CARF Accreditation Report

for

BeConnected Support Services Ltd.

Three-Year Accreditation

Contents

About CARF

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

The accreditation process applies CARF's internationally recognized standards during an on-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

BeConnected Support Services Ltd.
240-4243 Glanford Avenue
Victoria BC V8Z 4B9
CANADA

Organizational Leadership

Kristen L. Kay, B.A., B.S.W., R.S.W., Director of Programs and Service Quality
Rhonda L. Connell, B.Ed., Executive Director

Survey Date(s)

June 4, 2018–June 6, 2018

Surveyor(s)

William Sandonato, M.R.A., Administrative
Diane D. Nunn, M.S., B.A., Program
Kathryn M. Smallen, M.Ed., Program

Program(s)/Service(s) Surveyed

Community Housing
Host Family/Shared Living Services
Respite Services
Supported Living
Community Housing and Shelters (Children and Adolescents)
Respite (Children and Adolescents)

Previous Survey

Three-Year Accreditation
June 17, 2015–June 19, 2015

Accreditation Decision

Three-Year Accreditation
Expiration: June 30, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of BeConnected Support Services Ltd. conducted June 4, 2018–June 6, 2018. 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, BeConnected Support Services Ltd. demonstrated substantial conformance to the standards. BeConnected Support Services Ltd. (BSS) began providing services in 2002 and is recognized for its inspired, creative, and responsive service provision. Its longevity is attributed to being attuned to emerging and changing needs in the populous area, and it has proven to be a valued and resilient organization. The organization embraces a philosophy of providing stability, independence, and inclusiveness. These concepts are evident throughout the organization, included in policy and procedures, staff attitude, service provision, and outcomes for persons served. Additionally, staff members are committed to providing the highest quality of service to each individual, regardless of his or her challenges. The persons served are treated with dignity and respect by all staff providing services, and staff members have created positive relationships as they support the persons served. Persons served, family members, caregivers, and funding and referral sources express a high level of satisfaction with the services that are provided. BSS's preparation for the CARF survey evidences a highly valued process that is further reflected in the organization receiving no recommendations. This demonstration of its commitment to quality is commendable.

BeConnected Support Services Ltd. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement.

BeConnected Support Services Ltd. 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 BeConnected Support Services Ltd. was conducted by the following CARF surveyor(s):

- William Sandonato, M.R.A., Administrative
- Diane D. Nunn, M.S., B.A., Program
- Kathryn M. Smallen, M.Ed., 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 BeConnected Support Services Ltd. 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):

- Community Housing
- Host Family/Shared Living Services
- Respite Services
- Supported Living
- Community Housing and Shelters (Children and Adolescents)
- Respite (Children and Adolescents)

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 on-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 BeConnected Support Services Ltd. demonstrated the following strengths:

- The owner of the organization provides astute and focused leadership to the business functions of BSS and is also significantly involved in the delivery of services, demonstrating a clear and evident participatory approach. She appears to have the respect of the management team and the direct care staff members and is viewed as having a high level of integrity with the persons served, parents and guardians, and community stakeholders.

- The tenure of the leadership group and management staff speaks to their commitment to the organization's mission and vision. Members are dedicated to their work and provide strong supports. They appear to form a very cohesive team. The ideas and perspectives of more recently hired employees are also welcomed and continue to provide renewed energy to the organization. A promote-from-within philosophy is strongly evident by the number of staff members who start out with the organization in direct care and now have roles with substantial responsibility.

- All members of the administrative and program leadership are dedicated to ensuring that the organizational 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 to all employees.

- It is evident that BSS is a respected organization, has a positive image and reputation in its service delivery area, and is a valued member of the community. This is evidenced from stakeholder feedback. Of note is the feedback from representatives of the funding/referral sources. One interviewee stated, "They are my go-to organization." Another said, "They always find a way to make it work."

- Creativity abounds at BSS, and it is evidenced in many ways. Examples include innovative recruitment posters, use of colour and graphics in materials to make them eye catching, and extensive use of social media such as YouTube™. A particular example is the "BeConnected Wants You" poster, which lists "fun" as a quality being sought in new hires. The recruitment effort associated with this poster resulted in its display at gymnasiums, fitness clubs, etc., in order to recruit individuals with the desired characteristics.

- Written and web-based materials are of high quality, topical, and current. The organization is especially recognized for the use of social media and efforts to continually advance its use. Recently, a written analysis titled "Social Media and Electronics Communication Report" centred on not only what had been accomplished but the vision for future use of social media to support the organization's mission. The website is kept up to date, as evidenced by the fact that the CARF Exit Conference time and place were posted immediately when they were confirmed on the last day of the survey.

- BSS is fortunate to have an active family and friends group. The members ensure that they are available to provide input and support to the leadership and are responsive to the organization should the group or individual members be asked for assistance with projects and activities. Leadership has benefited from the input provided by the Family Council in enhancing service delivery to promote a high degree of satisfaction on the part of the persons served.

- Safety is an integral part of day-to-day operations at BSS and an area of strong emphasis. Excellent systems are in place to reinforce safe practices and a strong joint occupational health and safety committee carefully monitors any areas of concern and ensures that they are addressed.

- Schedules for respite services are created to best serve each child/youth and his or her family. The coordinator ensures that the family's needs are met, all children/youth in the home are compatible, and appropriate staffing is available. This has created an atmosphere of support and trust for all involved. Children/youth receiving this service have made progress toward goals that have enhanced their time with their family and friends.

- Persons are provided services in the respite program that meet the needs of the family oftentimes with very short planning periods. The coordinator and staff gather information regarding the person from all sources available; prepare a plan; and set up services that allow the individual to receive quality, safe services in a very short period of time.

- Staff members supporting children and youth are committed to providing the highest quality of service to each individual regardless of his or her challenges. The persons served are treated with dignity and respect by all staff members providing services, and staff members have created positive relationships with the persons served.

- BSS is resourceful in finding solutions to issues that arise with persons as they age, allowing them to remain in their home and maintain a good quality of life. One individual who became unable to walk was provided with a wheelchair elevator that allows him to leave his home and enjoy the outdoors and his community rather than move to another location. Additionally, the value of aging in place is apparent in the entire organization, allowing individuals to stay in their homes as they become adults, become fragile, or have life changes. This allows for stability for the persons served by maintaining a familiar environment, neighbourhood, staffing, and a good quality of life.

- BSS provides services to persons with extraordinary behavioural challenges. Environmental adaptations, staff training and mentoring, and compassion combine to provide services that encourage growth, are safe, and enhance the quality of life for all persons served.

- The organization is committed to recognizing cultural diversity in all areas. One of the core values of BSS is the recognition and appreciation for all cultural values of the staff and persons served. This is evidenced by the diverse workforce, the creation of individual home cultural statements, and the celebration of diversity.

- Persons served are supported in maintaining relationships with peers, friends, and family. Transportation is provided, outings are planned, and events are coordinated to ensure that persons served are able to connect with others of their choosing. These activities allow persons served to maintain their contacts with whom they have relationships.

- The parents and families of the youth receiving respite services are an integral part of the service planning process and the development of services. Their input is respected and used to create a positive plan and provision of quality services. This has created a smooth transition from home to respite, enabling growth and maintenance of skills.

- Staff and management providing services are enthusiastic, well trained, and committed to their jobs. They appear to function as a cohesive, person-centred, mission-driven team, often going the extra mile to ensure that each person served is provided the quality services for which the organization is known. Staff members express satisfaction with their jobs and the support they receive from all levels of the organization. They feel they are listened to, supported, and are provided with the tools they need to complete their jobs well. Many expressed their desire to remain in their positions as a career path.

- The respite homes are designed so that the living spaces for each person receiving services can be personalized before he or she arrives. This helps to create an environment that allows for a smooth and positive transition from his/her home to respite services.

- BSS is congratulated for the development and use of an end-of-life plan. As persons served near the end of their lives, this document provides a roadmap to document their wishes. The plan template has a section to document the persons' special memories, what they want before they pass, how they would like to be remembered, what should happen to their possessions, naming an advocate, identifying medical treatment choices, and identifying other things of importance. This plan is available to persons who desire end-of-life planning and has been beneficial to persons who have chosen to utilize it.

- The staff members are responsive to the needs of the persons served and their family members. This has fostered a level of trust that enhances the quality of life of individuals served. One parent commented that the home coordinator "leads an amazing team who have made us feel more secure than we have ever felt; she saved our family's life."

- The homes of persons served and the offices are attractive and well maintained. The homes are located in neighbourhoods in the community. It is evident that the persons served who live there and their staff members take pride in the homes. The person served selects how he/she will decorate his/her room with the assistance of staff, as needed. The records, medications, and other business materials are kept in such a manner that they are not intrusive to the home atmosphere.

- There is a high level of satisfaction with the services provided by the organization. The persons served, their families, and funders consistently spoke of the value of the services and of the dedication and skill of the staff members and administration. It is evident that input from all stakeholders is valued and utilized by the organization for continuous quality improvement.

- In Duncan, representatives from Community Living British Columbia shared that the organization is highly respected, responsive, and effective in providing services. The organization was acknowledged for its willingness to accept individuals with complex needs and for its creativity in providing care and opportunities. The willingness to serve anyone regardless of the complexity of the person's disability is noted as a strength in providing quality services.

- The host family program's excellent job of recruiting, matching, training, and supporting the individuals served and providers has resulted in strong and long-term relationships. The availability of management staff members to provide needed supports day and night results in positive outcomes for the individuals served.

- Since the last survey, BSS has expanded its services by adding a group home in Courtenay. This was done in response to the needs of a person served and her family. Creative staff scheduling was put in place to ensure that staff members familiar with the person were able to continue supporting her as she and her family desired. This has proven to be extremely valued by the family of this person.

BeConnected Support Services Ltd. also demonstrated exemplary conformance to the standards as set forth below. Recognition of exemplary conformance indicates a practice that produces outstanding business or clinical results and/or is innovative or creative and beneficial to be shared with the field.

- The organization is highly complimented for placing an extraordinary value on supporting persons served to develop and enhance their self-advocacy skills. Self Advocates for a Brighter Future (SABF) is the largest advocacy group on Victoria Island. SABF has expanded to the Duncan area with success. Both groups meet monthly and are highly valued by self-advocates. In addition, SABF sponsors a conference every three years that is open to all self-advocates in British Columbia. Of particular note is the Self Advocate Bingo Game (SANGO). SANGO was developed by the self-advocates to enhance people's knowledge of disability services and history. The game is made of bright colours and contains the question cards, bingo cards, a poster, and directions. As needed, the topics can change to address any topic pertinent to the group. The five topics cover topics such as history, institutions, and nutrition. Whenever the game is used, a member of the self-advocate group facilitates game play.
  (1.K.1.f.(3))

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. BeConnected Support Services Ltd. received no recommendations from this survey. This accomplishment is achieved on approximately 3 percent of CARF surveys.

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 non-conformance 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 an 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
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations
There are no recommendations in this area.

Consultation
- The organization is acknowledged for recently beginning to move to electronic records by utilizing ShareVision and is encouraged to continue that migration as a priority, including utilizing it for standardizing forms.

- The organization's cultural competency plan is thorough and actionable. It could be useful to have the plan "roll" instead of adding new objectives after each year's review.

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
- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

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

■ Ongoing collection of information from a variety of sources
■ Analysis and integration into business practices
■ Leadership response to information collected

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 all legal/regulatory requirements

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

■ Budget(s) prepared, shared, and reflective of strategic planning
■ Financial results reported/compared to budgeted performance
■ Organization review
■ Fiscal policies and procedures

- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

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

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations

There are no recommendations in this area.

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

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

There are no recommendations in this area.

Consultation

- The organization has chosen to conduct evacuation drills on the overnight shifts at the residences as desktop reviews and/or simulations. It is suggested that leadership evaluate each residential situation and, when feasible, conduct an actual evacuation drill on the overnight shift.

- Comprehensive health and safety inspections occur at least annually at each residential location by the licensing authority, and various inspections occur at the two office locations. It is suggested that the organization seek to have office inspections that are more comprehensive. A risk manager engaged by the organization's insurance provider is often an excellent resource for a more comprehensive report.

1.I. Human Resources

Description

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- The organization is encouraged to explore some of the available human resource information management systems to automate some HR functions and streamline the amount of paper documents in personnel files. In the interim, the organization could consider culling files of older documentation and destroying them, if appropriate, or creating an auxiliary file that can be archived.

- In addition to the current form utilized for evaluating contractor performance related to the elements of the contract, it is suggested that a distinct form be developed for contractors engaged specifically in providing community access.

- It is suggested that the organization consider creating an employee handbook that is separate from policies and procedures that provides employees a quick reference to the most salient policies and procedures that impact the rights and responsibilities that are inherent with employment at BSS.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

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

- Communication of rights
- Policies that promote rights
- Complaint, grievance, and appeals policy
- Annual review of complaints

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

- Written accessibility plan(s)
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

■ Proactive performance improvement
■ Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

Section 2. Quality Individualized Services and Supports

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-centred 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-Centred 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 affects his or her life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

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Key Areas Addressed

■ Services are person-centred 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.C. Medication Monitoring and Management

Key Areas Addressed

■ Current, complete records of medication used by persons served
■ Written procedures for storage and safe handling of medications
■ Educational resources and advocacy for persons served in decision making
■ Physician review of medication use
■ Training and education for persons served regarding medications

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.

Section 4. Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centred 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.E. Host Family/Shared Living Services (HF/SLS)

Description

Host family/shared living services assist a person served to find a shared living situation in which he/she is a valued person in the home and has supports as desired to be a participating member of the community. An organization may call these services a variety of names, such as host family services, shared living services or supports, alternative family living, structured family care giving, family care, or home share.

Getting the person in the right match is a critical component to successful host family/shared living services. The organization begins by exploring with the person served what constitutes quality of life for him/her and identifies applicant providers who are a potential match with the person's identified criteria. The person served makes the final decision of selecting his or her host family/shared living provider.

Safety, responsibility, and respect between or amongst all people in the home are guiding principles in these services. Persons are supported to have meaningful reciprocal relationships both within the home, where they contribute to decision making, and the community. The service provider helps the person served to develop natural supports and strengthen existing networks. Relationships with the family of origin or extended family are maintained as desired by the person served. The provider supports the emotional, physical, and personal well-being of the person.

Persons develop their personal lifestyle and modify the level of support over time, if they so choose. The provider encourages and supports the person served to make his or her own decisions and choices.

The host family/shared living provider does not necessarily have to be a family, as it could be an individual supporting the person. In this program description and these standards, provider refers to the individual(s) supporting the person served. Although the "home" is generally the provider's home or residence, it may also be the home of the person served.

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

- Quality of life as identified by the person served is enhanced.
- Increased independence.
- Increased community access.
- Persons served choose whom they will live with and where.
- Participation of the persons in the community.
- Community membership.
- Support for personal relationships.
- Increased natural supports.
- Strengthened personal networks.
- Supports accommodate individual needs.
- Persons feel safe.
- Persons feel that the supports they need/want are available.
- Persons decide where they live.
- Persons feel valued.
- Persons have meaningful relationships.
- Persons develop natural supports.
- Persons participate in their community.

Key Areas Addressed
- Appropriate matches of non-family participants with homes
- Contracts that identify roles, responsibilities, needs, and monitoring
- Needed supports
- Community living services in a long-term family-based setting
- Sense of permanency

Recommendations
There are no recommendations in this area.

4.F. Respite Services (RS)

Description

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate. An organization providing respite services actively works to ensure the availability of an adequate number of direct service personnel.

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

- Services/supports are responsive to the family's needs.
- Services/supports are safe for persons.
- Services/supports accommodate medical needs.

Key Areas Addressed

- Time-limited, temporary relief from service delivery
- Accommodation for family's living routine and needs of person served

Recommendations

There are no recommendations in this area.

4.H. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighbourhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

■ Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.
■ Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences in which Community Housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation decision as a site at which the organization provides a Community Housing program.

Key Areas Addressed
■ Safe, secure, private location
■ In-home safety needs
■ Options to make changes in living arrangements
■ Support to persons as they explore alternatives
■ Access as desired to community activities
■ System for on-call availability of personnel

Recommendations
There are no recommendations in this area.

4.I. Supported Living (SL)

Description
Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sampling of people receiving services/supports in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the survey application or identified as a site on the accreditation outcome.

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

- Persons served achieving choice of housing, either rent or ownership.
- Persons served choosing whom they will live with, if anyone.
- Minimizing individual risks.
- Persons served have access to the benefits of community living.
- Persons served have autonomy and independence in making life choices.

Key Areas Addressed

- Safe, affordable, accessible housing chosen by the individual
- In-home safety needs
- Support personnel available based on needs
- Supports available based on needs and desires
- Living as desired in the community
- Persons have opportunities to access community activities

Recommendations

There are no recommendations in this area.

2017 Child and Youth Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the philosophical foundation of child- and family-centred care practices must be demonstrated. Children/youths and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served. The persons served have the opportunity to transition easily through a system of care.

The guiding principles include:

- Child/youth and family driven services.
- Promotion of resiliency.
- Cultural and linguistic competence.
- Strengths-based approach.
- Focus on whole person in context of family and community.
- Trauma-informed, where applicable.

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.

The organization, where appropriate, provides information to the child/youth served and in collaboration with the parent and/or legal representative.

Child- and family-centred care includes the following:

■ Recognition that, when possible, the family is the constant in the child's/youth's life, while the service systems and personnel within those systems fluctuate.
■ Facilitation of family-professional collaboration at all levels of care.
■ Sharing of unbiased and complete information about a child's/youth's care on an ongoing basis, in an appropriate and supportive manner.
■ Implementation of appropriate policies and programs that are comprehensive and provide necessary support to meet the needs of children/youths and families.
■ Recognition of child/youth and family strengths and individuality and respect for different methods of coping.
■ Understanding and incorporating the developmental needs of children/youths and families into service systems.
■ Assurance that the design of health and social service delivery systems is flexible, accessible, and responsive to the needs of children/youth and families.

Key Areas Addressed

■ Written plan that guides service delivery
■ Team member responsibilities
■ Developmentally appropriate surroundings and equipment
■ Crisis intervention provided
■ Medical consultation
■ Services relevant to diversity
■ Collaborative partnerships
■ Child/youth/family role in decision making
■ Policies and procedures that facilitate collaboration
■ Coordination of services for child/youth
■ Qualifications and competency of direct service staff
■ Family participation
■ Team composition/duties
■ Relevant education
■ Clinical supervision
■ Assistance with advocacy and support groups
■ Effective information sharing
■ Arrangement or provision of appropriate services
■ Gathering customer satisfaction information

Recommendations

There are no recommendations in this area.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centred assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, his or her family or significant others, or from external resources.

Key Areas Addressed

- Policies and procedures defining access
- Waiting list criteria
- Orientation to services
- Primary assessment
- Interpretive summary

Recommendations

There are no recommendations in this area.

2.C. Individualized Plan

Description

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of the individualized plan. The individualized plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served, as well as identified challenges and problems. Individualized plans may consider the significance of traumatic events.

Key Areas Addressed

- Participation of child/youth in preparation of individual plan
- Components of individual plan
- Co-occurring disabilities/disorders
- Content of program notes

Recommendations

There are no recommendations in this area.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, reunification, re-entry in a juvenile justice system, or transition to adulthood.

The transition plan is a document that is developed in collaboration with and for the person served, family, and other interested persons who have participated with the individual in services. It is meant to be a plan that the person served uses when leaving the program to identify important supports and actions to prevent the need to return to the program or other higher level of care.

A discharge summary is a document written by the program when the person leaves the program and includes information about the person's progress while in the program, including the completion of his or her goals. It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, transition services are critical for the support of the individual's ongoing well-being. The organization proactively attempts to contact the person served after formal transition or discharge to gather needed information related to his or her postdischarge status.

The transition plan and/or discharge summary may be included in a combined document or as part of the individualized plan as long as it is clear whether the information relates to a transition or discharge planning.

Key Areas Addressed
- Transition/discharge planning
- Components of transition plan
- Follow-up after program participation

Recommendations
There are no recommendations in this area.

2.E. Medication Use

Description
Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviours, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self-administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self-administered by the person served.

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and closely observing the person served self-administering the medication.

Self-administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time. These standards are applied regardless of whether the prescriber is employed directly by the organization or works under contract.

Key Areas Addressed

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

2.F. Nonviolent Practices

Description

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in child and youth services, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behaviour. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behaviour or injury to others, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioural healthcare setting.

Key Areas Addressed
- Training and procedures supporting nonviolent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

Recommendations

There are no recommendations in this area.

2.G. Records of the Person Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed
- Authorization for release of information
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Review

Description

The program has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the program in improving the quality of services provided to each person served.

Key Areas Addressed

- Focus of quarterly review
- Use of information from quarterly review

Recommendations

There are no recommendations in this area.

Section 3. Core Program Standards

3.U. Respite

Description

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of providing for the needs of the person served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate.

Respite services may be planned or unplanned and may provide services of a short duration, such as respite for medical appointments, or longer duration, such as vacation or emergency coverage. Respite programs are not an alternative for placement.

Key Areas Addressed

- Ongoing communication
- Timelines

Recommendations

There are no recommendations in this area.

Section 4. Core Residential Program Standards

4.A. Community Housing and Shelters

Description

Community housing or shelters address the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the type of housing in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing or shelters are provided in partnership with individuals and may include housing for family members as well as the child/youth served. These services are designed to assist the persons served to achieve success in and satisfaction with community living. These programs may provide reunification services with the child/youth served and his or her family. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing or shelter programs may be referred to as runaway or youth shelters, domestic violence or homeless shelters, safe houses, youth intensive stabilization homes, intake shelters, supervised independent living, maternity homes, halfway houses, or recovery homes. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or congregate or other residential facilities. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighbourhoods in terms of size and number of residents.

Community housing may include:

■ Temporary shelters or emergency residences.
■ Transitional living that provides interim supports and services for youth aging out of child welfare services, persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless.
■ Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a community housing program.

Key Areas Addressed

■ Components of community living
■ Safety needs of child/youth
■ Procedures for transition
■ Individual plan

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

BeConnected Support Services Ltd.

240-4243 Glanford Avenue
Victoria BC V8Z 4B9
CANADA

Host Family/Shared Living Services
Supported Living

BeConnected Support Services Ltd. - Duncan

321 Festubert Street
Duncan BC V9L 3T1
CANADA

Administrative Location Only

Carey House

4241 Carey Road
Victoria BC V8Z 4H1
CANADA

Community Housing

Forrester House

1998 Forrester Street
Victoria BC V8R 3H1
CANADA

Community Housing

Highrock House

943 Shearwater Street
Victoria BC V9A 4V3
CANADA

Community Housing and Shelters (Children and Adolescents)
Respite (Children and Adolescents)

Hybury House

4425 Majestic Drive
Victoria BC V8N 3H6
CANADA

Community Housing

Onyx House

1725 Pearl Street
Victoria BC V8R 2Z4
CANADA

Community Housing
Respite Services

Parkside House

1740 Feltham Road
Victoria BC V8N 2A3
CANADA

Community Housing
Respite Services

Pearl House

1727 Pearl Street
Victoria BC V8R 2Z4
CANADA

Community Housing

Prairie House

1531 Prairie Street
Victoria BC V8N 4P4
CANADA

Community Housing

Shearwater House

941 Shearwater Avenue
Victoria BC V9A 4V3
CANADA

Respite (Children and Adolescents)

Tamarack House

390 Tamarack Road
Victoria BC V9B 2R3
CANADA

Community Housing

The Heights

1236 Mariposa Avenue
Victoria BC V8Z 6P4
CANADA

Community Housing

Valley House

1635 Valley Crescent
Courtenay BC V9N 3W2
CANADA

Community Housing