

**CARF Accreditation Report**  
**for**  
**Blue Water Developmental**  
**Housing, Inc.**

**Three-Year Accreditation**



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## About CARF

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

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

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

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

## **Organization**

Blue Water Developmental Housing, Inc.  
1362 River Road, Building 1  
St. Clair, MI 48079

## **Organizational Leadership**

Andrea Bubel, Residential Services Division Director  
Kate Jackson-Drewek, Board President  
Kathryn Baker, Division Director Community Services  
Lisa Beedon, Executive Director  
Susan Yeager, Finance Director  
Vonda Willey, Administrative Services Division Director

## **Survey Number**

173644

## **Survey Date(s)**

September 18, 2023–September 20, 2023

## **Surveyor(s)**

Kelly Logan, Administrative  
Louise Blackwell, Program

## **Program(s)/Service(s) Surveyed**

Community Housing  
Community Integration  
Supported Living

## **Previous Survey**

November 4, 2020–November 6, 2020  
Three-Year Accreditation

## **Accreditation Decision**

### **Three-Year Accreditation**

**Expiration: October 31, 2026**

# Executive Summary

This report contains the findings of CARF’s site survey of Blue Water Developmental Housing, Inc. conducted September 18, 2023–September 20, 2023. This report includes the following information:

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

## Accreditation Decision

On balance, Blue Water Developmental Housing, Inc. demonstrated substantial conformance to the standards. Blue Water Developmental Housing, Inc. (BWDH) continues to fulfill its mission to provide quality housing while promoting inclusion in the St. Clair and Macomb counties. The consumers, families of consumers, referral sources, and funders are very satisfied with and complimentary of the organization’s direction. The executive team members work cohesively together, are professional, and are focused on making BWDH the premier housing service provider in the area. The organization employs a combination of newer and tenured staff members that are all committed, open to change, and willing to explore continuous quality improvement. The staff members are acknowledged and celebrated, resulting in an increased retention rate, and the consumers appreciate the stability in services. The board of directors is very supportive. The organization is welcoming, the consumers’ homes are individualized to reflect their tastes, and inclusive activities are provided. The organization appears to have the resources and willingness to address the recommendations provided in this report, some of which include enhancing the cultural competency, diversity, and inclusion plan and the risk management plan; ensuring that performance appraisals are completed; and strengthening medication administration policies and written procedures. BWDH utilizes its resources well and reinvests in the organization, its consumers, and its staff members.

Blue Water Developmental Housing, Inc. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Blue Water Developmental Housing, Inc. is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

**Blue Water Developmental Housing, Inc. has earned a Three-Year Accreditation.** The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF’s standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

# Survey Details

## Survey Participants

The survey of Blue Water Developmental Housing, Inc. was conducted by the following CARF surveyor(s):

- Kelly Logan, Administrative
- Louise Blackwell, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

## Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Blue Water Developmental Housing, Inc. and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

## Program(s)/Service(s) Surveyed

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

- Community Housing
- Community Integration
- Supported Living

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

## Representations and Constraints

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

## Survey Findings

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

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

## Areas of Strength

CARF found that Blue Water Developmental Housing, Inc. demonstrated the following strengths:

- BWDH is commended for its use of Energage to conduct its surveys. The executive summary provided is an excellent tool the organization can use to further growth and work toward its goal to be the premier organization in the St. Clair and Macomb counties.
- BWDH has extensive and thorough financial policies and procedures. This is especially important because BWDH has six separate corporations.
- The open culture and teamwork of the employees at BWDH were evident. It is anticipated that the energy of the team will continue to benefit the consumers. The employees are dedicated, and this is reflected in the quality services provided to the consumers.

- A stakeholder reported that the organization embraces open communication, resulting in an ability to solve issues and serve consumers more effectively. The stakeholder indicated gratefulness for the partnership.
- Stakeholders described BWDH with phrases like, “positive leadership and growth,” “a kind and compassionate team,” and “a great organization with a high level of transparency.”
- BWDH is recognized for providing varied opportunities for consumers to experience activities and events outside their immediate communities. Some of these events include Detroit Tigers games, hockey games, zoo visits, camping activities, and vacations. These opportunities are optional and provided to all consumers regardless of support needs.
- BWDH has passionate board members that are proud of the employees and consumers and proud to be part of this great organization.
- The organization has developed and maintained positive and open relationships with its referral and funding sources. These relationships truly benefit not only the consumers that receive regular updates, meetings, consultation, and additional services such as medical equipment or behavior supports but also the staff teams that receive responsive support and interventions when requested.
- BWDH is commended for encouraging participation from all levels within the organization, particularly in the area of policy development and review. The direct care staff members on the policy committee not only demonstrate transparency but also permit input from those the policy revision may directly impact.
- The organization is complimented on its creativity with problem solving, like the utilization of escape rooms, in regard to building positive team dynamics. Continuing with these endeavors as well as picnics, team building events, and other organization-hosted events will likely contribute to strong, healthy, and energetic teams, which in turn are expected to positively benefit the consumers.
- BWDH is recognized for providing accessible housing to the consumers to meet their needs until the end of life, when possible. Homes are on one level, and some are purpose-built to accommodate wheelchairs, lifts, and other mobility apparatuses. Modifications to the homes take both the current and possible future needs of consumers into consideration. The dedicated landscaping and maintenance contractors ensure that the homes are well maintained and blend into the neighborhoods.
- BWDH is commended for encouraging the consumers’ interests and passions when decorating bedrooms and homes. This can be difficult to do as consumers may use challenging behaviors or there may be medical equipment in the homes. The organization also respects the rights of consumers to not decorate their rooms and encourages interests elsewhere. The common spaces in the homes are beautifully decorated, many displaying different themes along with seasonal celebrations and holidays.
- BWDH has a very robust person-centered planning and review process. This involves many stakeholders who contribute when needed and ensure that the voices of consumers are not lost, even when some consumers may not be able to speak verbally for themselves. The direct care teams know the consumers they support very well and listen to the consumers’ interests, likes, dislikes, and goals. Part of this planning process includes conversations with consumers who may wish to remain home alone for a period of time without staff support and consumers who may wish to move to a different support setting. BWDH does not take these wishes lightly, and staff members truly listen to the consumers’ voices.

## Opportunities for Quality Improvement

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

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

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

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

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

## **Section 1. ASPIRE to Excellence®**

### **1.A. Leadership**

#### **Description**

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

#### **Key Areas Addressed**

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

#### **Recommendations**

**1.A.5.b.(6)**

**1.A.5.b.(8)**

**1.A.5.d.**

**1.A.5.e.**

Although BWDH has a cultural competency, diversity, and inclusion plan in place, the plan should also be based on consideration of the diversity of its stakeholders in regard to socioeconomic status and race, should be reviewed at least annually for relevance, and should be updated as needed.

## 1.C. Strategic Planning

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.D. Input from Persons Served and Other Stakeholders

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.E. Legal Requirements

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.F. Financial Planning and Management

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### Consultation

- It is suggested that the organization continue to refine the financial training provided at orientation and annually to all staff.

## 1.G. Risk Management

### Description

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

### Key Areas Addressed

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

### Recommendations

**1.G.1.a.(6)**

**1.G.1.b.(1)**

**1.G.1.b.(2)**

Although BWDH has implemented a risk management plan, the plan should also include reporting results of actions taken to reduce risks, be reviewed at least annually for relevance, and be updated as needed.

### Consultation

- Although BWDH has a risk management plan, it is suggested that the organization look into the ever-changing landscape of services to expand the plan to include property, reputation, and income loss for each program.

## 1.H. Health and Safety

### Description

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

### Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

### Recommendations

#### 1.H.13.h.

When transportation is provided for consumers, there should be evidence of written emergency procedures available in the vehicle(s). These emergency procedures might include instructions on how to proceed in the event the vehicle runs out of fuel, a natural disaster occurs, someone experiences medical distress, an aggressive person is encountered, etc. The organization is also encouraged to not leave confidential information regarding consumers in the vehicles overnight or unattended for long periods of time.

### Consultation

- The organization may want to consider adding additional items to the floor plans and accompanying evacuation routes, such as the locations of first aid kits, emergency supplies, and identified meeting areas.
- Although its first aid kits appear to be well stocked and readily available, the organization may want to consider placing small signs or wording on the outsides of cupboards to indicate the locations of the first aid kits.
- The organization may want to consider adding seatbelt cutters to the emergency equipment for situations in which quick evacuation of consumers becomes necessary.

## 1.I. Workforce Development and Management

### Description

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

### Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty

- Workforce engagement and development
- Performance appraisals
- Succession planning

## Recommendations

### 1.I.7.e.

Although BWDH has a performance appraisal system, it is not being completed timely or consistently. Workforce development activities should include performance appraisal. This may allow employees to understand the expectations and use them as guidelines for growth.

## 1.J. Technology

### Description

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

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.K. Rights of Persons Served

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## Consultation

- The organization may want to consider utilizing different formats of communicating rights to or reviewing rights with consumers. BWDH supports several consumers who may be interested in speaking about rights with other consumers. This could be accomplished through in-person meetings, virtual meetings, coffee get-togethers, etc. There are also short, fun videos online that could be viewed to prompt discussion.

## 1.L. Accessibility

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.M. Performance Measurement and Management

### Description

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

The foundation for successful performance measurement and management includes:

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

### Key Areas Addressed

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

## **Recommendations**

### **1.M.1.b.**

Leadership should demonstrate accountability for performance measurement and management in business functions.

## **1.N. Performance Improvement**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

#### **1.N.3.b.(2)**

The results of performance analysis should be used to facilitate organizational decision making regarding business functions.

## **Section 2. Quality Individualized Services and Supports**

### **Description**

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

## 2.A. Program/Service Structure

### Description

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

### Key Areas Addressed

- Services are person centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

### Recommendations

There are no recommendations in this area.

### Consultation

- The organization may want to review the current list of consent forms to consider reducing the overall number; combining several into one form; and creating a checklist to track what is required, when the forms are distributed for signature, and when they are received back at the organization. It was observed that current forms were not available in some programs and were on a centralized hub not accessible to all employees.

## 2.B. Individual-Centered Service Planning, Design, and Delivery

### Description

Improvement of the quality of an individual's services/supports 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 desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affect the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 2.C. Medication Monitoring and Management

### Key Areas Addressed

- Current, complete records of medications used by persons served
- Written procedures for storage and safe handling of medications
- Educational resources and advocacy for persons served in decision making
- Physician review of medication use
- Training and education for persons served regarding medications

### Recommendations

#### 2.C.2.a.

#### 2.C.2.d.

The organization should implement written procedures that also address storage, including handling of medications requiring refrigeration or protection from light, and safe disposal.

#### 2.C.5.a.

#### 2.C.5.b.

#### 2.C.5.c.

An organization that manages medications for consumers should implement written procedures that also address purchase, if applicable, including processes for handling medication shortages on weekends; transportation and delivery, if applicable; and off-site use, if applicable.

## 2.E. Community Services Principle Standards

### Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

## **Key Areas Addressed**

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

## **Recommendations**

There are no recommendations in this area.

# **Section 4. Community Services**

## **Description**

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

## **4.G. Community Integration (COI)**

### **Description**

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity center, a day program, a clubhouse, and a drop-in center are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Pre-vocational experiences.
- Vocational pursuits.
- Volunteerism in the community.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.).

Some examples of the quality results desired by the different stakeholders of these services include:

- Community participation.
- Increased independence.
- Increased interdependence.
- Greater quality of life.
- Skill development.
- Slowing of decline associated with aging.
- Volunteer placement.
- Movement to employment.
- Center-based socialization activities during the day that enable persons to remain in their community residence.
- Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

### **Key Areas Addressed**

- Opportunities for community participation

### **Recommendations**

There are no recommendations in this area.

## **4.H. Community Housing (CH)**

### **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/supports are provided are typically owned, rented, leased, or operated

directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports 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/supports 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/supports 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 group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. 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 individuals.

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 six to twenty-four 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.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Safe housing.
- Persons choosing where they live.
- Persons choosing with whom they will live.
- Persons having privacy in their homes.
- Persons increasing independent living skills.
- Persons having access to the benefits of community living.
- Persons having the opportunity to receive services in the most integrated setting.
- Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
- Persons having the freedom to furnish and decorate their sleeping or living units as they choose.
- Persons having freedom and support to control their schedules and activities.
- Settings that are physically accessible to the individuals.

### **Key Areas Addressed**

- Safe, secure, private location
- Support to persons as they explore alternatives
- In-home safety needs
- Access as desired to community activities
- Options to make changes in living arrangements
- System for on-call availability of personnel

## Recommendations

### 4.H.2.a.

Some locations at BWDH indicated they held regular meetings between consumers and staff, but this was not consistent across all program locations. The organization should provide regular meetings between the consumers and staff. Minutes may be documented using pictures, graphics, etc., to suit the varied needs and communication abilities of consumers.

## 4.I. Supported Living (SL)

### Description

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sample of people receiving services/supports in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living, and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Persons served achieving choice of housing, either rent or ownership.
- Persons served choosing whom they will live with, if anyone.
- Minimizing individual risks.
- Persons served have access to the benefits of community living.
- Persons served have autonomy and independence in making life choices.

### Key Areas Addressed

- Safe, affordable, accessible housing chosen by the individual
- Supports available based on needs and desires
- In-home safety needs
- Living as desired in the community
- Support personnel available based on needs
- Persons have opportunities to access community activities

### Recommendations

There are no recommendations in this area.

# Program(s)/Service(s) by Location

## **Blue Water Developmental Housing, Inc.**

1362 River Road, Building 1  
St. Clair, MI 48079

Community Integration  
Supported Living

## **County Manor**

53880 County Line Road  
New Baltimore, MI 48047

Community Housing  
Community Integration

## **Eunice Hayes Home**

4291 Peck Road  
Port Huron, MI 48060

Community Housing  
Community Integration

## **Maple Street**

471 Maple Street  
Algonac, MI 48001

Community Housing  
Community Integration

## **Nottingham**

80525 Belle River Road  
Memphis, MI 48041

Community Housing  
Community Integration

## **Oak Leaf Home**

3405 Oak Leaf Drive  
Fort Gratiot, MI 48059

Community Housing  
Community Integration

## **Pam McDonald Home**

77175 Capac Road  
Armada, MI 48005

Community Housing  
Community Integration

**Pound Road**

36442 Pound Road  
Richmond, MI 48062

Community Housing  
Community Integration

**Semi-Independent**

958 Colorado Avenue  
Marysville, MI 48040

Community Housing  
Community Integration

**Seneca Home**

7636 32 Mile Road  
Washington, MI 48095

Community Housing  
Community Integration

**Springborn Home**

320 10th Street  
Marysville, MI 48040

Community Housing  
Community Integration

**Stonybrook Home**

3087 Stonybrook Lane  
Port Huron, MI 48060

Community Housing  
Community Integration

**Thornhill Home**

2202 Thornhill Street  
Port Huron, MI 48060

Community Housing  
Community Integration