



CARF Accreditation Report for North Okanagan Youth & Family 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

North Okanagan Youth & Family Services Society
3100 32nd Avenue
Vernon BC V1T 2L9
CANADA

Organizational Leadership

Lisa Krushen, B.A., Director of Operations and Services
Morgan Kirzinger, B.A., Practice & Training Supervisor/Quality Assurance

Survey Date(s)

October 29, 2018–October 31, 2018

Surveyor(s)

Sandra Cullen, Administrative
Alison L. Stark, B.S.W., RSW, Program

Program(s)/Service(s) Surveyed

Diversion/Intervention (Children and Adolescents)
Diversion/Intervention (Juvenile Justice)
Intensive Family-Based Services (Children and Adolescents)
Residential Treatment (Children and Adolescents)

Previous Survey

Three-Year Accreditation
October 28, 2015–October 30, 2015

Accreditation Decision

Three-Year Accreditation
Expiration: December 31, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of North Okanagan Youth & Family Services Society conducted October 29, 2018–October 31, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, North Okanagan Youth & Family Services Society demonstrated substantial conformance to the standards. North Okanagan Youth and Family Services Society (NOYFSS), has demonstrated a significant commitment to using the CARF standards to the benefit of the persons served, families, and staff. The staff members are dedicated to the organization's mission and the success of the persons served. The leadership solicits input from and is responsive to the persons served and other stakeholders, and it embraces the value of providing quality care to the persons served. The professionals staffing the organization are dedicated to fulfilling the mission of NOYFSS. They consistently carry out their roles in an atmosphere of teamwork. Persons served spoke highly of the organization and calibre of care it provided, and they indicated that the services they receive meet their needs. The organization is highly respected in the community, which was evidenced by the interviews. High-quality clinical documentation and consistency in the client records were evidenced. Key areas for improvement include areas of training, integration of the policy and procedure manual, and the consistent conduct of drills. The leadership team is committed and capable of addressing the recommendations included in this report.

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

North Okanagan Youth & Family 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 North Okanagan Youth & Family Services Society was conducted by the following CARF surveyor(s):

- Sandra Cullen, Administrative
- Alison L. Stark, B.S.W., RSW, 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 North Okanagan Youth & Family 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):

- Diversion/Intervention (Children and Adolescents)
- Diversion/Intervention (Juvenile Justice)
- Intensive Family-Based Services (Children and Adolescents)
- Residential Treatment (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 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 North Okanagan Youth & Family Services Society demonstrated the following strengths:

- The current executive director is very involved in the community, sits on leadership tables, and serves as a board member of the Federation of Community Social Services of BC, which allows her first-hand access and input to information on what is happening in the province and how to be prepared. NOYFSS's board is made up of individuals who are very involved, as evidenced by the meetings and time spent with the leadership team. The board members have specific skills that enhance the organization's ability to expand and stay true to the mission.
- The organization has created a very thorough succession plan that includes several layers of planning from the top down that identify the skills required for each position.

- The QA department has excelled in improving the collection and use of data that are being used to drive the organization and ensures that the information is understandable to all staff. The department has made the process livable and understandable, which assists all staff in being able to participate. The department has changed the data collection from being subjective to a using scale method, which makes the information more reliable and valid.
- The organization created a form, called Working Alone, which ensures that staff members who are out in the community on their own have a "buddy" sign off that he/she will check in with them within a certain period of time, which creates a safety net. The organization has also provided cell phones for direct staff members to enable them to have better communication with their caseloads and access emergency agencies in case of need.
- The organization was asked to participate in a research study with the Federation of Community Social Services and WorkSafeBC that focused on 26 providers. This resulted in the organization receiving a commendation for its "superb work on health and safety," which demonstrates its commitment to the safety of persons served and employees. Stakeholders from the Ministry of Children and Family Development interviewed were very enthusiastic and impressed with the organization, stating that they are very pleased with the services offered to clients and the communication with the organization.
- The leadership and staff members demonstrate a genuine commitment to the organization's mission and values. They are commended for their positive attitudes and the genuine enthusiasm they have for the work they do and the people they serve. Many of the staff members have been with the organization for many years, adding to the stability and continuity of the organization. They all expressed a sincere dedication for what they do.
- Programs are designed and implemented to compliment each other. This was easily seen in one case where a young man was transitioning from residential services. Before the transition, the family was connected to the Intensive Family Support Program, which became part of the care team and will continue to work with the family over the next period. This provides an extraordinary level of continuity, consistency, and accountability.
- Residential services are offered in homes that go to extraordinary measures to be homelike and comfortable. Great care is taken in choosing everything from paint colours to furnishings and room placements. Children's artwork is displayed throughout the house in a manner that allows it to be removed quickly in instances of violent acting-out behaviour to preserve safety. Books, movies, games, puzzles, and quiet spaces are included. High stimulation and low stimulation rooms are currently being developed. At Mara House, each child who leaves imprints his/her hand print and writes his/her name on the hand print wall. This shows the children that they belong long after they are discharged.
- Programming is developed and implemented that is truly client focused. Staff members report that services are designed around each client's or family's expressed needs, goals, and preferences. Although they take direction from the referral/funding source, they recognize that client engagement is integral to success.
- Clients report that services meet a wide range of needs and are tailored to their own requests. They state that NOYFSS feels "like a family;" that the staff goes "above and beyond;" that the staff members are "angels;" and that they "could not have made it without them." Examples were given of staff attending a client's hospital bedside, helping a client find storage, helping a client navigate the court and child welfare system, helping a young woman advocate for herself, providing transportation, and ensuring that parents retained their identities when their children attended residential services.
- Staff members report cohesion and collaboration on their teams. This results in a high level of job satisfaction and lengthy tenure at the organization.
- Staff members place high value on skill development, modelling effective strategies, coaching, and showing genuine care and concern both for each other and for clients and their families.

- There is a contagious enthusiasm evident in each program and in each location. Client-centred care is evidenced in the environmental considerations; the quality of progress notes in files; and the response, and achievements of, the organization's clients.

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)

Although the organization has only had one staff member officially in the position of fundraising, and this position is now dissolved, it will continue to have certain staff members continue to work on small fundraising events. Therefore, to demonstrate accountability, the organization should provide training related to fundraising written procedures to appropriate personnel that includes initial and ongoing training.

Consultation

- Although it was difficult to find, the organization was able to demonstrate that it had all the elements covering corporate responsibility. It is suggested that all the elements that are in different policies be brought together in one policy that demonstrates conformance in the area of corporate responsibility, including the information regarding adhering to union requirements.

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

1.C.2.b.(1)

1.C.2.b.(2)

1.C.2.b.(3)(a)

1.C.2.b.(3)(b)

1.C.2.c.(2)

Although the organization has a strong strategic plan, it is recommended that it reflect the organization's financial position at the time the plan is written and at projected points in the future with respect to allocating resources necessary to support accomplishment of the plan in financial and workforce areas. It should also set priorities for the goals that have been set.

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

1.E.3.a.

Although the organization has policies and written procedures that address client and employee records, it is recommended that it add confidential administrative records into the policy. This may include how the organization adheres to the BC Societies Act and regulations.

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.

Consultation

- When the organization identifies and reviews financial challenges, trends, and opportunities during its fiduciary meetings, it should keep minutes for reference.
- Both members of the financial team have been in place for several years, so no new staff members have needed to be trained. It is suggested that a training be created in the event that new staff is brought into the finance department or that cross training is needed so that other staff may provide backup.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.b.

It is recommended that unannounced tests of all emergency procedures be consistently conducted on each shift at each location that include complete actual or simulated physical evacuation drills.

Consultation

- It is suggested that the organization include in its policy and procedures a written process for how the staff working in the community can find access to first aid expertise, particularly at schools and homes of persons served.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.

Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often

composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- 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.

Consultation

- It is understood that the organization has not had any requests for reasonable accommodations in the recent years; however, it is suggested that it create a process for documenting requests in the case that it receives them. The organization could possibly use the same format that it uses for recording complaints, etc.

1.M. Performance Measurement and Management

Description

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

Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 2. 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

There are no recommendations in this area.

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

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

Key Areas Addressed

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

Recommendations

2.C.2.b.(5)

2.C.2.b.(7)

It is recommended that specific service objectives consistently be time specific and measurable. It is suggested that a way to gather data regarding goals, in order to measure them, be developed and implemented.

Consultation

- Although NOYFSS consistently expresses goals in the words of the client, it is suggested that it record only client-driven goals in this way. This could be done by capturing the client's goals in quotations to note that it is his/her personal goal. Treatment team goals could then be expressed in the words of the person whose goal it is. It is suggested that NOYFSS develop a means by which to determine client goals, such as an "All About Me" page during goal setting. This could also be done for parents when the child is the client, and it could be done for children when the parent is the client.

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.11.i.

It is recommended that for all persons leaving services, a written discharge summary be prepared that consistently includes information on medication(s) prescribed or administered, when applicable. This could be done by including a section for medication on the existing transition/discharge plan.

Consultation

- Although it is clear from the content of the transition/discharge plan that family and clients are engaged in the transition/discharge planning, it is suggested that an area be included to consistently record their input. This could be done by including an area on the existing transition/discharge plan for client/family preferences.
- It is suggested that the organization develop a way to consistently communicate strengths, needs, abilities, and preferences (SNAP) of the clients and families at the time of transition. This could be done by including SNAP information gathered during service delivery in the transition process.

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

There are no recommendations in this area.

2.F. Promoting Nonviolent 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

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 3. Core Program Standards

3.N. Diversion/Intervention

Description

Diversion/Intervention programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem. Diversion/Intervention programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Within the child welfare field, examples include alternative response, differential response, or multiple response systems.

Diversion/Intervention programs may serve persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

Diversion programs may include programs such as juvenile justice/court diversion, substance abuse diversion, truancy diversion, DUI/OWI classes, report centres, home monitoring, after-school tracking, anger management, and building healthy relationships.

Intervention programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems.

Key Areas Addressed

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

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.

Section 4. Core Residential Program Standards

4.F. Residential Treatment

Description

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

Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centres, intermediate care facilities, psychiatric treatment centres, or other nonmedical settings.

Key Areas Addressed

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

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

There are no recommendations in this area.

Program(s)/Service(s) by Location

North Okanagan Youth & Family Services Society

3100 32nd Avenue
Vernon BC V1T 2L9
CANADA

Diversion/Intervention (Children and Adolescents)
Diversion/Intervention (Juvenile Justice)
Intensive Family-Based Services (Children and Adolescents)

Mara House

4109 27th Street
Vernon BC V1T 4Y2
CANADA

Residential Treatment (Children and Adolescents)

Sage House

4107 27th Street
Vernon BC V1T 4Y2
CANADA

Residential Treatment (Children and Adolescents)