

CARF Accreditation Report
for
Advocacy Links, LLC
One-Year Accreditation



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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.

Organization

Advocacy Links, LLC
56159 Riverdale Drive
Elkhart, IN 46514

Organizational Leadership

Heather Van Ness, Business Manager
Joy Greeney, Managing Member

Survey Number

194601

Survey Date(s)

October 2, 2025–October 3, 2025

Surveyor(s)

Tami Reuter, Administrative
Twyla R. Hodges, MA, Program

Program(s)/Service(s) Surveyed

Services Coordination

Previous Survey

November 7, 2022–November 8, 2022
Three-Year Accreditation

Accreditation Decision**One-Year Accreditation**

Expiration: November 30, 2026

Executive Summary

This report contains the findings of CARF's site survey of Advocacy Links, LLC conducted October 2, 2025–October 3, 2025. 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, Advocacy Links, LLC demonstrated conformance to many of the standards. Advocacy Links has tenured staff members who provide quality services to the youth served. The tenure of the organization's leadership is impressive and has helped provide stability during significant change to the organization's scope of work. Organizational stakeholders, specifically the youth and their guardians, expressed overall satisfaction with Advocacy Links' programs and services. Staff members are dedicated professionals who meet the needs of the youth served. While the organization conforms to many standards, significant gaps remain. Opportunities for improvement include the areas of leadership, strategic planning, financial planning and management, risk management, health and safety, technology, accessibility, performance measurement and management, and performance improvement.

Advocacy Links, LLC appears to have the capability and commitment to address the recommendations identified in this report. Advocacy Links, LLC is required to submit a post-survey Quality Improvement Plan (QIP) that addresses all recommendations identified in this report.

Advocacy Links, LLC has earned a One-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 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 Advocacy Links, LLC was conducted by the following CARF surveyor(s):

- Tami Reuter, Administrative
- Twyla R. Hodges, 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 Advocacy Links, LLC 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):

- Services Coordination

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 Advocacy Links, LLC demonstrated the following strengths:

- Advocacy Links has shown remarkable resilience. The organization's ability to maintain high-quality services, support staff well-being, and uphold its values during times of uncertainty speaks to its strength, stability, and unwavering focus on the youth served.
- A huge contributor to employee retention is the availability of ongoing support, whether via coworkers or leadership. Advocacy Links has created a supportive environment where staff members feel confident that the support of the team is always available should a challenging task arrive.
- Facilitators are challenged with the task of ensuring that families are able to achieve independence regarding the barriers their children experience within a fairly short timeframe. Facilitators are successful with this task due to the leadership, which always puts the youth first, provides professional development activities, and is encouraging and available.
- Parents of those receiving services love Advocacy Links and reported being empowered by wraparound services. One parent shared that she felt disheartened when a past therapist did not take what her child was experiencing seriously. The parent reported that the facilitator gave the family the confidence to walk away from this provider with the knowledge that there are options for better services available.
- A parent shared that it has been fantastic working with Advocacy Links. The parent stated that staff members go above and beyond and are nonjudgmental when seeing the family at its worst, meet the family at its level, and affirm that it is okay to cry. Another parent praised the facilitator for helping the family, including the other children in the home, identify what each member could do to support the youth served.

- Parents are empowered by knowing that their facilitators are always available, regardless of the time of day. Parents praised Advocacy Links for caring about the success of their children and being with them every step of the way. The result is that the families are confident in being able to handle challenges on their own when services end.
- Advocacy Links is distinguished by its team of highly trained and credentialed professionals who bring deep expertise. Many staff members have long tenures with the organization, reflecting a culture of dedication and purpose. Their passion is evident in every interaction and outcome.
- Advocacy Links demonstrates exceptional agility in responding to evolving community needs and service environments. Whether adapting to policy shifts, funding changes, or emerging needs, the organization consistently seeks effective solutions. This responsiveness ensures continuity of care and reinforces its commitment to innovation in 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, diversity, and inclusion
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

1.A.3.a.(1)

1.A.3.c.

1.A.3.e.

1.A.3.g.

Advocacy Links has narrowed its direction to serve youth aged six to 17. It is recommended that the identified leadership guide the establishment of the mission of the organization, achievement of outcomes in the programs and services offered, financial solvency, and ongoing performance improvement. It is suggested that Advocacy Links seek solutions to become financially solvent on an annual basis and explore ways to reduce its reliance on its line of credit.

1.A.5.a.(3)

1.A.5.b.(1)

1.A.5.b.(4)

1.A.5.b.(5)

1.A.5.b.(6)

1.A.5.b.(7)

1.A.5.b.(9)

1.A.5.c.

1.A.5.e.

Advocacy Links should implement a cultural competency, diversity, and inclusion plan that addresses other stakeholders; is based on consideration of the diversity of its stakeholders in the areas of culture, sexual orientation, spiritual beliefs, socioeconomic status, language, and other factors (as relevant); includes actions to be taken; and is updated as needed.

Consultation

- With continued staff changes, it is suggested that Advocacy Links update its organizational chart to reflect its current status.
- While Advocacy Links has a risk management plan, performance measurement and management plan, and technology plan, it is suggested that the entire leadership team take an active role in the development and implementation of the plans. The organization could explore ways to integrate discussions into monthly team meetings.

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.a.(3)

While the organization has implemented a strategic plan that it has been revising annually, it is recommended that the plan be developed with input from other stakeholders. This might be accomplished by specifically obtaining data from funding partners to understand demand needs in the marketplace.

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.

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.

Consultation

- Advocacy Links demonstrated a process to comply with mandatory employee testing when it was a requirement in the organization; however, now that this is no longer a requirement due to state licensing or other hiring practices, it is suggested that the organization update its documentation to reflect current practices.

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

1.F.4.d.

Advocacy Links reviews the status of its financial solvency with a few members of the organization; however, it is recommended that the organization more comprehensively review financial solvency, with the development of remediation plans if appropriate.

1.F.6.a.

1.F.6.b.(1)

1.F.6.b.(2)

1.F.6.b.(3)

1.F.6.b.(4)

The organization should conduct a documented review of a representative sample of bills of the youth served at least quarterly that addresses whether bills are accurate, trends, areas needing improvement, and actions to be taken.

1.F.8.a.

Advocacy Links obtained an annual review of its financial statements in 2024 and 2023 conducted by an independent accountant authorized by the appropriate authority; however, a review for 2022 could not be located. It is recommended that the organization consistently obtain an annual review or audit of its financial statements conducted by an independent accountant authorized by the appropriate authority.

Consultation

- While Advocacy Links has a performance measurement and management plan that includes a goal with projections to secure financial stability, it is suggested that the organization's financial planning and management activities be reviewed to better direct the financial needs of the organization.

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.(4)

1.G.1.a.(5)

1.G.1.a.(6)

1.G.1.a.(7)

Although Advocacy Links has a risk management plan, it is recommended that it include implementation of actions to reduce risk, monitoring of actions to reduce risk, reporting results of actions taken to reduce risks, and inclusion of risk reduction in performance improvement activities.

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.b.(6)

Personnel are scheduled to receive documented competency-based training at least annually; however, it is recommended that personnel receive documented competency-based training at least annually in reporting of critical incidents. It is suggested that a review of the trainings be completed to ensure that every employee receives every training each year. For example, abuse and neglect training was missing in Q2 of 2025 for one employee.

- 1.H.10.a.(7)
- 1.H.10.a.(8)
- 1.H.10.a.(9)
- 1.H.10.a.(10)
- 1.H.10.a.(11)
- 1.H.10.a.(12)
- 1.H.10.a.(13)
- 1.H.10.a.(17)
- 1.H.10.a.(18)
- 1.H.10.b.(1)
- 1.H.10.b.(4)
- 1.H.10.b.(5)

The role of Advocacy Links' staff members in critical incidents reporting and documenting by state definition with the wraparound service has shifted with the change in services provided. Advocacy Links has policies related to critical incidents that align with the state requirements. It is recommended that the organization implement written procedures regarding critical incidents that specify the following critical incidents: aggression or violence, the use and unauthorized possession of weapons, wandering, elopement, vehicular accidents, biohazardous accidents, unauthorized use and possession of legal or illegal substances, sexual assault, and overdose. Written procedures regarding critical incidents should include prevention, remedial action, and timely debriefings following critical incidents.

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

There are no recommendations in this area.

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.(2)

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.f.

It is recommended that the organization implement a technology and system plan that is based on identification of gaps and opportunities in the use of technology; includes priorities, technology acquisition, technology maintenance, technology replacement, resources needed to accomplish the goals, and timeframes; and is updated as needed.

1.J.4.a.

1.J.4.b.(1)

1.J.4.b.(2)

1.J.4.b.(3)

1.J.4.b.(4)

1.J.4.b.(5)

1.J.4.b.(6)

1.J.4.c.

Advocacy Links has a disaster recovery plan. It is recommended that a test of the organization's procedures for business continuity/disaster recovery be conducted at least annually; be analyzed for effectiveness, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, and necessary education and training of personnel; and be evidenced in writing, including the analysis.

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.b.(1)

1.L.2.b.(2)

1.L.2.c.

While Advocacy Links has an accessibility plan, it is recommended that the organization implement an accessibility plan that is reviewed at least annually for relevance, including progress made in the removal of identified barriers and areas needing improvement, and is updated as needed. The organization could include a review of this plan in a calendar of activities to be reviewed by senior staff members.

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.(2)(a)

1.M.3.a.(2)(b)

1.M.3.a.(2)(c)

1.M.3.a.(2)(d)

1.M.3.a.(2)(e)

1.M.3.a.(3)(a)

1.M.3.a.(3)(b)

1.M.3.a.(3)(c)

1.M.3.a.(3)(d)

1.M.3.a.(5)

1.M.3.a.(6)(a)

1.M.3.a.(6)(b)

1.M.3.a.(6)(c)

1.M.3.a.(7)

1.M.3.a.(9)(a)

1.M.3.a.(9)(b)

1.M.3.a.(9)(c)

1.M.3.a.(9)(d)

1.M.3.a.(9)(e)

1.M.3.c.

While the organization has a performance measurement and management plan with some characteristics of the youth and is partially reflective of Advocacy Links' effectiveness and service access, it is recommended that the organization implement a performance measurement and management plan that addresses, for each program/service seeking accreditation, the identification of measures for service delivery objectives, including (at a minimum) results achieved for the youth served (effectiveness), the experience of services received and other feedback from the youth served, experience of services and other feedback from other stakeholders, resources used to achieve results for the youth served (efficiency), and service access; the collection of data about the youth served at the beginning of services, appropriate intervals during services, the end of services, and point(s) in time following services; the extent to which the data collected measure what they are intended to measure (validity); the process for obtaining data in a consistent manner (reliability) that will be complete and accurate; extenuating and influencing factors that may impact results; and how data are collected, data are analyzed, performance improvement plans are developed, performance improvement plans are implemented, and performance information is communicated. The performance measurement and management plan should be updated as needed.

1.M.4.b.(1)

1.M.4.b.(3)

1.M.4.b.(5)

To measure its results achieved for the youth served, each program/service seeking accreditation is urged to document a performance indicator(s), including to whom the indicator(s) will be applied, the source(s) from which data will be collected, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.5.a.

1.M.5.b.(1)

1.M.5.b.(2)

1.M.5.b.(3)

1.M.5.b.(4)

1.M.5.b.(5)

In order to measure the experience of services received and other feedback from the youth served, each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom 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 the 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 is based on an industry benchmark.

1.M.6.a.

1.M.6.b.(1)

1.M.6.b.(2)

1.M.6.b.(3)

1.M.6.b.(4)

1.M.6.b.(5)

In order to measure the experience of services and other feedback from other stakeholders, each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom 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 is based on an industry benchmark.

1.M.7.a.

1.M.7.b.(1)

1.M.7.b.(2)

1.M.7.b.(3)

1.M.7.b.(4)

1.M.7.b.(5)

In order to measure the resources used to achieve results for the youth served (efficiency), each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom or 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, the 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 is based on an industry benchmark.

1.M.8.b.(1)**1.M.8.b.(3)****1.M.8.b.(5)**

To measure service access, each program/service seeking accreditation should document a performance indicator(s), including to whom or what the indicator(s) will be applied, the source(s) from which data will be collected, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.9.b.(1)**1.M.9.b.(3)****1.M.9.b.(5)**

To measure its business function, Advocacy Links should document, for each objective, a performance indicator(s), including to what the indicator(s) will be applied, the source(s) from which data will be collected, 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.M.10.

While training is provided in various capacities and forms at Advocacy Links, personnel should be provided with documented education and training in accordance with their roles and responsibilities for performance measurement and management.

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.1.a.

1.N.1.b.

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

1.N.1.c.(4)

1.N.1.c.(5)

1.N.1.d.(1)

1.N.1.d.(2)

1.N.1.e.(1)

1.N.1.e.(2)

1.N.1.e.(3)

1.N.1.f.(1)

1.N.1.f.(2)

1.N.1.f.(3)

1.N.1.f.(4)

It is recommended that the analysis of service delivery performance be documented; be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan; address service delivery indicators for each program/service seeking accreditation, including (at a minimum) results achieved for the youth served (effectiveness), experience of services received and other feedback from the youth served, experience of services and other feedback from other stakeholders, resources used to achieve results for the youth served (efficiency), and service access; incorporate the characteristics of the youth served and the impact of extenuating or influencing factors; include comparative analysis, identification of trends, and identification of causes; and 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.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)

It is recommended that the analysis of business function performance 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 youth served, if applicable, and the impact of extenuating or influencing factors; include comparative analysis, the identification of trends, and the identification of causes; and 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.a.
- 1.N.3.b.(1)
- 1.N.3.b.(2)
- 1.N.3.c.

It is recommended that the results of performance analysis be used to improve the quality of programs and services, facilitate organizational decision making regarding service delivery and business functions, and guide changes to the performance measurement and management plan.

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.

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.

2.F. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dietitians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
- Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.
 - Schools, work sites, libraries, community centers, and other community settings.
 - Congregate living, individual homes, and other residential settings.
- Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT
- Scope of ICT services

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.J. Services Coordination (SC)

Description

Services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful services coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing community services coordination. Such programs are typically provided by qualified services coordinators or by case management teams.

Some examples of the quality results desired by the different stakeholders of these services include:

- Access to a variety of services/supports.
- Access to choices of services.
- Individualized services to meet needs.
- Persons achieving goals.
- Persons achieving independence.
- Access to vocational training.
- Persons achieving employment.
- Access to career development.

Key Areas Addressed

- Goal-oriented and systematic process of advocacy
- Formation of linkages with community resources and services
- Coordination of services

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Advocacy Links, LLC

56159 Riverdale Drive
Elkhart, IN 46514

Services Coordination