



CARF Accreditation Report for Encompass Support Services 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

Encompass Support Services Society
20618 Eastleigh Crescent
Langley BC V3A 4C4
CANADA

Organizational Leadership

Christine McCracken, BA, Executive Director of Programs
Loren Roberts, Director of Operations

Survey Number

112057

Survey Date(s)

June 17, 2019–June 19, 2019

Surveyor(s)

James Haughey, EdD, Administrative
Debi O'Boyle, Program
Bonni J. Stephenson, MC, LPC, Program

Program(s)/Service(s) Surveyed

Child/Youth Day Care (Children and Adolescents)
Community Transition (Children and Adolescents)
Community Youth Development (Juvenile Justice)
Counselling/Outpatient (Children and Adolescents)
Group Home Care (Children and Adolescents)
Intensive Family-Based Services (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)
Governance Standards Applied

Previous Survey

January 6, 2016–January 8, 2016
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: December 31, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of Encompass Support Services Society conducted June 17, 2019–June 19, 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, Encompass Support Services Society demonstrated substantial conformance to the standards. Encompass Support Services Society (ESSS) demonstrates its ongoing commitment to providing quality care, as evidenced by the commitment of the leadership and staff members to quality improvement and to being a data-driven organization. The organization has many strengths and is obviously committed to the communities served. The participants who were interviewed expressed a high degree of satisfaction with staff and services provided, feeling safe and supported to make change and work through difficult and challenging situations. Opportunities for improvement are identified in the recommendations in this report in the areas of leadership; governance; health and safety; workforce development and management; performance measurement, management, and improvement; program/service structure; screening and access to services; transition/discharge; medication use; records of the persons served; quality records review; child/youth day care; and juvenile justice. The organization demonstrates the willingness and ability to use its resources to address these areas as demonstrated by the resources the organization devotes to quality management.

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

Encompass Support Services 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 Encompass Support Services Society was conducted by the following CARF surveyor(s):

- James Haughey, EdD, Administrative
- Debi O'Boyle, Program
- Bonni J. Stephenson, MC, LPC, 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 Encompass Support Services 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):

- Child/Youth Day Care (Children and Adolescents)
- Community Transition (Children and Adolescents)
- Community Youth Development (Juvenile Justice)
- Counselling/Outpatient (Children and Adolescents)
- Group Home Care (Children and Adolescents)
- Intensive Family-Based Services (Children and Adolescents)
- Promotion/Prevention (Children and Adolescents)
- *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 Encompass Support Services Society demonstrated the following strengths:

- The organization continues to work well with another provider in the community after an attempt by the organizations to amalgamate was unsuccessful. The focus on meeting community needs continues to be the priority for ESSS.

- The organization’s commitment to quality is demonstrated by the inclusion of the governance standards in this survey. After the efforts at amalgamation ended, it was necessary to focus on board development, so management chose to use the survey process as a guide.
- Collaboration is a key value of the organization as evidenced by the building of the Langley Youth Hub. Several local providers applied for a provincial grant to build the facility. When they did not get the grant, they decided to continue the project through funding. The community now has a facility where youth can come to receive medical and behavioural health services under one roof. This facilitates the integration of medical and behavioural health care.
- Cardinal House and Topham House are attractive, well-maintained group homes that provide needed emergency beds for a vulnerable, often marginalized population of youth. The program has achieved successful outcomes by meeting the clients where they are at and advocating for these underserved youth to participate and engage in decisions that affect them.
- ESSS is committed to providing compassionate and respectful services to the persons served while protecting the interests of the most vulnerable population served. Staff members that were interviewed consistently remarked on being dedicated to the organization’s mission and purpose, which is evident by their work ethic and their interest in providing best practices of trauma-informed care.
- The Family Place Resource Centre is a warm and welcoming space where parents, grandparents, and children can experience connection and support. The staff and peer support create an inviting atmosphere, facilitate individual and group activities, and engage adults and children in learning and knowledge exchange. Adults shared that their children experienced significant developmental growth as a result of their participation in Family Place Resource Centre activities.
- A parent who received service from The Family Strengthening Program (FSP) said that the counselling and support received resulted in the rebuilding of her relationship with her daughter. After a difficult experience and estrangement, the parent says her relationship with her child is now stronger than ever and that their success is attributable to the dedicated ESSS staff.

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

1.A.9.b.(1)

1.A.9.b.(2)

In order to demonstrate accountability, it is recommended that the organization provide initial and ongoing training regarding written procedures to appropriate personnel.

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.e.(2)

1.B.2.f.(3)

1.B.2.f.(4)

1.B.2.g.(1)(b)

1.B.2.g.(2)(b)

1.B.2.g.(2)(c)

1.B.2.g.(4)

The organization is currently reviewing all documentation relating to governance policies. Although most policies are currently written, they have not yet been approved by the board and implemented. Therefore, it is recommended that governance policies address board leadership, including selection of committee chairs; board structure, including definition of independent, unrelated board representation and duration of board membership; board performance, including financial matters, if any, between the organization and individual board members, including loans; use of external resources, including, as applicable, executive compensation advisors and other advisors, as needed; and periodic self-assessment of individual members.

1.B.6.a.

1.B.6.b.

1.B.6.c.(1)

1.B.6.c.(3)

1.B.6.c.(4)

1.B.6.d.(1)

1.B.6.d.(2)

1.B.6.e.(3)

1.B.6.e.(4)

1.B.6.e.(5)

1.B.6.e.(7)

It is recommended that governance policies address executive compensation, including a written statement of total executive compensation philosophy; review by an authorized board committee composed of independent, unrelated board members; defined total compensation mix, up to and including, as warranted, base pay, benefit plans, and perquisites; and total compensation references to market comparator data and functionally comparable positions. Lastly, policies should include a documented process that outlines names of board members on the committee who approved the compensation decision; data used in the compensation decision; disclosures of conflict of interest, if any; and authority of board members to exercise executive compensation actions.

1.B.7.

It is recommended that the governing board review its governance policies at least annually.

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.4.a.(1)

1.H.4.a.(2)

1.H.4.b.(2)

1.H.4.b.(5)

1.H.4.b.(6)

Although the organization provides some required competency-based training, it is recommended that personnel receive documented competency-based training both upon hire and at least annually in the identification of unsafe environmental factors, identification of critical incidents, and reporting of critical incidents.

1.H.9.a.

1.H.9.d.

1.H.9.e.

The organization has a critical incidents policy and procedure. It is recommended that the written procedure regarding critical incidents include prevention, remedial action, and timely debriefings conducted following critical incidents.

1.H.10.a.

1.H.10.b.(1)

1.H.10.b.(2)

1.H.10.b.(3)

1.H.10.b.(4)

1.H.10.b.(5)

1.H.10.b.(6)

1.H.10.b.(7)

1.H.10.b.(8)

The organization tallies all critical incidents on an ongoing basis. It is recommended that a written analysis of all critical incidents be provided to or conducted by the leadership at least annually that addresses causes, trends, actions for improvement, results of performance improvement plans, necessary education and training of personnel, prevention of recurrence, internal reporting requirements, and external reporting requirements.

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

1.I.5.a.(4)

1.I.5.a.(5)

1.I.5.a.(6)

1.I.5.c.

1.I.5.d.

It is recommended that the organization expand its onboarding and engagement activities to address the organization's performance measurement and management system, risk management plan, strategic plan, position roles and responsibilities, and position performance expectations.

1.I.6.d.(1)(d)

It is recommended that the organization promote engagement through respect for all individuals in the workforce, including policies and written procedures that address, at a minimum, promotion.

1.I.7.b.

It is recommended that workforce development activities include assessment of competencies.

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

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

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations 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

1.M.3.d.(2)(c)

It is recommended that the data collected by the organization be used to set, for each program seeking accreditation, written service delivery performance targets.

1.M.6.b.(1)

1.M.6.b.(2)

1.M.6.b.(3)

Although the organization collects satisfaction data on its programs, it is recommended that the organization measure service delivery performance indicators for each program/service seeking accreditation in the effectiveness of services, the efficiency of services, and service access.

1.M.7.a.

1.M.7.b.

1.M.7.c.

1.M.7.d.

It is recommended that, for each service delivery performance indicator, the organization determine to whom the indicator will be applied; the person(s) responsible for collecting the data; the source from which data will be collected; and a performance target based on an industry benchmark, based on the organization's performance history, or established by the organization or other stakeholder.

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

1.N.1.b.(2)(a)

1.N.1.b.(2)(b)

1.N.1.b.(2)(c)

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

The organization compiles an annual report on some service delivery indicators. It is recommended that a written analysis be completed that analyzes performance indicators in relation to performance targets, including service delivery of each program seeking accreditation, including the effectiveness of services, the efficiency of services, and service access. The analysis should identify areas needing performance improvement, result in an action plan to address the improvements needed to reach established or revised performance targets, and outline actions taken or changes made to improve performance.

Section 2. General Program Standards

Description

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

The guiding principles include:

- Child/youth and family driven services.
- Promotion of resiliency.
- Cultural and linguistic competence.
- Strengths-based approach.
- Focus on whole person in context of family and community.
- Trauma-informed, where applicable.

2.A. Program/Service Structure

Description

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

The organization, where appropriate, provides information to the child/youth served and in collaboration with the parent 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
- Qualifications and competency of direct service staff
- Team member responsibilities
- Family participation
- Developmentally appropriate surroundings and equipment
- Team composition/duties
- Crisis intervention provided
- Relevant education
- Medical consultation
- Clinical supervision
- Services relevant to diversity
- Assistance with advocacy and support groups
- Collaborative partnerships
- Effective information sharing
- Child/youth/family role in decision making
- Arrangement or provision of appropriate services
- Policies and procedures that facilitate collaboration
- Gathering customer satisfaction information
- Coordination of services for child/youth

Recommendations

2.A.1.c.

It is recommended that each program/service review the scope of services at least annually and update it as necessary.

2.A.20.a.

Although supervision is provided and documented, it is recommended that documented ongoing supervision of direct service personnel consistently address the accuracy of assessment skills, when applicable.

2.A.36.

The organization is urged to develop policies and procedures that are inclusive of a peer workforce.

2.A.39.a.

2.A.39.c.(1)(e)

2.A.39.c.(2)

Although the organization provides competency-based training to its peer support specialists, it is recommended that the organization provide training that is based on a recognized peer-support curriculum or a curriculum designed and developed with the input of peer support specialists. The training should include initial training on the effective use of sharing life experiences and ongoing training on current practices in peer support services.

2.A.40.

The organization is urged to address boundaries related to peer support services in its ethical code of conduct.

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

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

Recommendations

2.B.9.c.

It is recommended that the program continuously conduct assessments or obtain assessment information for each person served that is responsive to the changing needs of the person served.

2.B.12.a.(2)(b)

2.B.12.a.(3)

2.B.12.a.(9)

2.B.12.a.(10)

2.B.12.a.(11)(a)

2.B.12.a.(11)(b)

2.B.12.a.(12)

2.B.12.a.(13)

2.B.12.a.(14)

2.B.12.a.(15)

2.B.12.a.(16)

2.B.12.a.(17)(a)(i)

2.B.12.a.(17)(a)(ii)

2.B.12.a.(17)(b)

2.B.12.a.(18)

- 2.B.12.a.(19)**
- 2.B.12.a.(20)**
- 2.B.12.a.(21)**
- 2.B.12.a.(22)(a)**
- 2.B.12.a.(22)(b)**
- 2.B.12.a.(22)(c)**
- 2.B.12.a.(22)(d)**
- 2.B.12.a.(23)**
- 2.B.12.a.(24)**
- 2.B.12.a.(25)(a)**
- 2.B.12.a.(25)(b)**
- 2.B.12.a.(25)(c)**
- 2.B.12.a.(26)(a)**
- 2.B.12.a.(26)(b)(i)**
- 2.B.12.a.(26)(b)(ii)**
- 2.B.12.a.(26)(b)(iii)**
- 2.B.12.a.(26)(b)(iv)**
- 2.B.12.a.(26)(c)**
- 2.B.12.a.(27)(a)**
- 2.B.12.a.(27)(b)**
- 2.B.12.a.(27)(c)**
- 2.B.12.a.(28)**
- 2.B.12.a.(29)**
- 2.B.12.a.(30)**

Although ESSS has a tool that captures assessment data, it has not consistently completed capturing all assessment data. It is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centred plan for each person served, including information about the individual's violence risk; other needs; gender identity/expression; sexual orientation; developmental history, including prenatal exposures and milestones; culture; ethnicity; spiritual beliefs; family history and relationships; previous service history, when applicable; current level of language functioning, including speech and hearing; visual functioning; co-occurring disabilities and/or disorders; need for and availability of social supports; parental/guardian custodial status; parent's/guardian's ability and willingness to participate in services, when applicable; incidents of abuse, neglect, violence, and trauma; medical status; immunization record; medication use profile, including prescription and non-prescription, efficacy of medications used, and allergies or adverse reactions; behavioural health status, including current level of functioning; current behaviours of concern, including risk-taking behaviours, fire setting, cruelty to animals, and life stressors; alcohol, tobacco, and other drug use, abuse, or dependence; educational experiences, including placements, performance, and learning ability; environmental surroundings; legal involvement; and peer relationships.

- 2.B.14.b.(1)**
- 2.B.14.b.(3)(a)**
- 2.B.14.b.(3)(b)**

It is recommended that the primary assessment result in the preparation of an interpretive summary that is based on the assessment data and identifies any co-occurring disabilities/disorders and ecological factors that should be addressed in the development of the individualized plan.

2.B.15.

It is recommended that reassessments, when appropriate, be conducted or obtained in accordance with the program's established timeframes or when otherwise indicated.

2.C. Individualized Plan

Description

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of the individualized plan. The individualized plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served, as well as identified challenges and problems. Individualized plans may consider the significance of traumatic events.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, reunification, re-entry in a juvenile justice system, or transition to adulthood.

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

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

Just as the assessment is critical to the success of treatment, transition services are critical for the support of the individual's ongoing well-being. The organization proactively attempts to contact the person served after formal transition or discharge to gather needed information related to his or her postdischarge status.

The transition plan and/or discharge summary may be included in a combined document or as part of the individualized plan as long as it is clear whether the information relates to a transition or discharge planning.

Key Areas Addressed

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

Recommendations

2.D.1.a.

Although the organization has written procedures regarding referrals into programming, it is recommended that it also implement written procedures for referrals for external programs and services.

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 his/her 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

2.E.6.d.(1)

2.E.6.d.(2)

2.E.6.d.(3)

Because Topham House and Cardinal House administer medications at times, it is recommended that they implement written procedures that address review of past medication use, including efficacy, side effects, and adverse reactions.

2.F. Promoting Non-violent Practices

Description

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

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

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

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviours. Personnel are trained to recognize and respond to these behaviours through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

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

Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behaviour. The following are not considered restraints for the purposes of this section of standards:

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.G. Records of the Person Served

Description

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

Key Areas Addressed

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

Recommendations

2.G.1.a.

2.G.1.c.

2.G.1.d.

It is recommended that the individual record communicate information in a manner that is organized, complete, and current.

2.G.3.b.(2)

2.G.3.c.(2)

2.G.3.e.

2.G.3.f.(2)

It is recommended that the individual record include information about the person's personal representative, conservator, or guardian, including his/her address; the person to contact in the event of an emergency, including his/her address; the location of any other records; and information about the person's primary care physician, including, when available, his/her address.

2.H. Quality Records Review

Description

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

Key Areas Addressed

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

Recommendations

2.H.4.c.(1)

2.H.4.c.(2)

It is recommended that the review address whether the assessments of the person served were thorough and complete.

Section 3. Core Program Standards

3.E. Child/Youth Day Care

Description

A child/youth day care program provides care, development, and supervision for an identified portion of the day. Services are provided to children/youth temporarily entrusted to the program during the parent's/guardian's/caregiver's involvement at work, school, or other short-term activity. Day care programs may be located in a freestanding facility or in a designated area within a school, home, or other community setting.

Key Areas Addressed

- Training of providers
- Parent/guardian consent
- Program activities
- Information provided to parents/guardians
- Administration of medication

Recommendations

3.E.16.a.

3.E.16.b.

Although the program has a procedure to record when children and staff arrive and depart, the program is urged to consistently record arrival and departure times for children and staff.

3.G. Community Transition

Description

Community transition programs provide services that focus on the identified preferences, goals, and needs of youth transitioning from service systems designed for children and adolescents to adulthood. The program utilizes a collaborative approach to individualized planning and decision making that includes the persons served and, in accordance with the preferences of the persons served, members of their families/support systems.

Recognizing that many of the persons served have experienced traumatic events that have impacted their relationships, the program emphasizes the importance of developing and maintaining healthy relationships of all types for successful transition to adulthood. The development of services and supports for each person is guided by an inventory of skills and interests and identification of the goals and priorities of life skills needed by the person for successful transition to adulthood. Persons served are involved in the assessment of risks and consequences related to various behaviours in which they may choose to engage.

Community transition programs provide the persons served with opportunities to explore and understand how their lives will change as recognized adults in areas including, but not limited to, access to service systems and funding; living options; and educational, social, and vocational opportunities.

Community transition programs may be facility- or community-based and offered in outpatient or residential types of settings. The programs may be comprehensive in scope and provide a wide range of services or specialize in a single or multiple areas of services such as independent living and/or vocational skills.

Key Areas Addressed

- Modeling healthy relationships
- Opportunities to develop life, advocacy, and leadership skills
- Progress toward self-sufficiency and self-help

Recommendations

There are no recommendations in this area.

3.H. Community Youth Development

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.I. Counselling/Outpatient

Description

Counselling/outpatient programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counselling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity.

Counselling/outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, behaviour management, mental health issues, life span issues, psychiatric illnesses, substance use disorders and other addictive behaviours, and the needs of victims of abuse, neglect, domestic violence, or other traumas.

Key Areas Addressed

- Service modalities
- Evidence-based practice

Recommendations

There are no recommendations in this area.

3.R. Intensive Family-Based Services

Description

Intensive family-based services are provided in a supportive and interactive manner and directed toward maintaining or restoring a healthy family relationship and building and strengthening the capacity of families to care for their children. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach and have a goal of keeping families together or supporting reunification. The services may include wraparound and family preservation type programs.

Key Areas Addressed

- Services provided
- Access to professionals
- Clinical supervision

Recommendations

There are no recommendations in this area.

3.T. Promotion/Prevention

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 4. Core Residential Program Standards

4.E. Group Home Care

Description

Group home programs provide placements to children/youth for whom there are documented reports of maltreatment, abandonment, absence without leave, or other identified needs, or treatment services to children/youth with identified behavioural needs. Services are provided in a safe and supportive setting and are time limited. The program goal is to reunite the child/youth with the natural family or other permanent placement when in the best interest of the child/youth. In all situations, integration into the community to the greatest degree possible is achieved.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designations

5.A. Juvenile Justice

Description

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

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

Key Areas Addressed

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

Recommendations

5.A.6.a.(1)

5.A.6.a.(2)

5.A.6.a.(3)

5.A.6.a.(4)

5.A.6.a.(5)

5.A.6.b.

5.A.6.c.

5.A.6.d.

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

Program(s)/Service(s) by Location

Encompass Support Services Society

20618 Eastleigh Crescent
Langley BC V3A 4C4
CANADA

Community Transition (Children and Adolescents)
Community Youth Development (Juvenile Justice)
Counselling/Outpatient (Children and Adolescents)
Intensive Family-Based Services (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)
Governance Standards Applied

Aldergrove Family Place

27330 28 Avenue
Aldergrove BC V4W 3K1
CANADA

Promotion/Prevention (Children and Adolescents)

Best Babies of the Langleys Office - Pregnant and Parenting Youth Program

20624 Eastleigh Crescent
Langley BC V3A 4C4
CANADA

Promotion/Prevention (Children and Adolescents)

Cardinal House Emergency Receiving Home

20620 Eastleigh Crescent
Langley BC V3A 4C4
CANADA

Group Home Care (Children and Adolescents)

Clinical Counselling

20622 Eastleigh Crescent
Langley BC V3A 4C4
CANADA

Counselling/Outpatient (Children and Adolescents)

Langley Education Centre - Day Care

21405A 56 Avenue
Langley BC V2Y 2N1
CANADA

Child/Youth Day Care (Children and Adolescents)

Langley Youth Resource Centre

6275 203 Street
Langley BC V3A 4C4
CANADA

Community Transition (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)

Topham House

19584 63 Avenue
Surrey BC V3S 3C4
CANADA

Group Home Care (Children and Adolescents)