

**CARF
Survey Report
for
Turning Leaf
Residential
Rehabilitation
Services, Inc.**

Organization

Turning Leaf Residential Rehabilitation Services, Inc.
621 East Jolly Road
Lansing, MI 48910

Organizational Leadership

Sami W. Al Jallad, M.P.A.
Executive Director

Destiny A. Saucedo - Al Jallad, M.A.
Administrator/Director of Operations



Three-Year Accreditation

Survey Dates

December 2-4, 2015

Survey Team

J. Penelope Kidder, M.A., LPCC-S, Administrative Surveyor
Ryan Essex, Program Surveyor

Programs/Services Surveyed

Community Housing: Mental Health (Adults)
Community Integration: Mental Health (Adults)
Day Treatment: Mental Health (Adults)
Residential Treatment: Mental Health (Adults)

Previous Survey

November 28-30, 2012
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: February 28, 2019

SURVEY SUMMARY

Turning Leaf Residential Rehabilitation Services, Inc. has strengths in many areas.

- The leaders of the organization are highly involved in day-to-day operations and demonstrate their commitment to the well-being of the persons served as well as their staff members. They describe their desire to create a family atmosphere, especially for those for whom this is their only family.
- The community referral sources speak highly of the ability of the organization to successfully work with persons with multiple difficulties, who often have not been successful in other residential settings.
- The leadership is diligently working to remove stigma in the local community that has been expressed against the persons served, who are from other areas of the state.
- The facilities are spacious, well maintained, and well suited to the residential setting. Renovations and improvements are planned and performed with minimal disruption to the services delivered.
- The staff members report feeling valued by the owners, and describe ways in which the organization supports them in the work they do.
- Growth and expansion of services is done in a deliberate way so that it matches the needs of the persons served and the requests for services by funders, and is based on fiscally sound decision making.
- The diverse background and experience of the staff lends itself to providing a comprehensive menu of services to persons served.
- The persons served report that they feel respected and involved as much as possible in the decision-making process regarding their care.
- The staff members in the outer locations report feeling included in the decision-making process and feel supported by the leadership team in Lansing.
- The organization is continuing to expand its service menu by adding programs and staff members who bring a different perspective to the team.

Turning Leaf Residential Rehabilitation Services should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Turning Leaf Residential Rehabilitation Services continues to provide quality services to persons with co-occurring disorders/disabilities and who often have difficult-to-manage behaviors. The organization has expanded its services to include community integration, day treatment, and community housing, in addition to residential treatment. The organization continues to make improvements, both in response to CARF recommendations and in response to funder requests. The organization demonstrates a commitment to the CARF process and to implementing the CARF standards, both on the leadership level and by direct care staff members. The organization is encouraged to address the recommendations in this report to further enhance the level of quality of the services provided.

Turning Leaf Residential Rehabilitation Services, Inc. has earned a Three-Year Accreditation. The owners are recognized for their dedication and the quality services to the adults served. They are encouraged to remain current with the CARF standards for continued enhancement of their work.

SECTION 1. ASPIRE TO EXCELLENCE®

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

Recommendations

A.6.a.(4)(f)

It is recommended that the organization address in its ethical codes its expectations for personnel regarding the witnessing of documents.

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

- Strategic planning considers stakeholder expectations and environmental impacts
 - Written strategic plan sets goals
 - Plan is implemented, shared, and kept relevant
-

Recommendations

There are no recommendations in this area.

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

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

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Description

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

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 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
 - Review of service billing records and fee structure
 - Financial review/audit
 - Safeguarding funds of persons served
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization add a comment section to its monthly expense/revenue comparison data, which could allow it to quickly identify problem areas in its programs.
-

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

- Identification of loss exposures
 - Development of risk management plan
 - Adequate insurance coverage
-

Recommendations

There are no recommendations in this area.

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

- Inspections
 - Emergency procedures
 - Access to emergency first aid
 - Competency of personnel in safety procedures
 - Reporting/reviewing critical incidents
 - Infection control
-

Recommendations

H.7.a.(1) through H.7.d.

Although the organization conducts fire drills on a monthly basis at all locations and on each shift, and holds annual drills on bomb threats, natural disasters, and violent or threatening situations, it is urged to conduct drills on utility outages and medical emergencies. Tests of emergency procedures should be conducted annually on each shift, at each location, and include complete actual or simulated physical evacuation drills. Tests should be analyzed for performance improvement and address areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel and be evidenced in writing, including the analysis. It was suggested that, because these events actually do occur, the organization document when those events occur in the same manner as its drills are documented.

H.9.e.

The organization should include in its written procedures regarding critical incidents that timely debriefings are conducted following critical incidents.

I. Human Resources

Description

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 descriptions/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

There are no recommendations in this area.

J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable

- Provision of information relevant to the ICT session, if applicable
 - Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
 - Emergency procedures that address unique aspects of service delivery via ICT, if applicable
-

Recommendations

There are no recommendations in this area.

Consultation

- The organization is preparing to begin access to psychiatry services via technology. It is suggested that the organization develop its written procedures based on the CARF standards listed in section 1.J.
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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

- Communication of rights
 - Policies that promote rights
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

There are no recommendations in this area.

L. Accessibility

Description

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

Key Areas Addressed

- Written accessibility plan(s)
 - Requests for reasonable accommodations
-

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Description

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

Key Areas Addressed

- Information collection, use, and management
 - Setting and measuring performance indicators
-

Recommendations

M.1.c.

It is recommended that the organization include in its performance measurements specific objectives for each program for which CARF accreditation is sought.

M.6.b.(1) through M.6.b.(4)(b)

It is recommended that the organization measure service delivery performance indicators for each program seeking accreditation that include the effectiveness of services, the efficiency of services, service access, and satisfaction and other feedback from the persons served and other stakeholders.

M.7.a. through M.7.d.

For each service delivery indicator, the organization should determine to whom the indicator will be applied; the person responsible for collecting the data; the source from which the data will be collected; and a performance target for each indicator based on an industry benchmark, the organization's history, or a target established by the organization or other stakeholder.

N. Performance Improvement

Description

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

- Proactive performance improvement
 - Performance information shared with all stakeholders
-

Recommendations

N.1.b.(2)(a) through N.1.c.(3)

The organization should analyze measures related to effectiveness, efficiency, service access, and the satisfaction and other feedback from the persons served or other stakeholders and any extenuating or influencing factors for all of its programs based on the results of performance data. The organization is urged to complete a written analysis that will identify areas needing performance improvement, develop an action plan to address the improvements needed, and outline actions it has taken or changes it has made to improve performance. For example, during 2015, the organization identified a need to reduce medication errors in the residential treatment program and has made some procedural changes to address this need. It should include these changes in the written analysis of 2015 performance improvement activities.

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.

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

There are no recommendations in this area.

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 his or her 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, his or her 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

B.9.d.(1)(g)(i) through B.9.d.(1)(g)(iii)

It is recommended that the organization include in its orientation the program rules and expectations, including any restrictions the program may place on the person served; the events, behaviors, or attitudes and their likely consequences; and the means by which the persons served may regain the rights or privileges that have been restricted.

B.14.c. through B.14.f.

Although the organization is collecting information during the assessment process regarding the strengths, needs, abilities, and preferences of the persons served in some of its locations, it is recommended that this practice be consistent in all locations.

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 his or her 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

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

Recommendations

C.1.c.(1) through C.1.c.(4)

It is recommended that Turning Leaf Residential Rehabilitation Services consistently base the person-centered plan on information obtained about the strengths, needs, abilities, and preferences of the persons served.

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 person served when he or she moves 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

D.5.a. through D.5.i.

Although Turning Leaf Residential Rehabilitation Services does prepare a written discharge summary in some of its locations, it is recommended that this be adopted as a common practice in all of its locations. The organization should consistently prepare a written discharge summary on all persons served leaving treatment that documents the results of treatment, including the date of admission; describes the services provided; identifies the presenting condition; describes the extent to which established goals and objectives were achieved; the reasons for the discharge; the status of the person at last contact; recommendations for services or supports; date of discharge; referrals that include contact name, telephone number, and hours of operation; and information on medications prescribed or administered, when applicable.

D.7.a. through D.7.d.

The organization should ensure that transition plan documents or discharge plans provided to external programs/services to support a person's transition or discharge include the person's strengths, needs, abilities, and preferences.

E. Medication Use

Description

Medication use is the practice of handling, 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 deemed efficacious. Medication use may include self administration, or 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.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. 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, transporting, storing, and disposing of medications, including those self administered by the person served.

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak 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 closely observing the person served self-administering the medication.

Self-administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details 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

- 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.

F. Nonviolent Practices

Description

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to self, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

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.

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 of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral health care setting.

Key Areas Addressed

- Training and procedures supporting nonviolent practices
 - Policies and procedures for use of seclusion and restraint
 - Patterns of use reviewed
 - Persons trained in use
 - Plans for reduction/elimination of use
-

Recommendations

There are no recommendations in this area.

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

Recommendations

There are no recommendations in this area.

H. Quality Records Management**Description**

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.

SECTION 3. BEHAVIORAL HEALTH CORE 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.

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 and may provide services to those with behavioral health disabilities or co-occurring disabilities; intellectual or developmental disabilities; victims or perpetrators of domestic violence or abuse; persons needing treatment because of eating or sexual disorders; and/or drug, gambling, or internet addictions.

D. Community Housing

Description

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 recovery homes, transitional housing, 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 can be offered in apartments or homes, or 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.

Recommendations

There are no recommendations in this area.

E. Community Integration

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Recommendations

There are no recommendations in this area.

H. Day Treatment

Description

Day treatment programs offer person-centered, culturally and linguistically appropriate, comprehensive, coordinated, and structured treatment services and activities. A day treatment program consists of a scheduled series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency in order to assist the persons served in achieving the goals identified in their person-centered plans. Day treatment programs are offered four or more days per week, typically with support available in the evenings and on weekends. A day treatment program may prevent or minimize the need for a more intensive level of treatment. It may also function as a step-down from inpatient care or partial hospitalization or as transitional care following an inpatient or partial hospitalization stay to facilitate return to the community.

Recommendations

H.2.a. through H.2.f.

In some of its locations Turning Leaf Residential Rehabilitation Services is providing at least three of the required treatment services. It is recommended that this be extended to its other locations to become a standard practice to offer the same services; individual, family, and group counseling; or to add education, occupational therapy, or other services as appropriate.

T. Residential Treatment

Description

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health disabilities or co-occurring disabilities, including intellectual or developmental disability. Residential treatment services are organized to provide environments in which the persons reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Turning Leaf Residential Rehabilitation Services, Inc.

621 East Jolly Road
Lansing, MI 48910

Community Housing: Mental Health (Adults)
Community Integration: Mental Health (Adults)
Day Treatment: Mental Health (Adults)
Residential Treatment: Mental Health (Adults)

Silver Maple Cottage

1706 68th Street SE
Caledonia, MI 49316

Residential Treatment: Mental Health (Adults)

Blue Spruce Cottage

5418 120th Avenue
Holland, MI 49424

Residential Treatment: Mental Health (Adults)

Eastwood Cottage I

1137 East Street
Muskegon, MI 49442

Residential Treatment: Mental Health (Adults)

Eastwood Cottage II

1147 East Street
Muskegon, MI 49442

Residential Treatment: Mental Health (Adults)

Eastwood Village SIL Program

1140 Center Street
Muskegon, MI 49442

Community Housing: Mental Health (Adults)
Community Integration: Mental Health (Adults)
Day Treatment: Mental Health (Adults)

Northridge

788 Marquette Avenue
Muskegon, MI 49442

Residential Treatment: Mental Health (Adults)