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CARF Accreditation Report

for

Region V Systems

Three-Year Accreditation

Contents

About CARF

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

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

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

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

Organization

Region V Systems
1645 N Street
Lincoln, NE 68508

Organizational Leadership

C.J. Johnson, MSW, LMHP, Regional Administrator
Kim Michael, BS, PHR, SHRM-CP, Director of Operations & Human Resources

Survey Number

141762

Survey Date(s)

October 7, 2021–October 8, 2021

Surveyor(s)

Kim D. Dykes, Administrative
Mary A. Spencer, MBA, Program

Program(s)/Service(s) Surveyed

Intensive Family-Based Services: Mental Health (Children and Adolescents)
Network
Prevention: Integrated: SUD/Mental Health (Adults)
Prevention: Integrated: SUD/Mental Health (Children and Adolescents)
Governance Standards Applied

Previous Survey

May 30, 2018–May 31, 2018
Three-Year Accreditation

Accreditation Decision

**Three-Year Accreditation
Expiration: May 31, 2024**

Executive Summary

This report contains the findings of CARF's site survey of Region V Systems conducted October 7, 2021–October 8, 2021. 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, Region V Systems demonstrated substantial conformance to the standards. Region V Systems is respected as a quality service provider by community members and partners, the persons served, and other stakeholders. Region V Systems is committed to CARF accreditation, and its diligence in addressing standards to improve performance is evidenced by the organization's provision of quality services. Teamwork and collaboration is evident across the organization. The organization has a committed and knowledgeable leadership team with many years of dedication to the organization, the community, and the persons served. The leadership and staff members are commended for their willingness to serve their community.

Region V Systems appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement.

Region V Systems 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 Region V Systems was conducted by the following CARF surveyor(s):

- Kim D. Dykes, Administrative
- Mary A. Spencer, MBA, 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 Region V Systems 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):

- Intensive Family-Based Services: Mental Health (Children and Adolescents)

- Network

- Prevention: Integrated: SUD/Mental Health (Adults)

- Prevention: Integrated: SUD/Mental Health (Children and Adolescents)

- *Governance Standards Applied*

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that Region V Systems demonstrated the following strengths:

- The mission of Region V Systems is to encourage and support the provision of a full range of mental health and substance use disorder programs and services to youth and adults. Team members commented that "we treat people with dignity" and "we are not in the business to make money; we are in the business to help people." One governing board member reported, "Region V Systems feels like it's a model for our state."

- The leadership demonstrates its commitment to its team members by fostering growth and continuing education across the organization. Staff members expressed gratitude for the leadership fostering development and opportunities to grow and learn. No matter what position the employee is in, the employee can brainstorm for growth. Despite barriers brought on by the COVID-19 pandemic, Region V Systems continues to enhance its training plans by utilizing virtual platforms to promote competency-based training.

- Region V Systems promotes learning and finds strengths in all team members by utilizing a strengths finder tool to ensure that all employees have opportunities to enhance their skills, assess their interests, and provide them with a sense of value in the organization. Team members proudly display their identified strengths in their work spaces to encourage others to collaborate with them. Comments included, "We are a learning organization," "We allow staff to attend school while working," "We have training dollars available and are very supportive sending our staff to trainings."

- Region V Systems promotes flexibility among team members, as evidenced by its teleworking policy. Region V Systems considers teleworking to be a viable, flexible work option when the employee and the job are suited to such an arrangement. Staff members expressed gratitude regarding the flexibility, saying, "I'm so thankful to have an organization so flexible with my requests," and "Regardless of the pandemic, our employees value this privilege and have embraced this hybrid work environment."

- The organization is commended for the longevity of the leadership team members. Longevity of all of the organization's leadership members is between 11 and 24 years. It was noted that "longevity of staff leads to great institutional memory, which helps to make connections and put the wide-ranging work we do into a larger context."

- Region V Systems encourages all team members to become involved in various opportunities for growth and participation inside and outside of the organization. Team members are encouraged, upon hire, to join continuous quality improvement teams. In addition, the organization also offers a robust community service leave policy, where employees are provided paid time to volunteer for programs/activities that support and enrich the community and the organization's corporate culture.

- Region V Systems is a data-driven organization that makes data-driven decisions, and all staff members are encouraged, upon hire, to be involved with the continuous quality improvement teams and processes. The organization has a phenomenal performance measurement, management, and improvement program, with all staff members participating in the process, including the governing board. One stakeholder reported that the organization does "an excellent job with cluster-based planning and focus on data-driven decisions."

- Team members described the organization's greatest asset in one word: "adaptable." When faced with obstacles related to funding sources, contract changes, pandemics, etc., the organization is able to adapt.

- Region V Systems participates in an Artist on the Edge program. In this program, the persons served create paintings that decorate the halls of the organization. These art pieces are for sale, with the funds being provided to assist the persons served.

- Staff members across all levels of the organization exhibit dedication and focus on the smallest details to the largest processes with the intention to learn and provide excellent services.

- Region V Systems has designed and implemented a website that is aligned with the philosophy and principles that guide the organization. The website includes many resources that can be accessed and used by the persons served, provider organizations, and other stakeholders for information. It also provides access to resources and training for peers, staff, the community, and other stakeholders.

- Region V Systems demonstrates distinct, overarching principles, qualities, and philosophies. It supports initiative, creativity, and the highest quality of care. Discussions of processes that have been enhanced over time reflect careful thought and action and have resulted in documentation that mirrors practices.

- The organization's philosophy and practice has resulted in, among other initiatives, a combination of wraparound, family therapy, and cluster-based planning as a standard best practice. The organization is planning to support a networkwide initiative to train, implement, and measure outcomes for dialectical

behavior therapy and motivational interviewing. To encourage staff investment in the training and implementation processes, the organization sought and obtained approval from the state funding entity to use reinvestment dollars to pay for staff time in training.

- One person served described the strength of the organization as "helping people get out of bad situations." She shared specific resources that helped her with basic needs and securing an apartment and job. She proudly stated, "This is the first time I have lived by myself, and this is my second year!" She looks forward to future plans to complete her GED and to enroll in college courses.

- A parent described the perseverance and patience of the organization, as her daughter was resistant to services for many months. Her daughter is now engaged in her plan of care and is excited about improving her school performance and improving her skills with an eye toward her future goals. This parent identified "not giving up, patience, and support" as strengths of the organization. She described a brief time that the family therapist was not available, and the organization provided a successful alternative that resulted in no gap in services. She said, "The staff is amazing!"

- The electronic health record was specifically designed and developed for wraparound services and contains documented evidence of clearly defined processes and collaborations. Persons served are able to log in to a portal to see their plan of care.

- The intensive family-based services program involves large groups of stakeholders that are listed in the records of the persons served and are present in monthly meetings. The program provides a complete and comprehensive evaluation of clinical appropriateness. This has resulted in highly detailed notes found in the records of the persons served that identify reassessment activities, service plan update activities, progress monitoring, and more.

- The prevention program is an ambitious effort that has been active for many years and has worked to form coalitions in 16 counties. Regional coalition meetings take place monthly, and the use of shared federal and local funds is planned to support activities, such as free Narcan® available throughout the state, distribution of lockboxes for medications and for guns, emergency room requests and school requests for lockboxes, community training in suicide prevention strategies, the development of Hope Squads (a peer suicide prevention strategy), and a revival of the D.A.R.E.® program. Prevention across the lifespan is supported and used throughout the coalition.

- Discharge planning is a collaboration of multiple stakeholders that results in a rich discharge summary that includes results of predischarge assessments and a significant amount of information from the record of the person served denoting presenting issues, plans of care, progress metrics and graphs, and highly detailed action plans. Through authorizations for the release of information, the discharge information is shared with a locally contracted, parent peer-run organization that provides post-discharge support, maintenance of the wraparound fidelity model, and ongoing satisfaction data collection and monitoring.

- Staff member performance evaluations demonstrate extensive documentation of individualized and specific data regarding performance metrics, including production and quality documentation, supervision, performance of duties, professional development, and self-assessment. This provides a comprehensive look at each person evaluated and future development planning.

- The 12 provider organizations in the network are given annual on-site reviews and continuous quality reviews throughout the year. The provider organizations are expected to maintain fidelity to Region V Systems' quality model for providers. The organization went virtual one year prior to the COVID-19 pandemic, making monitoring systems and monthly provider organization meetings more efficient.

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. Region V Systems received no recommendations from this survey. This accomplishment is achieved on approximately 3 percent of CARF surveys.

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

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

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

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.B. Governance (Optional)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

▪ Region V Systems is encouraged to consider implementing a tracking tool for annual reviews of its policies, plans, and other organizational documents.

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 Region V Systems utilize its current management reports review process to ensure consistent documentation of monthly financial reviews.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Region V Systems is encouraged to consider documenting tabletop, virtual, unannounced tests of medical emergencies on the organization's form for the emergency procedure.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often

composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

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

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

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Provision of information related to ICT, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

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.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

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

The foundation for successful performance measurement and management includes:

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

Key Areas Addressed

■ Leadership accountability for performance measurement and management
■ Identification of gaps and opportunities related to performance measurement and management
■ Input from stakeholders
■ Performance measurement and management plan

- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, family or significant others, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

There are no recommendations in this area.

2.C. Person-Centered Plans

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

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

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

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 4. Core Support Program Standards

Description

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

4.G. Prevention (P)

Description

Prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse or neglect, exposure to or experience of violence in the home and community; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings.

Organizations may provide one or more of the following types of prevention programs, categorized according to the population for which they are designed:

- Universal programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.

■ Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, tobacco use prevention, child abuse prevention, and suicide prevention.

■ Training programs provide curriculum-based instruction to active or future personnel in human service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

■ Personnel qualifications
■ Appropriate program activities
■ Public awareness
■ Program strategies

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

Description

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

Key Areas Addressed

■ Comprehensive assessments
■ Services based on needs of child
■ Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

Supplement. Network Standards

Network.A. Standards for the Network

Description

A network is a legal entity that contracts with two or more organizations that deliver health or human services to persons served ("participating providers") to coordinate functions between or on behalf of the participating providers. Various types of networks exist and they may have different purposes in the field. For example, business networks may be formed to establish strategic business arrangements with or among participating providers, and

service delivery networks may establish an integrated system of service provision by participating providers to persons served. Other types of networks may combine the functions of business and service delivery networks. To promote service excellence and minimize risk, service delivery networks establish and implement a process for quality review of participating providers.

Network leadership is identified and guides:

■ Participating provider contracts that address, depending on the type of network, business functions and/or service delivery.
■ Operational links and integration with or among participating providers.
■ A system to facilitate cooperation with participating providers, including:
   - Integrated strategic and financial planning.
   - Resource coordination.
   - Technology integration.
   - Performance measurement.
   - Development and improvement of participating providers.
   - Geographic areas served.

Networks that provide services to persons served may offer value in any or all of the following ways:

■ Choice of services.
■ Access to services based on the needs of the persons served and expectations of other stakeholders.
■ Improved coordination of services among participating providers.
■ Improved effectiveness and efficiency of service delivery.

Key Areas Addressed
■ Network structure and scope
■ Participating provider engagement in network planning
■ Selection of participating providers
■ Contracts with participating providers
■ Network policies and procedures
■ Quality review process for participating providers
■ Data collection and performance management
■ Communication and coordination regarding persons served

Recommendations
There are no recommendations in this area.

Program(s)/Service(s) by Location

Region V Systems

1645 N Street
Lincoln, NE 68508

Intensive Family-Based Services: Mental Health (Children and Adolescents)
Network
Prevention: Integrated: SUD/Mental Health (Adults)
Prevention: Integrated: SUD/Mental Health (Children and Adolescents)
Governance Standards Applied