

2024 Behavioral Health ASPIRE® to Excellence Standards

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About Me



Michael Johnson, M.A., C.A.P.
Senior Managing Director

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Viewing accreditation through multiple perspectives:

- Certified addictions professional with more than 30 years of experience as a clinician, manager, and executive working in mental health, substance abuse, and intellectual disabilities
- CARF surveyor for 16 years
- Holds a master's degree in communications from the University of Central Florida
- Joined CARF in 2013

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Part 1

Preparing for Your CARF Survey

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Background

About CARF

We're an independent, nonprofit, international accreditation and standards setting organization founded in 1966. We accredit programs in the field of health and human services.



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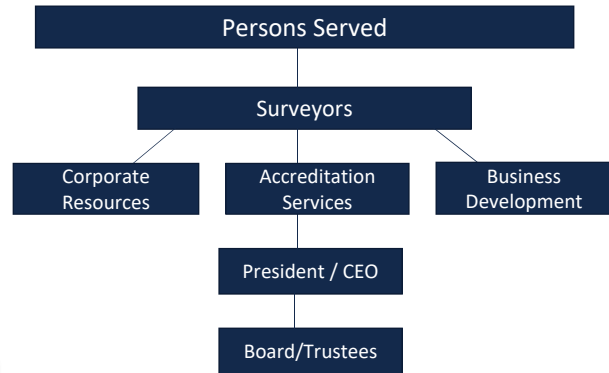
- Recognized in approximately 48 states in mandated or deemed status.
- CARF Companies include CARF, CARF CANADA, and CARF Europe.
- Over 1,500 surveyors and approximately 100 staff members.

Who owns CARF?

CARF's mission is "to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served."

This puts us in **partnership** with providers.

The CARF Board of Trustees has declared that the "Moral Ownership" of CARF is the persons served!



What is Accreditation?

Accreditation is a continuous improvement process where peers apply internationally recognized standards to an organization's programs/services.

CARF's consultative survey process addresses stakeholder needs around accountability in efficiency, results or outcomes of services, and satisfaction with services and the organization



NOTE:

Our consultative approach promotes dialogue and open exchange of ideas, supporting learning for all participants.



Benefits to Accreditation

The Accreditation Approach



Consumers define quality outcomes.



Field-driven, nonprescriptive standards allow flexibility in how they are met, depending on the organization.



Consultative, not inspective.



Engage in a peer review survey process.



Organizations can choose services to be accredited.



Engage in continuous quality improvement process.



NOTE:

Accreditation is a mutually beneficial process. CARF surveyors treat the survey as an opportunity to learn about some of the great practices that your organization is using.

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The CARF Standards

Maintaining Relevance



CARF ensures that its standards are up to date.

- Revised standards manual published every year in January
- Standards year is July 1st to June 30th of the following year
- All standards reviewed at least every 3 years



NOTE:

CARF seeks input through field reviews and collaborative efforts with its International Advisory Council to ensure that standards align with best practices.

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Accreditation Conditions

Organizations must meet all conditions to receive accreditation.

Conformance and Service Provision

Access to Information and Stakeholders

Quality Improvement Plan

Annual Conformance to Quality Report



Six Months Conformance and Direct Service Provision

For a minimum of six months prior to the site survey, each program/service for which the organization is seeking accreditation must demonstrate:

- The use and implementation of CARF's organizational and service standards applicable to the service.
- The direct provision of services to the persons served.

Accreditation Conditions

Organizations must meet all conditions to receive accreditation.

Conformance and Service Provision

Access to Information and Stakeholders

Quality Improvement Plan

Annual Conformance to Quality Report



Information and Stakeholder Access

The organization must provide such records, reports, and other information as requested by CARF. This includes access to stakeholders for interviews, which allows surveyors to determine conformance.

Accreditation Conditions

Organizations must meet all conditions to receive accreditation.

Conformance and Service Provision

Access to Information and Stakeholders

Quality Improvement Plan

Annual Conformance to Quality Report



Quality Improvement Plan

A Quality Improvement Plan (QIP) must be submitted within 90 days following notice of accreditation. This plan shall address all areas for improvement identified in the report.

Accreditation Conditions

Organizations must meet all conditions to receive accreditation.

Conformance and Service Provision

Access to Information and Stakeholders

Quality Improvement Plan

Annual Conformance to Quality Report



Annual Conformance to Quality Report

An organization that achieves a Three-Year Accreditation must submit a signed Annual Conformance to Quality Report (ACQR). The report is submitted in each of the two years following the Three-Year Accreditation award.

The Standards

Key Definitions

Appendices



NOTE:

Call or email your Resource Specialist with questions about standards.

The standard will list ratable elements that should be met.

Intent statements provide philosophy for the standard.

Persons Served and Other Stakeholders—Obtain Input

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.

- 10. 1. The organization demonstrates that it obtains input:
 - a. On an ongoing basis.
 - b. From:
 - (1) Persons served.
 - (2) Personnel.
 - (3) Other stakeholders.
 - c. Using a variety of mechanisms.

Intent Statements
Input is requested and collected to help determine the expectations and preferences of the organization's stakeholders and to better understand how the organization is performing from the perspective of its stakeholders. The input obtained relates to the persons served and the organization's service delivery and business practices. The organization identifies the relevant stakeholders, in addition to the persons served and personnel, from whom it solicits input.

Examples
E.g. It is important to not only use a variety of mechanisms to collect information but also to collect information throughout the year. Simply having an annual public forum would not meet

the intent of this standard because the standard requires ongoing collection of information.

1.B.(3) Please refer to the Glossary for the definition of stakeholders.

1.C. There are a variety of mechanisms to solicit and collect information, which may range from the informal to the formal. Mechanisms may include:

- Advisory groups, forums of persons served, or focus groups.
- Telephone or online surveys.
- Social media.
- Conferences.
- Suggestion boxes.
- Complaint or incident summaries.
- Performance improvement activities.
- Environmental scans for strategic planning.

Please see the Glossary for the definition of strategic planning.

- 10. 2. The leadership:
 - a. Analyzes the input obtained.
 - b. Uses the input in:
 - (1) Program planning.
 - (2) Performance improvement.
 - (3) Strategic planning.
 - (4) Organizational advocacy.
 - (5) Financial planning.
 - (6) Resource planning.
 - (7) Workforce planning.

Intent Statements
The input is continually analyzed, and the analysis is integrated into the business practices of the organization. The input is analyzed to help determine if the organization is:

- Meeting the current needs of the persons served and other stakeholders.

Examples show how standards may be met, but they should not be interpreted as the only way to meet the standard.

The Standards

Key Definitions

Appendices

Key Definitions

Standards will specify what the program should have in order to conform to a standard.

Required in Writing

Policy: Written course of action; guidelines adopted by leadership

Written Procedure: A written "how to" description of actions-to-be taken

Plan: Written future direction that is action-oriented and related to a specific project or defined goal

Not Required in Writing

Procedure: A "how to" description of actions-to-be-taken. **Not written unless specified**

Using the Standards Manual

The Standards

Key Definitions

Appendices



Digital copies of these appendices are available at http://www.carf.org/Documentation_and_Time_Lines

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Appendix A. Required Written Documentation

Identifies documentation required in writing in all sections of the standards manual

Appendix B. Operational Timelines

Indicates what activities should be accomplished and when

Appendix C. Required Training

Indicates where organizations should provide training and includes all sections of the standards

Appendix D. Resources

Brings together all resources into one section



The CARF Resource Specialist

A CARF Resource Specialist is available to assist you throughout the accreditation process.

- Experts in CARF process
- Assist in standards interpretation
- Discuss timelines and fees
- Assist you to select appropriate standards manual and program(s)/service(s) for accreditation
- Set up Customer Connect account
 - Secure online web portal available 24/7
 - Designed specifically for CARF contacts at accredited organizations or those seeking accreditation



NOTE:

Resource specialists have experience in their field, and many have worked at CARF-accredited organizations or have even been CARF surveyors.

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Part 2

ASPIRE® to Excellence

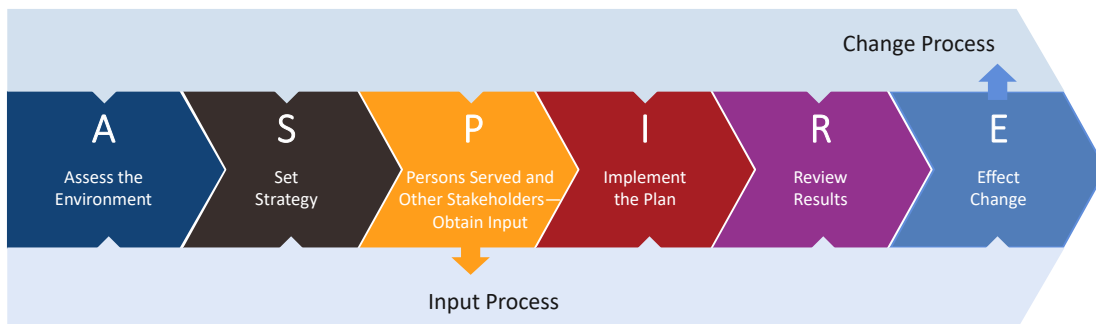
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ASPIRE to Excellence

Areas of ASPIRE

ASPIRE Standards provide a systems approach to day-to-day business practices.

- Promote a comprehensive analysis of how organizational functions influence outcomes.
- Integrate feedback loops that include leadership, staff, persons served, families, and other stakeholders to inform change.

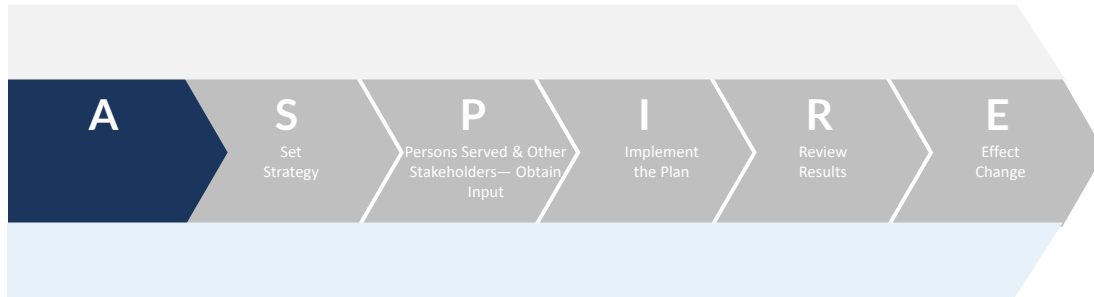


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Assess the Environment

The Assess the Environment area focuses on how **Leadership** and **Governance** standards are used to guide organizational planning and action. Leadership standards support leadership’s role in guiding an organization’s structure; communication; mission, vision, and values; operations; and services. Governance standards (if applicable) provide guidance on policies that support ethical governance and accountable leadership.

Leadership engagement and accountability is critical to the continuous quality improvement process.



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1.A. Leadership

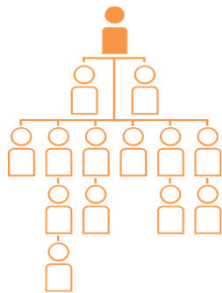
A continuous quality improvement mindset starts with active and engaged leadership.

Leadership standards support leadership that actively guides organizational practices, brings people together, appropriately directs resources, and uses results to drive change.

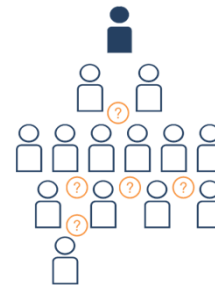


Standard 1.A.1.

Organizational charts and/or job descriptions support strengthened communication and accountability.



- ✓ Defined leadership structure supports clear lines of communication and accountability.



- ✓ Without defined roles, there may be confusion about responsibilities or who to reach out to.

Standard 1.A.2.

A person-centered philosophy:

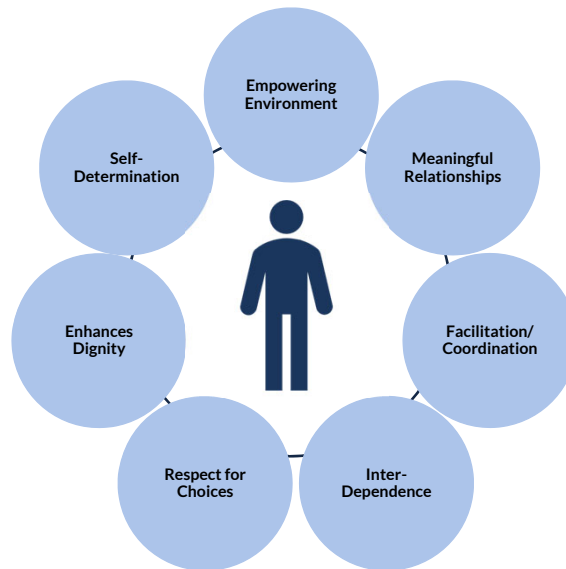
- Is demonstrated by:
 - Leadership
 - Personnel
- Guides service delivery
- Is communicated to stakeholders in an understandable manner



NOTE:

Surveyors ascertain whether this philosophy is present in several ways.

- ✓ Website
- ✓ Personnel communication
- ✓ Brochures and other printed material



Standard 1.A.3.

Identified leadership guides:

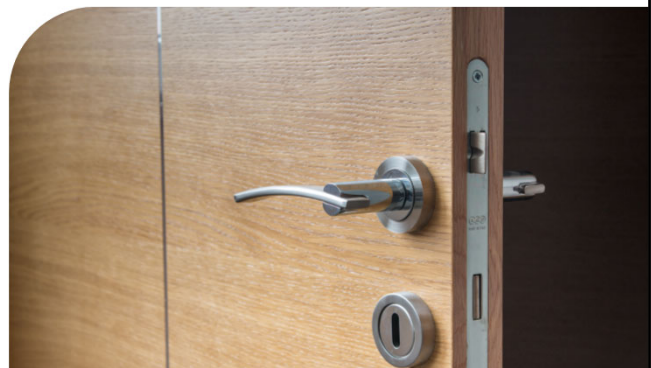


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Standard 1.A.4.

Leadership is accessible to persons served, personnel, and other stakeholders.

- Stakeholders should be aware of mechanisms available to reach leadership, such as email, access to a suggestion box, or a stated open door policy.
- Different levels of leadership may need to be accessed depending upon the organization.



NOTE:

Accessible leadership is informed leadership:

- Know your team
- Be visible to persons served
- Engage on an individual level
- Listen actively
- Avoid a closed door mentality

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Stakeholders

The term **stakeholders** is included in many standards and includes:

- ✓ Persons served
- ✓ Personnel
- ✓ All others who have an interest in the organization's programs and services

Examples: family/significant others, payors/funders, contractors, referral sources, community members, volunteers, professional allies, donors, etc.



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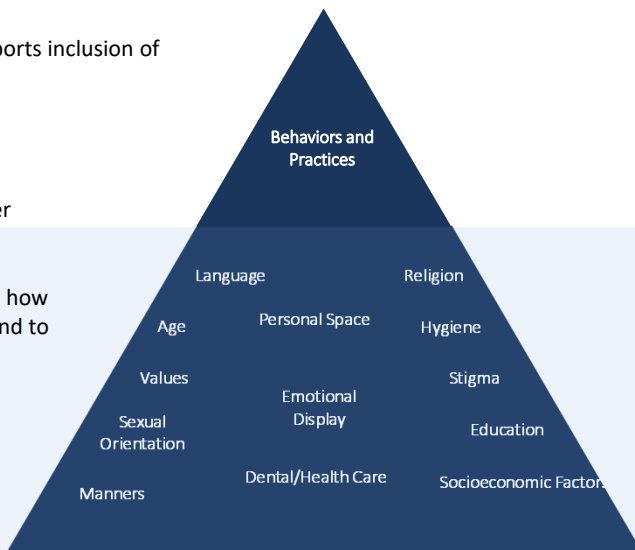
Standard 1.A.5.

Leadership advances culturally competent practices.

- A cultural competency, diversity, and inclusion plan supports inclusion of stakeholders.

Observable
Behaviors seen by an observer

Not Observable
Deeper influences that shape how individuals behave and respond to services



All plans include actions to be taken, are reviewed at least annually, and are updated as needed.

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Visual influenced by Edward Hall's concept of the Cultural Iceberg

Standard 1.A.6.

Corporate responsibility addresses:

Marketing and Social Media	Business	Prohibition of Waste, Fraud, and Abuse
Service Delivery <ul style="list-style-type: none"> • Gifts/money/gratuity • Personal fundraising and property • Setting boundaries and witnessing documents 	Contractual Relationships	Ethical Codes of Conduct Procedures for allegations of violation include a no-reprisal approach for personnel reporting and timeframes for prompt consideration that result in timely decisions.
Conflict of Interest	Human Resources	Advocacy Efforts and Corporate Citizenship
	Professional Responsibilities	



NOTE:

Distinguish ethical codes from policy.

- Provide specific training on codes of ethics to personnel and other stakeholders.
- Ensure that ethical codes are easily accessible.

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Standard 1.A.7.

Leadership provides oversight for use of US federal funding.

Corporate compliance measures include:

- Adoption of a corporate compliance policy by leadership.
- Procedures addressing exclusion of individuals and entities from federally funded healthcare programs.
- A designated staff member to serve as the organization's corporate compliance officer.
- Personnel training on corporate compliance.



NOTE:

Element 1.A.7.c.(2)(c) is new for 2024.



The links provided for this training offer examples of corporate compliance officer designation and a sample corporate compliance plan.

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September 11, 2007

MEMORANDUM

From: Rachel Masters, MA
To: Alex Mentor, PhD

Subject: APPOINTMENT AS CORPORATE COMPLIANCE OFFICER

As per our previous discussions, you are hereby appointed as Corporate Compliance Officer (CCO) for Psychiatric Counseling Services. In the performance of your duties, you will be bound by all applicable state and federal guidelines and will have direct access to the President/CEO and owners of Psychiatric Counseling Services as necessary. As CCO, you will be responsible for development, implementation and ongoing monitoring of all policies and procedures to ensure conformance with generally accepted operational and administrative practices regarding corporate compliance. Additionally, you will be responsible for submitting periodic reports on other corporate compliance activities as required and/or requested.

Your appointment as CCO is effective this date and will remain in effect until withdrawn in writing.

Rachel Masters, MA
Program Director

CORPORATE COMPLIANCE OFFICERS ENDORSEMENT

By my signature below, I hereby acknowledge my appointment as the Corporate Compliance Officer for Psychiatric Counseling Services and agree to abide by all applicable laws, rules, regulations and organizational policies pertaining to corporate compliance programs as defined by the U.S. Federal Sentencing Reform Act.

Alex Mentor, Ph.D.

Standard 1.A.8.

Leadership provides resources and education for personnel to stay current in the field in order to demonstrate program strategies and interventions that are based on accepted practices in the field and current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus.



NOTE:

Some options to promote learning could include:



Subscriptions to archives, journals, or other publications.



Lunch and learn opportunities to discuss implementation of new practices.



Sending a staff member to a conference and having them report back about what they learned or belonging to provider or trade associations.

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Standard 1.A.9.

Organizations who fundraise demonstrates accountable fundraising efforts through:

Written procedures are implemented that minimally address:

- Oversight
- Donor solicitation, communication, recognition and confidentiality
- Valuing of donations
- Use of donations in a manner that the donor intended
- Documentation and recordkeeping
- Volunteers that may be used in fundraising efforts

Provision of training:

- Initial and ongoing procedural training to personnel involved in fundraising



WHY?

- Organizations minimize risk by assigning responsibility and authority for fundraising programs.
- Donors can feel confident in knowing that their donations will make an impact toward the intended purpose.

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Governance Standards

Governance Standards provide a strong framework for organizations with boards.

- Apply only to a board vested with legal authority to direct the business and affairs of the organization's corporate entity, **not** a community advisory board.
- Standards support an organization in seeing how policies direct board activities and addressing executive leadership compensation.
- Governance standards focus on policies
- Governance standards frequently align with licensing and other regulatory requirements.



NOTE:

If accreditation is issued, the accreditation certificate will recognize that Governance Standards have been applied.

Standard 1.B.1.

The board implements governance policies that:

- Facilitate ethical governance practices.
- Assure stakeholders that governance is active and accountable in the organization.
- Meet the legal requirements of governance.



NOTE:

- ✓ Policies support ethical board activities and accountability.
- ✓ Board members are subject to three basic legal duties in performing their responsibility: duty of care, duty of loyalty, and duty of obedience.

Standard 1.B.2.

Policies address board compensation.

Specific standards focus on:

- Financial matters, if any, between the organization and individual board members, including:
 - Compensation
 - Loans
 - Expense reimbursement
 - Stock ownership
 - Other matters of financial interest
- Use of external resources, including, as applicable:
 - External auditors
 - Executive compensation advisors
 - Other advisors, as needed



BoardSource® provides resources related to executive compensation, board selection, board assessment, and other topics.

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Standard 1.B.2.

Policies are implemented to support ethical board activities and accountability.

Policies address:

- Selection of the board including membership criteria, selection process, exit process, and duration of board membership
- Board member orientation
- Board development
- Board education
- Board leadership, including selection of chair and committee chairs
- Board structure including size, composition board representation, duration of term
- Board performance including financial matters and the board members including compensation, loans, expense reimbursement, stock ownership and other matters
- Use of external resources such as auditors, executive compensation and other advisors



Board member selection supports inclusion of skillsets necessary for board members to do their jobs well; e.g., technology, finance, ethics, performance management, etc.

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Standard 1.B.2. (continued)

Policies Address:

- Self-assessment of the entire board at least annually
- Periodic self-assessment of individual members
- Written conflict-of-interest declaration signed at least annually
- Written ethical code of conduct declaration signed at least annually
- External interactions



NOTE:

Self-assessments of the board and individual members are frequently challenging standards. The standards manual provides examples of assessment strategies.

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Standards 1.B.3.-1.B.4.

Governance authority and processes are clearly defined.

The board's relationship with executive leadership includes:

- Delegation of authority and responsibility to executive leadership
- Access to personnel, as appropriate
- Support of governance by the organization

Board processes include:

- Agenda planning
- Developing and distributing meeting materials
- Overseeing the following committee work, as applicable:
 - Governance development and management
 - Financial audit
 - Executive compensation
 - Other pertinent activities, as defined by the board



How can the organization support the governing body?

- How it shares information
- How time and space are provided to support governance work
- How resources are made available to the board for educational purposes

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Standard 1.B.5.

Governance policies address executive leadership development and evaluation, including:

Formal written review of executive leadership performance:

- At a frequency determined by the governance
- In relation to:
 - Overall corporate performance versus target
 - Individual performance versus target, if applicable
 - Professional development
 - Professional accomplishments
 - Professional opportunities

Executive leadership succession is reviewed at least annually for relevance and updated as needed.



NOTE:

- The board and leadership may engage in joint discussions about the capacity and depth of leadership potential at the organization.
- A competency-based succession program should assess competencies necessary for organizational leadership and may match a 360 review of potential internal candidates.

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Standards 1.B.6.-1.B.7.

Governance policies address executive compensation and include:

- Written statement of total executive compensation philosophy
- Review by an authorized board committee composed of independent, unrelated board members
- Defined total compensation mix, up to and including, as warranted: base pay, incentive plans, benefit plans, and perquisites
- Total compensation references to market comparator data and functionally comparable positions
- A documented process that outlines:
 - Terms of compensation arrangements and approval date.
 - Names of board members on the committee who approved the compensation decision
 - Data used in the compensation decision
 - Disclosures of conflict of interest, if any
 - Review of executive compensation records at least annually
 - Authority of board members to exercise executive compensation actions

The governing board reviews its governance policies at least annually.

*Compensation should attract and retain leadership talent, but it should also respond to market trends.

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Set Strategy

The strategic plan supports an organization in responding to a rapidly changing service environment.

Actions related to strategic planning include:

- Develop plans to accomplish mission and meet expectations of stakeholders
- Identify internal strengths and weaknesses
- Identify external opportunities and threats
- Capitalize on strengths and opportunities
- Minimize weaknesses and threats



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Standard 1.C.1.

The organization is aware of the context in which it operates.

Ongoing strategic planning considers:

- Expectations of persons served and other stakeholders
- The competitive environment
- Financial opportunities and threats
- The organization’s capabilities
- Social determinants of health
- Demographics of the service area
- Relationships with external stakeholders
- Regulatory and legislative environments
- Use of technology to support efficient operations, effective service delivery, performance improvement
- Information from the analysis of performance



- For the input process to be meaningful for stakeholders, the information provided should be used to drive change.
- Multiple standards in other subsections of the standards manual are connected to strategic planning.

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Links to 1.C. Strategic Planning

1.A. Leadership

- **1.A.3.** Leadership guides strategic planning.

1.D. Input for Persons Served and Other Stakeholders

- **1.D.2.** Input from persons served is analyzed and used in strategic planning.

1.F. Financial Planning

- **1.F.4.** Information related to trends, challenges, and opportunities may be incorporated into strategic planning.

1.I. Workforce Development and Management

- **1.I.2.** Workforce development and management practices include strategic planning.
- **1.I.5.** The strategic plan is included in personnel onboarding and orientation.

1.J. Technology

- **1.J.2.** Technology and system planning aligns with the strategic plan.

1.M. Performance Measurement and Management

- **1.M.2.** The analysis of performance gaps and opportunities may result in changes in the strategic plan.

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Strategic Planning

Standard 1.C.2.

Strategic planning reflects input and available resources.

The strategic plan:

- Is developed with input from persons served, personnel, and other stakeholders
- Reflects the organization's financial position:
 - At the time the plan is written
 - At projected point(s) in the future
 - With respect to allocating resources necessary to support accomplishment of the plan in the following areas:
 - Financial
 - Workforce
- Sets goals and priorities



NOTE:

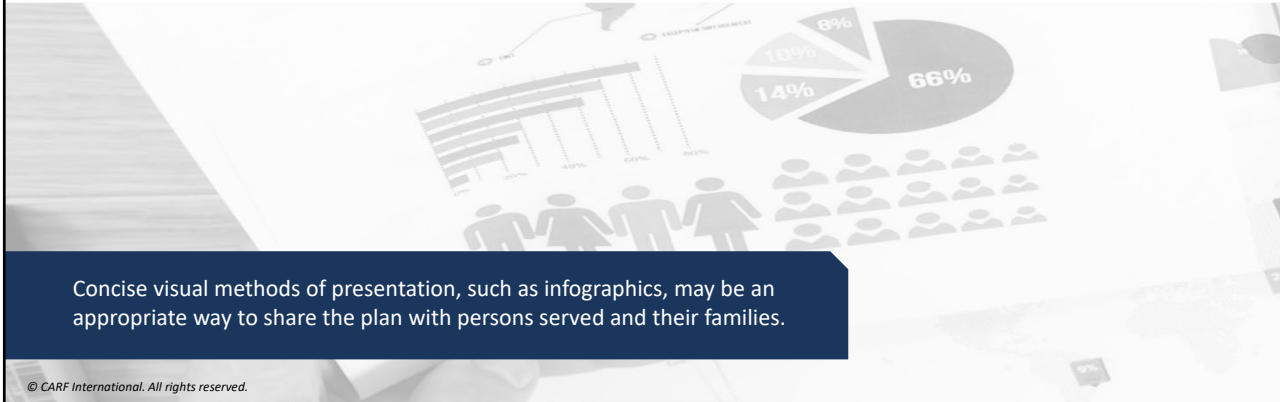
Sound business practices demand that the plan be used as a **dynamic** tool. The plan should be reviewed at least annually and modified as appropriate.

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Standard 1.C.3.

The strategic plan is shared, as relevant to needs, with persons served, personnel, and other stakeholders.

- How the information is shared may vary by stakeholder group.
- Some information may be considered critical or confidential, and therefore inappropriate for certain stakeholder groups.



Input from Persons Served and Other Stakeholders

CARF-accredited organizations focus upon the expectations of the persons served and other stakeholders.

Input is requested and collected to help determine expectations and preferences of the organization's stakeholders. Input allows leadership to understand how the organization is performing from a stakeholder perspective.

For the input process to be meaningful for stakeholders, the information provided should be used to drive change.



Standard 1.D.1.

Input supports services and practices that meet or exceed the expectations of stakeholders.

The organization demonstrates that it obtains input:

- On an ongoing basis
- From persons served, personnel, and other stakeholders
- Using a variety of mechanisms

Examples of input might include:

- ✓ Input forums
- ✓ Surveys
- ✓ Complaint, grievance, or incident summaries
- ✓ Performance improvement activities
- ✓ Environmental scans
- ✓ Strategic, financial, and human resource planning

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Random Sample
 Ending Service

Consumer Satisfaction Survey

Date: _____ Service: _____ Site: _____

ABC Company is dedicated to continuously improving our services. We are interested in your feedback about the services you have received. Please answer all the questions and give us your honest opinions, whether they are positive or negative. Your response will be kept confidential. Thank you for your help.

- It was easy for me to get the services I thought I needed.
 Strongly Disagree 1 2 3 4 Strongly Agree 5
- My appointments or program began at the scheduled time.
 Strongly Disagree 1 2 3 4 Strongly Agree 5
- If a friend or family member were in need of services, I would recommend this organization.
 Strongly Disagree 1 2 3 4 Strongly Agree 5
- My wishes about who should and should not receive information about my services were respected.
 Strongly Disagree 1 2 3 4 Strongly Agree 5
- I participated in my treatment planning and my wishes were respected.
 Strongly Disagree 1 2 3 4 Strongly Agree 5
- I am treated with dignity and respect by the staff where I receive services.
 Strongly Disagree 1 2 3 4 Strongly Agree 5
- The staff was willing to help me when I felt that I needed help.
 Strongly Disagree 1 2 3 4 Strongly Agree 5

Standard 1.D.2.

The organization analyzes the input obtained and uses the input in:

- Program planning
- Performance improvement
- Strategic planning
- Organizational advocacy
- Financial planning
- Resource planning
- Workforce planning



The organization uses stakeholder input to direct its ongoing process for quality improvement.

- ✓ Short- and long-term planning
- ✓ Changing the design of service delivery
- ✓ Prioritizing training needs
- ✓ Developing and revising service plans
- ✓ Identifying future workforce needs
- ✓ Determining locations and hours of services

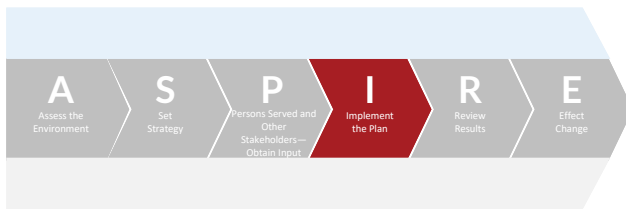
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Implement the Plan

Implement the Plan - Overview

Organizations develop, implement, and share strategic plans to achieve strategic goals.

- Develop plans to accomplish mission and meet expectations of stakeholders.
- Identify internal strengths and weaknesses.
- Identify external opportunities and threats.
- Capitalize on strengths and opportunities.
- Minimize weaknesses and threats.



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Section Overview

Legal Requirements

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




Be prepared to provide surveyors with copies of all reviews, audits, and inspections that have occurred from external authorities within the last 6 months (original survey) or since your last survey.

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Standard 1.E.1.



Processes exist to comply with obligations. These include:

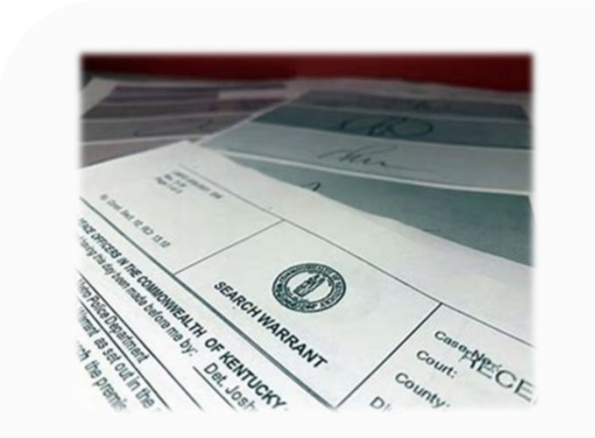
- Legal
- Contractual
- Rights of persons served
- Employment practices
- Regulatory
- Debt covenants
- Privacy of persons served
- Mandatory employee testing
- Confidentiality
- Corporate status
- Reporting
- Licensing

 **NOTE:** Leadership should be prepared to speak to how the organization complies with legal obligations, including those specific to the locale.

Standard 1.E.2.

The organization has written procedures to guide personnel in responding to legal action, including:

-  Subpoenas
-  Search warrants
-  Investigation
-  Other legal action



If an authority arrives at your front desk with a subpoena or search warrant, how will staff members respond? Who would they contact?

Standard 1.E.3.

Policies and written procedures are implemented that address:

- Confidential administrative records
- Records of persons served
- Security of all records
- Confidentiality of records
- Compliance with applicable laws concerning records
- Timeframes for documentation in the records of persons served



This standard links to standard 2.G.4.

Financial Planning and Management

- **Organizations strive to be financially responsible and solvent; fiscal management supports their mission, values, and performance objectives.**
- **Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.**

- ✓ Financial planning and strategic planning are integrated. Financial planning helps ensure that adequate funding is provided to support program initiatives.
- ✓ This area ties to Section 1.M. Performance Measurement and Management (Business Function).

Standard 1.F.1.

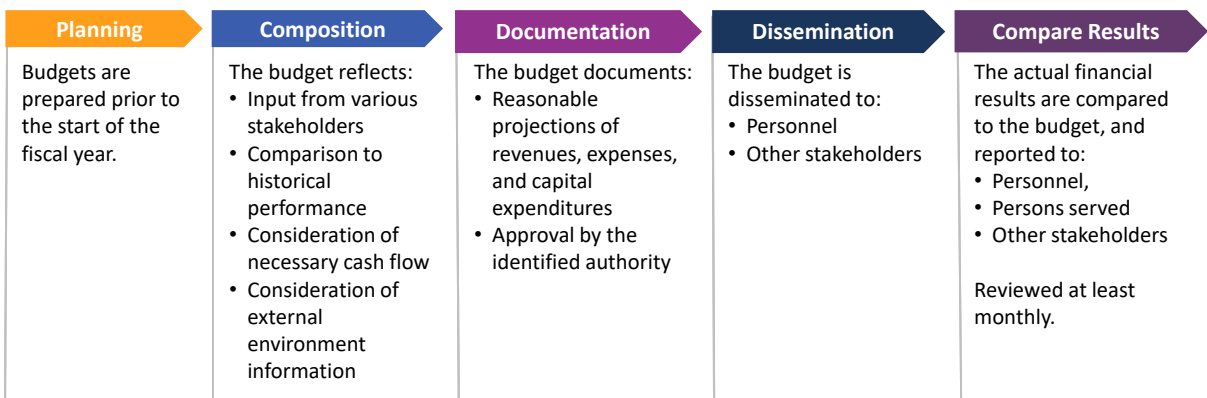
The organization's financial planning and management activities are designed to meet:

- Established outcomes for the persons served
- Organizational performance objectives



Standards 1.F.2.-1.F.3.

Budgets:



These standards connect to 1.D. Input is obtained from stakeholders and used in financial planning.

Standard 1.F.4.

The organization identifies and reviews, at a minimum:

- Revenues
- Expenses
- Internal: financial trends, challenges, opportunities, and management information
- External: financial trends, challenges, opportunities, and industry trends
- Identifies areas needing improvement
- Implements actions to address the improvements needed
- Review financial solvency, with the development of remediation plans, if appropriate



Information related to trends, challenges, and opportunities are incorporated into strategic planning.

Standard 1.F.5.

If the organization has related entities, it documents:

- Types of relationships
- Financial reliance on related entities
- Responsibilities between related entities and the organization, including:
 - Legal
 - Contractual
 - Other
- Any material transactions



NOTE: Disclosure of relationships is important in demonstrating a commitment to excellence and promoting stakeholder trust.

Standard 1.F.6.

The organization:

- Implements fiscal policies and written procedures, including internal control practices
- Provides initial and ongoing training related to fiscal policies and written procedures to appropriate personnel

Policies and procedures may include:

- ✓ Receiving cash, checks, or donations
- ✓ Disbursement of funds
- ✓ Managing use, receipt, or disbursement of funds through purchase orders, invoices, credit/debit cards and lines of credit
- ✓ Managing donations
- ✓ Investing funds

Standard 1.F.7.

If the organization bills for services provided, it conducts a documented review of a representative sample of bills of persons served:

- At least quarterly
- That addresses:
 - Whether bills are accurate
 - Trends
 - Areas needing improvement
 - Actions to be taken

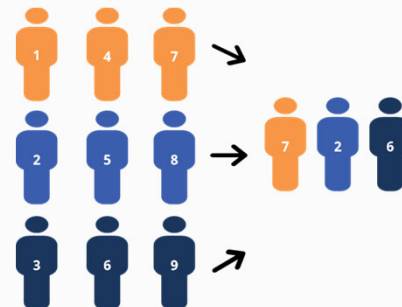


NOTE:

Reviewing bills for accuracy can help reduce costly billing audit exceptions.

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Representative Sample: A group of randomly sampled individuals that is determined through a procedure so that each individual has an equal probability of inclusion in the sample.



Standard 1.F.8.

If responsible for fee structures, the organization:

- Identifies the basis of fee structures
- Demonstrates:
 - A review of fee schedules
 - Comparison of fee schedules
 - Modifications when necessary
- Discloses to persons served all fees for which they will be responsible



NOTE:

Persons served should understand how fees are structured and what additional costs they may be accountable for.

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Standard 1.F.9.

The organization:

- Obtains an annual review or audit of financial statements conducted by an independent accountant authorized by appropriate authority.
- Provides documentation of:
 - The results from the review or audit including resulting recommendations.
 - Management's response to the recommendations, including corrective actions taken or reasons why corrective actions will not be taken

An audit or review ensures a system of checks and balances and promotes:

- ✓ Transparency about financial practices.
- ✓ Prevention of error or fraud.
- ✓ Staff accountability and awareness.
- ✓ Organizational accountability.
- ✓ Implementation of best practices.

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Standard 1.F.10.

If responsible for funds of persons served, the organization implements written procedures that address:

- Identification of the role of the organization
- How persons served will give informed consent for expenditure of funds
- How persons served can access their funds
- How funds will be segregated for accounting purposes
- Safeguards in place to ensure funds are used for designated and appropriate purposes
- When interest-bearing accounts are used, how interest will be credited to the accounts of persons served
- How account reconciliation is provided to persons served at least monthly
- How funds will be returned to persons served upon transition/exit from the program
- Communication of these procedures to the persons served



NOTE:

The organization should demonstrate that it has a system in place to protect the fiscal interests of persons served.

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Risk Management

CARF-accredited programs benefit from enhanced risk management activities that are often recognized by insurers resulting in premium discounts.

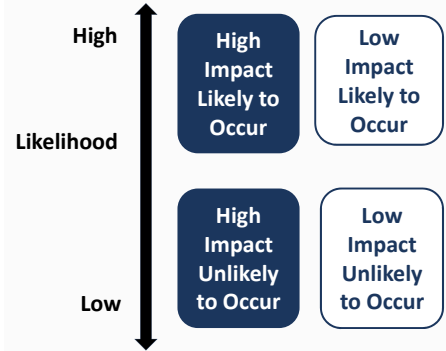
Organizations engage in activities that control threats to their people, property, income, goodwill, and accomplishment of goals.



Standard 1.G.1.

The organization implements a risk management plan that:

- Includes:
 - Identification of loss exposures
 - Analysis of loss exposures
 - Identification of how to rectify identified exposures
 - Implementation of actions to reduce risk
 - Monitoring of actions to reduce risk
 - Reporting results of actions taken to reduce risks
 - Inclusion of risk reduction in performance improvement activities
- The plan should be reviewed at least annually for relevance and updated as needed.



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Risk Assessment Grid

Department					Date of Assessment			
Person Responsible					Assessment Conducted By			
Areas of Risk	Specific Risks	Occurrence 1-Rare 2-Unlikely 3-Moderate 4-Likely 5-Almost Certain	Impact 1-Insignificant 2-Minor 3-Moderate 4-Major 5-Catastrophic	Score = Occurrence x Impact	Mitigation Plan(s)	Results		

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Standard 1.G.2.

The insurance package of the organization:



Is reviewed for adequacy at least annually



Protects assets



Includes:

- Property coverage
- Liability coverage
- Other coverage, as appropriate



NOTE:

When effectively managed, insurance can cover many tangible risks an organization faces.

Standard 1.G.3.

The organization implements written procedures regarding communications that address:

- Media relations
- Social media

Media Relations



- Who is/is not authorized to talk to the media
- Who to notify for requests for interviews
- Who to contact after hours
- Media relations philosophy

Social Media



- The organization's definition of social media
- Acceptable uses of social media
- Who has access or authority to post
- Communication parameters with persons served/families

Standard 1.G.4.

If any services are delivered by the program are provided under contract with another organization or individual, documented reviews of the contract services:

- Assess performance in relation to the scope and requirements of their contracts
- Ensure that they follow all applicable policies and procedures of the organization
- Ensure that they conform to CARF standards applicable to the services they provide
- Are performed at least annually



NOTE:

This standard links to standard 2.A.1. *scope of services* and applies to *contracted personnel*, the contracting of any part of an accredited program, and all other contracted services related to service delivery to the persons served by the programs seeking accreditation.

Reviews of contract personnel can be conducted by leadership, human resources, risk management, or a contract manager/management office.

*Refer to the Glossary for the definition of *contract*.

Health and Safety

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.



NOTE:

Standards Applicability - All the standards in this section apply to all locations *unless* there is an identified exception, such as:

- ✓ Private homes where children and youth live, such as foster homes owned by the family.
- ✓ Community settings that are not owned, leased, or controlled by the organization, such as schools.
- ✓ Used solely by an employee-owner for administration and no other persons or personnel are located, meet or are served at this location.
- ✓ Used by the organization for services less than one hour a week.
- ✓ Used by the organization for administration by less than the equivalent to one full-time employee.

Standards 1.H.1.-1.H.3.

Health and Safety standards consider the health and safety of persons served, personnel, and other stakeholders.

The organization demonstrates ongoing attention to the health and safety of environment.



The organization implements written procedures to promote the safety of:

- Persons served
- Personnel



Persons served receive education designed to reduce identified physical risks.



Standard 1.H.4.

Personnel receive documented competency-based training at orientation and at least annually in the following areas:

- Health and safety practices
- Identification of unsafe environmental factors
- Emergency procedures
- Evacuation procedures, if appropriate
- Identification and reporting of critical incidents
- Medication management, if appropriate
- Reducing physical risks
- Workplace violence



Standard 1.H.5.

Written procedures exist for the following emergencies:



Fires



Bomb Threats



Natural Disasters



Utility Failures



Medical Emergencies



Violent or Other Threatening Situations

Emergency procedures should satisfy requirements of applicable authorities and practices appropriate for the locale.



Guidance and examples related to bomb threat reports and active shooter situations are offered in the links provided through this training.

Standard 1.H.5. (continued)

Written emergency procedures address:

- When evacuation is appropriate
- Complete evacuation from physical facility
- When sheltering in place is appropriate
- Safety of all persons involved
- Accounting for all persons involved
- Temporary shelter, when applicable
- Identification and continuation of essential services
- Emergency phone numbers
- Notification of appropriate emergency authorities
- Communication with relevant stakeholders



NOTE:

Being prepared and knowing what to do supports persons served and all personnel in knowing how to respond to emergency situations.

Standard 1.H.6.

The organization has evacuation routes that are:

- Accessible
- Understandable to:
 - Persons served
 - Personnel
 - Other stakeholders, including visitors



NOTE:

Consider accessibility of directional signage, adequate lighting, unobstructed passageways and exits, and safe opportunities for egress.

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Standard 1.H.7.

An unannounced test of each emergency procedure:

- Is conducted **at least annually** on each shift at each location
- Includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill
- Is analyzed for performance that addresses:
 - Areas needing improvement
 - Actions to address the improvements needed
 - Implementation of the actions
 - Necessary education and training of personnel
 - Whether the actions taken accomplished the intended results
- Is evidenced in writing, including the analysis



NOTE:

Element 1.H.7.a(1) has been revised for 2024.

*All emergency procedures listed in 1.H.5 should be tested.

- Fires
- Bomb Threats
- Natural Disasters
- Utility Failures
- Medical Emergencies
- Violent or other threatening situations

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Standard 1.H.8.

If an organization provides services in locations that are not owned/leased or controlled/operated by the organization, it implements written procedures that address safety at the service delivery site for persons served and personnel.

Written procedures include:

- Consideration of any emergency procedures that may already be in place at the service delivery site
- Physical environment, including accessibility, of the service delivery site
- Basic needs in the event of an emergency
- Actions to be taken in the event of an emergency
- Provisions for communication by personnel while providing services regarding decisions to continue or discontinue services



NOTE:

See the Glossary in the standards manual for CARF's definition of *operated/controlled*.

Standard 1.H.9.

There is ready access to:



First aid expertise



First aid equipment



First aid supplies



Relevant emergency information on persons served and personnel



NOTE:

- Necessary emergency resources, including people trained to respond and the location of first aid equipment and supplies, are known and quickly available.
- First aid supplies are checked for expiration and availability of adequate supply through a systematic process and replenished and replaced as needed.

Standard 1.H.10.

The organization implements written procedures regarding critical incidents that:

- Specify the following critical incidents:

- Medication errors
- Infection Control
- Biohazardous accidents
- Use of seclusion
- Aggression / Violence
- Abuse
- Use of restraint
- Wandering
- Neglect
- Injuries
- Elopement
- Suicide including attempts
- Communicable disease
- Vehicular accidents
- Sexual assault
- Overdose
- Other sentinel events
- Use and unauthorized possession of weapons and legal or illegal substances

- Written procedures include:

- Prevention
- Reporting
- Documentation
- Remedial action
- Timely debriefing conducted following critical incidents

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Standard 1.H.11.

A written analysis of all critical incidents is provided to or conducted by the leadership:

- At least annually.
- That addresses:
 - Causes
 - Trends
 - Areas needing improvement
 - Actions to address the improvements needed
 - Implementation of the actions
 - Whether the actions taken accomplished the intended results
 - Necessary education and training of personnel
 - Prevention of recurrence
 - Internal and External reporting requirements



NOTE:

Organizations are not required to have a separate procedure for each type of incident as long as all identified critical incidents are considered.

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Standard 1.H.12.

The organization implements written procedures regarding infections and communicable diseases that:

Procedures Address:

- Use of standard or universal precautions
- **Vaccination**
- **Screening**
- Identification
- Reporting
- Investigation
- Control/mitigation

Procedures Include:

- Training on the procedures for:
 - Persons served
 - Personnel
 - Other stakeholders



NOTE:

Elements 1.H.12.a.(1)(a) and 1.H.12.a.(1)(b) are new for 2024.

Standard 1.H.13.

This standard applies to any vehicle used to transport persons served, including personal vehicles.

When transportation is provided for persons served, there is evidence of:

- Appropriate licensing
- Regular review of driving records of all drivers
- Insurance covering vehicles and passengers
- Safety features in vehicle
- Safety equipment
- Accessibility
- Training of drivers regarding the organization's transportation procedures and the unique needs of persons served
- Written emergency procedures, communication devices, and first aid supplies available in the vehicle
- Maintenance of vehicle(s) owned or operated by organization according to manufacturer recommendations
- If services are contracted, a documented review of the contract at least annually against a. through k. of this standard

Standard 1.H.14.

Regular inspections support personnel in internalizing health and safety requirements into everyday practices.

Comprehensive health and safety self-inspections:

- Are conducted at least semiannually on each shift
- Result in a written report that identifies:
 - Areas inspected
 - Recommendations for areas needing improvement
 - Actions taken to respond to the recommendations



NOTE:

Demonstrated consistency by shift and location is important. How you approach the inspection may vary based on number of locations or size of your physical plant.



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Standard 1.H.15.

Comprehensive health and safety inspections:

- **Are conducted:**
 - At least annually
 - By a qualified external authority
- **Result in a written report that identifies:**
 - Areas inspected
 - Recommendations for areas needing improvement
 - Actions taken to respond to the recommendations



NOTE:

Qualified external authorities may include:

- A representative of the fire department or local health department.
- A licensed or registered safety engineer.
- A representative of an agency that provides OSHA, health, or physical plant inspections on a consultative or licensing basis. *In Canada, this could include a representative from a provincial or territorial body designated under legislation related to workplace safety.
- A safety consultant who represents the organization's fire or workers' compensation carrier or who is in private practice.
- A representative of the organization's insurance carrier or a private insurance carrier.

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Standard 1.H.16.

The organization implements written procedures concerning hazardous materials that provide for safe:

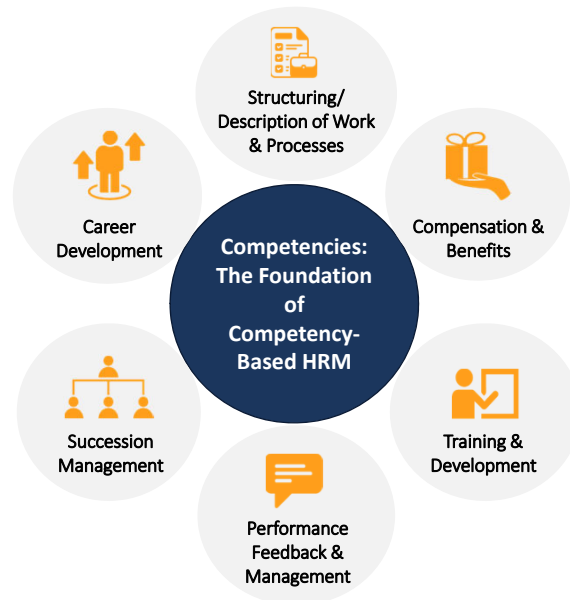
- Handling
- Storage
- Disposal



NOTE: Hazardous materials could include biohazardous substances, bodily fluids, cleaning supplies, oil-based paints, fluorescent light bulbs, copier toner, and computer monitors.

Workforce Development and Management

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.



Standard 1.I.1.

The organization documents the composition of its workforce, including all human resources involved in the delivery, oversight, and support of the programs/services seeking accreditation.



NOTE:

This standard does not require specific numbers or percentages, but rather the general groups that comprise the workforce.

Consider:

- Full-time employees
- Part-time employees
- Contractors
- Independent contractors
- Per diem workers
- Remote workers
- Volunteers
- Peer support specialists
- Students

Standard 1.I.2.

Based on the composition of its workforce, the organization demonstrates a systematic approach to workforce development and management activities and practices.



NOTE:

Examples of activities and practices:

- ✓ Credentials verification
- ✓ Onboarding (employees vs. consulting or contracted providers)
- ✓ Performance appraisal (employees vs. volunteers)
- ✓ Varied education and training (provider who is a consistent member of the interdisciplinary team for persons served vs. a provider who provides weekend or vacation coverage)



NOTE:

1.I.2. is a new standard for 2024.

Standard 1.1.3.

Workforce development and management practices reflect the organization's:

- Mission
- Culture
- Person-centered philosophy
- Performance measurement and management system
- Risk management plan
- Strategic plan



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Standard 1.1.4.

Ongoing workforce planning includes:

- Workforce analysis
- Written job descriptions
- Review and update of written job descriptions in accordance with organizational needs and/or the requirements of external entities
- Recruitment
- Selection
- Retention
- Succession planning



NOTE:

Workforce planning ensures that an organization has the right people with the right skills performing their jobs at the right time.

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Standard 1.1.5.

The organization implements written procedures that address verification of backgrounds of the workforce in the following areas, if required:



Criminal checks



Drug testing



Immunizations



Vulnerable population checks



Fingerprinting



Driving records

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Standard 1.1.5. (Continued)

The organization implements written procedures that address:

- Verification of:
 - The credentials of the applicable workforce (including licensure, certification, registration, and education):
 - With primary sources
 - When applicable, in all states/provinces or other jurisdictions where the workforce will deliver services



- Actions to be taken in response to the information received concerning:
 - Background checks
 - Credentials verification
 - Fitness for duty
- Timeframes for verification of backgrounds, credentials, and fitness for duty, including:
 - Prior to delivery of services to persons served or organization
 - Throughout employment

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Standard 1.1.6.

Onboarding and engagement activities include:

- Orientation that addresses organization’s:
 - Mission
 - Culture
 - Person-centered philosophy
 - Performance measurement and management system
 - Risk management plan
 - Strategic plan
 - Other organizational planning efforts
 - Workforce policies and procedures
- On-the-job training
- Position roles and responsibilities
- Position performance expectations
- Communication systems and expectations



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Standard 1.1.7.

The organization promotes engagement through respect for all individuals in the workforce, including:

- Open communication
- A value-driven focus
- Initiatives that address:
 - Recognition
 - Compensation
 - Benefits
 - **Well-being**
- Policies and written procedures address, at a minimum:
 - Mechanism(s) to provide favorable and constructive feedback
 - Mechanism(s) to address concerns
 - Job postings
 - Promotion
 - Disciplinary action
 - Separation
 - Labor relations, if applicable
 - Prevention of harassment
- Policies and written procedures are accessible to the workforce.



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Standard 1.1.8.

Workforce development activities include:

- Documentation of competencies to:
 - Support the organization in accomplishment of its mission and goals
 - Meet the needs of persons served
- Documented assessment of competencies
- Competency development, including provision of resources
- Performance appraisal
- Education and training



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Standard 1.1.9.

The organization implements written procedures for performance appraisal that address:

- The identified workforce
- Criteria against which people are being appraised
- Involvement of the person being appraised
- Documentation requirements
- Timeframes/frequencies related to performance appraisal process
- Measurable goals
- Sources of input
- Opportunities for development



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Standard 1.I.10.

There is an adequate workforce to:

- Implement the plans of persons served
- Ensure the safety of persons served
- Manage unplanned absences
- Meet the performance expectations of the organization



NOTE:

Funders, persons served, or family members might provide feedback that would prompt further discussion on this standard.

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Standard 1.I.11.

As applicable, the organization demonstrates a process to address the provision of services by the workforce consistent with relevant:



Regulatory requirements



Professional degrees



Licensure requirements



Training to maintain established competency levels



Registration requirements



On-the-job training requirements



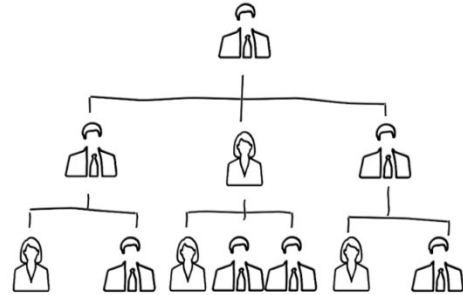
Certification requirements

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Standard 1.I.12.

The organization's succession planning addresses:

- Its future workforce needs
- Identification of key positions
- Identification of the competencies required by key positions
- Review of talent in the current workforce
- Identification of workforce readiness
- Gap analysis
- Strategic development



NOTE:

Succession planning allows organizations to ensure service continuity when individuals leave, either planned or unexpectedly.

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Technology – Overview

CARF-accredited programs 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



NOTE:

The technology standards are not limited to computer systems.

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Standard 1.J.1.

To identify gaps and opportunities in the use of technology, leadership supports ongoing assessment of:

- Organization's current use of technology and data, including:
 - Hardware
 - Software
 - Communication technologies
 - Sensitive data
 - Services purchased or contracted
 - Assistive technology
- Input on organization's use of technology from persons served, personnel, and other stakeholders

Standard 1.J.2.

The organization implements a technology and system plan that:

- Is based on:
 - Its current use of technology and data
 - Identification of gaps and opportunities in the use of technology
- Includes:
 - Goals, priorities, resources needed, and timeframes
 - Technology acquisition, maintenance, and replacement



Standard 1.J.2. (Continued)

The organization implements a technology and system plan that:

- Supports:
 - Business processes of the organization
 - Protection of sensitive data
 - Efficient operations
 - Effective service delivery
 - Access to services
 - Performance improvement
- Aligns with organization's strategic plan
- Is reviewed at least annually for relevance
- Is updated as needed



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Standard 1.J.3.

The organization implements policies and procedures for:

- Acceptable use
- Backup/recovery
- Business continuity/disaster recovery
- Security, including:
 - Access management
 - Audit capabilities
 - Data export and transfer capabilities
 - Decommissioning of physical hardware and data destruction
 - Protection from malicious activity
 - Remote access and support
 - Updates, configuration management, and change control



NOTE:

- Consider the link between technology planning and strategic or risk management planning.
- One of an organization's major expenses is technology.

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Standard 1.J.4.

A test of the organization's procedures for business continuity/disaster recovery:

- Is conducted at least annually
- Is analyzed for:
 - Effectiveness
 - Areas needing improvement
 - Actions to address the improvements needed
 - Implementation of the actions
 - Whether the actions taken accomplished the intended results
 - Necessary education and training of personnel
- Is evidenced in writing, including the analysis

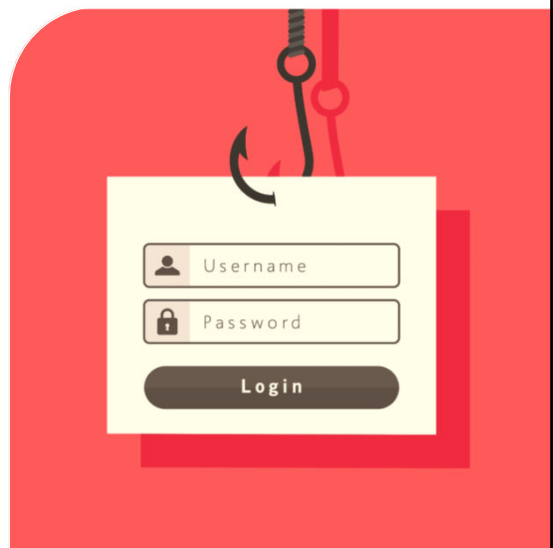


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Technology

The organization provides documented training to personnel:

- On cybersecurity
- On the technology used in performance of their job duties
- Including
 - Initial training
 - Ongoing training



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Rights of Persons Served - Overview

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



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Standard 1.K.1.

The organization implements policies promoting the following rights of persons served:

- Confidentiality of information
- Privacy
- Freedom from:
 - Abuse
 - Financial or other exploitation
 - Retaliation
 - Humiliation
 - Neglect
- Access to:
 - Information pertinent to the person served in sufficient time to facilitate the person's decision making
 - Their own records

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Standard 1.K.1. (Continued)

The organization implements policies promoting the following rights of persons served:

- Informed consent or refusal or expression of choice and withdrawal of consent regarding:
 - Service delivery
 - Release of information
 - Concurrent services
 - Composition of service delivery team
 - Involvement in research projects, if applicable
- Access or referral to:
 - Legal entities for appropriate representation
 - Self-help support services
 - Advocacy support services
- Adherence to research guidelines and ethics when persons served are involved, if applicable
- Investigation and resolution of alleged infringement of rights
- Other legal rights

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Standard 1.K.2.

Rights of the persons served are:

- Communicated to persons served:
 - In a way that is understandable
 - Prior to the beginning or at initiation of service delivery
 - At least annually for persons served in a program longer than one year
- Available at all times for:
 - Review
 - Clarification



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Standard 1.K.3.

The organization implements a policy and written procedure by which persons served may formally complain to the organization that specify:

- Its definition of a formal complaint
- Action will not result in retaliation or barriers to services
- How efforts will be made to resolve the complaint
- Levels of review, which include availability of external review
- Timeframes that are adequate for prompt consideration and result in timely decisions for the person served
- Procedures for written notification to persons served regarding actions to be taken to address the complaint
- Rights and responsibilities of each party
- Availability of advocates or other assistance



NOTE:

1.K.3.a.(6) has been revised for clarity

Standard 1.K.3.

The organization:

- Makes complaint procedures and, if applicable, forms:
 - Readily available to persons served
 - Understandable to persons served
- Documents formal complaints received

Standard 1.K.4.

An analysis of all formal complaints:

- Is conducted at least annually
- Is documented, including:
 - Whether formal complaints were received
 - Trends
 - Areas needing performance improvement
 - Actions to address the improvements needed
 - Implementation of the actions
 - Whether the actions taken accomplished the intended results



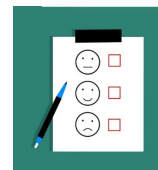
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Accessibility Standards – Overview

Leadership has working knowledge of what should be done to promote accessibility and remove barriers.

Accessibility and removal of barriers also go beyond physical needs.

Access relates to barriers or lack thereof for persons obtaining services and may apply at the level of the individual persons served (timeliness or other barriers) or the target population for the organization.



NOTE:

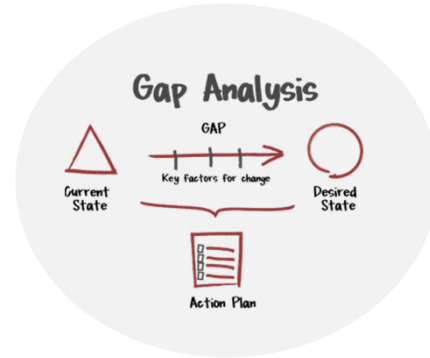
Accessibility goes beyond the physical and architectural barriers an environment presents

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Standard 1.I.1.

Leadership:

- Assesses the accessibility needs of:
 - Persons served
 - Personnel
 - Other stakeholders
- Implements an ongoing process for identification of barriers in the following areas:
 - Architecture
 - Environment
 - Attitudes
 - Finances
 - Employment
 - Communication
 - Technology
 - Transportation
 - Community integration, when appropriate
 - Any other barrier identified by persons served, personnel, or other stakeholders



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Standard 1.L.2.

The organization implements an accessibility plan that:

- Includes for all identified barriers:
 - Actions to be taken
 - Timelines
- Is reviewed at least annually for relevance, including:
 - Progress made in removal of identified barriers
 - Areas needing improvement
- Is updated as needed

Accessibility Review
Date:

Architectural Barriers

REVIEW	FINDINGS	PLAN OF ACTION
ADA checklist at		

*Agency is able to provide adequate support to individuals and adapt to needs. Facilities are appropriately equipped and staffed to meet consumer requirements.

Transportation Barriers

REVIEW	FINDINGS	PLAN OF ACTION
1. Does M.H provide adequate transportation to those served, whom we are responsible for transporting? Does it meet the needs of those in wheelchairs?		
2. What transportation barriers do the people		



This sample accessibility plan is included in the links shared for this training.

Page -1-

Standard 1.L.3.

Requests for reasonable accommodation are:

- Identified
- Reviewed
- Decided upon
- Documented



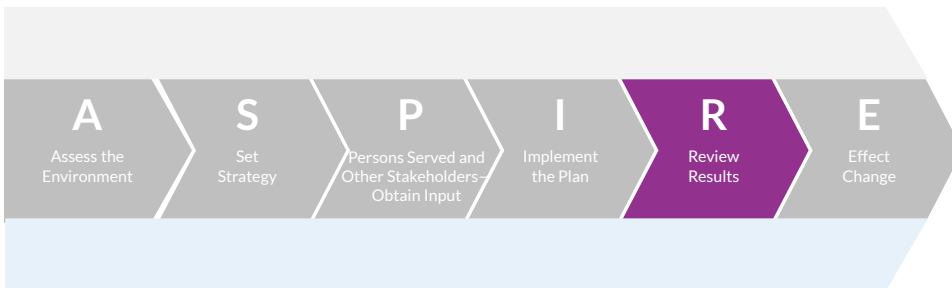
NOTE:

Examples of reasonable accommodations include:

- ✓ Make existing facilities available
- ✓ Job restructuring
- ✓ Part-time or modified work schedules
- ✓ Acquire or modify equipment
- ✓ Change tests, training materials, or policies
- ✓ Provide qualified readers or interpreters
- ✓ Reassignment to a vacant position

Review Results

Organizations demonstrate a culture of performance improvement through a commitment to proactive and ongoing review, analysis, and reflection.



Performance Measurement and Management

Organizations demonstrate a culture of accountability through performance measurement and management.

At the foundation of this is:

- Leadership accountability and support
- Mission-driven measurement
- Focus on results achieved for persons served
- Meaningful engagement of stakeholders
- Understanding of extenuating and influencing factors
- Workforce that is knowledgeable and engaged
- Investment in resources
- Measurement and management of business functions to sustain and enhance organization

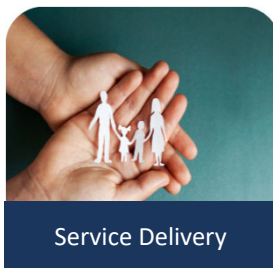


NOTE:

Plan-Do-Check-Act is one way to think of the performance improvement cycle.

Standard 1.M.1.

Leadership demonstrates accountability for performance measurement and management in:



Service Delivery



Business Functions



NOTE:

These standards are integrated with other sections and apply to each program the organization is having surveyed. Although different programs may have a similar or the same measurement, the data will be able to be stratified to evaluate each program separately.

Standard 1.M.2.

The organization identifies gaps and opportunities in preparation for the development or review of a performance measurement and management plan including these considerations:

- Input from stakeholders
- The characteristics of persons served.
- Expected results
- Extenuating and influencing factors
- Comparative data available
- Communication of performance information
- Technology to support implementing the PM&M plan



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Standard 1.M.3.

Organization implements a PM&M plan that addresses:

- Collection of relevant data on characteristics of persons served
- For each program/service seeking accreditation, identification of measures for service delivery objectives, including, at a minimum:
 - Results achieved for the persons served (EFFECTIVENESS)
 - Experience of services received and other feedback from persons served
 - Experience of services and other feedback from other stakeholders
 - Resources used to achieve results for the persons served (EFFICIENCY)
 - Service access

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Standard 1.M.3. (Continued)

Organization implements a PM&M plan that addresses:

- Collection of relevant data about the persons served:
 - At the beginning of services
 - Appropriate intervals during services
 - The end of services
 - Point(s) in time following services.
- Identification of priority measures determined by the organization for business function objectives
- The extent to which the data collected measure what they are intended to measure (VALIDITY)

Standard 1.M.3. (Continued)

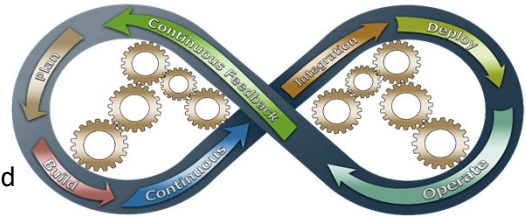
Organization implements PM&M plan that addresses:

- The process for obtaining data:
 - In a consistent manner (RELIABILITY)
 - That will be complete
 - That will be accurate
 - Extenuating and influencing factors that may impact results
 - Timeframes for the:
 - Analysis of data
 - Communication of results

Standard 1.M.3. (Continued)

Organization implements PM&M plan that addresses:

- How:
 - Data are collected
 - Data are analyzed
 - Performance improvement plans are developed
 - Performance improvement plans are implemented
 - Performance information is communicated



NOTE:

- Plans will reflect changing needs.
- The PM&M plan should be reviewed at least annually for relevance and updated as needed.

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Standards 1.M.4.-1.M.8.

Each program/service seeking accreditation measures:



For each area measured, the program documents:

- An objective
- A performance indicator(s) including:
 - To whom the indicator will be applied
 - The person(s)/position(s) responsible for collecting the data
 - The identification of relevant timeframes for collection of data
 - The source(s) from which data will be collected
 - A performance target based on the organization's performance history or established by the organization or a stakeholder or based on an industry benchmark

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Standard 1.M.9.

Each program/service seeking accreditation measures:



For each area measured, the program documents:

- An objective
- A performance indicator(s) including:
 - To whom the indicator will be applied
 - The person(s)/position(s) responsible for collecting the data
 - The identification of relevant timeframes for collection of data
 - The source(s) from which data will be collected
 - A performance target based on the organization's performance history or established by the organization or a stakeholder or based on an industry benchmark

Walker Grid Framework

FRAMEWORK								PERFORMANCE ANALYSIS		
Objective Domain	Objective	Performance Indicator (measure)	Who Applied To	Time of Measure	Data Source	Obtained By	Performance Target	Results	Extenuating Factors	Results Last Period
Effectiveness										
Results Achieved										
Efficiency										
Resources used to achieve results										
Access										
Increase engagement into treatment										

Standard 1.M.10.

Personnel are provided with documented education and training in accordance with their roles and responsibilities for performance measurement and management.

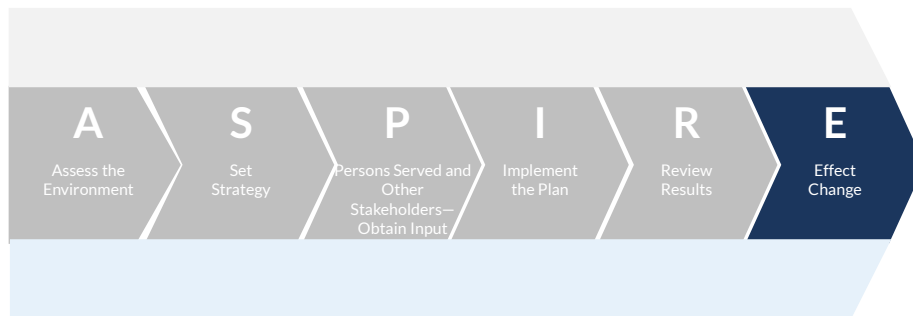


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Effect Change

Organizations demonstrate a culture of performance improvement through a commitment to proactive and ongoing review, analysis, and reflection.

Utilize information gathered to develop a performance analysis to improve clinical and business services.



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Performance Improvement

Organizations demonstrate a culture of performance improvement.

This is demonstrated through a commitment to:

- Proactive and ongoing review
- Analysis
- Reflection on their results in both service delivery and business functions
- Transparency

Results are used to identify and implement data-driven actions to:

- Improve the quality of programs and services
- Inform decision making

Standard 1.N.1.

The analysis of service delivery performance:

- Is documented
- Is completed at least annually and in accordance with the timeframes outlined in the PM&M plan
- Addresses service delivery indicators for each program/service seeking accreditation, including, at a minimum:
 - Results achieved for the persons served (EFFECTIVENESS)
 - Experience of services received and other feedback from persons served
 - Experience of services and other feedback from other stakeholders
 - Resources used to achieve results for the persons served (EFFICIENCY)
 - Service access

Performance Improvement

The analysis of service delivery performance:





- Incorporates the:
 - Characteristics of persons served
 - Impact of extenuating or influencing factors
- Includes:
 - Comparative analysis
 - Identification of trends
 - Identification of causes
- Is used to:
 - Identify areas needing performance improvement
 - Develop an action plan(s) to address the improvements needed
 - Implement the action plan(s)
 - Determine whether the actions taken accomplished the intended results




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Standard 1.N.2.

The analysis of business function performance:

-  Is documented
-  Is completed at least annually and in accordance with the timeframes outlined in the PMMP
-  Addresses priority business function indicators determined by the organization
-  Includes:
 - Comparative analysis
 - Identification of trends
 - Identification of causes

 Incorporates:

- Characteristics of persons served, if applicable
- Impact of extenuating or influencing factors

 Is used to:

- Identify areas needing performance improvement
- Develop an action plan(s) to address the improvements needed
- Implement the action plan(s)
- Determine whether the actions taken accomplished the intended results

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Standard 1.N.3.

The results of performance analysis are used to:



Improve the quality of programs and services



Facilitate organizational decision making regarding:

- Service delivery
- Business functions



Guide changes to the PMMP

Standard 1.N.4.

In accordance with the PMMP, the organization communicates accurate information:

- To:
 - Persons served
 - Personnel
 - Other stakeholders
- In accordance with the needs of the each group, including:
 - Content
 - Format
 - Timing



THANK YOU!
Any questions?

You can reach us at:

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