



CARF Accreditation Report for BeConnected Support Services Ltd.

Three-Year Accreditation



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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 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

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

Organizational Leadership

Kristen L. Kay, BA, BSW, RSW, Director of Programs and Service Quality
Rhonda L. Connell, BEd, CEO

Survey Number

142882

Survey Date(s)

June 17, 2021–June 18, 2021

Surveyor(s)

Yolanda Jenkins, MS, LMSW, CAADC, Administrative
Peggy Caldwell, Program
William L. Mulkey, MA, NCC, LPC, LPCS, 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

June 4, 2018–June 6, 2018
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: June 30, 2024

Executive Summary

This report contains the findings of CARF's site survey of BeConnected Support Services Ltd. conducted June 17, 2021–June 18, 2021. 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 has put a considerable amount of time and resources into the pursuit of international accreditation. The organization is creating a solid infrastructure to mitigate silos and facilitate teamwork in order to meet the needs of the persons served. The staff members embody the mission, and the organization is intentional in the services that it offers. Leadership and staff members demonstrate insight into their own strengths and challenges. Exceptional leadership and staff members have created a culture of accountability, transparency, and trust. Staff members are compassionate and skilled, and they are committed to the organization's model, values, and mission to provide quality services in a supportive, encouraging, nurturing, and accessible environment. Staff members are hardworking and dedicated to the advancement of persons served with barriers to housing, inclusion, and independence. BeConnected has developed many solid relationships that benefit persons served, which is evidenced by the collaborative and cooperative work culture. Senior leadership members are experts in their respective disciplines. The CEO started with one contract, and many of the organization's founders still work for the organization today. Strong ethical standards and a philosophy to do the right thing are evident, even in the newer professional staff members. Strategic preparations are underway to expand services, and the organization appears to be financially solid through astute management, strong policies and procedures, and fiscal insight. Health and safety measures are extensive and have resulted in no active COVID-19 cases during the pandemic. The organization continually assesses barriers and is well prepared to address risks. No areas for improvement were identified during this survey, and the organization welcomed consultation regarding enhancements to already high-quality practices and processes.

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):

- Yolanda Jenkins, MS, LMSW, CAADC, Administrative
- Peggy Caldwell, Program
- William L. Mulkey, MA, NCC, LPC, LPCS, 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 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:

- BeConnected is positioning itself to be a model organization. It accepts hard-to-place persons and has shown success. The leadership team members present a positive attitude, have earned and continue to build trust, exhibit integrity, make time for employees, and learn about employees and persons served. They have created a culture that offers support and encouragement to persons served, personnel, and other stakeholders.
- BeConnected is led by highly competent and experienced leaders that are approachable and decisive on matters affecting services and business operations. The CEO and senior leadership team have led the organization to service growth during challenging times with innovation; continuous advocacy; and constant monitoring of input and ideas from persons served, personnel, and other stakeholders. Over the past three years (and despite the COVID-19 pandemic), funding appears to have increased, and the organization appears to remain fiscally stable.
- BeConnected has embraced a culture of dignity and respect for staff members and persons served. This is evident in the quality of relationships reported and observed between staff members and persons served and among the staff members themselves. There is also a vision articulated by the leadership.
- Leadership and staff members consistently demonstrate many creative ways to assist persons served achieve success. Leadership and staff members have an open and welcoming door to persons seeking services.
- The organization has an excellent reputation in the community, which creates opportunities for community partnerships that further the organization's mission. Funders and other stakeholders expressed a high level of satisfaction with the services provided and were particularly pleased with the quality and level of support. Additionally, BeConnected is a good steward of public resources.
- BeConnected has knowledgeable, compassionate, and resourceful staff members. Staff members reported that they feel supported by their supervisors and their fellow staff members. They reported that the greatest part of working for BeConnected is that the organization believes in enhancing the lives of the persons served and its staff members. Staff members also reported a high level of job satisfaction and feel that they are fulfilling the mission of providing excellent services.
- BeConnected is commended for supporting persons with significant needs. The organization is able to think outside the box and provide an environment that is safe for everyone in the home while allowing the persons served to live a quality life in the community. Additionally, the organization has staff members that are skilled in supporting people with many underlying issues not related to their primary diagnoses, such as substance abuse.
- The homes of the persons served are attractive, are well maintained, and fit nicely in the neighbourhood in which they are located. It is evident that the persons served and staff members take pride in the homes. The bedrooms are decorated by the persons served with help from staff members, as needed, and clearly identify the preferences of the persons served.
- Family members reported a high level of satisfaction with the leadership and staff members. They feel that their issues and concerns are listened to and acted on, when necessary. Family members are grateful for the services provided to their family members, and they are confident and comfortable in how their family members are treated.
- The staff members display compassion toward the persons served, their team, and other stakeholders. Staff members are also zealous about the services provided, which is reflected in their work, how they describe the organization, and their dedication to the specialized population of persons served.
- The organization is applauded for its impressive attention to the persons served and its work within the community. BeConnected has continued to strive toward excellence during the current COVID-19 pandemic and ensure that the persons served and their families continue to receive uninterrupted services.

- In relation to children and youth services, BeConnected continues to be the leading provider of services in the area, and, more important, the organization has been a positive catalyst for improvement in the lives of the persons served and their families.
- The staff members are very knowledgeable about current treatment modalities and proven practices within their respective fields and display a perceptible avidity to continue to grow as professionals. The staff members desire to be leaders in the field within British Columbia and Canada, which is evident in their herculean efforts at all levels and how services are provided.

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 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-centred philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- Leadership could include more information on trauma-informed practices and integrate trauma-informed principles throughout its system of care. The Substance Abuse and Mental Health Services Administration (SAMHSA) website has a plethora of free information. Additionally, it is suggested that leadership ensure that vicarious and secondary trauma is addressed for staff members.

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

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

- Collection of input
- 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.

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
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

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

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization consider relocating the first aid kits to a location that is accessible to all staff members. In some locations, the kits are stored at a height that may be difficult to reach during an emergency situation. Having the kits located at a height that is easily accessible could prove to be expeditious during an emergency and could decrease the liability of a possible slip/fall hazard from using a stool to reach the kit.

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 behavioural 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 centre on enhancing the lives of persons served.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Retaining staff is a challenge that is seen nationally, and it is suggested that BeConnected encourage self-care for its employees. This could include allowing all staff members a self-care day, promoting a self-care week, providing healthy foods, providing a prize for a staff member that comes up with a self-care idea while at work, having a yoga instructor come in, or having a volunteer massage therapist come in.

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
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- BeConnected is encouraged to look at ways to enhance operations with the use technology. Technology could maximize the productivity of some positions, minimize downtime, and improve workplace productivity and the ability to work smarter in some areas. The organization is encouraged to sustain some of the uses of technology implemented during the COVID-19 pandemic that proved to be successful (such as virtual meetings).

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

There are no recommendations in this area.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

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 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 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 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 medications 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 the person 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, which are provided under a contract or written agreement with the host family/shared living provider, 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 the individual and identifies applicant host family/shared living providers who are a potential match with the person's identified criteria. The person served makes the final decision of selecting a 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 in the community. The host family/shared living 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 host family/shared living provider encourages and supports the person served to make 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. Although the "home" is generally the host family/shared living 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
- Support to persons as they explore alternatives
- In-home safety needs
- Access as desired to community activities
- Options to make changes in living arrangements
- 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 sample 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
- Supports available based on needs and desires
- In-home safety needs
- Living as desired in the community
- Support personnel available based on needs
- Persons have opportunities to access community activities

Recommendations

There are no recommendations in this area.

2020 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/youth 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(s) 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/youth 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/youth 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.

Consultation

- One family suggested that the organization consider creating an introductory video for potential persons served and their parents/guardians about what is to be expected while residing at one of the homes. Such a video could assist in alleviating the concerns and apprehensions that many parents experience when their children move into a residential placement. The organization might specifically consider those persons who may be non-verbal or who respond better to visual displays of information versus written documentation.

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 the person's 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, the person's family or significant others, and external resources.

Key Areas Addressed

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

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 (planned or unplanned) and includes information about the person's progress while in the program, including the completion of 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 program takes a proactive approach to follow-up with persons served after discharge to gather information related to their post discharge status and to assist in determining the effectiveness of services and whether additional services were or are currently needed.

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 controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviours, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. 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, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and non-prescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or pre-packaged medication dose 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/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs

- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

Recommendations

There are no recommendations in this area.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self-direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviours. Personnel are trained to recognize and respond to these behaviours through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, 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.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space 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 only if freedom to leave the segregated room or space is denied.

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 as an immediate response to a dangerous behaviour. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
 - Briefly holding a person served, without undue force, for the purpose of comforting the individual or to prevent self-injurious behaviour or injury to others.
 - Holding a person's hand or arm to safely guide the individual from one area to another or away from another person.
 - Security doors designed to prevent elopement or wandering.
 - Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel.
- When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioural healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behaviour. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

- Policy addressing how the program will respond to unsafe behaviours of persons served
- Competency-based training for direct service personnel on the prevention of unsafe behaviours
- Policies on the program's use of seclusion and restraint, if applicable
- Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
- Plan for elimination of the use of seclusion and restraint, if applicable
- Written procedures regarding orders for and the use of seclusion and restraint, if applicable
- Review and analysis of the use of seclusion and restraint, if applicable

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 children/youth served and their families. 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
- Procedures for transition
- Safety needs of child/youth
- 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

Host Family/Shared Living Services
Supported Living

Carey House

4241 Carey Road
Victoria BC V8Z 4H1
CANADA

Community Housing

Forrester House

1998 Forrester Street
Victoria BC V8R 3H1
CANADA

Community Housing

Hedgerow House

11299 Hedgerow Drive
North Saanich BC V8L 5S3
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

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

Community Housing and Shelters (Children and Adolescents)
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