

**CARF Accreditation Report  
for  
National Community Health  
Partners**

**Three-Year Accreditation**



# Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Program\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

## About CARF

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

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

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

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

**Organization**

National Community Health Partners  
501 North Florence Street, Suite 101  
Casa Grande, AZ 85122

**Organizational Leadership**

Albert Moreno, Chief Executive Officer  
Maribel Najjar, Financial Officer

**Survey Number**

178480

**Survey Date(s)**

January 29, 2024–January 31, 2024

**Surveyor(s)**

William Sandonato, MRA, Administrative  
John C. Purkey, MA, Program

**Program(s)/Service(s) Surveyed**

Rapid Rehousing and Homelessness Prevention Program

**Previous Survey**

March 8, 2021–March 9, 2021  
Three-Year Accreditation

**Accreditation Decision**

**Three-Year Accreditation**  
**Expiration: February 28, 2027**

# Executive Summary

This report contains the findings of CARF's site survey of National Community Health Partners conducted January 29, 2024–January 31, 2024. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

## Accreditation Decision

On balance, National Community Health Partners demonstrated substantial conformance to the standards. National Community Health Partners (NCHP) has provided a variety of programs and services for over 30 years. Its support and assistance to veterans and their families who are on the brink of homelessness through its Housing for Heroes program, has been recognized by continued funding, since 2013, through the Supportive Services for Veterans and Families (SSVF) initiative by the United States Department of Veterans Affairs. In 2023, NCHP served 575 Veterans in the SSVF program while the Shallow Subsidy program enrolled an additional 130 veterans. The CEO, leadership team, and staff members are enthusiastic about the services they provide. Leadership and staff members demonstrate great pride in their efforts and the opportunities they provide to veterans and demonstrate a genuine respect for veterans and families. This commitment and dedication is evident throughout all of the organization. Areas for improvement are scattered throughout the ASPIRE section and are detailed in this report. There are opportunities to strengthen the strategic, technology, and accessibility plans; include business related objectives; and analyze the level of accomplishment in the outcomes management plan and report. Background checks should be conducted on all employees who have tenures with the organization prior to the current verification system and safety training should include critical incidents identification and reporting and in reducing risks. Additionally, a policy should be developed related to hazardous materials and safety when providing services in the community. However, leadership appears to have the resources and willingness to address the recommendations in a timely manner. It is clearly evident that the veterans are benefiting from the programs and services that are provided.

National Community Health Partners appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. National Community Health Partners is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

**National Community Health Partners has earned a Three-Year Accreditation.** The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

## Survey Details

### Survey Participants

The survey of National Community Health Partners was conducted by the following CARF surveyor(s):

- William Sandonato, MRA, Administrative
- John C. Purkey, MA, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

### Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of National Community Health Partners and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.

- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

## Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Rapid Rehousing and Homelessness Prevention Program

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

## Representations and Constraints

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

## Survey Findings

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

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

## Areas of Strength

CARF found that National Community Health Partners demonstrated the following strengths:

- The organization's board of directors appears to be well versed in its responsibilities and provides appropriate engagement related to its governance and fiduciary responsibilities. There is ample evidence that it is proud of its association with NCHP.
- It is evident that the chief executive officer has the support and confidence of the board, his staff, and the communities in which it provides services. A well-credentialed and experienced professional, he is a strong advocate for the organization's programs and for veterans. His enthusiasm and focus appear to permeate throughout the organization.

- All members of the administrative and program leadership appear to be dedicated to ensuring that the organization’s mission is accomplished, even within the limitations of a relatively small organization and limited staff. Likewise, it appears that the leadership makes sincere efforts to take good care of and show appreciation for its team members. Many have long tenure as part of the organization and new members are quickly assimilated into the cohesive team.
- Services are provided to veterans living in rural and urban areas in Pinal, Maricopa, and Yuma counties in southern Arizona. Office locations are clean, comfortable, and welcoming and located in areas that are accessible to veterans and their families.
- NCHP is an active community partner in the counties where it provides services as evidenced by its involvement in homeless coalitions, strong ties to other programs that support veterans, and other civic activities that are part of the safety net for persons who need assistance. NCHP’s staff attended the veterans stand down, the reentry housing round table, the transitional living center recovery Halloween table, and the point in time count.
- In addition to the Housing for Heroes’ services, the organization is recognized for its partnership with the Department of Veteran Affairs to bring action and awareness to veteran suicide prevention through the Best is Yet to Come program, which is funded through the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program.
- The organization is congratulated on receiving many awards and recognitions. Of note, NCHP has been recognized by the Arizona Office For Employer Support of The Guard And Reserve, with the ESGR Patriot Award. Additionally, community organizations, such as the Chandler Elks Lodge and Motorcycle Money, donated funds to the organization last year.
- NCHP has established partnerships with the Veteran Center in Yuma and the homeless shelters in all cities in which it operates. Of note, those relationships extend to the business community, including two furniture companies that donate move-in items to veterans receiving an apartment.
- It is evident that there is a culture of acceptance and respect among the staff members at NCHP. The care and compassion was noted throughout all programs. The leadership members, from the CEO and down, model environments where staff members can share about their own triggers, ask for assistance, and problem-solve. Program managers and supervisors are attentive to staff needs and do an excellent job balancing administrative issues while maintaining service integrity.
- The organization takes a solution focused approach to problems, needs, and looks for creative and new ways to solve dilemmas. NCHP is cognizant of the importance of relationship building with the veterans, community stakeholders, and staff. The leadership works to leverage those relationships to strengthen the organization and its mission to serve.
- The organization’s staff members bring a broad range of experience, education, and personal life experience to promote its vision and mission. Teamwork is prioritized through regular team meetings, an open-door policy, and flexibility for support throughout the organization. The positive, nonjudgmental attitude and work ethic of staff members at all levels promotes successful, holistic service delivery.

## Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

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

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

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

## **Section 1. ASPIRE to Excellence®**

### **1.A. Leadership**

#### **Description**

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

#### **Key Areas Addressed**

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

#### **Recommendations**

There are no recommendations in this area.

#### **Consultation**

- The organization is encouraged to cultivate and recruit additional members of the board of directors to ensure greater diversity and enhance available expertise.
- The organization is recognized for its detailed cultural competency, diversity, and inclusion plan. Stating actions in a manner that encourages additional measurability could strengthen the process of annual review and update.



## 1.C. Strategic Planning

### Description

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

### Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

### Recommendations

#### 1.C.2.b.(3)(a)

#### 1.C.2.b.(3)(b)

The organization should implement a strategic plan that reflects the organization's financial position with respect to allocating the financial and workforce resources necessary to support accomplishment of the plan in those areas.

## 1.D. Input from Persons Served and Other Stakeholders

### Description

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

### Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

### Recommendations

There are no recommendations in this area.

### Consultation

- Leadership is encouraged to consider ascertaining satisfaction from landlords. This could include using surveys, occasionally bringing together a small group of landlords to share ideas, and/or creating a landlord advisory group, etc.

## 1.E. Legal Requirements

### Description

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

### Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

## Recommendations

There are no recommendations in this area.

## 1.F. Financial Planning and Management

### Description

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

### Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### Recommendations

There are no recommendations in this area.

## 1.G. Risk Management

### Description

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

### Key Areas Addressed

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

### Recommendations

#### 1.G.1.a.(2)

Although NCHP is well aware of risks and identifies them in a plan, it is recommended that the risk management plan for the organization include an analysis of loss exposure. Such analyses assist in determining what resources to allocate toward mitigation strategies.

## 1.H. Health and Safety

### Description

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

## Key Areas Addressed

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

## Recommendations

### 1.H.4.a.(5)

### 1.H.4.a.(6)

### 1.H.4.a.(8)

### 1.H.4.b.(5)

### 1.H.4.b.(6)

### 1.H.4.b.(8)

Training related to health and safety occurs at time of hire and annually on a set schedule at staff meetings and is evidenced by a good safety record. However, the organization should consistently provide documented competency-based training at orientation and at least annually in the areas of identification and reporting of critical incidents and reducing physical risks. Successful achievement of each competency could be documented in the personnel files or in a training record.

### 1.H.5.a.(4)

NCHP has readily available emergency procedures, which are customized to address each location. However, it is recommended that the organization implement written emergency procedures for utility failures.

### 1.H.7.a.(1)

### 1.H.7.a.(2)

### 1.H.7.b.

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

### 1.H.7.c.(2)

### 1.H.7.c.(3)

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

### 1.H.7.c.(5)

### 1.H.7.d.

An unannounced tests of each emergency test should be conducted at least annually on each shift and at each location that includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill. Each test should be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results and be evidenced in writing, including the analysis.

### 1.H.8.a.(1)

### 1.H.8.a.(2)

### 1.H.8.b.(1)

### 1.H.8.b.(2)

### 1.H.8.b.(3)

### 1.H.8.b.(4)

### 1.H.8.b.(5)

Because NCHP provides services in locations that are not owned/leased or controlled/operated by it, the organization is urged to implement written procedures that address safety at the service delivery site for persons served and personnel. The procedures should include consideration of any emergency procedures that may already

be in place at the service delivery site; the 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; and provisions for communication by personnel while providing services regarding decisions to continue or discontinue services.

**1.H.15.a.(1)**

**1.H.15.a.(2)**

**1.H.15.b.(1)**

**1.H.15.b.(2)**

**1.H.15.b.(3)**

The organization secures annual fire inspections for its locations; however, there is minimal evidence that these inspections are comprehensive. Comprehensive health and safety inspections should be conducted at least annually by a qualified external authority and result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations. Leadership is encouraged to contact the liability insurance carrier and request such an inspection from its risk management department.

**1.H.16.a.**

**1.H.16.b.**

**1.H.16.c.**

It is recommended that the organization implement written procedures concerning hazardous materials that provide for safe handling, storage, and disposal. Hazardous materials, even in solely office settings, could include items such as cleaning supplies, fluorescent lights, and other items often found in general office use.

**Consultation**

- Leadership is encouraged to develop a continuity of operations plan (COOP) to identify essential services and preplan related to how services would be continued in the event that one of the office locations was unable to be utilized for a period of time. The internet is a good resource for templates and guidance on what could be included in a COOP.
- It is suggested that emergency phone numbers be posted at each of the offices in addition to being listed in the emergency response binders at each location.
- It is suggested that the organization's written procedures regarding infections and communicable diseases reference procedures specific to a pandemic.

## **1.I. Workforce Development and Management**

### **Description**

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.

Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

### **Key Areas Addressed**

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

## Recommendations

### 1.I.1.

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

### 1.I.4.a.(1)(a)

### 1.I.4.a.(2)(a)

### 1.I.4.c.(1)

Although the organization implements written procedures that address verification of backgrounds of newly hired individuals, including criminal checks, employees hired before October, 2022, at which point NCHP engaged with an outside entity to complete background checks and have not had background screenings completed. It is recommended that the organization implement written procedures that address verification of backgrounds in the areas of criminal checks; the credentials of all applicable workforce (including licensure, certification, registration and education) with primary sources; and timeframes for verification of backgrounds, credentials, and fitness for duty, including prior to the delivery of services to the persons served or to the organization.

### 1.I.8.f.

The organization should implement written procedures for performance appraisal that address measurable goals.

## Consultation

- It is suggested that the organization analyze and differentiate between core competencies and essential functions. Core competencies are the skills and abilities that individuals need to perform their jobs effectively, while essential functions are the fundamental duties that an employee must be able to perform to carry out the job responsibilities. Such a differentiation is useful in customizing training and shaping employee development.

## 1.J. Technology

### Description

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

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

### Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

## Recommendations

1.J.2.a.(1)

1.J.2.a.(2)

1.J.2.b.(1)

1.J.2.b.(2)

1.J.2.b.(3)

1.J.2.b.(4)

1.J.2.b.(5)

1.J.2.b.(6)

1.J.2.b.(7)

1.J.2.c.(1)

1.J.2.c.(2)

1.J.2.c.(3)

1.J.2.c.(4)

1.J.2.c.(5)

1.J.2.c.(6)

1.J.2.d.

1.J.2.e.

1.J.2.f.

Although NCHP's use of technology is adequate to meet its current needs, it should implement a technology and system plan that is based on its current use of technology and data and identification of gaps and opportunities in the use of technology. The plan should include goals, priorities, technology acquisition, technology maintenance, technology replacement, resources needed to accomplish the goals, and timeframes. The plan should support the business processes of the organization, protection of sensitive data, efficient operations, effective service delivery, access to services, and performance improvement. It should align with the organization's strategic plan, be reviewed at least annually for relevance, and be updated as needed.

1.J.4.c.

Although there is documentation that the organization's procedures for business continuity/disaster recovery are tested, it is recommended that the test be evidenced in writing, including the analysis.

## Consultation

- Leadership is encouraged to review its current policies and procedures related to its use of technology to ensure all policies and procedures are current with practice.

## 1.K. Rights of Persons Served

### Description

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

### Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

### Recommendations

There are no recommendations in this area.

## 1.L. Accessibility

### Description

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

### Key Areas Addressed

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

### Recommendations

1.L.2.a.(1)

1.L.2.a.(2)

1.L.2.b.(1)

1.L.2.b.(2)

1.L.2.c.

Although the organization identified accessibility needs, it should implement an accessibility plan that includes, for all identified barriers, actions to be taken and timelines. The plan should be reviewed at least annually for relevance, including progress made in the removal of identified barriers and areas needing improvement. It should be updated as needed.

## 1.M. Performance Measurement and Management

### Description

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

The foundation for successful performance measurement and management includes:

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

### Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

## **Recommendations**

### **1.M.3.a.(4)**

It is recommended that NCHP implement a performance measurement and management plan that addresses identification of priority measures determined by the organization for business function objectives.

### **1.M.9.a.**

#### **1.M.9.b.(1)**

#### **1.M.9.b.(2)**

#### **1.M.9.b.(3)**

#### **1.M.9.b.(4)**

#### **1.M.9.b.(5)**

To measure its business function, it is recommended that NCHP document objectives in priority areas determined by the organization and for each objective, a performance indicator(s), including to what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or that is based on an industry benchmark.

## **1.N. Performance Improvement**

### **Description**

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

### **Key Areas Addressed**

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



## Recommendations

1.N.2.a.

1.N.2.b.

1.N.2.c.

1.N.2.d.(1)

1.N.2.d.(2)

1.N.2.e.(1)

1.N.2.e.(2)

1.N.2.e.(3)

1.N.2.f.(1)

1.N.2.f.(2)

1.N.2.f.(3)

1.N.2.f.(4)

The analysis of business function performance should be documented; be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan; address priority business function indicators determined by the organization; incorporate the characteristics of the persons served, if applicable, and impact of extenuating or influencing factors; and include comparative analysis, identification of trends, and identification of causes. The analysis should be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

1.N.3.b.(2)

It is recommended that the results of performance analysis be used to facilitate organizational decision making regarding business functions.

## Section 2. Quality Individualized Services and Supports

### Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

### 2.A. Program/Service Structure

#### Description

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

#### Key Areas Addressed

- Services are person centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders

- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

### **Recommendations**

There are no recommendations in this area.

## **2.B. Individual-Centered Service Planning, Design, and Delivery**

### **Description**

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affect the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

### **Key Areas Addressed**

- Services are person centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- Staff members are encouraged to familiarize themselves with the information provided titled, "Military Facts for Nonmilitary Social Workers" to learn more about the military culture of the veterans on their respective caseloads.

## **2.E. Community Services Principle Standards**

### **Description**

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

### **Key Areas Addressed**

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

### **Recommendations**

There are no recommendations in this area.

## **Section 4. Community Services**

### **Description**

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

## 4.T. Rapid Rehousing and Homelessness Prevention Program (RRHP)

### Description

Rapid rehousing and homelessness prevention programs are short-term crisis response programs for persons and households that are experiencing homelessness or are at imminent risk of homelessness. These programs engage in ongoing outreach activities to maximize opportunities for contact with persons who, without assistance, are likely to remain or become literally homeless. Interventions are designed to reduce barriers to housing and help persons served and their families rapidly exit homelessness and return to stable housing or maintain stable housing. The programs are knowledgeable about and link with community resources as desired by the persons served.

Incorporating a housing first approach, individualized, person-centered housing plans guide service delivery. Each person served participates in the development of a housing plan that considers the person's desired housing outcomes, barriers to housing, the need for financial assistance, and the financial resources available. As needed, the program offers education for the persons served on landlord-tenant relationships, self-advocacy, and rights and responsibilities as a tenant to support achievement of housing-specific goals. Personnel are trained in areas necessary to achieve the desired outcomes of persons served using a person-centered approach.

Key to the programs' ability to secure housing for persons with high housing barriers are recruitment and retention of landlords who are willing to offer flexibility in applying tenant screening criteria and rent to persons exiting or at imminent risk of homelessness. The programs work to maximize suitable housing options and to access and manage the available financial resources to facilitate rapid rehousing and/or reduce the risk of homelessness.

### Key Areas Addressed

- Outreach to persons in need of services
- Housing options optimized
- Persons most in need are prioritized
- Program works collaboratively with other community agencies
- No barriers to services
- Individualized housing plans
- Safe and secure housing
- Persons served exit homelessness

### Recommendations

There are no recommendations in this area.

# Program(s)/Service(s) by Location

## **National Community Health Partners**

501 North Florence Street, Suite 101  
Casa Grande, AZ 85122

Rapid Rehousing and Homelessness Prevention Program

## **National Community Health Partners**

255 West 24th Street, Suite 4  
Yuma, AZ 85364

Rapid Rehousing and Homelessness Prevention Program

## **National Community Health Partners**

1232 East Broadway Road, Suite 211  
Tempe, AZ 85282

Rapid Rehousing and Homelessness Prevention Program