



**Division of Mental Health and Disabilities Services**  
**Bureau of Community Services and Planning**  
**Accreditation Recommendation**

Date:

Agency name:

Agency 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			Total
	Policy and Procedure	Organizational Activities	Service Score	
	15%	15%	70%	
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:**

- ☐ 3 year (80%-100%)  
☐ 180 days (60%-69%)  
☐ Deemed

Date: \_\_\_\_ to \_\_\_\_

- ☐ 1 year (70%-79%)  
☐ Other (see Comments below)  
☐ None

- ☐ 270 days (initial)  
☐ Denial (0%-59%)

**Current recommendation:**

- ☐ 3 year (80%-100%)  
☐ 180 days (60%-69%)  
☐ Deemed

Date: \_\_\_\_ to \_\_\_\_

- ☐ 1 year (70%-79%)  
☐ Other (see Comments below)

- ☐ 270 days (initial)  
☐ Denial (0%-59%)

**Comments:**

Initial/Tracking

QA Reviewer: