



**SURVEY OUTCOME**

**Three-Year Accreditation**

**CARF**  
**Survey Report**  
**for**  
**Clements Centre**  
**Society**

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**Organization**

Clements Centre Society (CCS)  
5856 Clements Street  
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**Organizational Leadership**

Doug Orr, Executive Director

**Survey Dates**

September 8-10, 2010

**Survey Team**

Lynn H. Chenault, ACSW, Administrative Surveyor  
Lyn Taylor-Scott, B.A., Program Surveyor

**Programs/Services Surveyed**

Community Services: Child and Youth Services  
Community Services: Community Housing  
Community Services: Community Integration  
Community Services: Supported Living

*Governance Standards Applied*

**Previous Survey**

March 28-30, 2007  
Three-Year Accreditation

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**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: September 2013**

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# SURVEY SUMMARY

**Clements Centre Society is recognized for the quality of its services as a result of its strong points.**

- The organization has a strong track record of financial viability and effective advocacy to support persons served. Clements Centre Society is congratulated for creative and entrepreneurial efforts to improve the organization's financial health, which have succeeded.
- Clements Centre Society has strong, effective leadership with long-term continuity with respect to the organization's mission and vision. The dedicated board also includes a number of long-term members.
- The organization is well known and respected in the communities it serves.
- The Clements Centre Society management staff is friendly, committed to high standards, and supportive of the organization's programs and staff members. It also uses humour, fun, and celebrations to support staff, bolster morale, and promote a positive environment for both persons served and staff.
- The organization's highly committed and caring staff members demonstrate a real sense of pride in and ownership of the services provided.
- The child development team is commended for its commitment to the new service model Pathways in Care. It is a huge challenge to move away from a traditional model of service delivery and engage in the teamwork necessary to create a model that will more effectively meet the needs of families and their children.
- The child development team is resourceful and knowledgeable regarding other community and provincial resources and willing to include a wide array of community resources to meet the immediate and long-term needs of persons served.
- The Child Care Resource and Referral program is well organized, efficient, and resourceful in providing families with information they need to make informed child care choices and access funding subsidies. The resource library for child care centers is well maintained, and toys and equipment are clean and in good condition. Staff members facilitate workshops for parents and community child care centers on a range of topics that includes child development; the importance of play, health, and safety; and operating a small business.
- Individuals served in adult services and families working with the child development team commented on the caring and professional demeanour of the staff and management team. The staff's flexibility and willingness to accommodate family needs and offer choices in service delivery locations were emphasized by parents interviewed.
- Individuals in the supported living program spoke highly of their support workers and commented on the creative strategies used to help them achieve their goals.
- The administration office staff and programs and homes visited were warm, welcoming, and person focused. Vocational, residential, and children's service staff members are enthusiastic and committed to the individuals, children, and families they support. All persons served are treated with respect and dignity.

- Clements Centre Society is commended for its strong emphasis on team interaction and support across programs and locations.
- The organization's homes are attractive, well maintained, and clearly reflective of the personalities and interests of the individuals living there.
- Clements Centre Society is committed to enhancing the lives of individuals served, and this is especially evident in the inclusion of individuals with significant mobility and health concerns in community activities.
- Clements Centre Society staff members demonstrate a commitment to quality care and an eagerness to conform to the standards.
- The organization is justifiably proud of its recently expanded website that has extensive information and resources for staff and board members as well as persons served, families, and the public.

**Clements Centre Society should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.**

On balance, it is evident Clements Centre Society provides excellent community services to adults, children, and youths and is dedicated to ongoing quality improvement. The organization is respected in the community. Various stakeholders have all expressed satisfaction with the services provided. The organization has areas for improvement, including improved consistency of safety self-inspections on all shifts and testing of all emergency procedures, an expanded and specific technology and system plan, and more consistency in child development team family service plans in identifying specific measurable objectives and methods and techniques to be used to achieve the objectives. Clements Centre Society appears to have the ability and willingness to make improvements in the areas identified in this report.

Clements Centre Society has earned a Three-Year Accreditation. The organization is recognized for its efforts to provide quality community services and support for children, youths, and adults. It is encouraged to continue to remain current with the CARF standards as it addresses the few noted areas for improvement.

## **SECTION 1. ASPIRE TO EXCELLENCE<sup>®</sup>**

### **A. Leadership**

#### **Principle Statement**

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
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## **Recommendations**

### **A.5.a.(3)(c)**

It is recommended that Clements Centre Society specifically address personal fundraising in its code of ethics for service delivery. Because the organization's discipline policy has procedures to deal with allegations of violations of ethical codes, Clements Centre Society might consider including a reference to this policy in the ethics policy/code. The organization has a time frame to initiate an investigation of alleged ethical violations and is encouraged to add an overall time frame for completion of such investigations.

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## **B. Governance**

### **Principle Statement**

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**

### **B.6.a.**

Although some aspects of executive compensation are in writing, Clements Centre Society leadership is urged to articulate a complete written statement of total executive compensation philosophy in its governance policies that addresses this compensation.

### **Consultation**

- It is suggested that the Clements Centre Society board develop an explicit, written definition of independent, unrelated board representation. It might address such items as self-advocate representation, board composition of family members, providers, and other groups or categories.
  - It is suggested that the policy on executive leadership succession planning specify that the plan is reviewed annually.
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## **C. Strategic Integrated Planning**

### **Principle Statement**

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
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### **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

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
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### **Recommendations**

There are no recommendations in this area.

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## **E. Legal Requirements**

### **Principle Statement**

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

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
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### **Recommendations**

There are no recommendations in this area.

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## **F. Financial Planning and Management**

### **Principle Statement**

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual 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
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## **Recommendations**

There are no recommendations in this area.

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## **G. Risk Management**

### **Principle Statement**

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
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## **Recommendations**

### **G.1.f.**

The organization is urged to include results of actions taken to reduce risks as part of its risk management plan.

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## H. Health and Safety

### Principle Statement

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

#### H.5.c.(6)

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

Clements Centre Society currently identifies essential services, in the event of emergency or disaster-related evacuation, as its residential services. The organization should review services at each location to identify more specific services that may be essential in an evacuation or destruction of the facilities, such as administering medications. The means of continuing all such specific services/functions should then be described. The organization has a handy emergency response guide that is quickly accessible throughout its facilities. It is suggested that this useful guide also include procedures for utility failures, medical emergencies, and safety during violent or other threatening situations. It is further suggested that procedures for medical emergencies could include when Clements Centre Society staff with first aid training might be expected to assist, and medical emergency procedures and procedures for violent or threatening situations could specify that calling 911 is important.

#### H.7.a.

#### H.7.c.

The organization is urged to address its actions to prevent incidents in the written critical incidents procedures and also include remedial action in the procedures and incident reporting forms.

#### H.10.h.

Training of drivers in the organization's transportation requirements is currently described as passing requirements for a Class 4 driver's license. Clements Centre Society should also provide or require training in its transportation requirements. This could include defensive driving, van driving, assistance for riders with physical challenges, vehicle emergencies, and more. Such training might be available at little or no cost from area safety or emergency agencies, the auto insurance provider, and/or BC Transit. The organization has a new policy calling for the review of driving records of all

drivers every five years. It is suggested that this review be conducted more often for better risk management. Clements Centre Society might want to consider putting a condensed version of vehicle emergency procedures in a prominent place in every vehicle, such as a laminated card on the driver's sun visor.

#### **H.12.a.**

The organization conducts comprehensive health and safety self-inspections; however, its policy is to do so annually. It is recommended that comprehensive health and safety self-inspections be done at least semi-annually and the report forms include a time or shift notation to demonstrate they are conducted on each shift.

#### **H.13.a. through H.13.e.**

Clements Centre Society documented tests of emergency procedures primarily include fire, bomb threats, and earthquakes or other natural disasters. The organization should ensure that tests of all emergency procedures are conducted at least annually at each site and on each shift, when applicable. These tests should include complete actual or simulated physical evacuation drills, be analyzed for performance improvement, result in improvement or affirmation of current practice, and be evidenced in writing.

#### **Consultation**

- Clements Centre Society is encouraged to more fully document its analysis of all critical incidents to specifically address causes, trends, actions for improvement, results of performance improvement plans, necessary education and training of personnel, and prevention of recurrence. This could be included as part of the safety committee meeting minutes or in a separate report.
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## **I. Human Resources**

### **Principle Statement**

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

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## **Recommendations**

### **I.6.d.(4)(a)**

Clements Centre Society is urged to ensure that staff performance reviews consistently include an assessment of performance related to objectives established in the last evaluation period. It was noted that the performance evaluation forms in use were not all the same, which might contribute to some inconsistencies in the process and documentation (e.g., some forms include a space for results of previous objectives, and others do not). It is suggested that supervisors put additional emphasis on the measurability of performance objectives. The organization is encouraged to document the annual review of job descriptions with a date notation on the job description or performance reviews.

### **I.7.a.**

The organization should have a signed agreement with each of its volunteers.

## **Consultation**

- It is suggested that Clements Centre Society procedures for verifying credentials for all applicable personnel be revised to specify verification with primary sources.

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## **J. Technology**

### **Principle Statement**

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

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## **Recommendations**

### **J.1.a.(1)**

### **J.1.a.(2)**

### **J.1.a.(6) through J.1.a.(8)**

It is recommended that the organization expand its technology and system plan to reflect its current status, needs, and objectives, particularly with more specifics about hardware, software, assistive technology, disaster recovery preparedness, and virus protection.

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## **K. Rights of Persons Served**

### **Principle Statement**

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**

#### **K.2.c.(3)**

The organization implements policies promoting rights of persons served in the areas of confidentiality of information and privacy that include freedom from abuse, financial or other exploitation, humiliation, and neglect. It is recommended that Clements Centre Society include retaliation in the policy statement. It is suggested that Clements Centre Society review the client handbook and the handbook supplied by the BC Self Advocacy Foundation and develop a single handbook that reflects the organization's policy and procedures in a format that could be clearly understood by persons served. This could be especially important in the areas of complaint resolution and client rights. The organization might consider presenting the information in a variety of ways that could include pictorial, audiovisual, and other formats to meet the needs of the range of abilities among persons served.

#### **K.4.b.(2)(d)**

#### **K.4.b.(2)(e)**

The organization has a policy that addresses formal complaints and procedures that are written and specify that the action will not result in retaliation or barriers to service, how efforts will be made to resolve the complaint, levels of review, and the availability of external review. However, it is recommended that the policy address time frames for addressing the complaint beyond that of the initial level of reporting and include the provision for written notification regarding actions to be taken to address the complaint. It is suggested that there be a review and revision of language in the complaints policy and procedures to remove ambiguity of the language used. An example of this is the statement, "If the client/volunteer/employee is not satisfied with the response, he/she may request their complaint be addressed by the Executive Director." Replacing this with "may submit his/her complaint for review by the executive director" might provide clarification. Although complaint procedures and forms are available upon request, Clements Centre Society is encouraged to make the procedures and forms more readily available to persons served and families by placing them where they can be accessed without staff assistance.

#### **K.5.a. through K.5.b.(3)**

It is recommended that a review of formal complaints be conducted annually to determine trends, areas for performance improvement, and actions to be taken.

## Consultation

- It is apparent from discussion with staff and persons served that rights are discussed at the initiation of services and the annual individual service plan review meeting in addition to being available for review in the rights handbook; however, there is no documentation that reflects this occurs at the annual review. It is suggested that this be documented in the minutes of the annual review of the individual service plan.
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## L. Accessibility

### Principle Statement

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

### Key Areas Addressed

- Written accessibility plan(s)
  - Status report regarding removal of identified barriers
  - Requests for reasonable accommodations
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### Recommendations

There are no recommendations in this area.

### Consultation

- It is suggested that the organization's annual accessibility status report be more succinct and user-friendly by adding it as a final column on the accessibility plan.
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## M. Information Measurement and Management

### Principle Statement

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

### **Key Areas Addressed**

- Information collection, use, and management
  - Setting and measuring performance indicators
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### **Recommendations**

There are no recommendations in this area.

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## **N. Performance Improvement**

### **Principle Statement**

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
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### **Recommendations**

There are no recommendations in this area.

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## **SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS**

### **A. Program/Service Structure**

#### **Principle Statement**

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

## Key Areas Addressed

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

## Recommendations

There are no recommendations in this area.

## Consultation

- The South Cowichan program engages in fundraising activities to offset entrance fees and other expenses associated with outings. On occasion, persons served are asked to contribute to cover these costs. Clements Centre Society might want to include this information in the handbook for persons served.
  - Although there are written procedures in place addressing timely communication and exchange of information with families, one parent reported that her child's screening occurred two months previously, and she had yet to hear from the therapist regarding the screening results or the service plan. It is understood that this occurred during a period when there was a reduction in therapy hours and significant number of screenings scheduled. Although the program manager has addressed the parent's concerns, the parent has not yet received a report, and she is acutely aware that valuable time is passing while waiting for her child's needs to be addressed. It is suggested that this situation might be a quality assurance concern for the organization that might require further investigation and possibly a review of procedures and practices to determine that the mechanisms in place are appropriate for timely follow-up.
  - Clements Centre Society contracts with CBI Health Group physiotherapy services for children in school district 79. Because this is a recent arrangement beginning in July 2010, Clements Centre Society is encouraged to review the standards for contracted services in regard to monitoring performance and annual evaluation of cost-effectiveness and to ensure the health and safety of persons served.
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## B. Individual-Centered Service Planning, Design, and Delivery

### Principle Statement

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 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. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

## **Key Areas Addressed**

- Complete, confidential records are maintained
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## **Recommendations**

### **B.6.b.(2)**

### **B.6.b.(3)**

It is evident through file review in the children's programs and adult residential and vocational services that a coordinated individualized service plan is developed with the active involvement of the person served. In the case of the adult programs, these plans identify overall goals, specific measurable objectives, and methods and techniques to be used to achieve the objectives. This is not consistently apparent in the child development team program files. Although parents are involved in goal setting, specific measurable objectives are not always included. It is recommended that family service plans consistently identify specific measurable objectives and include methods and techniques to be used to achieve the objectives. The child development team could review the family service plans for the consistency of these items.

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## **C. Medication Monitoring and Management**

### **Principle Statement**

These standards apply only to programs that are responsible for monitoring and/or managing medications for the persons served.

### **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.

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## F. Community Services Principle Standards

### Principle Statement

The standards in this subsection assert basic principles that should be demonstrated by any organization seeking accreditation in the area of community services.

### Key Areas Addressed

- Access to community resources and services
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### Recommendations

There are no recommendations in this area.

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## SECTION 4. COMMUNITY SERVICES

### Principle Statement

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources, services, and supports 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 generic opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services/supports they want or require that will meet their identified needs, and offers an array of services/supports 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/supports may include:

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

## C. Child and Youth Services

### Principle Statement

Child and youth services provide one or more services, such as prenatal counselling, service coordination, early intervention, prevention, preschool programs, and after-school programs. These services/supports may be provided in any of a variety of settings, such as a family's private home, the organization's facility, and community settings such as parks, recreation areas, preschools, or child day care programs not operated by the organization.

In all cases, the physical settings, equipment, and environments meet the identified needs of the children and youth served and their families. Families are the primary decision makers in the process of identifying needs and services and play a critical role, along with team members, in the process.

### Key Areas Addressed

- Individualized services based on identified needs and desired outcomes
  - Healthcare, safety, emotional, and developmental needs of child/youth
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### Recommendations

There are no recommendations in this area.

### Consultation

- The organization's Family Support Program: After School Groups depends on referrals from the Ministry of Child and Family Development (MCFD). The referral process is complicated and requires MCFD to send Clements Centre Society program and registration information to families and have them return the completed documents to the MCFD social worker before forwarding these to Clements Centre Society. The referral process could be simplified and less confusing for families if MCFD referred families directly to Clements Centre Society for registration. This could allow program and individual planning to occur in a more timely manner.
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## E. Community Integration

### Principle Statement

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity center, a day program, a clubhouse, and a drop-in center are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities
- Communication activities
- Spiritual activities
- Cultural activities
- Vocational pursuits
- Development of work attitudes
- Employment activities
- Volunteerism
- Educational and training activities
- Development of living skills
- Health and wellness promotion
- Orientation, mobility, and destination training
- Access and utilization of public transportation
- Interacting with volunteers from the community in program activities
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.)

### **Key Areas Addressed**

- Opportunities for community participation
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### **Recommendations**

There are no recommendations in this area.

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## J. Community Housing

### Principle Statement

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 Intent to Survey. 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

- Safe, secure, private location
- In-home safety needs
- Options to make changes in living arrangements

- Support to persons as they explore alternatives
  - Access as desired to community activities
  - System for on-call availability of personnel
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## **Recommendations**

There are no recommendations in this area.

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## **K. Supported Living**

### **Principle Statement**

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

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

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

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

### **Key Areas Addressed**

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

There are no recommendations in this area.

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# PROGRAMS/SERVICES BY LOCATION

## **Clements Centre Society**

5856 Clements Street  
Duncan, BC V9L 3W3  
Canada

Community Services: Child and Youth Services  
Community Services: Community Integration  
Community Services: Supported Living

*Governance Standards Applied*

## **Marchmont Home**

6124 Ryall Road, Lot # 2  
Duncan, BC V9L 2L9  
Canada

Community Services: Community Housing

## **Campbell Home**

346 Campbell Street  
Duncan, BC V9L 3H8  
Canada

Community Services: Community Housing

## **Ryall Home**

6124 Ryall Road, Lot # 1  
Duncan, BC V9L 2H7  
Canada

Community Services: Community Housing

## **South Cowichan**

1260 Chapman Road  
Cobble Hill, BC V0R 1L6  
Canada

Community Services: Community Integration