



# CARF Accreditation Report for Connective Support 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 a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

## **Organization**

Connective Support Society  
763 Kingsway  
Vancouver BC V5V 3C2  
CANADA

## **Organizational Leadership**

Jennifer Hirsch, Regional Director, Fraser Region  
Mark Miller, CEO

## **Survey Number**

166841

## **Survey Date(s)**

June 12, 2023–June 14, 2023

## **Surveyor(s)**

Joanne M. Furze, BS, CSW, Administrative  
Jeannette E. Anderson, Program  
Judy K. A. Dubeau, PhD, Program

## **Program(s)/Service(s) Surveyed**

Community Housing  
Host Family/Shared Living Services  
Supported Living  
Group Home (Children and Adolescents)

## **Previous Survey**

March 4, 2020–March 6, 2020  
Three-Year Accreditation

## **Accreditation Decision**

### **Three-Year Accreditation**

**Expiration: March 31, 2026**

# Executive Summary

This report contains the findings of CARF's site survey of Connective Support Society conducted June 12, 2023–June 14, 2023. 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, Connective Support Society demonstrated substantial conformance to the standards. Connective Support Society (CSS) is strongly committed to providing quality services that protect and promote the rights, health, and welfare of persons served. CSS is respected in its community and perceived positively by persons served. It has committed itself to the CARF accreditation process and has worked hard to demonstrate conformance to the standards. This commitment is substantiated by the organization's continued pursuit of quality improvement. The organization continues to provide services in a manner that promotes the safety, health, and well-being of persons served, and the organization focuses on the provision of meaningful, individualized services by caring, competent, and committed staff members. Opportunities for improvement include health and safety, technology, program service/structure, and individualized planning.

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

**Connective Support 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 Connective Support Society was conducted by the following CARF surveyor(s):

- Joanne M. Furze, BS, CSW, Administrative
- Jeannette E. Anderson, Program
- Judy K. A. Dubeau, PhD, 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 Connective Support 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 Housing
- Host Family/Shared Living Services
- Supported Living
- Group Home (Children and Adolescents)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

## Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

## Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

## Areas of Strength

CARF found that Connective Support Society demonstrated the following strengths:

- CSS has strong, effective leadership with long-term continuity and respect for the mission and vision of the organization. The dedicated board includes several long-term members.
- The leadership of CSS demonstrates a commitment to developing, maintaining, and expanding services as it pursues its mission to address the needs of the persons served. The organization's leadership appears to function well as stewards of financial resources to address the needs of the persons served and implement creative efforts to provide quality services.

- The management staff members are friendly, committed to high standards, open to new ideas, and supportive of the organization's programs and staff. The commitment and skills of the staff members are trademarks of the organization. CSS employs highly skilled and dedicated staff members in direct service positions who are committed to helping the clients accomplish their goals. They serve as positive role models for the clients and the community at large.
- It is evident that the staff members feel truly supported, respected, and valued by the leadership. A culture of empowerment and trust exists throughout all levels. Staff members expressed great appreciation for the importance the organization places on staff appreciation and development through an open-door policy and practices where staff members have continuous communication with the leadership team. The leadership has fostered positive lines of communication among management and frontline staff members, facilitating an effective transfer of innovative ideas, resolution of issues, and development of a healthy corporate culture.
- CSS demonstrates a strong commitment to training, which enhances the commitment and confidence of staff members to provide quality services to clients and keeps best practices at the heart of service delivery.
- CSS has robust quality management systems and effectively documents the information and processes that drive the organization's performance improvement systems.
- The organization is information driven. It uses information about its environment and services and the input from persons served to continually expand programs. Clinicians, administration, and staff members have access to an intranet-based forum of communication, where they can find policies and procedures and forms and can input data. This forum can also be used as a social media site for all staff members, enhancing communication.
- The organization has produced an attractive and informative website that portrays clients with dignity and respect while accurately conveying the organization's services and successes.
- In accordance with the changing demographics of the community, CSS has pursued an increase in information regarding services for a variety of cultures by hiring a diversity, equity, and inclusion (DEI) specialist. Annual diversity training occurs. Input is requested from employees and clients regarding environmental, attitudinal, and diversity awareness.
- In 2022, CSS was recognized for its services to the community through several awards, including Canadian Nonprofit Employer of Choice™ Award and an accreditation award from SupportingLines™.
- CSS has a large footprint in many adjoining communities. It has an incredible reputation for accepting clients with complex needs. Staff members assist the clients navigate through difficult times using trauma-informed care practices and compassion. Services are provided by a cadre of caring, competent, well-trained, and committed staff members who take obvious pride in their work and the many accomplishments of the persons and families served. Staff members contribute to the development and provision of high-quality programming for the clients. The staff is knowledgeable and compassionate and advocates for the clients while seeking ways to accommodate specific individual needs.
- Clients took great pride in sharing that the coordination and efficiency of the organization are among its many strengths. The staff members providing supportive living and home share services are prudent and genuine and focus on the safety of the clients, taking into consideration physical and mental health, housing, transportation, and personal well-being needs of the clients. The organization has an array of opportunities, resources, and tools for the clients to learn potential new skills. Transportation is identified as a barrier for many of the clients, and the organization ensures that clients get to appointments and can go grocery shopping and that medication is picked up or delivered to the clients in their homes.
- Stakeholders spoke positively of the skills and commitment demonstrated by the leadership and staff members and noted that they go out of their way to assist with situations and to find possible solutions when challenges arise. Stakeholders commented that the leadership and staff members are available and responsive to communicate and collaborate regarding the clients' needs.

- The organization enjoys a good reputation in the community and maintains positive working relationships with community agencies, referral sources, and state agencies. CSS is praised for the effectiveness and efficiency of its work and for the responsiveness of staff members and leadership to the clients and to the community. The organization offers well-defined services that are strength based and recovery oriented.
- Families, referral and funding agencies, and other stakeholders indicated that the program has been effective in assisting them through the transition and care of the clients. They unanimously expressed feeling respected and heard by the program staff and leadership. They reported that they and the clients are treated with dignity and feel like their input is valued by the team.
- Referral and funding sources reported that they appreciate how the organization’s team strategically and methodically reviews all aspects of the needs of the individuals, reviews if the organization has the skills and capacity to meet the needs of the individuals, and then plans on how it can implement services to achieve the best possible outcome for an individual before admitting that individual into services or programs.
- The organization has recently branched out to provide youth group homes. Even as a young program, it has already developed a good reputation in the community and maintains positive working relationships with neighbours, community agencies, and other service partners.
- CSS is complimented for the increase and expansion in home shares it has recruited in Vancouver through to the lower mainland. The staff members do an amazing job matching families and clients with respect to cultural diversity and values. With the housing shortage and closing of many group homes, this focus has empowered clients with hope, knowing that there are people that care. The extended families provide them with a sense of acceptance and belonging.
- The staff demonstrates creativity in ensuring that the unique needs of the clients are met within the organization and through the utilization of community resources with sensitivity to cultural diversity and individual preferences.

## 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.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 from persons served, personnel, and other stakeholders
- 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
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### **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**

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- 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.c.(5)**

**1.H.7.d.**

Although there is evidence of some tests, such as for fire and bomb threats, all of the emergency procedures are not consistently tested. An unannounced test of each emergency procedure should be conducted at least annually on each shift at each location. Each test should include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill. Each test should be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. The test and the analysis should be evidenced in writing.

- 1.H.8.a.(1)**
- 1.H.8.a.(2)**
- 1.H.8.b.(1)**
- 1.H.8.b.(2)**
- 1.H.8.b.(3)**
- 1.H.8.b.(4)**
- 1.H.8.b.(5)**

As CSS provides services in locations that are not owned/leased or controlled/operated by the organization, it should implement written procedures that address safety at the service delivery site for persons served and personnel, including consideration of any emergency procedures that may already be in place at the service delivery site; the physical environment, including accessibility, of the service delivery site; basic needs in the event of an emergency; actions to be taken in the event of an emergency; and provisions for communication by personnel while providing services regarding decisions to continue or discontinue services.

#### **1.H.13.h.**

It is recommended that, when transportation is provided for persons served, there be evidence of written emergency procedures available in the vehicle(s). These procedures could be written on a laminated card that could be kept within the vehicle for easy access in case of an accident.

#### **Consultation**

- One of the fire extinguishers in community housing is out of date. Review of fire extinguishers could be part of the self-inspections to ensure that all extinguishers are up to date.

## **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 backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

#### **Recommendations**

There are no recommendations in this area.

## 1.J. Technology

### Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

### Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

### 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.b.(6)

#### 1.J.4.c.

Although CSS provides training on the procedures for business continuity, a test of the organization's procedures for business continuity/disaster recovery should be conducted at least annually; analyzed for effectiveness, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, and necessary education and training of personnel; and evidenced in writing, including the analysis. This test could be scheduled like the other drills so that it does not get missed.

## 1.K. Rights of Persons Served

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## Consultation

- It is suggested that the release of information be more specific as to what information is to be conveyed to the recipient. For example, rather than giving the recipient access to all of the record, the organization could only provide what is pertinent to the recipient.

## 1.L. Accessibility

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.M. Performance Measurement and Management

### Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

### Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

### Recommendations

There are no recommendations in this area.

## 1.N. Performance Improvement

### Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

### Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

### Recommendations

There are no recommendations in this area.

## Section 2. Quality Individualized Services and Supports

### Description

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

## 2.A. Program/Service Structure

### Description

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

### Key Areas Addressed

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

## **Recommendations**

### **2.A.11.**

CSS has both electronic and paper records, with the electronic file being the primary source of information. However, some information is not getting scanned into the electronic file. There also are blank areas on some of the paper files on forms generated by the organization. It is recommended that a complete record be maintained for each person served. Staff members are encouraged to complete all forms, filling in all of the areas requesting information. “NA” could be used when the area is not applicable.

## **2.B. Individual-Centred Service Planning, Design, and Delivery**

### **Description**

Improvement of the quality of an individual’s services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization’s services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects the person’s life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.E. Community Services Principle Standards**

### **Description**

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.



Expected results from these services may include:

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

### **Key Areas Addressed**

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

### **Recommendations**

There are no recommendations in this area.

## **Section 4. Community Services**

### **Description**

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centred process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

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

### Description

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

Getting the person in the right match is a critical component to successful host family/shared living services. The organization begins by exploring with the person served what constitutes quality of life for the individual and identifies applicant host family/shared living providers who are a potential match with the person's identified criteria. The person served makes the final decision of selecting a 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 in the community. The host family/shared living provider helps the person served to develop natural supports and strengthen existing networks. Relationships with the family of origin or extended family are maintained as desired by the person served. The host family/shared living provider supports the emotional, physical, and personal well-being of the person.

Persons develop their personal lifestyle and modify the level of support over time, if they so choose. The host family/shared living provider encourages and supports the person served to make decisions and choices.

The host family/shared living provider does not necessarily have to be a family, as it could be an individual supporting the person. Although the "home" is generally the host family/shared living provider's home or residence, it may also be the home of the person served.

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

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

## **4.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.

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

- Safe housing.
- Persons choosing where they live.
- Persons choosing with whom they will live.
- Persons having privacy in their homes.
- Persons increasing independent living skills.
- Persons having access to the benefits of community living.
- Persons having the opportunity to receive services in the most integrated setting.
- Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
- Persons having the freedom to furnish and decorate their sleeping or living units as they choose.
- Persons having freedom and support to control their schedules and activities.
- Settings that are physically accessible to the individuals.

### **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.

**2022 Child and Youth Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.**

## **Section 2. General Program Standards**

### **Description**

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

The guiding principles include:

- Services that are child/youth and family driven.
- Promotion of resiliency.
- Cultural and linguistic competence.
- Strengths-based approach.
- Focus on whole person in context of family and community.
- Trauma-informed.

## 2.A. Program/Service Structure

### Description

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

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

Child- and family-centred care includes the following:

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

### Key Areas Addressed

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

### Recommendations

#### 2.A.21.a.(1)(c)

#### 2.A.21.a.(2)(b)

#### 2.A.21.b.(2)

For the safety and well-being of the clients and staff members, it is recommended that the program implement policies and procedures that address the handling of items brought into the program by visitors, including legal substances. This could include vitamins, herbs, and alternative medicines. This could be done by posting appropriate items that can be brought into the facilities or by listing specific items that are considered contraband

and not allowed within the facilities or the grounds. It is also recommended that the program implement policies and procedures that address the use of tobacco products in all vehicles owned or operated by the organization. This could include other products, such as spit, chew, nicotine gum, and green cigarettes.

### **Consultation**

- The referral and funding sources, in conjunction with the organization staff, clients, and client representatives, make the ultimate decision to approve or deem a potential client ineligible for service. The organization is encouraged to document the protocols and responsibilities regarding who will inform the client, the family, and other stakeholders of the decision and recommendations of alternative services for those times when all parties are not present during the team planning process.

## **2.B. Screening and Access to Services**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.C. Individualized Plan**

### **Description**

Each person served is actively involved in and has a significant role in the individual planning process and determining the direction of the individualized plan. The individualized plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served, as well as identified challenges and potential solutions. Individualized plans consider the significance of traumatic events. The individualized plan may also be referred to as a person-centred plan, service plan, treatment plan, case plan, or plan of care. In programs that serve young children, or families as a unit, the plan is often family focused rather than focused on a specific child.

### **Key Areas Addressed**

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

## **Recommendations**

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

The individualized plan includes goals that are written more as a directive for the staff. Although this may be a challenge for some clients who have difficulty in articulating their words, it is recommended that the individualized plan include goals that are expressed in the words of the person(s) served. Goals could contain quotations, when applicable, or statements that acknowledge that the clients have input into the goals, as indicated by a gesture or behaviour when goals are discussed.

## **Consultation**

- Although a goal may be “ongoing” or have an undetermined timeline, it is suggested that the plans state that goals are reviewed within a set time period or date. It is also suggested that the date line indicate if it is month/day/year or day/month/year on the form to eliminate confusion.
- This is a young program, and staff members are able to verbalize how to incorporate educational needs into the programs. It is suggested that the organization document procedures and the individualized strategies that are needed to be incorporated into each client’s unique educational needs. This information and protocols could also be included in the client handbook and house rules for continuous reference.

## **2.D. Transition/Discharge**

### **Description**

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization after they are discharged. The transition process is planned with the active participation of each person served. Transition may include planned or unplanned discharge, movement to a different level or intensity of services or movement to community based services.

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

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

Just as the assessment is critical to the success of treatment, transition services are critical for the safety and support of the individual’s ongoing well-being. The program takes a proactive approach to follow-up with persons served after discharge to gather information related to their post discharge status and to assist in determining the effectiveness of services and whether additional services were or are currently needed.

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.



## 2.E. Medication Use

### Description

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

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

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

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

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

### Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

### Recommendations

There are no recommendations in this area.

### Consultation

- The organization provides medication administration training to all staff members during orientation and regularly thereafter. It is suggested that the current medication training include the eight rights of medication: the right documentation, right response, right reasons, right route, right time, right dose, right medication, and right person.

## 2.G. Records of the Person Served

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 2.H. Quality Records Review

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

# Section 4. Core Residential Program Standards

## 4.D. Group Home

### Description

Group home programs provide trauma-informed treatment and services in a safe, supportive, 24-hour setting to children/youth for whom there are documented reports of abuse, maltreatment, and/or behavioural health needs and who cannot safely live in a family setting within the community.

Group home programs are time limited with goals for reunification with the family of the child/youth or placement within another family setting or other community placement with an emphasis toward permanency.

### **Key Areas Addressed**

- Access to professionals
- Advocacy
- Personnel training
- Supportive program activities
- Community living components

### **Recommendations**

There are no recommendations in this area.

# Program(s)/Service(s) by Location

## **Connective Support Society**

763 Kingsway  
Vancouver BC V5V 3C2  
CANADA

Host Family/Shared Living Services

## **Abbotsford Office**

101 - 33131 South Fraser Way  
Abbotsford BC V2S 2B1  
CANADA

Host Family/Shared Living Services  
Supported Living

## **Dogwood Residential**

23480 Larch Avenue  
Maple Ridge BC V4R 2S6  
CANADA

Community Housing

## **East 3rd Residential**

3387 East 3rd Avenue  
Vancouver BC VSM 1J5  
CANADA

Community Housing

## **Fraser Street Staff Office**

3360 Fraser Street  
Vancouver BC V5V 4C1  
CANADA

Host Family/Shared Living Services  
Supported Living

## **Leyland**

2867 McCallum Road  
Abbotsford BC V2S 3R4  
CANADA

Community Housing

## **Meadow House**

1108 Charland Avenue  
Coquitlam BC V3K 3L1  
CANADA

Community Housing

**Miller Block**

767 Kingsway  
Vancouver BC V5V 3C2  
CANADA

Supported Living

**Sage House**

1086 Prairie Avenue  
Port Coquitlam BC V3B 1S6  
CANADA

Group Home (Children and Adolescents)

**Samara Community House**

1132 Hammond Avenue  
Coquitlam BC V3K 2P1  
CANADA

Community Housing

**Surrey Office**

10328 Whalley Boulevard  
Surrey BC V3T 5R3  
CANADA

Host Family/Shared Living Services  
Supported Living

**Teak House**

817 Greene Street  
Coquitlam BC V3C 2B9  
CANADA

Group Home (Children and Adolescents)

**Vancouver Apartments**

3008 Clark Drive  
Vancouver BC V5N 3J1  
CANADA

Community Housing