



CARF Accreditation Report for Clements Centre Society Three-Year Accreditation



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About CARF

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

The accreditation process applies CARF's internationally recognized standards during 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

Clements Centre Society
5856 Clements Street
Duncan BC V9L 3W3
CANADA

Organizational Leadership

Dianne W. Hinton, BA, Executive Director/CEO
Lyn Taylor-Scott, BA, Program Director

Survey Number

123611

Survey Date(s)

October 28, 2019–October 30, 2019

Surveyor(s)

Ian McLaughlin, Administrative
Andrea J. Perry-McKay, Program
Anu Khetarpal, MS, Program

Program(s)/Service(s) Surveyed

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Community Housing
Community Integration
Host Family/Shared Living Services
Services for Children and Youth: Child and Adolescent Services
Services for Children and Youth: Early Intervention Services
Supported Living
Governance Standards Applied

Previous Survey

October 26, 2016–October 28, 2016
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: November 30, 2022

Executive Summary

This report contains the findings of CARF's on-site survey of Clements Centre Society conducted October 28, 2019–October 30, 2019. 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, Clements Centre Society demonstrated substantial conformance to the standards. Clements Centre Society (CCS) provides services to children, adolescents, and adults in the Cowichan Valley region of Vancouver Island. The members of leadership have worked hard to develop an effective personalized services and supports delivery system as well as sound business functions. Staff members and leadership foster a family-like service delivery system and appear to have developed positive relationships with persons served, families, and other stakeholders. Stakeholders speak highly of the services provided, and persons served appear to derive significant benefits from the services they receive and their relationships with personnel. There are some opportunities for improvement, including further development of governance policies, consistency of self-inspections and emergency drills at each location on each shift, communication of rights and the complaints procedure, testing the technology procedures for business continuity and disaster recovery, maintaining a complete record for persons served, ensuring that releases of information are authorized, improving individual service plans, ensuring that medication records and labels are complete and that an annual review of all medications is conducted, providing training to personnel, and gathering more information on children and youth for assessments of children. The organization clearly has the willingness to address the opportunities for improvement contained in this report, and it appears evident that the organization will continue to use the CARF standards for quality improvement.

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

Clements Centre Society 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 Clements Centre Society was conducted by the following CARF surveyor(s):

- Ian McLaughlin, Administrative
- Andrea J. Perry-McKay, Program
- Anu Khetarpal, MS, 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 Clements Centre Society 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 Employment Services: Employment Supports
- Community Employment Services: Job Development
- Community Housing
- Community Integration
- Host Family/Shared Living Services
- Services for Children and Youth: Child and Adolescent Services
- Services for Children and Youth: Early Intervention Services
- Supported Living
- *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 Clements Centre Society demonstrated the following strengths:

- The area of leadership represents a notable strength for CCS. The management team strives to keep the organization in a solid position to continue to provide quality services to the Cowichan Valley. Leadership actively reaches out and seeks partnerships with other community service providers when appropriate to the services provided.
- Board members indicate that they receive positive feedback from the community regarding the services provided. The board chair is kept informed of issues that may arise between board meetings and has a good relationship with leadership. A standing agenda item at board meetings is called the Mission Moment, where a staff member presents a story about his/her experiences with the organization.
- The strategic plan is presented in a format that is easy to understand and has a nice flow. It identifies the key directions of the organization and then sets goals for each key direction and lists the actions to be taken to achieve the identified goals. The organization appears to have a desire to work collaboratively with other community-based service providers.
- The organization is fortunate to have a very knowledgeable and dedicated chief financial officer who has been with it for 24 years. The organization demonstrates transparent and sound financial practices.
- Funders express a high level of satisfaction with the services provided. Personnel are honest and transparent, requested information is timely and accurate, the organization is receptive to constructive feedback, and any issues that arise are resolved in a cooperative and collaborative manner. The organization appears to be well respected by community partners and has a strong connection to the community, and funders have received positive feedback from families that receive services.
- Proactive and engaged staff members are the backbone of the organization. CCS is commended for leveraging its staff members' strengths, abilities, and interests to enrich the organization and further its mission. Staff members are very positive about leadership and the future of the organization. Through participation in committees, such as the Champion committee (that helps implement the organization's strategic goals), the re-branding committee, and a prevention committee working on outreach, staff members are able to engage in the larger organization and help it develop and achieve its strategic goals. The longevity of many of the staff members speaks to the health and the heart of the organization.
- The organization is commended for its dedicated and compassionate staff members, who display genuine sensitivity and care for the children and families they serve. A family-centred philosophy is reflected throughout the programs and services. The teams demonstrated a compassionate, strength-based, and solution-focused approach to building the skills of families and children to help reach their fullest potential. Through use of weekly and monthly meetings, the various specialized teams work together to leverage the expertise of all staff members to increase their capacity to serve families. They consider the experience of families served to minimize disruption and intentionally build relationships of trust and support. The teams work collaboratively and creatively to surround children and families with "a warm blanket of support" that is vital to thriving.
- The families served report high levels of satisfaction with the services provided and spoke highly of the staff members, who they felt were professional, friendly, helpful, and caring. Staff members were responsive to their needs and desires and were able to form positive bonds with their children and engage them to new activities and experiences. Parents expressed gratitude and a sense of rare relief in knowing that their children with special needs are safe and well supported when within the organization's care.

- CCS is commended for cultivating a significant pool of home-share providers, delivering a needed support in a difficult to serve area. Providers are positive about the support provided to them by the organization, and persons served in the program expressed gratitude for the opportunity to live in a familylike environment where they are supported in remaining connected to family and friends, accessing the community, and participating in activities that suit their needs and interests.
- CCS is commended for its outreach and efforts to educate the community. The organization has brought many resources and learning opportunities into the community and has a staff member acting as the regional coordinator for training. It has been able to bring in significant speakers to conduct training. Staff members appear to feel empowered to regularly develop new initiatives and take on new projects to further the mission of the organization, to support families, and reach out to the community. The organization has hosted parent advocacy workshops, individual education program workshops, Circle of Security International training, compassionate leadership training, Roots of Empathy training, Social World of Child training, Rights of the Child training, hospice training on grief and loss in a childcare centre, infant massage training, and many others. These training opportunities have not only increased the capacity of families and professionals to support children with special needs, they have served as a wonderful opportunity to connect and build positive relationships.
- CCS is commended for the strength of its relationships with various entities in the community and its positive reputation as a strong, responsive, and effective organization. Staff members show an investment in relationships that has opened up partnerships and collaborations, has led to increase resources, and is fostering a greater capacity for the community to support people with disabilities.
- The management team of the Adult Community Living programs demonstrates flexibility and creativity in its service delivery practices. Responding to the interests of persons served and staff, the team members have designed engaging and vibrant programs. The Community Inclusion, residential programs, Semi-Independent Living, and employment services are truly low barrier because of the teams' can-do attitude. The focus of services is set by the persons served and their families. The organization is willing to learn and set new goals for itself to assist persons served by meeting them where they are.
- CCS has a dedicated staff team members who demonstrate respectful and caring relationships with the people to whom they provide support. Persons served expressed appreciation for the efforts made by staff to gain understanding of their needs, support their growth and independence, help them understand how to speak for themselves, and to build relationships.
- Homes operated by the community housing/residential program are located in established, safe neighbourhoods, and each room bore witness to the ability of each person served to fully personalize his/her individual spaces based on his/her personalities and interests. The environment is definitely homelike and unique to each person served; for example, one bedroom contained nothing but a couple of pieces of furniture, reflecting that person's need for a low stimulation environment and others were decorated in highly stimulating bright colours and full of pictures of and mementos from family and friends.
- Many persons served have high medical, behavioural support, and/or behavioural health needs, and there are persons served with various degrees of dementia. Staff members were observed to have close, caring relationships with persons served, and they talked about many fun experiences together, including going on vacations. Some homes are in the process of being renovated to better meet the evolving needs of the persons served. These renovations, including assistive technology devices, hospital beds, ceiling tracks for lifts, and other modifications, show the organization's commitment to serve persons with diverse needs and to assist them to remain in their homes and communities through all stages of life
- Persons served in Semi-Independent Living reported great satisfaction with the services provided to them, including much work in advocacy and staff teaching them to be better at self-advocacy, which even led one individual to purchase a home.

- The Community Inclusion/Integration programs were engaging and positive. At the time of this survey, the persons served were excited about a variety of Halloween-related activities in the community. The program has responded with great flexibility to each person's interests. Most persons served come to a location, while a few persons served receive community inclusion programming in their residential program. Management has established many activities and experiences for persons served in cooperation with other service providers and community groups. There are several persons served who have paid employment and attend the day programs.
- CCS is commended for obtaining contracts with various businesses and local bodies for garbage pickup and newspaper delivery routes, where persons served from Community Inclusion programs have been able to get jobs. It has also created a gardening program and a business called Mindful Mouthful, where clients work at minimum wage. For many persons served, it is a first job, and they expressed great happiness and pride in their achievements. Mindful Mouthful was once a teaching kitchen for 22 persons served who volunteered there. Even as persons served continue to learn skills, they are also integrated into the community with stalls at farmers' markets and deliveries of cookies, meat pies, and quiches to local cafes and health food stores.
- Community Employment Services' management and staff have established a diverse network of placement sites that offer a wide variety of vocational opportunities for those desiring community integrated employment or who need the support of a job coach. There are a number of persons served supported by the organization who have significant barriers to living and working in the community. It is obvious that the dedication and consistent and patient work of management and staff members have contributed to the success and growth of the employment services program.

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 and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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 selection, orientation, development, leadership, structure, and performance
- Linkage between governance and executive leadership
- Board meetings and committee work
- Executive leadership development, evaluation, and compensation

Recommendations

1.B.2.g.(5)

Although board members sign conflict of interest and ethical code of conduct declarations annually, the organization may want to consider adding this signing requirement to the governance policies in the "Board Orientation" section. Governance policies should address board performance, including written conflict-of-interest declaration that is signed at least annually.

1.B.6.a.

1.B.6.b.

1.B.6.c.(1)

1.B.6.c.(2)

1.B.6.c.(4)

1.B.6.e.(1)

1.B.6.e.(2)

1.B.6.e.(3)

1.B.6.e.(4)

1.B.6.e.(5)

The organization should ensure that governance policies address executive compensation, including, a written statement of total executive compensation philosophy and a review by an authorized board committee composed of independent, unrelated board members. Governance policies addressing executive compensation should also include defined total compensation mix, up to and including, as warranted, base pay, incentive plans, and perquisites. A documented process that outlines terms of compensation arrangements, an approval date, names of board members on the committee who approved the compensation decision, data used in the compensation decision, and disclosures of conflict of interest, if any, should also be included in the governance policies addressing executive compensation. This could be accomplished by adding these items to the Governance Committee responsibilities in the policy manual.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

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

Recommendations

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.d.

Although unannounced tests of emergency procedures are conducted, some of the tests were missed at various locations and/or various shifts. The organization should ensure that an unannounced test of each emergency procedure is conducted at least annually on each shift at each location and includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill; is analyzed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel; and is evidenced in writing, including the analysis. The organization has implemented a tracking system to ensure that tests of emergency procedures are not overlooked.

1.H.14.a.

1.H.14.b.(1)

1.H.14.b.(2)

1.H.14.b.(3)

Although comprehensive health and safety self-inspections are conducted, they are inconsistent. It is recommended that the organization conduct health and safety inspections at least semi-annually at each location and on each shift. The inspections should result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations. The organization has implemented a tracking system to ensure that inspections are not overlooked.

Consultation

- Funders indicate that critical incident forms received by the organization or its contractors are sometimes vague, resulting in the funder following up with organization to gain clarification. It is suggested that program managers and coordinators review critical incident reports for completeness prior to the reports being submitted to the funders.
- Although the Banks Road location of The Sundrops Centre for Child Development has posted evacuation routes, the building has isolated areas where the evacuation route is not posted. It is suggested that the Sundrops program post evacuation routes that are accessible and understandable to persons served, personnel, and other stakeholders (including visitors) in the isolated areas of the building.
- The organization might consider adding vehicle fire extinguishers to the safety equipment kept in the vehicles.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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

- Ongoing assessment of technology and data use
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable

- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

1.J.4.a.

1.J.4.b.(1)

1.J.4.b.(2)

1.J.4.b.(3)

1.J.4.b.(4)

1.J.4.b.(5)

1.J.4.c.

It is recommended that a test of the organization's procedures for business continuity/disaster recovery be conducted at least annually; analyzed for effectiveness, areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel; and evidenced in writing, including the analysis.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

1.K.1.e.(2)

The organization's policy on consent to release of information states that consent forms must be renewed annually. This practice is inconsistent across programs; some consent forms have not been renewed annually. The organization should consistently implement its policies promoting informed consent or refusal or expression of choice regarding the release of information.

1.K.2.a.(1)

1.K.2.a.(2)

1.K.2.a.(3)

1.K.2.b.(1)

1.K.2.b.(2)

Although the organization has implemented a policy regarding the rights of the persons served, the rights are not communicated to persons served consistently across the organization. The program handbooks include inconsistent rights information that is not always complete. The organization should ensure that all rights are communicated to the persons served in a way that is understandable, prior to the beginning of service delivery or at initiation of service delivery, and at least annually for persons served in a program longer than one year. The rights of the persons served should be available at all times for review and clarification. The organization might consider posting a complete list of rights in all programs.

Consultation

- Although the organization has implemented a policy and written procedure by which persons served may formally complain to the organization, the handbooks given to persons served include an abridged procedure that does not include all of the information in the written procedure. It is suggested that the organization include the procedure in its entirety in the brochures.

1.L. Accessibility

Description

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

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

1.L.2.a.(2)

It is recommended that the accessibility plan include timelines for all identified barriers.

Consultation

- The organization has developed a procedure for identifying, reviewing, and the deciding upon requests for reasonable accommodations from persons served. It is suggested that the organization develop a similar plan for requests for reasonable accommodations from staff members.

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

- Data collection
- Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organizational decision making
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. Quality Individualized Services and Supports

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

2.A. Program/Service Structure

Description

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

Key Areas Addressed

- Services are person-centred and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations

2.A.7.a.

There was inconsistent availability of consents and missing signatures; when commenting on these, staff members indicated confusion regarding their knowledge of the legal decision making authority of the persons served. Management reported that the practice is to assume an individual has full decision-making authority unless the parent/family initiates conversation about this matter. Staff also stated that parents are likely legal decision makers because the person served did not have the ability to understand the matter of informed consent. It is recommended that the programs demonstrate knowledge of the legal decision-making authority of all persons served. The organization may want to consider (re)training program staff on this matter, including on the role of committee. Additionally it might consider making it a practice to inquire into the status of decision-making authority of each individual at the time of intake and at the annual planning meeting to ensure the availability of correct information.

2.A.10.a.(1)

2.A.10.a.(5)

The organization is urged to include its values and mission statement in the information that is provided to persons inquiring about services in all its programs, including home sharing and for children and youth services. Even as waiting lists are held by Community Living BC, it is suggested that the organization consider developing a statement on processes used for individuals with independent funding. It is recommended that the information provided to the persons inquiring about services include organizational certifications for children and youth services.

2.A.11.

Although the organization has well-developed procedures for each person's records, implementation is inconsistent across programs. It is recommended that the organization maintain a complete record for each person served. In addition to staff training, the organization may find it beneficial to establish a record review work group to review records and monitor corrections in order to bring them all up to minimal established expectations.

2.A.12.a.

2.A.12.d.

2.A.12.e.

There are locations in the Community Inclusion/Community Integration program where there are incomplete consents as well as where consents do not exist for several years, even as information sharing has continued over these periods. Staff stated that either parents were not cooperative or it was due to lack of time. It is recommended that any release of confidential information be authorized by the person served and/or his/her legal representative, consistently conform to the guidelines of funders and/or referral sources for release of confidential information, and comply with applicable laws across all its programs. It is suggested that the consent forms be revised to allow for the person served and/or committee to either give or deny consent. Currently there is no documentation to show that consent was denied.

Consultation

- Based on interviews with staff, the organization is encouraged to continue working on its efforts to ensure that there is a sufficient number of workers in the Community Inclusion locations to maximize meeting the intended staff-to-person served ratios for enhanced programmatic functioning.
- It is suggested that the organization develop a short training on positive behaviour supports from general concepts and The Mandt System® (which it uses) for the initial training upon hire, and then move to the more extensive training based on its established timelines. This might help to ease some of the time-related issues discussed.

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.2.c.

The organization provides persons served in programs supporting adults information about requirements for continued participation in services. It is recommended that the organization provide the persons served in children and youth programs information about requirements for their continued participation in services.

2.B.5.b.(2)

2.B.5.b.(3)

2.B.5.b.(4)

2.B.5.d.

2.B.5.e.(1)

The organization's policies and procedures reflect processes to be used for updating individualized service plans and this is done consistently in the residential programs. It is recommended that coordinated individualized service plans consistently identify specific measurable objectives, the methods/techniques to be used to achieve the objectives, and those responsible for implementation and be reviewed on a regular basis with respect to expected outcomes and revised, as appropriate, based on the changing needs of persons served. The plans were inconsistently completed across most programs, including the Community Inclusion programs of Activation/Leisure on Clements, South Cowichan, and Next Step.

2.B.10.c.

In order to facilitate continuity of services and supports towards the person's life goals, it is recommended that the organization add to the exit summary report the results of services received by the person served. The organization may have to consider developing an addendum to the report that it currently completes to capture this information.

2.C. Medication Monitoring and Management

Key Areas Addressed

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

Recommendations

2.C.1.a.

2.C.1.b.

2.C.1.c.

2.C.1.d.

2.C.1.e.

2.C.1.f.

2.C.1.g.(1)

2.C.1.g.(2)

The organization provides medication management in adult residential programs and Community Inclusion programs. The individual records of medications are inconsistent and have incomplete information in the Community Inclusion locations. It is recommended that an up-to-date individual record of all medications, including prescription and non-prescription medications, used by the person served include the name of the medication; the dosage, including strength or concentration; the frequency; instructions for use, including administration route; and potential side effects and drug interactions. It should also include, for prescribed medications, the prescribing professional and phone number and dispensing pharmacy and contact information.

2.C.2.c.

2.C.2.e.

It was observed that some medications in Community Inclusion programs were missing labelling. It is recommended that the organization implement written procedures that address packaging and labelling and maintenance of an adequate supply of medications for the persons served, including in the Community Inclusion/Integration program.

2.C.4.

It is recommended that the Community Inclusion program document at least an annual review of all medications used by the person served by a single physician or qualified professional licensed to prescribe or dispense medications. In the residential homes, this is completed by the pharmacist.

2.C.5.d.(3)

There are different medication-administration-record forms in different programs and locations. Even as administration of PRN medication is recorded, documentation of the effectiveness of the medication is sporadic. Some forms do not have a space to record effectiveness, in others information is either not recorded or it is simply documented "monitor." It is recommended that the organization implement its written procedures that address administration of medications by personnel, including consistent documentation of the use and benefits, or lack thereof, of as-needed (PRN) doses.

2.D. Employment Services Principle Standards

Description

An organization seeking CARF accreditation in the area of employment services provides individualized services and supports to achieve identified employment outcomes. The array of services and supports may include:

- Identification of employment opportunities and resources in the local job market.
- Development of viable work skills that match workforce needs within the geographic area.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources and supports to achieve and maintain employment.
- Coordination of and referral to employment-related services and supports.

The organization maintains its strategic positioning in the employment sector of the community by designing and continually improving its services based on input from the persons served and from employers in the local job market, and managing results of the organization's outcomes management system. The provision of quality employment services requires a continuous focus on the persons served and the personnel needs of employers in the organization's local job market.

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

- Individualized, appropriate accommodations.
- A flexible, interactive process that involves the person.
- Increased independence.
- Increased employment options.
- Timely services and reports.
- Persons served obtain and maintain employment consistent with their preferences, strengths, and needs.
- Person served obtains a job at minimum wage or higher and maintains appropriate benefits.
- Person served maintains the job.

Key Areas Addressed

- Goals of the persons served
- Community resources available
- Personnel needs of local employers
- Economic trends in the local employment sector

Recommendations

There are no recommendations in this area.

Consultation

- For the annual update and development of the service plan of the person served, it is suggested that the employment specialist document the current strengths, interests, skills, and training and education of the person served, reflective of change and/or growth over the past year.

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

2.E.5.a.

The organization is serving persons served who are aging. There are a few key staff members who have received training on dementia and aging-related decline, some others receive training when they are working with a person served who has dementia, and other staff members have attended a more extensive train-the-trainer session. It is recommended that the program ensure that personnel are knowledgeable about the early signs indicating possible dementia and aging-related decline. This could lead to notifying the case manager. The organization might want to consider setting up a brief training, highlighting important aspects for all personnel, and then providing more in depth training to those personnel who have a need to know. Additional training resource is available at <http://aadmd.org/articles/webinar-series-dementia-patients-intellectual-and-developmental-disabilities-and-telecare>.

Section 3. Employment Services

Description

An organization seeking CARF accreditation in the area of employment 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 self-direction, self-determination, and self-reliance
- Self-esteem.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.
- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

3.G. Community Employment Services

Description

Community employment services assist persons to obtain successful community employment opportunities that are responsive to their choices and preferences. Through a strengths-based approach the program provides person-directed services/supports to individuals to choose, achieve, and maintain employment in integrated community employment settings.

Work is a fundamental part of adult life. Individually tailored job development, training, and support recognize each person's employability and potential contribution to the labor market. Persons are supported as needed through an individualized person-centred model of services to choose and obtain a successful employment opportunity consistent with their preferences, keep the employment, and find new employment if necessary or for purposes of career advancement.

Such services may be described as individualized competitive employment, individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups in the community, community-based SourceAmerica® contracts, and other business-based work groups in community-integrated designs. In Canada, employment in the form of bona fide volunteer placements is possible.

Individuals may be paid by community employers or by the organization. Employment is in the community.

Depending on the scope of the services provided, some examples of the quality outcomes desired by the different stakeholders of these services include:

- Persons obtain community employment.
- Persons obtain individualized competitive employment.
- Employment matches interests and desires of persons.
- Wages, benefits, and hours of employment achieved as desired.
- Average number of hours worked per week increases.
- Average number of hours worked per week meets the desires of the person served.
- Full-time employment with benefits.
- Transition-age youth move directly from their educational environment into community employment.
- Potential for upward mobility.
- Self-sufficiency.
- Integration.
- Responsive services.
- Safe working conditions.
- Cost-effective for placement achieved.
- Performance level achieved meets requirements of job or position.
- Increase in skills.
- Increase in productivity.
- Increase in hours worked.
- Increase in pay.
- Employment retention.
- Increase in natural supports from coworkers.
- Persons served treated with respect.
- Minimize length of time for supports.
- Type and amount of staff interaction meets needs.
- Employer satisfaction.
- Responsiveness to customers.

Job Development (CES:JD): Successful job development concurrently uses assessment information about the strengths and interests of the person seeking employment to target the types of jobs available from potential employers in the local labour market. Typical job development activities include reviewing local employment opportunities and developing potential employers/customers through direct and indirect promotional strategies. Job development may include facilitating a hiring agreement between an employer and a person seeking employment. Some persons seeking employment may want assistance at only a basic, informational level, such as support for a self-directed job search.

Employment Supports (CES:ES): Employment support services promote successful training of a person to a new job, job adjustment, retention, and advancement. These services are based on the individual employee with a focus on achieving long-term retention of the person in the job. The level of employment support services is individualized to each employee and the complexity of the job.

Often supports are intensive for the initial orientation and training of an employee with the intent of leading to natural supports and/or reduced external job coaching. However, some persons may not require any employment supports at the job site; others may require intensive initial training with a quick decrease in supports, while some will be most successful when long-term supports are provided.

Supports can include assisting the employee with understanding the job culture, industry practices, and work behaviours expected by the employer. It may also include helping the employer and coworkers to understand the support strategies and accommodations needed by the worker.

Supports are a critical element of the long-term effectiveness of community employment. Support services address issues such as assistance in training a person to complete new tasks, changes in work schedule or work promotion, a decrease in productivity of the person served, adjusting to new supervisors, and managing changes in non-work environments or other critical life activities that may affect work performance. Routine follow-up with the employer and the employee is crucial to continued job success.

Key Areas Addressed

- Integrated employment choice
- Integrated employment obtainment
- Employment provided in regular business settings
- Integrated employment retention
- Provides career advancement resources

Recommendations

3.G.7.b.

Even as the organization discusses and arranges for replacement staff members in the event of support staff member's absence when needed, it is recommended that a backup contingency plan be written to be used if support staff that provides supervision at the community employment site is absent or tardy.

Consultation

- Community employment services' staff members are serving individuals funded through Community Living BC and Personalized Supports Initiative. Several persons served have needs in the areas of mental health and substance use, where resources have been often difficult to find due to lack of funding and availability. Although it is remarkable that the community employment services manager and employment specialists are dedicated to helping others and have done a remarkable job, it is recognized that employment services staff members, who stretch too much into dual roles, often focus on mental health emergencies, housing crisis, and so on, at the expense of connecting to employers or developing additional skills as employment specialists. It is suggested that the program consider hiring a staff person experienced in mental health to assist persons served to work on those issues and to connect them to mental health and other resources. This may allow employment staff members more time to provide increasingly effective employment services to these and other individuals, while still actively working as a team.

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.A. Services for Children and Youth (SCY)

Description

Services for children and youth include prevention, early intervention, preschool programs, early years programs, after-school programs, outreach, and services coordination. Services/supports may be provided in 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

setting, equipment, and environment meet the identified needs of the children and youth served and their families. Families are the primary decision makers and play a critical role, along with team members, in the process of identifying needs and services.

Early intervention services are structured and coordinated to facilitate the achievement of optimal development through the provision of prevention, assessment, education, development, and/or therapeutic services to infants and toddlers with disabilities or who are at risk of developmental delay and their families. Early intervention focuses on helping infants and toddlers learn the basic and brand-new skills that typically develop during the first years of life. Broadly speaking, developmental delay means a child is delayed in some area of development. There are five areas in which development may be affected:

- Cognitive development.
- Physical development.
- Communication development.
- Social or emotional development.
- Adaptive development.

Assessment is conducted to determine each child's unique needs and the early intervention services appropriate to address those needs. Families are the primary decision makers in the planning of early intervention services along with personnel relevant to the services being provided. Family-directed services also help family members understand the specific needs of their child and how to enhance his or her development.

Child and adolescent services focus on the development of skills needed by the child/adolescent to succeed in school, in his or her family, and in the community. An organization may provide an array of distinct services that fall under the heading of child and adolescent services, with different service delivery models that incorporate different practices. Services are individualized to meet the changing needs of the children/adolescents served. Child and adolescent services empower the child/adolescent to develop skills in decision making, including maximizing their participation in the service planning process. Involvement of other team members depends on what the child/adolescent needs and the scope of the services provided. Team members could come from several agencies and may include therapists, child development specialists, social workers, educators, medical professionals, and others.

Some examples of the quality outcomes desired by the different stakeholders of services for children and youth include:

- Services individualized to needs and desired outcomes.
- Collection and use of information regarding development and function as relevant to the scope of the services.
- Children/youth acquiring new skills.
- Collaborative approach involving family members in services.
- Transition planning that supports continuity of services and developmental transitions.
- Increased responsibility of children/youth to make decisions.
- Personal safety of youth in the community.

Key Areas Addressed

- Early intervention
- Individualized services based on identified needs and desired outcomes
- Communication with families and other supports/services
- Collaborative service planning
- Healthcare, safety, emotional, and developmental needs of child/youth
- Skill development for decision making
- Planning for successful transitions

Recommendations

4.A.2.a.

4.A.2.d.

It is recommended that information be gathered about immunization history for the child or youth and the prenatal exposure to alcohol, tobacco, or other drugs to guide service planning. Although the organization currently collects information about culture and spiritual needs and beliefs through the Child and Family Profile, it is suggested that, as part of the screening process, the organization collect additional information about culture and ethnicity, including specific needs and preferences, to ensure that barriers to supports are addressed and that staff do not unintentionally offend or disrespect beliefs.

4.A.21.b.

It is recommended that CCS consistently conduct or obtain assessments at the time of entry into early intervention services.

Consultation

- It is suggested by parents that, as part of the organization's efforts to provide educational opportunities for the family to learn, it have printed resources available at the Banks Centre or help facilitate a closed online group to provide information about such things as community resources, parenting skills, aspects of the diagnosis, child development, support and connection opportunities, strategies for dealing with difficult behaviours, and other topics and resources that may prove useful to parents.
- It could greatly benefit CCS to have a new facility in which to serve the children and families. Although the organization has made commendable efforts to manage the limited space in its facilities and configure the environment to meet the needs of children served, the new facility currently under development could relieve some of the issues with finding private space, promote easy communication and collaboration among the various teams, and help them create a hub of support for families to receive support.

4.E. Host Family/Shared Living Services (HF/SLS)

Description

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

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

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization is constrained from requiring its home-share providers to take additional training due to their contractor status, it is suggested that the organization expand its offering of training to home-share providers to include competency-based training on the values of the organization, basic healthcare expectations, and documentation practices.

4.G. Community Integration (COI)

Description

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 centre, a day program, a clubhouse, and a drop-in centre 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.
- Pre-vocational experiences.
- Vocational pursuits.
- Volunteerism in the community.
- 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 centres, arts councils, etc.).

Key Areas Addressed

- Opportunities for community participation

Recommendations

There are no recommendations in this area.

4.H. Community Housing (CH)

Description

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

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

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered

homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighbourhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

4.I. Supported Living (SL)

Description

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

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Clements Centre Society

5856 Clements Street
Duncan BC V9L 3W3
CANADA

Community Integration
Host Family/Shared Living Services
Services for Children and Youth: Child and Adolescent Services
Services for Children and Youth: Early Intervention Services
Governance Standards Applied

Banks Road

5814 Banks Road
Duncan BC V9L 1L2
CANADA

Services for Children and Youth: Child and Adolescent Services
Services for Children and Youth: Early Intervention Services

Campbell Home

346 Campbell Street
Duncan BC V9L 3H8
CANADA

Community Housing

Canada Avenue

149 Canada Avenue
Duncan BC V9L 1T4
CANADA

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Supported Living

Marchmont Home

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

Community Housing

Next Step

1D 2753 Charlotte Road
Duncan BC V9L
CANADA

Community Integration

Ryall Home

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

Community Housing

South Cowichan

3625 Cobble Hill Road
Cobble Hill BC V0R 1L5
CANADA

Community Integration