyor  
Valerie J. Lewis, M.Ed., LPC, Program Surveyor  
Debbie C. Dacus, LPE, Program Surveyor

## **Programs/Services Surveyed**

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

*Governance Standards Applied*

---

# Survey Summary

## Areas of Strength

Gratiot County Community Mental Health (GCCMH) has strengths in many areas.

- ◆ GCCMH has a dedicated board that is committed to its mission and providing quality services to the greater Gratiot community.
- ◆ GCCMH's management team is well respected throughout the state of Michigan. Its commitment to quality and positive outcomes is evident in its involvement on committees outside its own day-to-day operations.
- ◆ The organization is recognized for its efforts in staff retention. GCCMH has a long history of maintaining a solid workforce. Many of the personnel at the organization have been employed for many years and have strong reputations.
- ◆ The organization maintains an environment that is supportive of both personal and professional growth for all employees, and as a result, the personnel are dedicated and hardworking individuals.
- ◆ The management and staff have put considerable effort into the CARF process, using the standards to improve services.
- ◆ Satisfaction of the persons served, parents, and funding sources is high based on both verbal reports and survey results.
- ◆ The organization's facility is well maintained and inviting to persons served.
- ◆ The organization has approached the financial crisis in the state of Michigan strategically and made personnel cuts that did not affect the quality of services. Based on the reduced funding, the organization has begun to cross train its staff to address future needs of the organization without affecting the quality of services.
- ◆ GCCMH is well established in the community and maintains linkages that ensure that persons served receive the services needed regardless of type of service need or ability to pay. The Access program maintains documentation of all contacts, whether by phone or face to face, for several years. This information is available to demonstrate ongoing need for services. This information also includes a waitlist for those persons whose level of care need does not meet the admission criterion. This waitlist is continually reviewed and monitored for any change in level of care need and potential for referral to other programs that might meet their need. This information is also shared routinely with the different programs within GCCMH for ability to provide the needed services.
- ◆ Persons served reported a high degree of satisfaction with services.

## Areas for Improvement

GCCMH should seek improvement in the following areas.

- ◆ The organization should develop codes of ethics that specifically address business, marketing, and human resources. It is suggested that the organization adopt the professional codes of ethics for each of these areas and also for its clinical staff.

- ◆ A draft policy has been adopted by the board. The organization's board is urged to adopt a final version of the corporate compliance program.
- ◆ The organization is urged to provide fire extinguishers in other areas besides the main hallways. For example, there are several breakrooms with toaster ovens and microwaves. It would be advantageous to include fire suppression equipment in these areas.
- ◆ Although it is clear that the organization completes self-inspections for the first shift, there are programs that occur throughout the day and night. The organization should begin to complete self-inspections on all three shifts. This is especially important because hazards, such as lighting, are much different between the first and third shift.
- ◆ The organization should begin to conduct the emergency drills for each shift.
- ◆ Each person served receives an orientation that is appropriate to his or her needs and the type of services provided. The program should include the policies on its code of ethics, use of tobacco products, illegal or legal drugs brought into the program, prescription medication brought into the program, and weapons brought into the program.
- ◆ Although the number of formal complaints is low, there is no evidence of trend analysis or performance improvement. The organization is urged to begin to analyze the complaints for trends and create methods for performance improvement.
- ◆ The program should expand its documented ongoing training and education regarding medications to include risks associated with pregnancy, the need for laboratory monitoring, the rationale for each medication, early signs of relapse related to medication efficacy, signs of nonadherence to medication prescriptions, and handling the costs associated with medications.
- ◆ A documented peer review should be conducted on a representative sample of records of persons for whom prescriptions were provided to assess the appropriateness of each medication, as determined by the needs and preferences of each person served and the efficacy of the medication; to determine if the presence of side effects, unusual effects, and contraindications were identified and addressed and necessary tests were conducted; and to identify the use of multiple simultaneous medications and medication interactions.

## **Accreditation Decision**

Gratiot County Community Mental Health has earned a Three-Year Accreditation. On balance, GCCMH has made a commitment to utilize the CARF standards and has accomplished a great deal in its pursuit and maintenance of international accreditation. The organization has the human resources and support to address the areas for improvement detailed in this report. It also has the ability to change and grow to meet the various challenges that affect the individuals it serves. The board, administration, and staff members are complimented for the positive efforts they have made in the pursuit of accreditation and are encouraged to use their resources to address the opportunities for improvement detailed in this report.

---

# Consultation

## Section 1. ASPIRE to Excellence<sup>®</sup>

### B. Governance

- ◆ The board minutes are detailed but often refer to materials submitted prior to the meeting and subcommittee meetings. It is suggested that the organization include materials submitted to the board prior to its meetings with its meeting minutes. It is also suggested that the organization maintain meeting minutes for the board's subcommittee meetings.

### H. Health and Safety

- ◆ It is recognized that the organization is in the process of getting new emergency evacuation routes and signage. It is suggested that these be created in a manner that is understandable to the persons served. It is also suggested that the signage of the routes be posted at a level more accessible to children and persons with disabilities in the areas where they are served.

### I. Human Resources

- ◆ It is clear that the supervisors review the job descriptions annually during the evaluation process and that employees have the opportunity to comment on their jobs during the evaluation process. It is suggested that the organization ask its employees to review and comment on their job descriptions. There have been a lot of changes in the organization, and staff members are beginning to cross train to support the cutbacks that have occurred. It is reasonable to expect job duties to realign during this process, and the minor changes may not be evident to supervisors who do not perform the actual jobs on a daily basis.

## Section 3. Behavioral Health Core Program Standards

### G. Crisis Intervention

- ◆ If a person has been receiving crisis intervention services over a long period of time, it is suggested that the crisis intervention plan be reviewed for possible modifications to better meet current needs of the person served.
- ◆ The organization might consider providing more information about the follow-up process to better prepare both the person served and guardians about the future contacts they may receive.

---

*Consultation does not indicate nonconformance to standards, but is offered as a suggestion for further quality improvement.*

---

# Standards Conformance

This section of the Accreditation Report displays the specific reasons for any partial or nonconformance to standards identified as a result of the survey. The standards listed in this section are addressed in the organization's Quality Improvement Plan, which can be accessed at [customerconnect.carf.org](http://customerconnect.carf.org).

Below are the possible reasons for partial or nonconformance to standards, along with an explanation of why each reason is cited.

*To receive the information contained in this section in an alternate format, please contact [editing@carf.org](mailto:editing@carf.org).*

<b>Reason for partial or nonconformance</b>	<b>Is cited:</b>
All components not addressed	When a standard element requires more than one item, at least one item (but not all) is not in full conformance.
Credentials inadequate	When a standard element requires that an individual possess a specific credential or level of credential, the specific credential is not possessed, or the credential possessed is below the specified level.
Data or information necessary to address conformance not collected and/or evaluated	When the issue addressed by the standard element has not been considered and, consequently, the information necessary to address conformance has not been collected and/or evaluated in connection with the issue addressed.
Documentation inadequate	When a standard element requires documentation or that documentation contain specific information, the documentation either does not exist or does not contain the specific information.
Effort not comprehensive	When a standard element requires an activity to occur, the performance of the activity is insufficient to address the full scope of the activity.
Financial ratio calculation below the median	When the standard element rating is based on the calculation of a specific financial ratio, such ratio is below the 50 <sup>th</sup> percentile.
Forms inadequate	When a standard element requires use of a specific form or that the form contain specific information, the form is not used or does not contain the specific information.
Frequency inadequate	When a standard element requires that an activity occur with a specific frequency or some unspecified regularity, the performance of the activity does not occur, occurs less frequently than required, or occurs less frequently than appropriate if regularity unspecified.
Information not communicated understandably	When a standard element requires that information be shared with certain persons, the information is either not shared or not shared in a manner that allows for comprehension by the recipient.
Involvement by appropriate person(s) inadequate	When a standard element requires the involvement of certain persons, those persons are either not involved or not involved in a sufficient manner.
Noncompliance with law, regulation, or other rule	When a standard element requires compliance with a legal requirement or a process for achieving legal compliance, sufficient evidence of compliance or the compliance process is not demonstrated.
Policy/plan/procedure/practice not consistently implemented	When a standard element requires a policy/plan/procedure/practice, it exists but the actual performance does not occur with sufficient regularity to be deemed standard operating procedure.
Policy/plan/procedure/practice not developed	When a standard element requires a policy/plan/procedure/practice, it is not in existence.
Policy/plan/procedure/practice not implemented	When a standard element requires a policy/plan/procedure/practice, it exists but there is no actual performance.
Policy/plan/procedure/practice recently implemented	When a standard element requires a policy/plan/procedure/practice, it exists but the actual performance has not been in place for sufficient time to establish a track record.
Training inadequate	When a standard element requires that certain training occur, it either does not occur or does not occur with sufficient regularity to be deemed standard operating procedure.
Evidence of conformance inadequate	When the requirement of a standard element is not satisfied, or is inconsistently satisfied and no other reasons apply.

Standard Number	Standard Text	Reasons for Partial or Nonconformance																
		All components not addressed	Credentials inadequate	Data or information necessary to address conformance not collected and/or evaluated	Documentation inadequate	Effort not comprehensive	Financial ratio calculation below median	Forms inadequate	Frequency inadequate	Information not communicated understandably	Involvement by appropriate person(s) inadequate	Noncompliance with law, regulation, or other rule	Policy/plan/procedure/practice not consistently implemented	Policy/plan/procedure/practice not developed	Policy/plan/procedure/practice not implemented	Policy/plan/procedure/practice recently implemented	Training inadequate	Evidence of conformance inadequate
1.A.5.a.(1)	Corporate responsibility efforts include, at a minimum, the following: Written ethical codes of conduct in at least the following areas: Business.												X					
1.A.5.a.(2)	Corporate responsibility efforts include, at a minimum, the following: Written ethical codes of conduct in at least the following areas: Marketing.												X					
1.A.5.a.(5)	Corporate responsibility efforts include, at a minimum, the following: Written ethical codes of conduct in at least the following areas: Human resources.												X					
1.H.6.b.	There is immediate access to: First aid equipment and supplies.					X												
1.H.12.a.	Comprehensive health and safety self-inspections: Are conducted at least semi-annually on each shift.	X																
1.H.13.a.	Unannounced tests of all emergency procedures: Are conducted at least annually on each shift.								X									
1.K.5.b.(1)	A review of formal complaints: Determines: Trends.					X												
1.K.5.b.(2)	A review of formal complaints: Determines: Areas needing performance improvement.					X												
2.B.5.b.(2)(e)	Each person served receives an orientation that is appropriate to his or her needs and the type of services provided that: Includes: An explanation of the organization's: Code of ethics.	X																
2.B.5.b.(5)(b)	Each person served receives an orientation that is appropriate to his or her needs and the type of services provided that: Includes: The program's policies regarding: Use of tobacco products.	X																
2.B.5.b.(5)(c)	Each person served receives an orientation that is appropriate to his or her needs and the type of services provided that: Includes: The program's policies regarding: Illegal or legal drugs brought into the program.	X																
2.B.5.b.(5)(d)	Each person served receives an orientation that is appropriate to his or her needs and the type of services provided that: Includes: The program's policies regarding: Prescription medication brought into the program.	X																

Standard Number	Standard Text	Reasons for Partial or Nonconformance																
		All components not addressed	Credentials inadequate	Data or information necessary to address conformance not collected and/or evaluated	Documentation inadequate	Effort not comprehensive	Financial ratio calculation below median	Forms inadequate	Frequency inadequate	Information not communicated understandably	Involvement by appropriate person(s) inadequate	Noncompliance with law, regulation, or other rule	Policy/plan/procedure/practice not consistently implemented	Policy/plan/procedure/practice not developed	Policy/plan/procedure/practice not implemented	Policy/plan/procedure/practice recently implemented	Training inadequate	Evidence of conformance inadequate
2.B.5.b.(5)(e)	Each person served receives an orientation that is appropriate to his or her needs and the type of services provided that: Includes: The program's policies regarding: Weapons brought into the program.	X																
2.E.2.b.(7)	In response to the needs of the persons served and the type of service provided, documented ongoing training and education regarding medications: Includes: Risks associated with pregnancy.				X													
2.E.2.b.(9)	In response to the needs of the persons served and the type of service provided, documented ongoing training and education regarding medications: Includes: The need for laboratory monitoring.				X													
2.E.2.b.(10)	In response to the needs of the persons served and the type of service provided, documented ongoing training and education regarding medications: Includes: The rationale for each medication.				X													
2.E.2.b.(11)	In response to the needs of the persons served and the type of service provided, documented ongoing training and education regarding medications: Includes: Early signs of relapse related to medication efficacy.				X													
2.E.2.b.(12)	In response to the needs of the persons served and the type of service provided, documented ongoing training and education regarding medications: Includes: Signs of nonadherence to medication prescriptions.				X													
2.E.2.b.(16)	In response to the needs of the persons served and the type of service provided, documented ongoing training and education regarding medications: Includes: The availability of financial supports and resources to assist the persons served with handling the costs associated with medications.				X													
2.E.7.b.(1)	An organization that provides prescribing of medications demonstrates: A program of medication utilization evaluation, which includes measures of: Effectiveness.	X																
2.E.7.b.(2)	An organization that provides prescribing of medications demonstrates: A program of medication utilization evaluation, which includes measures of: Satisfaction of person served.	X																

Standard Number	Standard Text	Reasons for Partial or Nonconformance																
		All components not addressed	Credentials inadequate	Data or information necessary to address conformance not collected and/or evaluated	Documentation inadequate	Effort not comprehensive	Financial ratio calculation below median	Forms inadequate	Frequency inadequate	Information not communicated understandably	Involvement by appropriate person(s) inadequate	Noncompliance with law, regulation, or other rule	Policy/plan/procedure/practice not consistently implemented	Policy/plan/procedure/practice not developed	Policy/plan/procedure/practice not implemented	Policy/plan/procedure/practice recently implemented	Training inadequate	Evidence of conformance inadequate
2.E.8.b.	In an organization that provides prescribing of medications, a documented peer review is conducted: On a representative sample of records of persons for whom prescriptions were provided.	X																
2.E.8.c.(1)	In an organization that provides prescribing of medications, a documented peer review is conducted: To assess the appropriateness of each medication, as determined by: The needs and preferences of each person served.	X																
2.E.8.c.(2)	In an organization that provides prescribing of medications, a documented peer review is conducted: To assess the appropriateness of each medication, as determined by: The efficacy of the medication.	X																
2.E.8.d.(1)	In an organization that provides prescribing of medications, a documented peer review is conducted: To determine if: The presence of side effects, unusual effects, and contraindications were identified and addressed.	X																
2.E.8.d.(2)	In an organization that provides prescribing of medications, a documented peer review is conducted: To determine if: Necessary tests were conducted.	X																
2.E.8.e.(1)	In an organization that provides prescribing of medications, a documented peer review is conducted: To identify: The use of multiple simultaneous medications.	X																
2.E.8.e.(2)	In an organization that provides prescribing of medications, a documented peer review is conducted: To identify: Medication interactions.	X																
2.E.10.c.	An organization that provides dispensing or administering of medications implements written procedures that address: Documentation of the use and benefits of as-needed (prn) doses.	X																
2.E.10.d.	An organization that provides dispensing or administering of medications implements written procedures that address: Coordination when a medication is prescribed by a source other than the organization.	X																
2.H.3.a.(1)	The review addresses whether: The persons served were: Provided with a complete orientation.					X												

# Benchmarking

This section of the Accreditation Report benchmarks your organization's conformance to standards. By comparing strengths and areas for improvement with various comparator groups, benchmarking encourages your organization to improve effectiveness, efficiency, satisfaction, and access. This information should also stimulate discussions among stakeholders focused on better meeting the needs and preferences of the persons served. In addition, benchmarking:

- ◆ Encourages a culture of continuous evaluation and improvement.
- ◆ Accelerates understanding of and agreement on areas for improvement.
- ◆ Helps prioritize improvement opportunities.
- ◆ Shifts internal thinking toward a focus on outcomes.
- ◆ Provides a reference to increase performance expectations.
- ◆ Motivates your team to work collaboratively to surpass benchmarks.

This report provides benchmarks (mean % of conformance) for each section of the ASPIRE to Excellence<sup>\*</sup> quality framework.<sup>\*</sup> When available, benchmark comparison groups include:

- ◆ All surveyed organizations.
- ◆ All surveyed organizations in the same primary CARF customer service unit.
- ◆ Surveyed organizations with the same ownership type.
- ◆ Surveyed organizations in the same geographic region.
- ◆ Surveyed organizations with similar number of persons served annually.
- ◆ Surveyed organizations with similar staff size.

In addition, standards conformance for each organization undergoing resurvey is benchmarked against its previous survey in all standards areas.

## Benchmark Comparison Groups

Primary area of accreditation: Behavioral Health (BH)

Ownership type: Other

Geographic region: US - Midwest

Staff size (FTEs): 50-99

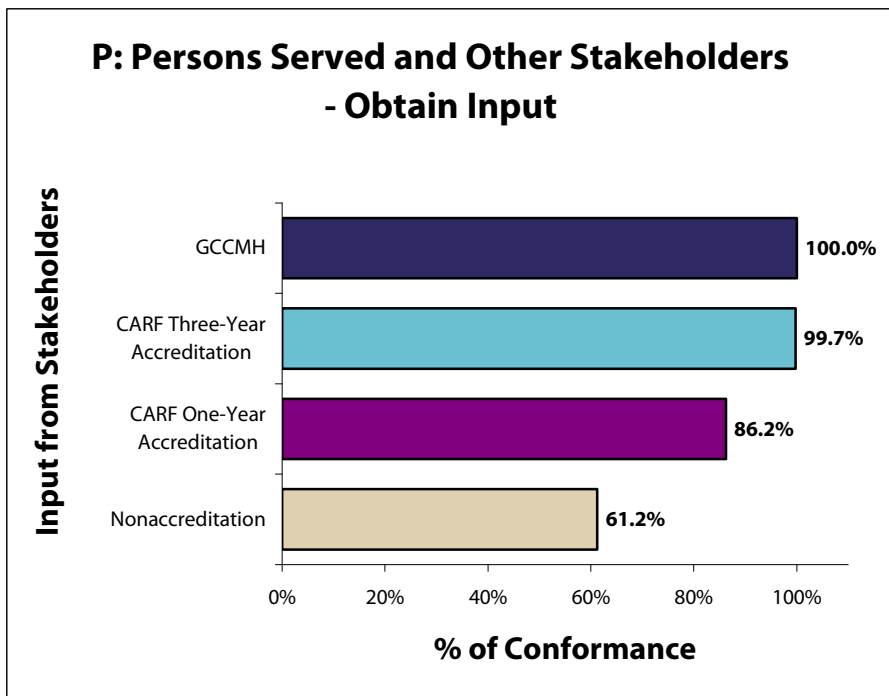
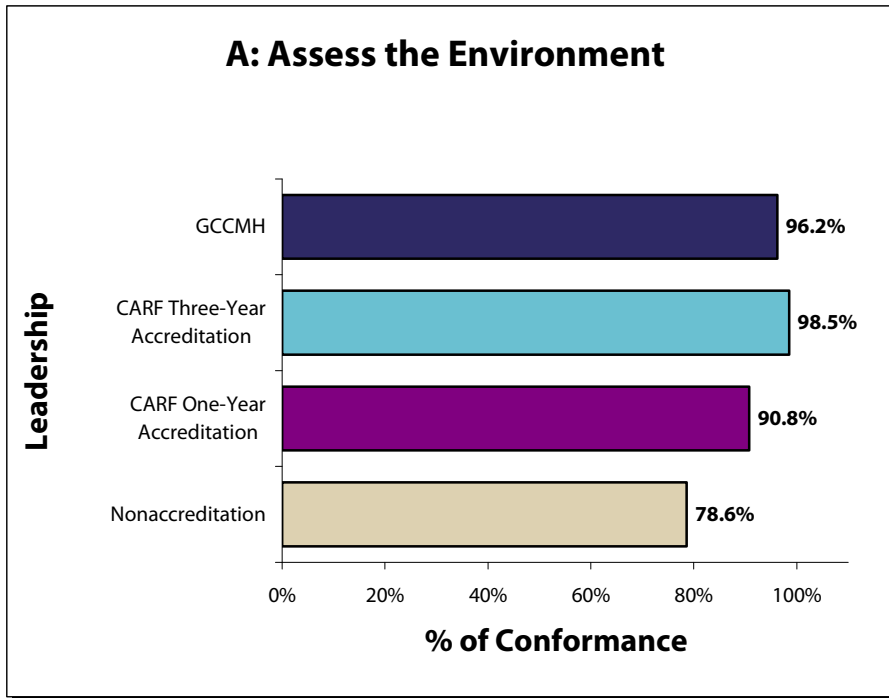
Persons served annually: 1,000–4,999

*To receive the information contained in this section in an alternate format, please contact [editing@carf.org](mailto:editing@carf.org).*

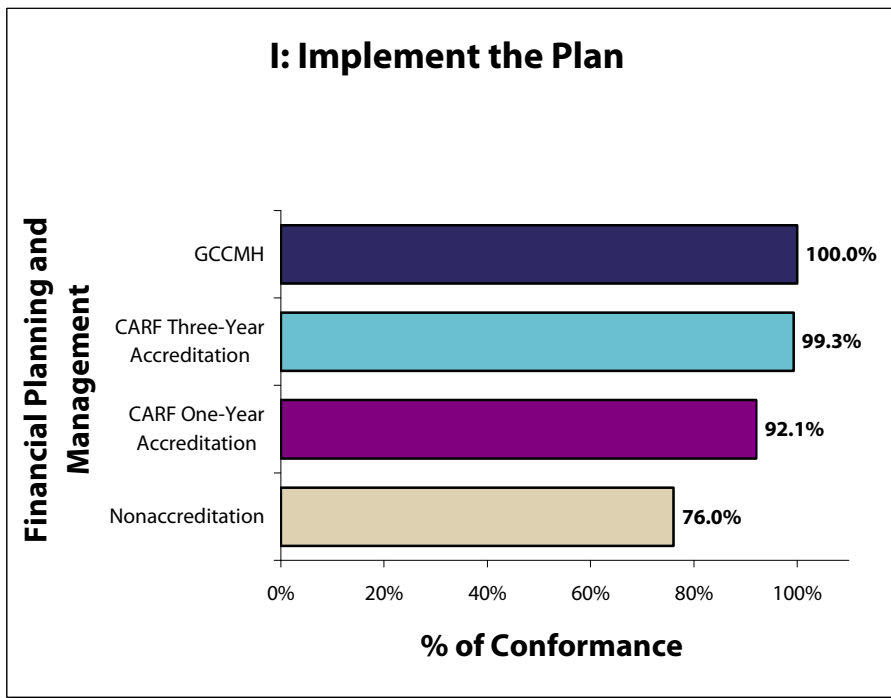
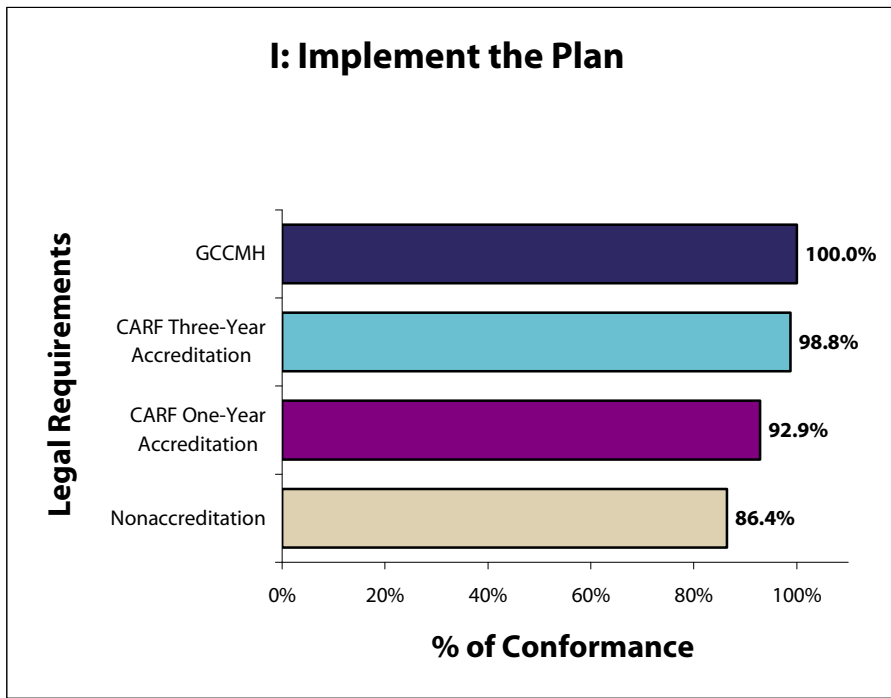
---

<sup>\*</sup> Excluding Governance and Strategic Integrated Planning.

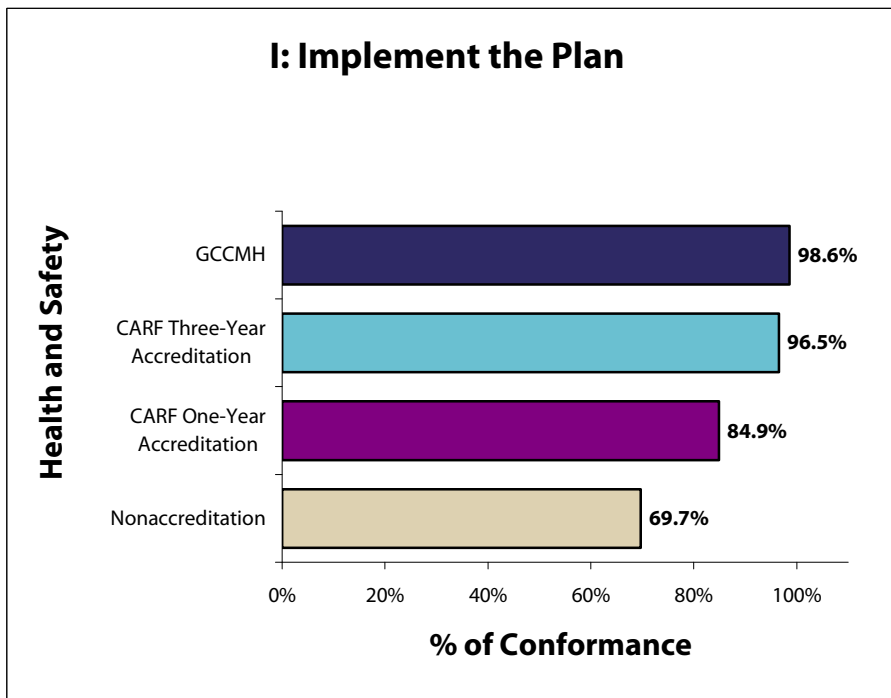
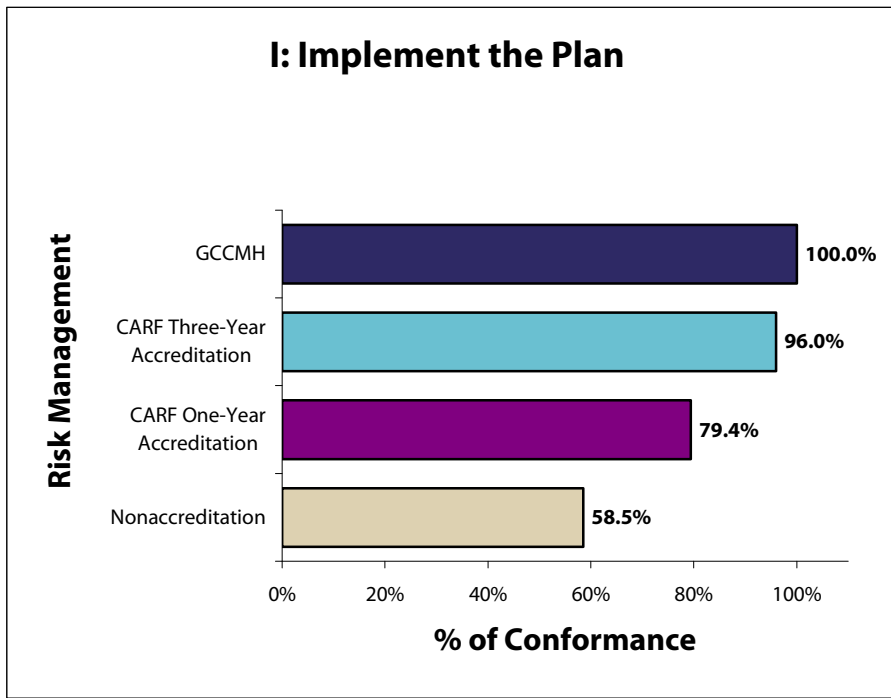
## All surveyed organizations



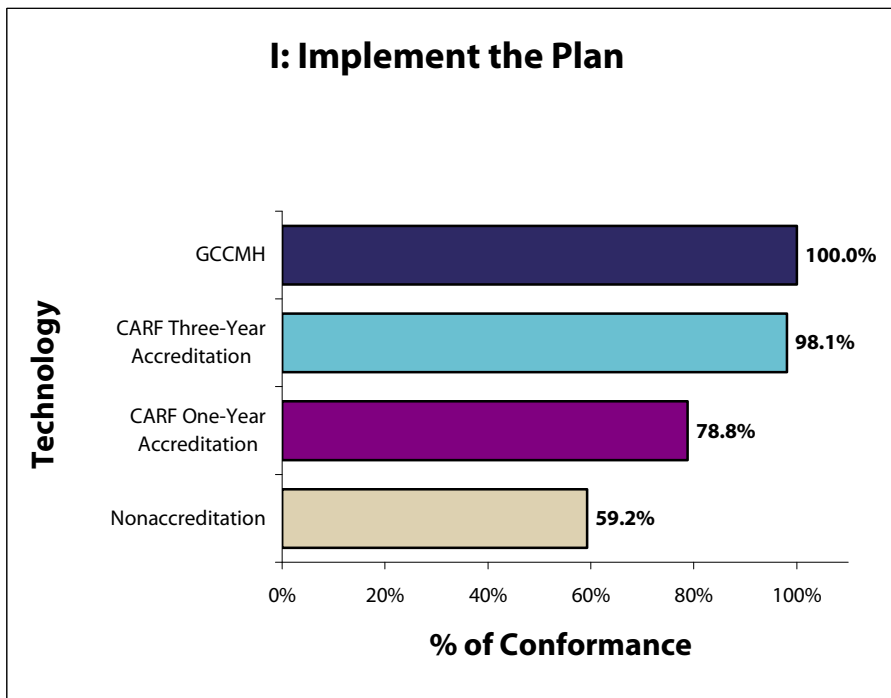
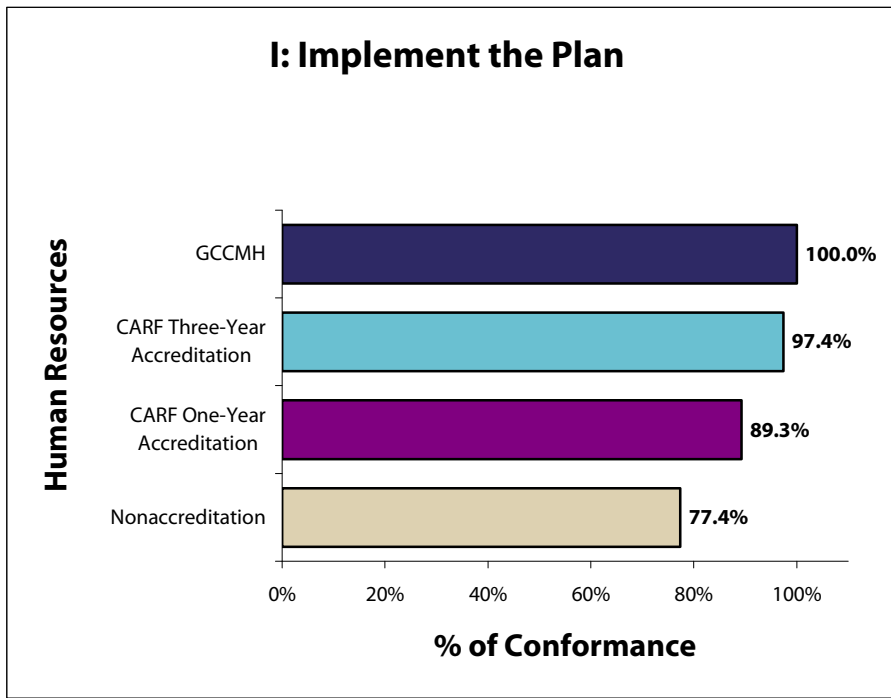
**All surveyed organizations – continued**



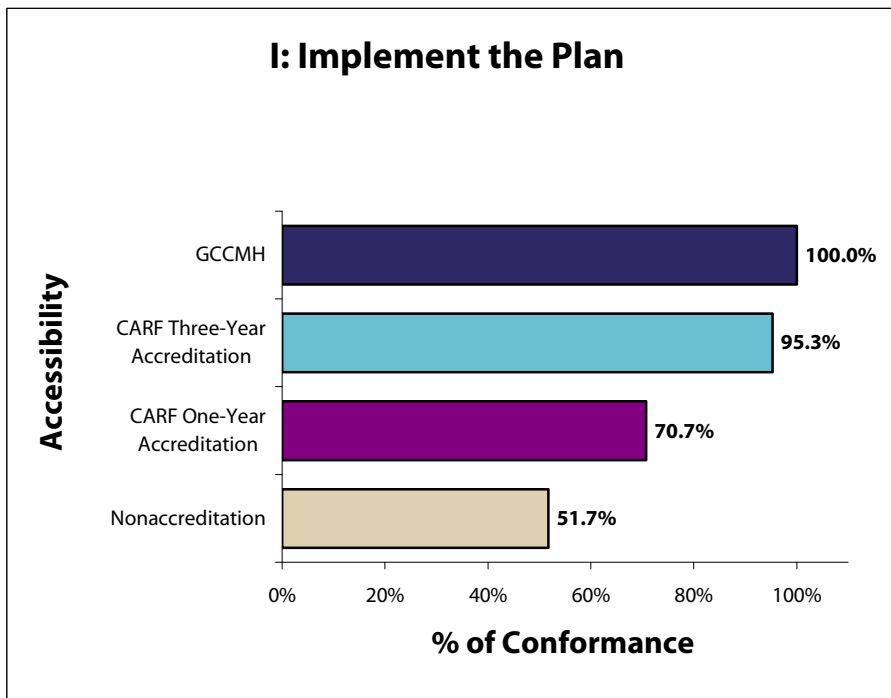
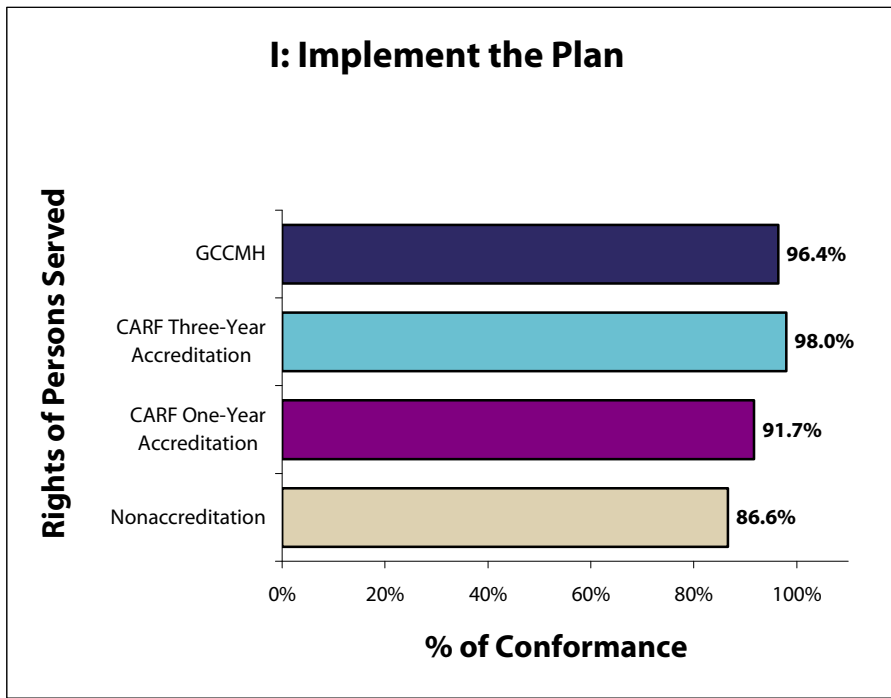
**All surveyed organizations – continued**



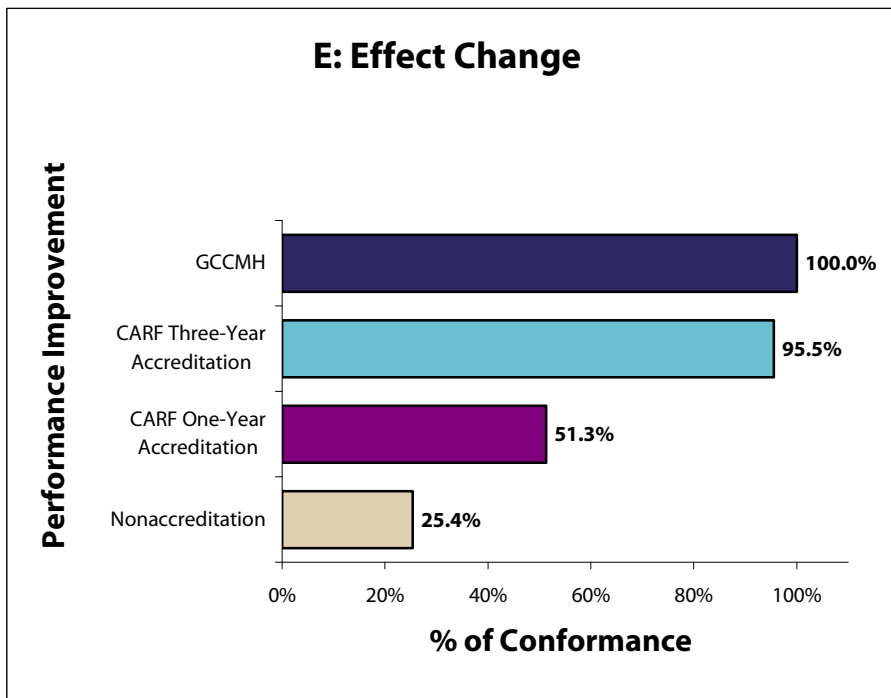
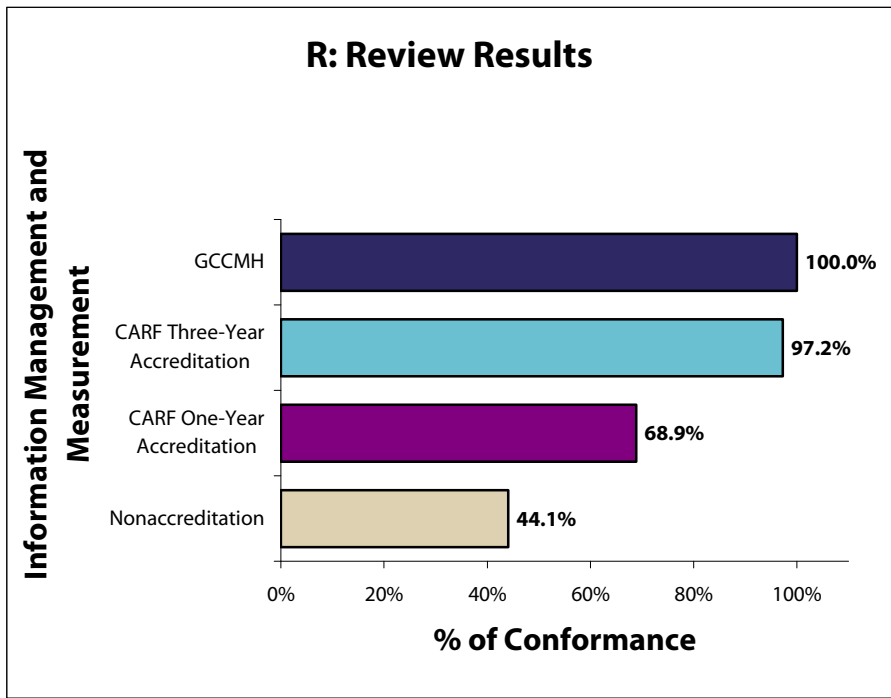
**All surveyed organizations – continued**



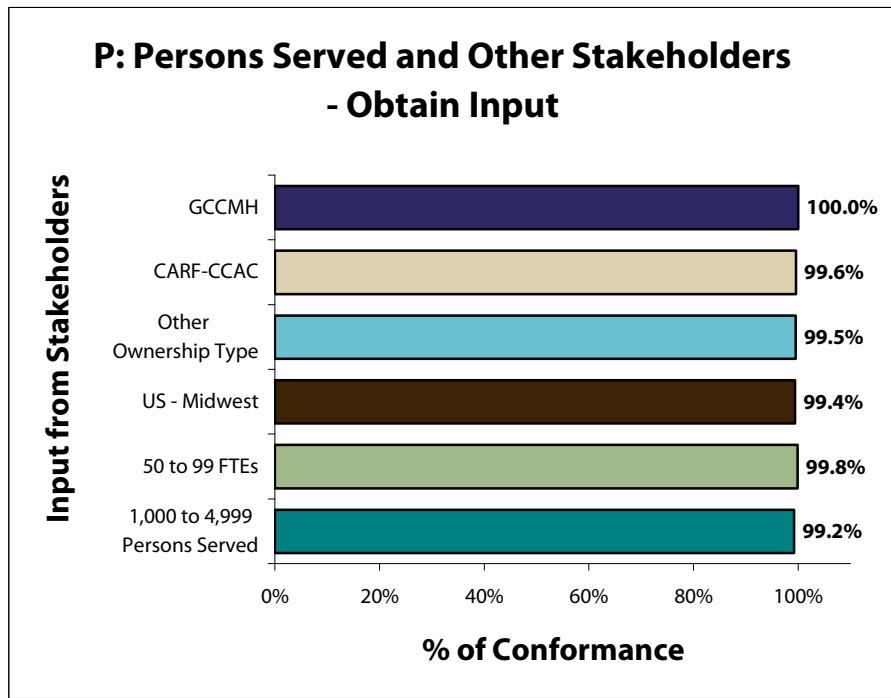
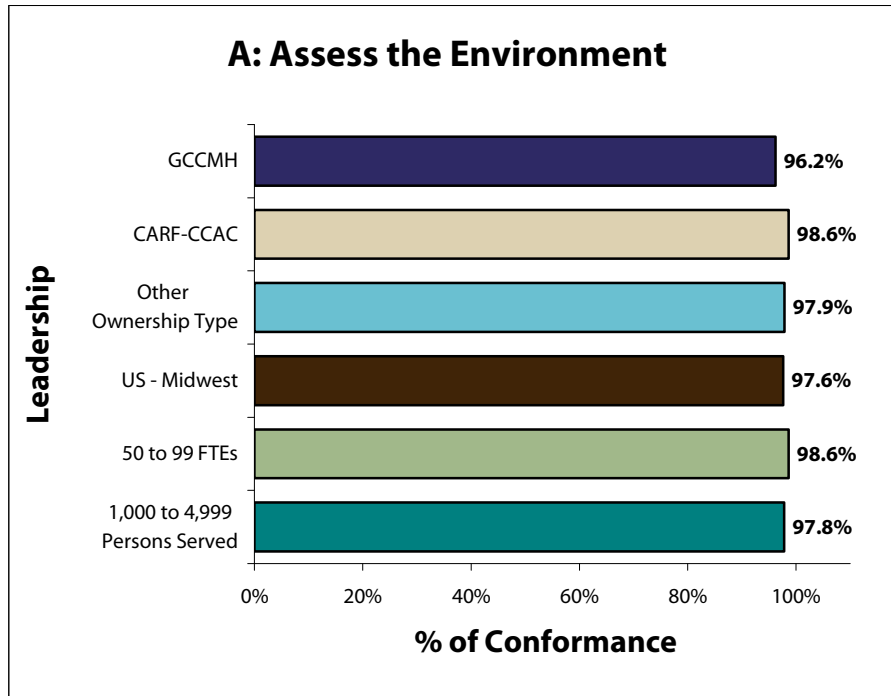
**All surveyed organizations – continued**



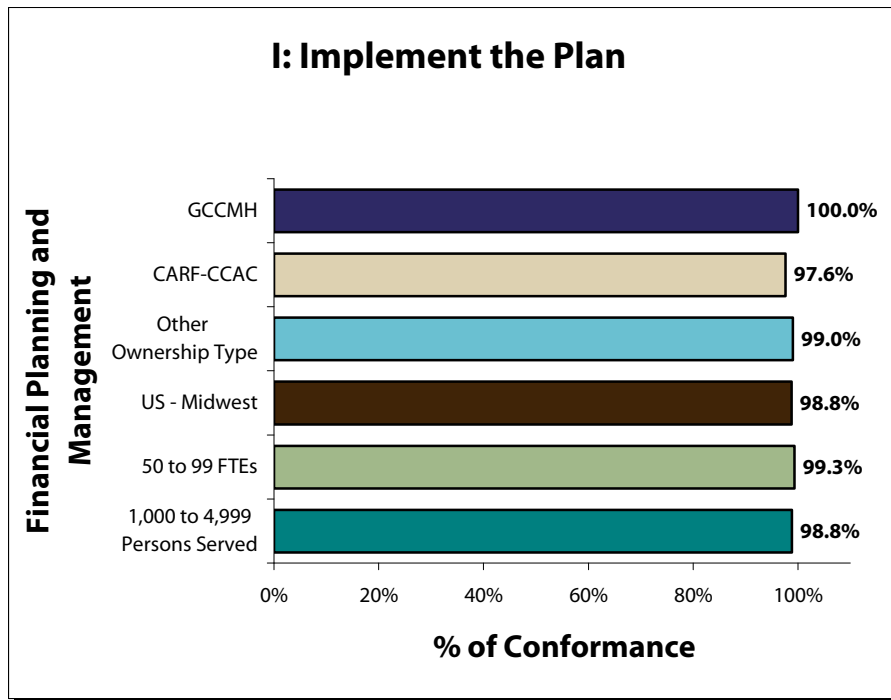
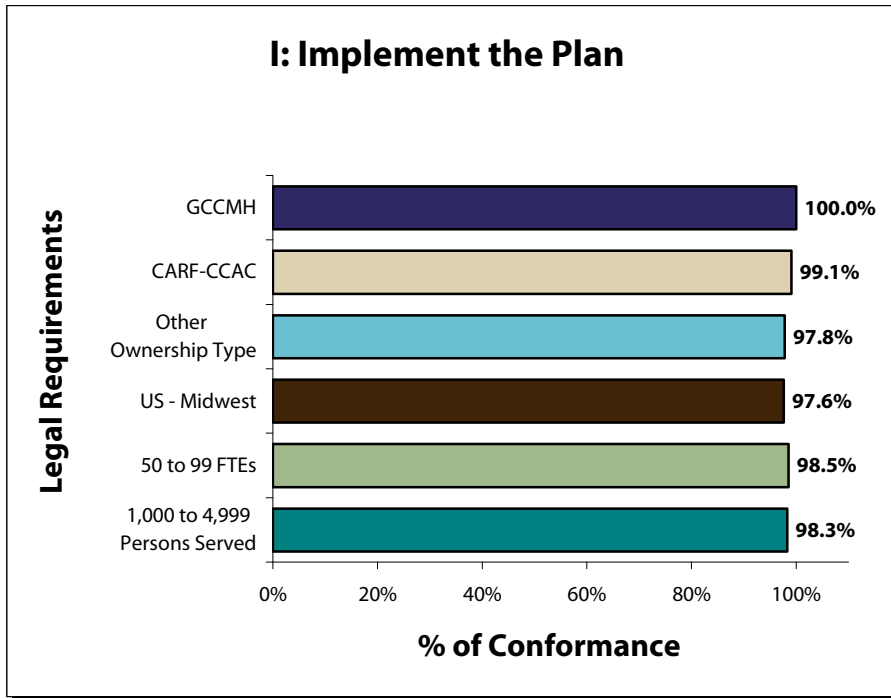
**All surveyed organizations – continued**



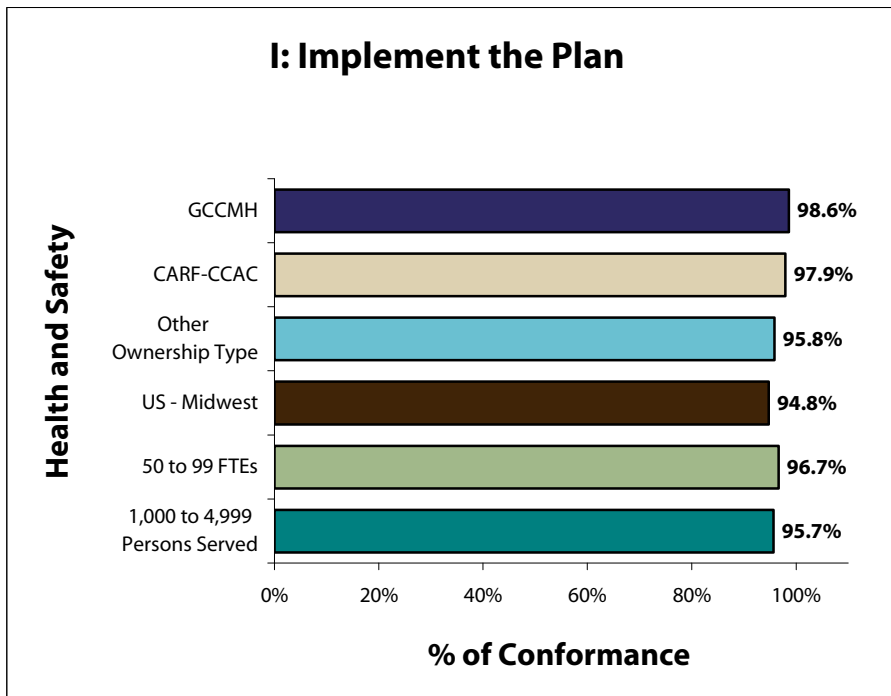
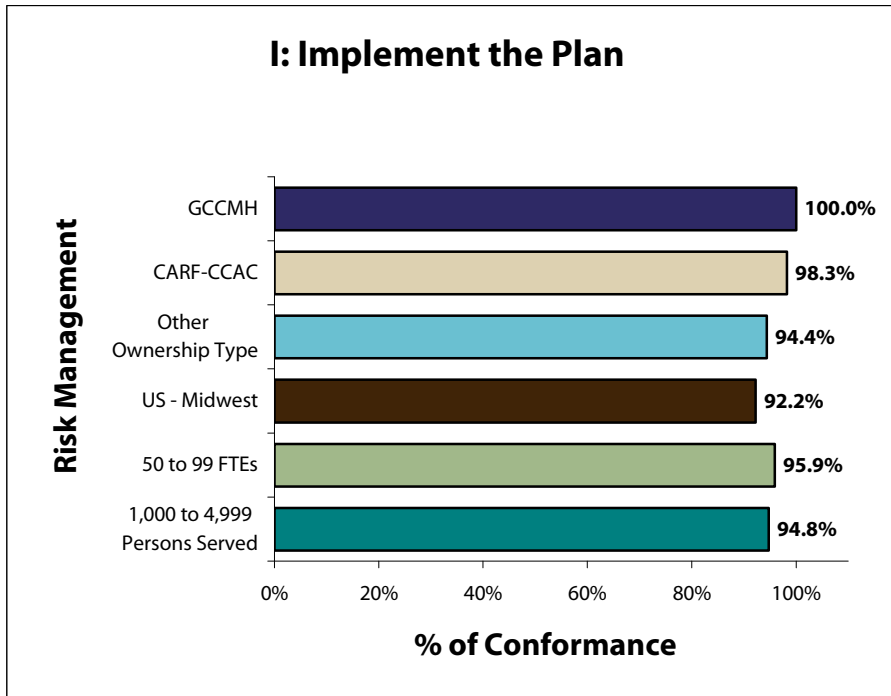
## Other benchmarks



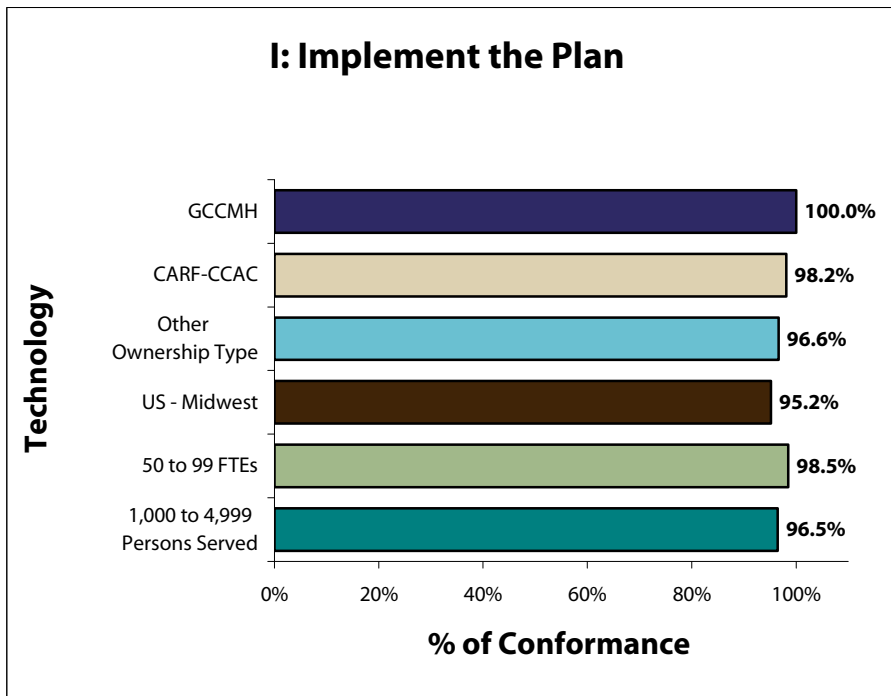
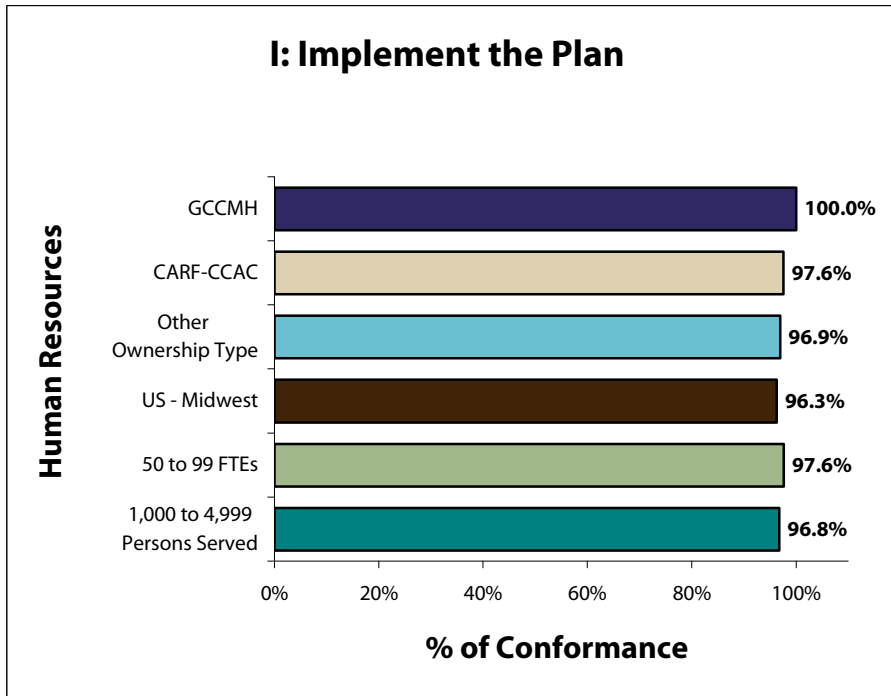
Other benchmarks – continued



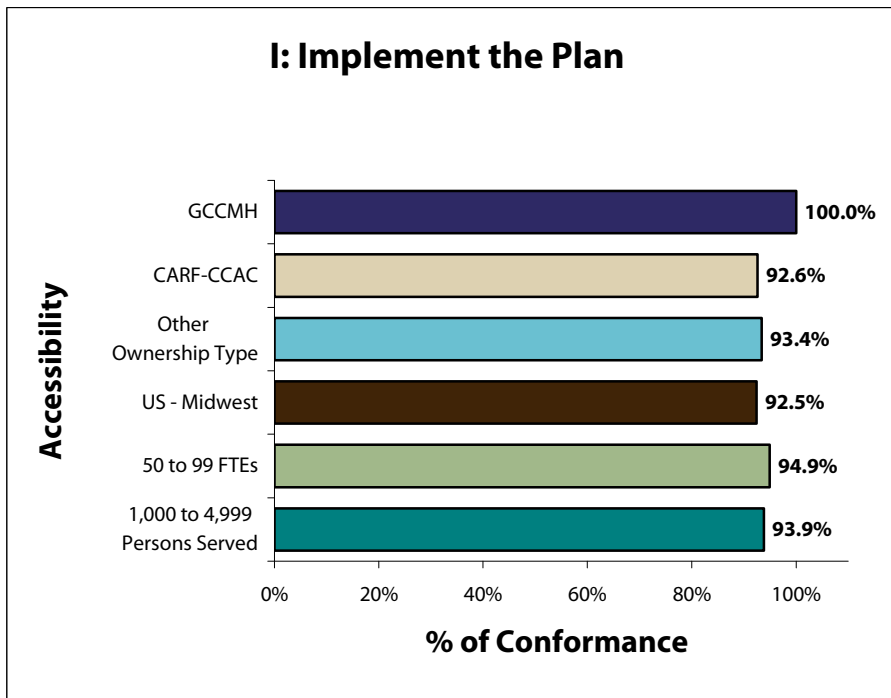
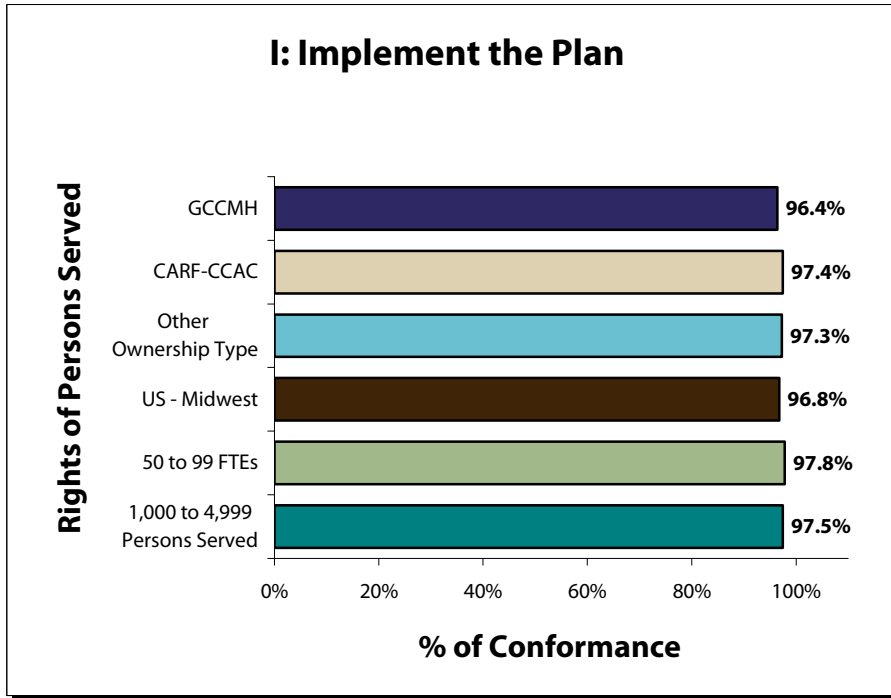
Other benchmarks – continued



Other benchmarks – continued



Other benchmarks – continued



Other benchmarks – continued

