



**CARF**  
**Survey Report**  
**for**

**Woodlands Behavioral**  
**Healthcare Network**

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**Organization**

Woodlands Behavioral Healthcare Network  
960 M-60 East  
Cassopolis, MI 49031

**Organizational Leadership**

Kirt E. Carter, M.A., LLP, LMSW, Chief Executive Officer

**Survey Dates**

August 13–15, 2007

**Survey Team**

Jeff Reynolds, Ph.D., Administrative Surveyor  
Sally E. McMinn, M.B.A., M.S.W., CSW, Program Surveyor  
Vicky C. Stortzum, LCPC, Program Surveyor

**Programs/Services Surveyed**

Case Management/Services Coordination: Mental Health (Adults)  
Case Management/Services Coordination: Mental Health (Children and Adolescents)  
Community Housing: Mental Health (Adults)  
Community Integration: Mental Health (Consumer-Run)  
Crisis Intervention: Mental Health (Adults)  
Crisis Intervention: Mental Health (Children and Adolescents)  
Intensive Family-Based Services: Mental Health (Children and Adolescents)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)  
Employment Services: Community Employment Services: Job Development  
Employment Services: Community Employment Services: Job Supports  
Employment Services: Community Employment Services: Job-Site Training

**Previous Survey**

August 25–27, 2004  
Three-Year Accreditation

## Survey Outcome

Three-Year Accreditation

Expiration: June 2010

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## SURVEY SUMMARY

**Woodlands Behavioral Healthcare Network has strengths in many areas.**

- The organization's collection and utilization of input from persons served and other stakeholders are extensive and used very well in service planning.
- Input from persons served, including a consumer-run clubhouse, is a critical component of service delivery.
- Woodlands is committed, both organizationally and fiscally, to the use of peer support within the organization and the philosophy of recovery within the treatment milieu for persons served with serious and persistent mental illness.
- Woodlands demonstrates that it is extremely efficient and able to consolidate meaningful information policies and procedures in a precise, well-organized manner.
- Standardization of clinical documentation is in evidence throughout core programs. Case records are comprehensive, organized, and user-friendly.
- Integrated approaches for persons with co-occurring disorders have been addressed, and an integrated dual diagnosis treatment model is being implemented.
- Teamwork, mutual respect, cooperation, and open communication are demonstrated throughout the organization.
- The administrative and professional staff members are a group of highly skilled, dedicated, and caring individuals who are extremely committed to the goals of the organization and to the highest level of service delivery. The longevity of many staff members indicates their commitment to the organization.
- The organization's financial operations appear sound and well managed.
- Woodlands demonstrates leadership in the area of protecting the rights of persons served.
- The support staff members are energetic, enthusiastic, and dedicated to assisting the organization in its mission.
- Woodlands' commitment to technological advancement is impressive. It is obvious that its use of technology is directed at providing the best possible services to its persons served.
- Woodlands' cooperation with the courts and law enforcement is strong and helps to provide much needed services to persons served involved in the criminal justice system.

- Information obtained through interviews indicates that Woodlands is well respected by persons served, their families, referral sources, and other stakeholders.

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

On balance, Woodlands 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 needed to address the recommendations detailed in this report. It also has the ability to grow and change to meet the various challenges that affect the individuals it serves.

Woodlands Behavioral Healthcare Network has earned a Three-Year Accreditation. 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.

## **SECTION 1. BUSINESS PRACTICES**

### **Criterion A. Input from Stakeholders**

#### **Principle Statement**

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

#### **Key Areas Addressed**

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

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#### **Recommendations**

There are no recommendations in this area.

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## **Criterion B. Accessibility**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## Criterion D. Rights of Persons Served

### Principle Statement

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

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## Criterion E. Health and Safety

### Principle Statement

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

### Key Areas Addressed

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

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## Recommendations

### E.20.

It is recommended that the organization develop written procedures to ensure the safe handling, storage, and disposal of hazardous materials.

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## Criterion F. Human Resources

### Principle Statement

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

### Key Areas Addressed

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

## Recommendations

### F.9.b.

It is recommended that the organization ensure that all employee files contain documentation proving the qualifications of the employee. One clerical file did not have documentation verifying that the staff member had graduated from high school.

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## Criterion G. Leadership

### Principle Statement

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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## **Criterion H. Legal Requirements**

### **Principle Statement**

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

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
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## **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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# **SECTION 2. GENERAL PROGRAM STANDARDS**

## **Principle Statement**

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

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

### **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

The process of screening and assessment is designed to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, or from external resources.

### **Key Areas Addressed**

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.

- Waiting list
  - Primary and ongoing assessments
  - Reassessments
- 

### **Recommendations**

There are no recommendations in this area.

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## **C. Individual Plan**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **D. Transition/Recovery Support Services**

### **Principle Statement**

In transition or discharge planning, the organization assists the persons served to obtain services that are needed but that are not available within the organization or in transitioning from one level of care to another 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. Transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to contact the persons served

after formal transition or discharge to gather needed information related to their postdischarge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services are needed.

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **E. Pharmacotherapy**

### **Principle Statement**

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

## Key Areas Addressed

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

## Recommendations

There are no recommendations in this area.

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## F. Seclusion and Restraint

### Principle Statement

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

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

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

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **H. Quality Records Review**

### **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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# **ALCOHOL AND OTHER DRUGS/ADDICTIONS**

Core programs in this field category are designed to provide services for persons who have or are at risk of having harmful involvement with alcohol or other drugs/addictions. These programs use a team approach to minimize the effects and risks associated with alcohol, other drugs, or other addictions.

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

### **Principle Statement**

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

### **O. Outpatient Treatment**

#### **Principle Statement**

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and psychoeducation. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations,

interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Intensive outpatient treatment programs are clearly identified as a separate and distinct program. The intensive outpatient program consists of a scheduled series of sessions appropriate to the individual plans of the persons served. These may include services provided during evenings and on weekends or interventions delivered by a variety of services providers in the community. The program can function as a step-down program from partial hospitalization, detoxification, or residential services; may be used to prevent or minimize the need for a more intensive and restrictive level of treatment; and is considered to be more intensive and integrated than traditional outpatient services.

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### **Recommendations**

There are no recommendations in this area.

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## **MENTAL HEALTH**

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

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

### **Principle Statement**

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

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

### **Principle Statement**

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

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

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

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### **Recommendations**

There are no recommendations in this area.

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## **D. Community Housing**

### **Principle Statement**

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered

homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for 6 to 12 months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the intent to survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

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## **Recommendations**

There are no recommendations in this area.

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## **E. Community Integration**

### **Principle Statement**

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. A psychosocial clubhouse, a drop-in center, an activity center, and a day program are examples of community integration services.

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.

*NOTE: The use of the term persons served in Community Integration may include members, attendees, or participants.*

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### **Recommendations**

There are no recommendations in this area.

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## **F. Crisis Intervention**

### **Principle Statement**

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.

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### **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach to

treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed towards family restoration when a child has been in an out-of-home placement.

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### **Recommendations**

There are no recommendations in this area.

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## **O. Outpatient Treatment**

### **Principle Statement**

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and psychoeducation. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Intensive outpatient treatment programs are clearly identified as a separate and distinct program. The intensive outpatient program consists of a scheduled series of sessions appropriate to the individual plans of the persons served. These may include services provided during evenings and on weekends or interventions delivered by a variety of services providers in the community. The program can function as a step-down program from partial hospitalization, detoxification, or residential services; may be used to prevent or minimize the need for a more intensive and restrictive level of treatment; and is considered to be more intensive and integrated than traditional outpatient services.

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### **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

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

## **A. Children and Adolescents**

**Case Management/Services Coordination: Mental Health**  
**Crisis Intervention: Mental Health**  
**Intensive Family-Based Services: Mental Health**  
**Outpatient Treatment: Alcohol and Other Drugs/Addictions**  
**Outpatient Treatment: Mental Health**

### **Principle Statement**

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

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### **Recommendations**

There are no recommendations in this area.

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## **B. Consumer-Run**

**Community Integration: Mental Health**

### **Principle Statement**

Improvement of the quality of an individual's situation requires a focus on the person served and his or her identified strengths, abilities, needs, and preferences. The program is designed around the identified needs and desires of the persons served, is responsive to their expectations, and is relevant to their maximum participation in the environments of their choice.

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

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### **Recommendations**

There are no recommendations in this area.

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# SECTION 5. EMPLOYMENT AND COMMUNITY SERVICES

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

### Principle Statement

Improvement of the quality of an individual's services requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations, and are relevant to their maximum participation in the environments of their choice.

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

### Key Areas Addressed

- Services are person-centered and individualized
  - Persons are given information about the organization's purposes and ability to address desired outcomes
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### Recommendations

There are no recommendations in this area.

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## B. Employment Services Principle Standards

### Principle Statement

The standards in this section assert basic practices and capabilities that should be demonstrated by any organization seeking accreditation in the area of employment services.

## **Key Areas Addressed**

- Goals of the persons served
  - Personnel needs of local employers
  - Community resources available
  - Economic trends in the local employment sector
- 

## **Recommendations**

There are no recommendations in this area.

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## **J. Community Employment Services**

### **Principle Statement**

#### **Job Development**

Successful job development concurrently uses assessment information about the person seeking employment to target the types of jobs available from potential employers in the local labor market. Typical job development activities include reviewing local employment opportunities and developing potential employers/customers through direct and indirect promotional strategies.

#### **Job-Site Training**

Job-site training services vary according to the needs of the new employee and the complexity of the job. Training can include assisting the employee with performance on the new job task and helping the person to understand the job culture and industry practices and work behaviors expected by the employer. It may also include training the employer and coworkers to understand the training methods and accommodations needed by the worker.

#### **Job Supports**

Ongoing job support services are activities that are employment-related and needed to promote job adjustment and retention. These services are based on the individual needs of the new employee.

## **Key Areas Addressed**

- Integrated employment choice
  - Integrated employment obtainment
  - Integrated employment retention
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## **Recommendations**

There are no recommendations in this area.

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# PROGRAMS/SERVICES BY LOCATION

## Woodlands Behavioral Healthcare Network

960 M-60 East  
Cassopolis, MI 49031

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)

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## Woodlands Behavioral Healthcare Network

17321 M-60 East  
Vandalia, MI 49095

Community Housing: Mental Health (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)

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## Woodlands Behavioral Healthcare Network

1124 Austin Street  
Cassopolis, MI 49031

Case Management/Services Coordination: Mental Health (Adults)  
Community Integration: Mental Health (Consumer-Run)  
Outpatient Treatment: Mental Health (Adults)  
Employment Services: Community Employment Services: Job Development  
Employment Services: Community Employment Services: Job Supports  
Employment Services: Community Employment Services: Job-Site Training

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