CARF Accreditation Report

for

PLEA Community Services Society of British Columbia

Three-Year Accreditation

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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

PLEA Community Services Society of British Columbia
3894 Commercial Street
Vancouver BC V5N 4G2
CANADA

Organizational Leadership

Mike Jeffreys, Senior Program Director

Survey Date(s)

February 21, 2018–February 23, 2018

Surveyor(s)

James Haughey, Ed.D., Administrative
Debbie J. Sirk, M.P.A., CLC, Program
Karen L. Hamdon, Program
David Kamnitzer, LCSW-R, Program
Linda Siino, M.S.W., Program

Program(s)/Service(s) Surveyed

Community Youth Development (Children and Adolescents)
Community Youth Development (Juvenile Justice)
Counselling/Outpatient (Children and Adolescents)
Detoxification/Withdrawal Support (Juvenile Justice)
Promotion/Prevention (Children and Adolescents)
Residential Treatment (Juvenile Justice)
Specialized or Treatment Foster Care (Children and Adolescents)
Specialized or Treatment Foster Care (Juvenile Justice)
Support and Facilitation (Children and Adolescents)
Host Family/Shared Living Services
Governance Standards Applied

Previous Survey

Three-Year Accreditation
March 3, 2015–March 5, 2015

Accreditation Decision

Three-Year Accreditation
Expiration: March 31, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of PLEA Community Services Society of British Columbia conducted February 21, 2018–February 23, 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, PLEA Community Services Society of British Columbia demonstrated substantial conformance to the standards. PLEA demonstrates its ongoing commitment to providing quality care, as evidenced by the commitment of the leadership and staff members to quality improvement and being a data-driven organization. Opportunities for improvement are identified in the recommendations in this report in the areas of human resources; program/service structure; screening and access to services; person-centred planning; transition/discharge; records of the person served; quality records review; community youth development; counselling/outpatient; promotion/prevention; residential treatment; specialized or treatment foster care; juvenile justice; individual-centred service planning, design, and delivery; and host family/shared living services. The organization demonstrates the willingness and ability to use its resources to address these areas, as demonstrated by the resources the organization devotes to quality management.

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

PLEA Community Services Society of British Columbia 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 PLEA Community Services Society of British Columbia was conducted by the following CARF surveyor(s):

- James Haughey, Ed.D., Administrative
- Debbie J. Sirk, M.P.A., CLC, Program
- Karen L. Hamdon, Program
- David Kamnitzer, LCSW-R, Program
- Linda Siino, M.S.W., 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 PLEA Community Services Society of British Columbia 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 Youth Development (Children and Adolescents)
- Community Youth Development (Juvenile Justice)
- Counselling/Outpatient (Children and Adolescents)
- Detoxification/Withdrawal Support (Juvenile Justice)
- Promotion/Prevention (Children and Adolescents)
- Residential Treatment (Juvenile Justice)
- Specialized or Treatment Foster Care (Children and Adolescents)
- Specialized or Treatment Foster Care (Juvenile Justice)
- Support and Facilitation (Children and Adolescents)
- Host Family/Shared Living Services
- *Governance Standards Applied*

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 PLEA Community Services Society of British Columbia demonstrated the following strengths:

- The organization has an excellent reputation among stakeholders. It has established very positive relations with other collateral providers in the community. Most recently, the organization has been firmly committed to partnering with other providers who also provide integrated care and holistic services.
- The organization has a great collaboration with the Ministry of Child and Family Development, which helps the organization meet its goal of addressing the needs of the persons served.
- A board member, who used to be part of the payer system, describes the board as being committed to "making things happen for the kids."
- The organization's specialized foster care unit is commended for its creative planning and activities, including wilderness outings, photography workshops, scrapbooking, and other healing through the arts programming.
- It is evident that the staff members in the residential programs at Waypoint Centre and Daughters & Sisters Centre are firmly committed to a harm reduction and strengths-based approach to care.
- Staff members throughout the organization are commended for their compassionate approach to care, their dedication to the organization's mission, and for consistently going above and beyond.
- The organization is commended for its strong commitment to cultural competence. There are many examples of staff tuning into the unique needs of the LGBTQ communities and well as the indigenous population.
- The organization has developed very positive relations with local community boards. There are many staff members throughout the organization who regularly communicate with teachers. This is quite prominent in the residential programs, youth development, and specialized foster care.
- The justice-involved programs play a huge role in advocacy. The management staff members are firmly committed to the needs of the participants and have a very good understanding of trauma and the underlying issues that often lead to criminogenic behaviour.
- Staff members throughout the organization continually engage in recruitment activities that involve seeking caregivers for youth. Staff members have a very good sense of the needs of some very complex children and have done a remarkable job matching youth to caregivers.
- Staff members at the organization are invested in research and outcomes-oriented work. At present, there are multiple projects that are being explored. The organization has relations with academic institutions and research institutes. Additionally, PLEA is highly sought out by students who need to complete their practicums in social work or human services.
- Happy employees who love what they do and the organization they work for have said, "PLEA is known as the best agency in the lower mainland, that's why I wanted to work here" and "There are so many opportunities to move and grow with the organization."
- PLEA has a wellness fund that provides $100 for each employee for self-care activity. PLEA wants to ensure that its employees are taking care of themselves by either going to the gym, getting a massage, or whatever they want with the $100 as long as it is used for self-care.
- Staff members are dedicated professionals who display genuine care and support for children, youth, and families they serve. This is demonstrated in the quality and consistency of the work done and in the organization’s compassionate approach. The staff members clearly feel that they are a part of the programs and are contributors to the development of the organization. They share a strong sense of pride in the work and the organization.

- PLEA has many professionals who are leaders within their own fields and have an enthusiasm for serving either their programs or children, which in return builds a positive environment and outcomes for the participant. The trauma-informed training is exceptional and is much needed for all personnel of the organization to assist with the services that are provided.
- PLEA has a number of memorable success stories that demonstrate the benefits and amazing accomplishments children and youth achieve as a result of the caring staff, involved leadership, strong programming, and vast array of activities.
- PLEA provides services to a challenging population that is often considered difficult to care for and provide treatment for and that has limited access to extended treatment resources. PLEA is commended for assisting these youth and adolescents and enhancing their lives and providing them with much-needed services.
- The leadership serves as a source of inspiration to personnel in shaping a programmatic culture of compassion and respect for the professional excellence, which strengthens the programs.
- Youth served in the programs categorically stated that they have benefited from the services provided. One young woman stated, "It's so, so good that I want to become a Child Development Worker." Youth have clear goals and can articulate the steps to necessary to achieve those goals.
- The organization is well connected to multiple community resources. Participants stated that PLEA has set the bar very high for support services. The organization has built strong relations with the police and probation sectors in their communities.
- The programs are innovative and constantly thinking outside the box in finding ways to meet and serve the youth and families where they are. This is evidenced in the community youth development programs, such as the green house, lawn keeping, and bicycle repair programs just to name a few.
- This organization works with hard to serve high-risk youth, often being called upon by external regions to assist in developing specialized plans for their clients.
- Youth reported that PLEA program staff often go above and beyond what is required of them to ensure that the youth are safe. One youth reported that this has saved her life on more than one occasion.
- The organization has established a partnership and positive relationship with a local pharmacy that provides consistent and reliable service for participants. By developing the partnership, the pharmacists provides supports and consultation as needed to PLEA staff members as well as developing training for the staff.
- Host family providers are often professionals in the healthcare field who provide excellent and caring service for participants.
- The homes that host family participants reside in are attractive, clean, and well-maintained homes. When appropriate, some residents enjoy suites where they can enjoy privacy and accommodations for meal preparation to increase their sense of independence.
- The organization provides transitional services for host family participants, such as art classes and School of Rock, which aim to foster socialization, community inclusion, and leisure skills. The aim is to promote community membership for offering opportunities for individuals to participate with the broader community.

Opportunities for Quality Improvement

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

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

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate 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.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review

of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
- Board composition, selection, orientation, development, assessment, and succession
- Board leadership, organizational structure, meeting planning, and management
- Linkage between governance and executive leadership
- Corporate and executive leadership performance review and development
- Executive compensation

Recommendations

There are no recommendations in this area.

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.

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

1.I.6.b.(4)(a)
1.I.6.b.(4)(b)
It is recommended that the organization's performance management include performance evaluations for all personnel directly employed by the organization that are used to assess performance related to objectives established in the last evaluation period and to establish measurable performance objectives for the next year.

1.I.7.c.
It is recommended that the organization's review of all contract personnel utilized by the organization ensure that they conform to the CARF standards applicable to the services they provide.

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

1.K.1.c.(2)
It is recommended that the organization specify in its participant rights policy and procedure that individuals will be free from financial and other forms of discrimination.

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

1.M.3.d.(2)(c)
It is recommended that the data collected by the organization be used to set, for each program seeking accreditation, written service delivery performance targets.

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. 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

2.A.13.a.
2.A.13.b.
It is recommended that, when the program is identified as a treatment program, it identify treatment modalities and the credentials of staff qualified to provide treatment.

2.A.21.b.
2.A.21.g.(1)
2.A.21.g.(3)
2.A.21.g.(5)
It is recommended that documented ongoing supervision of direct service personnel address the ability to recognize risk factors for suicide and other dangerous behaviours and take appropriate actions according to their role and address issues of ethics, boundaries, and secondary trauma.

2.A.26.a.
2.A.26.b.
It is recommended that, when needed, assistive technology be used and reasonable accommodations be made in the development of services and supports and the ongoing provision of services.

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

2.B.1.c.(3)
It is recommended that the program consistently implement policies and written procedures that include exclusionary or ineligibility criteria.

2.B.12.a.(2)(a)
2.B.12.a.(2)(b)
2.B.12.a.(9)
2.B.12.a.(10)(a)
2.B.12.a.(10)(b)
2.B.12.a.(11)
2.B.12.a.(12)
2.B.12.a.(13)
2.B.12.a.(16)(a)(i)
2.B.12.a.(16)(a)(ii)
2.B.12.a.(16)(b)
2.B.12.a.(21)
2.B.12.a.(22)(a)
2.B.12.a.(22)(b)
2.B.12.a.(22)(d)
2.B.12.a.(24)
2.B.12.a.(25)(a)
2.B.12.a.(25)(b)
2.B.12.a.(26)(a)
2.B.12.a.(26)(b)(ii)
2.B.12.a.(26)(b)(iii)
2.B.12.a.(27)(a)
2.B.12.a.(27)(b)
2.B.12.a.(27)(c)
2.B.12.a.(28)
2.B.12.b.(1)
2.B.12.b.(2)
2.B.12.b.(3)
2.B.12.b.(4)
2.B.12.b.(5)
2.B.12.b.(6)
2.B.12.b.(7)
2.B.12.b.(8)
2.B.12.b.(11)
2.B.12.b.(12)
2.B.12.b.(14)(b)
2.B.12.b.(14)(c)
2.B.12.b.(15)
2.B.12.b.(16)
2.B.12.b.(17)

It is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centred plan for each person served, including information about the individual's: urgent needs, including suicide and violence risk; gender identity; developmental history, including prenatal exposures and milestones; culture; ethnicity; spiritual beliefs; language functioning, including speech and hearing and visual functioning; sexual orientation; gender expression; incidents of abuse, neglect, and trauma; immunization record; medication use profile, including prescription and non-prescription drugs, efficacy of medication, and allergies or adverse reactions; mental health status, including current level of functioning and current behaviour of concern, including fire setting and cruelty to animals; education experiences, including placement, performance, and learning abilities; and environmental surroundings. The assessment should also include the family's presenting problems, strengths, needs, abilities, preferences, culture, ethnicity, spiritual beliefs, medical history and current status, behavioural health history, history of neglect and trauma, educational history and functioning, employment history, and financial status.

2.B.14.b.(3)(b)
It is recommended that the primary assessment result in the preparation of an interpretive summary that identifies any ecological factors that should be addressed in the development of the individualized plan.

Consultation

- It is suggested that the organization develop a consistent method of documenting the orientation of persons served to demonstrate and ensure that all elements are covered.

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

2.C.2.a.(1)
2.C.2.b.(5)
2.C.2.b.(7)
It is recommended that the individualized plan include goals that are expressed in the words of the participants and specific service objectives that are measurable and time specific.

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

2.D.4.a.
2.D.4.b.(1)
2.D.4.b.(2)
2.D.4.b.(3)
2.D.4.b.(4)
2.D.4.b.(5)
2.D.4.c.(1)
2.D.4.c.(2)
2.D.4.c.(3)
2.D.4.d.(1)
2.D.4.d.(2)
2.D.4.d.(3)
2.D.4.d.(4)
2.D.4.d.(5)(a)
2.D.4.d.(5)(b)
2.D.4.d.(5)(c)
2.D.4.d.(6)
2.D.4.d.(7)
It is recommended that the written transition plan be prepared or updated to provide a seamless transition when a participant is transferred to another level of care, another component of care, an aftercare program, or prepares for reunification or a planned discharge and be developed with the input and participation of the participant; the family/support system, when applicable and permitted; personnel; the referral source, when appropriate and permitted; and other community services, when appropriate and permitted. The plan should identify the person's current well-being, gains achieved, and need for support systems or other types of services that will assist in continuing his or her well-being or community integration and include educational status; educational goals; when applicable, employment preparation and career planning; a housing plan for youths making the transition to independence; information on the person's health needs, including physical, behavioural, and medications, when applicable; referral source information; and communication of information on options available if additional services are needed.

2.D.5.a.(1)
2.D.5.a.(2)
2.D.5.a.(3)
2.D.5.a.(4)
2.D.5.b.(1)
2.D.5.b.(2)
2.D.5.b.(3)
2.D.5.b.(4)
It is recommended that documented information provided to external programs/services to support the transition plan include the child's/youth's identified strengths, needs, abilities, and preferences and, as applicable, the family's identified strengths, needs, abilities, and preferences.

2.D.6.a.
2.D.6.b.(1)
2.D.6.b.(2)
2.D.6.b.(3)
2.D.6.b.(4)
2.D.6.c.
2.D.6.d.
It is recommended that, when transition includes a plan for reunification, it be initiated as early as possible; involve the child/youth served, the family of the child/youth served, the out-of-home provider, and other stakeholders in the planning process; promote and maintain continuity of life-long relationships; and maintain and strengthen the child's/youth's connection with the extended family and the community.

2.D.7.
It is recommended that individuals who participate in the development of the transition plan receive copies of the plan, when permitted.

2.D.8.a.
2.D.8.b.
It is recommended that, when a person served moves to a school or other community service, information about the new service be provided, as appropriate and applicable, to the person served and the family/support system.

2.D.9.a.
2.D.9.b.
2.D.9.c.
It is recommended that, when the transition plan indicates the need for additional services or supports, follow-up include maintaining the continuity and coordination of needed services; offering or referring to needed services, when possible; and implementing formal protocols for transition from the child/youth service system to an adult service system according to all applicable governmental policies and statutory requirements.

2.D.11.e.
2.D.11.f.
2.D.11.g.
2.D.11.i.
It is recommended that, for all persons leaving services, a written discharge summary be prepared that describes the reasons for discharge, identifies the status of the person at last contact, lists recommendations for services or supports, and includes information on medication(s) prescribed or administered, when applicable.

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. Non-violent 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 non-violent 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

2.G.3.i.(14)
It is recommended that the individual record consistently include, as applicable, the person's transition plan.

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

2.H.1.b.(1)
It is recommended that the program conduct a documented review of the services provided that addresses, as evidenced by the record of the person served, the quality of service delivery.

2.H.2.a.
2.H.2.b.
2.H.2.c.
2.H.2.d.(1)
2.H.2.d.(2)
It is recommended that the quarterly review be performed in accordance with an established review process by personnel who are trained and qualified on a representative sample of records from participants from each program that includes current records and closed records.

2.H.4.a.(1)
2.H.4.a.(2)
2.H.4.b.
2.H.4.c.(1)
2.H.4.c.(2)
2.H.4.c.(3)
2.H.4.d.(1)
2.H.4.d.(2)
2.H.4.e.(1)(a)
2.H.4.e.(1)(b)
2.H.4.e.(2)
2.H.4.f.
2.H.4.g.(1)
2.H.4.g.(2)
2.H.4.h.(1)
2.H.4.h.(2)
2.H.4.i.
2.H.4.j.
It is recommended that the review address whether the person served was provided with a complete orientation and actively involved in making informed choices regarding the services received; whether confidential information was released according to applicable laws/regulations; whether the assessments of the person served were thorough, complete, and timely; whether risk factors were adequately addressed and resulted in safety plans, when appropriate; whether the goals and service/treatment objectives of the persons served were based on the results of the assessment and the input of the person served and revised when indicated; whether services provided reflect the goals and objectives of the individualized plan; whether the actual services reflect appropriate level of care and reasonable duration; whether the following have been completed: transition plan and discharge summary; whether services were documented in accordance with the organization's policy; and whether the individualized plan was reviewed and updated in accordance with the organization's policy.

Section 3. Core Program Standards

3.H. Community Youth Development

Description

Community youth development programs are designed to help persons served optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. The setting may be informal to reduce barriers between staff members and program participants and may include a drop-in centre, an activity centre, a day program, or a leisure or recreational setting such as a camp program.

Community youth development programs provide opportunities for persons served to participate in the community. The program defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences, including:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Sports.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Socialization.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Financial assistance and planning.

Key Areas Addressed

- Modeling healthy relationships
- Increasing participation in the community
- Optimal use of natural supports and self-help
- Progress toward greater control of own life

Recommendations

3.H.9.e.
It is recommended that, for all persons who leave services, a written discharge summary be consistently prepared that includes reasons for discharge.

3.I. Counselling/Outpatient

Description

Counselling/outpatient programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counselling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Counselling/outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, behaviour management, mental health issues, life span issues, psychiatric illnesses, substance use disorders and other addictive behaviours, and the needs of victims of abuse, neglect, domestic violence, or other traumas.

Key Areas Addressed

- Service modalities
- Evidence-based practice

Recommendations

3.I.1.b.
3.I.1.c.
It is recommended that the counselling/outpatient programs provide, or arrange for, family counselling/therapy and group counselling/therapy.

3.M. Detoxification/Withdrawal Support

Description

Detoxification/withdrawal support programs provide support to the persons served during withdrawal from alcohol and/or other drugs. Services may be provided in a unit of a medical facility, in a freestanding residential or community-based setting, or in the home of the person served. The following types of detoxification/withdrawal support may be provided:

- Social detoxification/withdrawal support: Social detoxification/withdrawal support is provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring, observation, and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. Social detoxification/withdrawal support is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, non-medical alternative to inpatient detoxification/withdrawal support.
- Outpatient detoxification/withdrawal support: Persons served receiving outpatient detoxification/withdrawal support treatment usually are expected to travel to a hospital or other treatment facility daily or on a regular basis for detoxification/withdrawal support treatment sessions. Sessions may be scheduled for daytime or evening hours. Outpatient detoxification/withdrawal support programs may also be combined with a day program. Outpatient detoxification/withdrawal support programs may also include provision of medically monitored medications used in the detoxification/withdrawal support process.
- Inpatient detoxification/withdrawal support: The inpatient setting offers the advantages of 24-hour medical care and supervision provided by a professional staff and the easy availability of treatment for serious complications. In addition, such a setting prevents persons served access to alcohol and/or other drugs and offers separation from the substance-using environment. Inpatient detoxification/withdrawal support is often provided to individuals with co-occurring health conditions that would be impacted by the detoxification/withdrawal support process. It is also appropriate for individuals who need extensive medical monitoring during detoxification/withdrawal support.

Key Areas Addressed

- Placement in appropriate detoxification/withdrawal management setting based on needs of persons served
- Services designed to motivate persons served to continue treatment services
- Assessment of ongoing needs and active linkage with treatment services
- Medically supervised
- Services provided 24/7 (or as needed in ambulatory program)
- Monitors progress
- Medical evaluation within 24 hours of admission

Recommendations

There are no recommendations in this area.

3.T. Promotion/Prevention

Description

Promotion/prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Promotion/prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse/neglect, exposure to and experience of violence in the home and community, and to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings. Programs that offer training to current or future child/youth personnel are also included.

Organizations may provide one or more of the following types of promotion/prevention programs, categorized according to the population for which they are designed:

- Universal (Promotion) programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviours, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Promotes positive behaviour and includes social marketing and other public information efforts.
- Selected (Prevention) programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.
- Training programs provide curriculum-based instruction to active or future personnel in child and youth service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

- Personnel qualifications
- Public awareness
- Appropriate program activities
- Program strategies

Recommendations

3.T.2.a.
3.T.2.b.
3.T.2.c.
3.T.2.d.
3.T.2.e.
3.T.2.f.
3.T.2.g.
3.T.2.h.
3.T.2.i.
3.T.2.j.
It is recommended that the program include efforts to increase public awareness in one or more of the following areas: mental health; alcohol, tobacco, and other drug use; child abuse and neglect; suicide prevention; violence prevention; health and wellness; social/community issues; internet safety; acceptance of cultural diversity; and effective parenting.

3.T.4.a.
3.T.4.b.
3.T.4.c.
3.T.4.d.
3.T.4.e.(1)
3.T.4.e.(2)
3.T.4.f.
3.T.4.g.
3.T.4.h.
3.T.4.i.(1)
3.T.4.i.(2)
3.T.4.i.(3)
3.T.4.j.
3.T.4.k.
It is recommended that the universal (promotion) and selected (prevention) programs include two or more, and training programs include a.–g., of the following strategies: increasing knowledge and raising awareness; building skills/competencies; increasing awareness of healthy alternatives; increasing awareness of available services; improving early identification of needs and referrals; influencing behavioural change; reducing incidence of problem behaviours; changing institutional policies; influencing how laws are developed, interpreted, and enforced; building the capacity of collaborative partnerships; and building the capacity of the community to address its needs.

3.T.5.a.
3.T.5.b.
3.T.5.c.
It is recommended that the program have a plan or written logic model that details the specific theoretical approaches to be used, the methodological approaches to be used, and how the approaches will be applied within the community.

3.T.7.a.
3.T.7.b.
3.T.7.c.
3.T.7.d.
3.T.7.e.
3.T.7.f.
3.T.7.g.
It is recommended that the training programs document a written comprehensive curriculum for each course offered that guides the training and includes the course philosophy, the course outline, competency-based objectives, instructional methods and materials, the sequence and hours of instruction, clinical/practicum expectations (if applicable), and a revision schedule and methodology.

3.T.8.a.
3.T.8.b.
3.T.8.c.
3.T.8.d.
3.T.8.e.
3.T.8.f.
It is recommended that the training programs utilize an expert advisory committee; satisfy regulatory requirements leading to certification, as applicable; focus on the care of the persons served; identify educational and other prerequisite requirements; utilize consistent evaluation; and provide a coordinated, logical learning experience.

3.V. Support and Facilitation

Description

Support and facilitation services are designed to provide instrumental assistance to children/youths and their families. They may also support or facilitate the interventions of other programs (for example, child/youth protection or support programs for foster or adoptive parents). These strength-based services are provided to enhance and support the child's/youth's and family's well-being. Services can include transporting children/youths served, supervising visitation between family members, individual support, child minding, safe exchange, homemaking services, parent aides, curfew monitoring, peer and youth support and family-to-family support, and translation services. The services are primarily delivered in the home or community. A variety of persons other than a program's staff, such as volunteers and subcontractors, may provide these services.

Key Areas Addressed

- Training for personnel
- Foster family services
- Foster family recruitment
- Foster family training

Recommendations

There are no recommendations in this area.

Section 4. Core Residential Program Standards

4.F. Residential Treatment

Description

Residential treatment programs are organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioural health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioural health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, non-hospital addiction treatment centres, intermediate care facilities, psychiatric treatment centres, or other non-medical settings.

Key Areas Addressed

- Interdisciplinary services
- Creation of natural supports
- Education on wellness, recovery, and resiliency
- Community reintegration

Recommendations

4.F.3.a.
4.F.3.b.(1)
4.F.3.b.(2)
4.F.3.b.(3)
4.F.3.b.(4)
4.F.3.c.
It is recommended that the organization consistently develop a risk assessment at the time of admission that identifies suicide risk, risk of self-harm, risk of harm to others, and trauma and results in a personal safety plan.

Consultation

- The organization is encouraged to consider developing a monthly schedule for staff that includes all the essential training, including attachment theory and learning theory. This may be done as a monthly schedule with the name of the credentialed staff facilitator.

4.G. Specialized or Treatment Foster Care

Description

Specialized or treatment foster care programs use a community-based treatment approach for children/youth with emotional and/or behavioural issues. This intensive, clinically based treatment is child/youth centred and family focused and offers an alternative to inpatient or residential treatment when a child/youth can no longer live in his or her family home. Treatment is delivered through an integrated team approach that individualizes services for each child/youth. The treatment foster parents are trained, supervised, and supported by the program staff and play a primary role in therapeutic interventions. The program's goal is permanency, either to reunite the child/youth with his or her family or to assist in facilitating an alternative permanent placement. Program staff monitors the child's/youth's progress in services and provide adjunctive services per the individualized plan and program design.

Children/youth who participate in the program may also have documented reports of maltreatment, involvement with juvenile justice, and/or co-occurring disorders.
The program may also be called intensive foster care, therapeutic family services, or therapeutic foster care.

Key Areas Addressed

- Advocacy
- Training of specialized providers
- Referral network
- Organization responsibilities
- Clinical supervision

Recommendations

4.G.9.a.(3)
It is recommended that the program utilize written agreements that clearly define what the foster care providers can expect from the program, including initial and ongoing training.

Consultation

- The organization is encouraged to consider ongoing integration meetings between staff of the assessment unit and staff of the U-Turn teams to best maximize the match between the youth and the care taker and enhance community retention rates.

Section 5. Specific Population Designations

5.A. Juvenile Justice

Description

Juvenile justice programs serve a specific population of adjudicated juveniles referred by the court or from within the juvenile justice system. Services can be provided through courts, through probation and parole agencies, or in community-based or institutional settings. Institutional settings may include juvenile detention centres, jails, prisons, or other delinquency-focused settings. The services are designed to maximize the youth's ability to function effectively in the family, school, and community. The juvenile justice mandates include community safety needs in all judicial decisions and require that child and youth services programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Juvenile justice educational programs may include either community-based or institution-based educational, training, or employment services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/OWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Key Areas Addressed

- Service team
- Personnel training
- Services in a correctional setting
- Assessment of child/youth

Recommendations

5.A.6.a.(1)
5.A.6.a.(2)
5.A.6.a.(3)
5.A.6.a.(4)
5.A.6.a.(5)
5.A.6.b.
5.A.6.c.
5.A.6.d.
It is recommended that the juvenile justice program conduct a timely assessment for each child/youth served that includes a detailed history of the child's/youth's criminal behaviour, including arrests, convictions, violations of parole and/or probation, prior incarcerations, and pending cases; information on the child's/youth's participation in organizations or groups that encourage criminal behaviour; the relationship between the child's/youth's behavioural health and his or her criminal activity; and risk to self, other child/youth served, personnel, and/or community.

5.A.10.a.(1)
5.A.10.a.(2)
5.A.10.b.
5.A.10.c.
It is recommended that pre-discharge transition plans be developed with the active involvement of the child/youth served and cooperatively by treatment program and correctional institution staff; based on a comprehensive needs assessment; and written at least 30 days prior to discharge, except when placement is less than 30 days.

Consultation

- The organization may want to consider expanding its curriculum to include evidence-based programming, such as Critical Time Intervention, Wellness Self-Management (WSM), and/or integrated dual disorder treatment (DDT).

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

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

2.A.20.a.
2.A.20.b.
It is recommended that the organization have a policy that identifies whether or not it has any role related to medications that are used by the persons served in the programs seeking accreditation, including whether or not it directly provides medication monitoring and or management.

Consultation

- The organization might consider including a comment on its website or brochures indicating that participants may have a shared cost for some services.

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.

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

2.B.5.b.(1)
2.B.5.b.(2)
The organization is urged to consistently develop coordinated individualized service plan that identifies a person's overall goals and specific and measurable objectives.

2.B.7.a.(3)
2.B.7.b.
When applicable to the person, the organization identifies risks to the person's health and safety in the community; however, it is recommended that the person and/or family served and/or their legal representatives be involved in deciding whether to accept situations with inherent risks and risk assessment results be consistently documented in the individual service plan.

Consultation

- The organization might consider including on the risk assessment form a place for the participant and/or family/representative to recognize identified risks and indicate acceptance of the risk(s).

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

4.E.5.d.
The organization requires providers to participate in training that addresses documentation practices. However, it is recommended that training be competency based.

Program(s)/Service(s) by Location

PLEA Community Services Society of British Columbia

3894 Commercial Street
Vancouver BC V5N 4G2
CANADA

Administrative Location Only
Governance Standards Applied

AR Lord Outbuilding

3001 East Georgia Street
Vancouver BC V5K 2K8
CANADA

Community Youth Development (Children and Adolescents)
Community Youth Development (Juvenile Justice)
Promotion/Prevention (Children and Adolescents)
Specialized or Treatment Foster Care (Children and Adolescents)
Specialized or Treatment Foster Care (Juvenile Justice)

Daughters & Sisters Centre

12159 Sullivan Street
Surrey BC V4A 3B4
CANADA

Detoxification/Withdrawal Support (Juvenile Justice)
Residential Treatment (Juvenile Justice)
Specialized or Treatment Foster Care (Juvenile Justice)

FolkStone Vancouver Office

3589 Commercial Street
Vancouver BC V5N 4E8
CANADA

Host Family/Shared Living Services

FolkStone/U-Turn New Westminster Office

202-768 Columbia Street
New Westminster BC V3M IB4
CANADA

Counselling/Outpatient (Children and Adolescents)
Specialized or Treatment Foster Care (Children and Adolescents)
Host Family/Shared Living Services

Genesis School Program - South

5550 Fraser Street, Suite 105
Vancouver BC V5W 2Z4
CANADA

Community Youth Development (Children and Adolescents)

GOAL Program

644 Poirier Street
Coquitlam BC V3J 6B1
CANADA

Community Youth Development (Children and Adolescents)

Maple Ridge/Pitt Meadows Youth Services Office

22420 Dewdney Trunk Road, Suite 200
Maple Ridge BC V2X 3J5
CANADA

Community Youth Development (Children and Adolescents)
Community Youth Development (Juvenile Justice)
Counselling/Outpatient (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)
Support and Facilitation (Children and Adolescents)

Q - Creative Urban Employment

550 Cambie Street, Suite 3
Vancouver BC V6B 2N7
CANADA

Community Youth Development (Juvenile Justice)

Tri-Cities Youth Services Office

2601 Lougheed Highway, Riverview-Fernwood Lodge
Coquitlam BC V3C 4J2
CANADA

Community Youth Development (Children and Adolescents)
Community Youth Development (Juvenile Justice)
Counselling/Outpatient (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)
Support and Facilitation (Children and Adolescents)

U-Turn Vancouver Office

3593 Commercial Street
Vancouver BC V5N 4E8
CANADA

Specialized or Treatment Foster Care (Children and Adolescents)

Waypoint Centre/FolkStone & U-Turn Fraser Office

16590 96th Avenue
Surrey BC V4N 2C3
CANADA

Detoxification/Withdrawal Support (Juvenile Justice)
Residential Treatment (Juvenile Justice)
Specialized or Treatment Foster Care (Children and Adolescents)
Specialized or Treatment Foster Care (Juvenile Justice)
Host Family/Shared Living Services