



February 1, 2018

RE: Mental Health Center License Renewals

Dear Mental Health Center Administrator:

All Mental Health Center Licenses will expire on February 28, 2018, unless renewed. Enclosed is a licensure renewal application form for your facility. The form is completed with the information that is current in our records for your facility. Please review the form and make needed revisions on the document.

**Section 1 of the application form- Provider Information:**

Please review to ensure all information is correct and current.

#5 on the application. In our office we are moving towards electronic notification of renewals and submission of renewals if a provider chooses to participate. This line is for those who want to participate in future electronic renewals to identify one email address that is accessible to more than one person in order to ensure the renewal information is received and processed timely in the event that one person is not available. If this information is not provided we will process your future renewals by mail.

**Section 2-Ownership Information**

Please review to ensure all information is correct and current.

#4 on the application identifies the type of ownership that is currently in our records for your facility. #7 then identifies based on the ownership type the names of persons who have control in the facility that are needed. For some facilities this could be one or more persons.

**Section 3- Licensure Fees**

Your fee is based on the number of licensed beds.

**Section 4- Submission of Information**

This section identifies that in addition to your application, you will need to submit:

- Your licensure fee by Check or Money Order made payable to "DHHS, Licensure Unit".
- Submit a list of names of all persons in control of the facility. The list must include all individual owners, partners, limited liability company members, and members of boards of directors owning or managing the operations and any other persons with financial interests or investments in the facility. In the case of publicly held corporations, only those stockholders who own 5% or more of the company's stock must be listed.
- The form identifies whether you must submit a more current Certificate of Occupancy. You may submit a more recent inspection if you choose even if the application identifies that a more current certificate is not needed.

**Section 5: Required Signatures on Renewal Application**

This section identifies based on the ownership type identified in section 2, who must sign the application. The administrator may not sign the form unless they are the sole owner, member of the LLC, Corporation Officer, or head

of a Governmental Unit. The head of governmental Unit would be for state government the DHHS, Division Director, county government head of the county government entity.

**Section 6: Acceptance/Signature of owner(s)**

Only the individuals identified in Section 2, #7 can sign the application. Please sign and date the application

**Accreditation:** Accreditation is not a condition of your license renewal and is not required to be licensed. 175 NAC 19-004.09 identifies that should you want to be deemed in compliance based on accreditation by one of 3 accrediting bodies you must submit this request in writing and provide us a full copy of your current accreditation report. If we have a current report you will not need to submit a new report, but you will need to identify that you are requesting to be approved.

You may submit your application addressed to my attention by email, fax or mail. These are confidential email and fax #. You will of course need to submit your fee through the mail. We are working to make electronic payment available in the future for those who wish to participate, however it is not yet available.

**Email:** Sheryl.mitchell@nebraska.gov  
**Fax #:** 402-742-2326  
**Address:** Division of Public Health, DHHS  
PO Box 94986  
Lincoln, NE 68509-4986

Upon receipt, your application will be reviewed for completeness and notice will be given for any additional information needed.

If you have questions regarding this correspondence, feel free to contact me at the number or email below.

Sincerely,



Sheryl Mitchell, Program Manager  
Office of DD & Behavioral Health  
Division of Public Health, DHHS  
(402) 471-4975

Encl: Renewal Application

Note: Applicable regulations are available electronically:

**172 NAC 18, Substance Abuse Treatment Center Regulations:**

[http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-175/Chapter-18.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-175/Chapter-18.pdf)

**Nebraska Food Code:** [http://www.agr.ne.gov/regulations/foods/07\\_food\\_code.pdf](http://www.agr.ne.gov/regulations/foods/07_food_code.pdf)

**Medication Aide Chapter 95:** [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-172/Chapter-095.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-172/Chapter-095.pdf)

License Expiration Date: 2/28/2018

License Number: MHC108



Mental Health Center Renewal Licensure Application  
Title 175 NAC Chapter 19

DIVISION OF PUBLIC HEALTH  
LICENSURE UNIT  
301 Centennial Mall South, PO Box 94986  
Lincoln, NE 68509-4986

**Section 1: PROVIDER INFORMATION**

**1. FACILITY NAME AND ADDRESS**

Mental Health Crisis Center Of Lancaster County  
825 J STREET  
LINCOLN, NE 68508

**2. PREFERRED NAME AND MAILING ADDRESS FOR RECEIPT OF OFFICAL NOTICES FROM THE DEPARTMENT:**

SCOTT ETHERTON, ADMINISTRATOR  
MENTAL HEALTH CRISIS CENTER OF LANCASTER COUNTY  
825 J ST  
LINCOLN NE 68508

**3. FACILITY TELEPHONE NUMBER:** (402) 441-8276

**FAX NUMBER:** (402) 441-8624

**4. ADMINISTRATOR:**

**Name:** SCOTT ETHERTON

**Email Address:** setherton@lancaster.ne.gov

**5. IF YOU CHOOSE TO PARTICIPATE IN RECEIVING ELECTRONIC RENEWAL NOTICES IN THE FUTURE, PLEASE PROVIDE ONE EMAIL ADDRESS ACCESSIBLE TO MORE THAN ONE PERSON IN THE ORGANIZATION TO ENSURE INFORMATION IS RECEIVED AND PROCESSED PROMPTLY IN THE EVENT ONE PERSON IS NOT AVAILABLE.** We do not have an email address that is received by two persons

**6. CONTACT PERSON: NAME, TELEPHONE NUMBER, AND EMAIL ADDRESS OF DESIGNATED PERSON FOR QUESTIONS RELATED TO PROCESSING THIS RENEWAL APPLICATION:** Scott Etherton 402-441-6329 setherton@lancaster.ne.gov

**7. IS THIS FACILITY LOCATED ON A CAMPUS OR IN A BUILDING WITH ANOTHER HEALTHCARE FACILITY OR ANOTHER LICENSEE?**

**NO**  **YES** IF YES, LIST THE NAME OF THE OTHER HEALHCARE FACILITY: \_\_\_\_\_

**8. NUMBER OF LICENSED BEDS:** 16

**Section 2: OWNERSHIP INFORMATION**

**1. LEGAL NAME OF THE OWNER: A) IF A CORPORATION OR LLC OR PARTNERSHIP, ENTER THE COMPANY NAME; OR B) IF AN INDIVIDUAL, ENTER THE OWNER'S PERSONAL NAME:**

LANCASTER COUNTY

**2. MAILING ADDRESS OF THE OWNER IDENTIFIED IN SECTION 2, #1:**

555 S 10TH ST ROOM 110  
LINCOLN, NE 68508

**3. FINANCIAL CATEGORY:** NON-PROFIT

**4. OWNERSHIP TYPE:** Governmental-County

**5. PERSONS IN CONTROL OF FACILITY (see instructions for completing application for further information):**

**6. FEDERAL EMPLOYER IDENTIFICATION NUMBER:** 476006482

**7. IF IDENTIFIED AS CORPORATION IN SECTION 2, #4, SPECIFY THE NAMES OF THE CORPORATE OFFICERS (NOT BOARD OFFICERS):**

**IF IDENTIFIED AS GOVERNMENTAL UNIT IN SECTION 2, #4, SPECIFY THE NAME OF THE HEAD OF THE GOVERNMENTAL UNIT HAVING JURISDICTION OVER THE FACILITY TO BE LICENSED:**

Todd Wiltgen | Chair Lancaster County Board of Commissioners

**Section 3: RENEWAL LICENSURE FEES**

- a. 1 TO 16 BEDS      \$250.00
- b. 17 TO 200        \$275.00
- c. 51 OR MORE BEDS    \$300.00

**Section 4: SUBMIT THE FOLLOWING INFORMATION WITH THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED TO BE SUBMITTED WITH THIS COMPLETED APPLICATION FORM IN ORDER TO BE CONSIDERED A COMPLETE APPLICATION:

LICENSURE FEE SPECIFIED IN SECTION 3, PAYABLE TO DHHS, LICENSURE UNIT. \$250.00

LIST OF PERSONS IN CONTROL OF THE FACILITY. Lancaster County of NE

REQUIRE SUBMISSION OF A CURRENT FIRE INSPECTION CERTIFICATE (WITHIN 18 MONTHS PRIOR TO LICENSE EXPIRATION DATE)? No

**Section 5: REQUIRED SIGNATURES ON RENEWAL APPLICATION**

NEB. REV. STAT. SECTION 71-433 REQUIRES THE APPLICATION TO BE SIGNED BY:

THE HEAD OF THE GOVERNMENTAL UNIT HAVING JURISDICTION OVER THE FACILITY TO BE LICENSED, IF THE APPLICANT IS A GOVERNMENTAL UNIT.

**Section 6: ACCEPTANCE/SIGNATURE OF OWNER(S) AS THE LICENSEE**

I/WE HAVE READ THE RULES AND REGULATIONS TITLE 175 CHAPTER 19, ISSUED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND ACCEPT LEGAL RESPONSIBILITY FOR COMPLIANCE WITH TITLE 175 CHAPTER 19 SHOULD A LICENSE BE ISSUED. I/WE CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE, ALL INFORMATION AND STATEMENTS ON THE APPLICATION AND THE ATTACHED DOCUMENTS ARE TRUE AND CORRECT AND I/WE HEREBY APPLY FOR A RENEWAL LICENSE.

\_\_\_\_\_  
Print name/title of authorized person shown in Section 2, #7

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name/title of authorized person shown in Section 2, #7

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# BUREAU OF FIRE PREVENTION CITY OF LINCOLN OPERATIONAL PERMIT

**Name of Facility:** MENTAL HEALTH CRISIS CENTER OF LANCASTER COUNTY

**Location:** 825 J ST

**Health Type:** Mental Health

**Restrictions:** SECURE LIVING UNIT -1ST FLOOR

**Permit Number:** L1700020

**Date Issued:** 1/1/2018

**Date Expires:** 12/31/2018

## Maximum Occupancy 16

  
Fire Inspector

  
Chief Fire Inspector

This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

## POST IN A PROMINENT PLACE

Operational Certificate is valid from date issued to date expired or upon any change in occupancy or ownership

BLD\_FP\_Health\_Certificate\_MO

**MENTAL HEALTH CRISIS CENTER OF LANCASTER COUNTY**

*825 J Street • Lincoln, Nebraska 68508  
Phone: (402) 441-8276 • FAX (402) 441-8624*

*Scott Etherton  
Director*

*Sanat Roy MD D.F.A.P.A.  
Medical Director*

February 2, 2018

Sheryl Mitchell, Program Manager  
Division of Public Health  
Department of Health and Human Services  
PO Box 94986  
Lincoln, NE 68509-4986

Dear Ms. Mitchell:

The Mental Health Crisis Center of Lancaster County is accredited by CARF and requests to be deemed in compliance with 175 NAC 19-004.09. You have previously been supplied with our report, but we are attaching an additional copy for your convenience. Please let us know if you need any additional information.

Sincerely,



Scott Etherton

**CARF  
Survey Report  
for  
Mental Health  
Crisis Center of  
Lancaster County**

**Organization**

Mental Health Crisis Center of  
Lancaster County (MHCC)  
2201 South 17th Street, Suite 200  
Lincoln, NE 68502

**Organizational Leadership**

Scott E. Etherton, Director  
Jareth Kaup, Business Manager

**Survey Dates**

October 19-20, 2015

**Survey Team**

Rachel L. Leuthaeuser, M.B.A., LSW, Administrative Surveyor  
Marie Breton, Program Surveyor

**Programs/Services Surveyed**

Crisis Stabilization: Mental Health (Adults)

**Previous Survey**

February 27-March 1, 2013  
Three-Year Accreditation

**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: October 31, 2018**



**Three-Year Accreditation**



# SURVEY SUMMARY

**Mental Health Crisis Center of Lancaster County (MHCC) has strengths in many areas.**

- MHCC is commended for its commitment to its staff members and the community.
- MHCC is recognized for the longevity of service to the organization by its leadership team and staff members. It employs many highly experienced professionals.
- MHCC is genuinely invested in providing the best possible services for the persons served.
- The organization is well respected in the community.
- MHCC advocates for the needs of the persons served and seeks out the least-restrictive environment for transition upon discharge.
- The facility is clean, safe, attractive, accessible, and secure for the benefit of the persons served.
- MHCC has maintained stability during a time of unprecedented organizational change. It transitioned from being a part of a much larger organization to organizing as its own entity. Furthermore, the organization is working on the design and construction of a new location next year.
- The persons served are respectful and trusting of the staff members and feel they have their best interest at heart.

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

On balance, MHCC is an organization that appears to have a solid foundation both clinically and financially. It serves sixteen counties in southeastern Nebraska. The organization provides quality services, and the persons served express satisfaction with the services they have received. The services are being provided in a respectful environment. The organization has areas for improvement as identified in the recommendations in this report. The organization demonstrates the willingness and ability to use its resources to address these areas.

Mental Health Crisis Center of Lancaster County has earned a Three-Year Accreditation. The leadership and staff members are complimented for this achievement and encouraged to continue to use the CARF standards as the framework for ongoing performance improvement.

# SECTION 1. ASPIRE TO EXCELLENCE®

## A. Leadership

### Description

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

### Key Areas Addressed

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

### Recommendations

#### A.6.a.(4)(c)

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

The organization is urged to include personal fundraising and witnessing of documents in its ethical codes of conduct.

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## C. Strategic Planning

### Description

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

### Key Areas Addressed

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

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**Recommendations**

There are no recommendations in this area.

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**D. Input from Persons Served and Other Stakeholders****Description**

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

**Key Areas Addressed**

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

**Recommendations**

There are no recommendations in this area.

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**E. Legal Requirements****Description**

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

**Key Areas Addressed**

- Compliance with all legal/regulatory requirements
- 

**Recommendations**

There are no recommendations in this area.

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## **F. Financial Planning and Management**

### **Description**

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

### **Key Areas Addressed**

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Review of service billing records and fee structure
  - Financial review/audit
  - Safeguarding funds of persons served
- 

### **Recommendations**

There are no recommendations in this area.

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## **G. Risk Management**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## H. Health and Safety

### Description

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

### Key Areas Addressed

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

### Recommendations

#### H.5.c.(3)

It is recommended that the organization have written emergency procedures that address when sheltering in place is appropriate.

#### H.7.c.(1)

#### H.7.c.(4)

It is recommended that the written analysis of performance of tests of emergency procedures address areas needing improvement and necessary education and training of personnel.

#### H.8.b.

Although the organization has an automatic external defibrillator (AED), it was noted that the battery has expired and has not been operable for an extended period of time. It is recommended that the organization ensure that there is immediate access to first aid equipment.

#### H.9.e.

#### H.9.f.(2)

It is recommended that the organization have written procedures regarding critical incidents that include timely debriefings conducted following critical incidents and use of seclusion.

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## I. Human Resources

### Description

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

## **Key Areas Addressed**

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

## **Recommendations**

### **I.2.c.(1)**

### **I.2.c.(2)**

It is recommended that the organization implement written procedures that address actions to be taken in response to the information received concerning background issues and credentials verification.

### **I.6.a.(1)**

### **I.6.a.(2)**

### **I.6.b.(4)(a) through I.6.b.(5)**

It is recommended that the organization review job descriptions annually and update them as needed. The organization is urged to conduct performance evaluations of all personnel directly employed by the organization annually and use them to assess performance related to objectives established in the last evaluation period and to establish measurable performance objectives for the next year.

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## **J. Technology**

### **Description**

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

### **Key Areas Addressed**

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

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

## **Recommendations**

### **J.1.a.(6)**

The organization is urged to include assistive technology in its technology and system plan.

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## **K. Rights of Persons Served**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **L. Accessibility**

### **Description**

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

### **Key Areas Addressed**

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

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**Recommendations**

There are no recommendations in this area.

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**M. Performance Measurement and Management****Description**

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

**Key Areas Addressed**

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

**Recommendations**

There are no recommendations in this area.

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**N. Performance Improvement****Description**

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

**Key Areas Addressed**

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

**Recommendations**

There are no recommendations in this area.

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## SECTION 2. GENERAL PROGRAM STANDARDS

### Description

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

### A. Program/Service Structure

#### Description

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

#### Key Areas Addressed

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

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#### Recommendations

##### A.24.

It is recommended that the organization have a policy and written procedures for the supervision of all individuals providing direct services.

##### A.25.a. through A.25.g.

It is recommended that documented ongoing supervision of clinical or direct service personnel address accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each person served; treatment/service effectiveness as reflected by the person served meeting his or her individual goals; the provision of

feedback that enhances the skills of direct service personnel; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance reviews; and cultural competency issues.

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

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

#### **B.15.a. through B.15.c.**

It is recommended that the assessment process include the preparation of a written interpretive summary that is based on the assessment data; identifies co-occurring disabilities, comorbidities, and/or disorders; and is used in the development of the person-centered plan.

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## C. Person-Centered Plan

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

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## D. Transition/Discharge

### Description

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

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

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **E. Medication Use**

### **Description**

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

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self administered by the person served.

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

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

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

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

### **Key Areas Addressed**

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

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### **Recommendations**

There are no recommendations in this area.

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## F. Nonviolent Practices

### Description

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

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

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

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

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

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

Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

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

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

### **Key Areas Addressed**

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

There are no recommendations in this area.

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

### **Description**

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

### **Key Areas Addressed**

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

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## **Recommendations**

There are no recommendations in this area.

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## **H. Quality Records Management**

### **Description**

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

### **Key Areas Addressed**

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

There are no recommendations in this area.

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

### **Description**

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



# MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities and may provide services to those with behavioral health disabilities or co-occurring disabilities; intellectual or developmental disabilities; victims or perpetrators of domestic violence or abuse; persons needing treatment because of eating or sexual disorders; and/or drug, gambling, or internet addictions.

## G. Crisis Programs

### Crisis Stabilization

#### Description

Crisis stabilization programs are organized and staffed to provide the availability of overnight residential services 24 hours a day, 7 days a week for a limited duration to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop plans to meet the needs of the persons served. Often crisis stabilization programs are used as a preemptive measure to deter unnecessary inpatient hospitalization.

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#### Recommendations

There are no recommendations in this area.

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