IOWA | Health and Human Services

Accreditation Recommendation

Date:
Organization Name:
Organization Address:
County:

Type of organization:

- ☐ Community mental health center
- ☐ Case management provider
- ☐ Crisis response service provider
- ☐ Mental health service provider
- ☐ Supported community living services

Services	Score			
	Policy and Procedure	Organizational Activities	Service Score	Total
	15%	15%	70%	100%
Day treatment	%	%	%	%
Psychiatric rehabilitation	%	%	%	%
Partial hospitalization	%	%	%	%
Outpatient psychotherapy/counseling	%	%	%	%
Evaluation	%	%	%	%
Emergency	%	%	%	%
Supported community living	%	%	%	%
Case management	%	%	%	%
24-hour crisis response	%	%	%	%
Crisis evaluation	%	%	%	%
24-hour crisis line	%	%	%	%
Warm line	%	%	%	%
Mobile response	%	%	%	%
23-hour observation and hold	%	%	%	%
Crisis stabilization, community-based	%	%	%	%
Crisis stabilization, residential based	%	%	%	%

Previous accreditation: Date: _____ to _____

☐ 3 year (80%-100%) ☐ 1 year (70%-79%) ☐ 270 days (initial)

☐ 180 days (60%-69%) ☐ Other (see Comments below) ☐ Denial (0%-59%)

☐ Deemed ☐ None

Current recommendation: Date: _____ to _____

☐ 3 year (80%-100%) ☐ 1 year (70%-79%) ☐ 270 days (initial)

☐ 180 days (60%-69%) ☐ Other (see Comments below) ☐ Denial (0%-59%)

Comments:

Click here to enter text.