



Three-Year Accreditation

CARF
Survey Report
for
Mission Association
for Community Living

CARF INTERNATIONAL
6951 East Southpoint Road
Tucson, AZ 85756 USA
Toll-free 888 281 6531
Tel/TTY 520 325 1044
Fax 520 318 1129

CARF-CCAC
1730 Rhode Island Avenue, NW, Suite 410
Washington, DC 20036 USA
Toll-free 866 888 1122
Tel 202 587 5001
Fax 202 587 5009

CARF CANADA
10665 Jasper Avenue, Suite 760
Edmonton, AB T5J 3S9 CANADA
Toll-free 877 434 5444
Tel 780 429 2538
Fax 780 426 7274

Organization

Mission Association for Community Living (MACL)
33345 Second Avenue
Mission, BC V2V 1K4
Canada

Organizational Leadership

Dawn Hein, Acting Executive Director

Survey Dates

April 8-10, 2013

Survey Team

Colleen M. Kennedy, M.S., Administrative Surveyor

Lisa Harms-Parteh, QDDP, Program Surveyor

Sue B. Linn, LPC, Program Surveyor

Joseph E. Keferl, Rh.D., CRC, Program Surveyor

Programs/Services Surveyed

Child and Youth Services
Community Housing
Community Integration
Host Family Services
Respite Services
Supported Living
Child/Youth Day Care

Previous Survey

April 18-20, 2012
One-Year Accreditation



Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: May 2016

SURVEY SUMMARY

Mission Association for Community Living (MACL) has strengths in many areas.

- The organization has weathered some significant challenges in the past year. The board of directors demonstrated its strength and commitment in making difficult decisions to safeguard MACL and its future.
- The leadership and management team are committed to the mission of MACL and have gone the extra mile to repair and strengthen the organization, its services, and its reputation. Communication appears to be open and transparent, and employees feel listened to by leadership.
- Staff members are competent, motivated, and passionate about the services delivered. They are dedicated to the development and implementation of programs/services that build on the unique strengths and abilities of each person served. Throughout MACL, the sense of teamwork is strong and evident in ways such as interaction, respect, communication, and dedication to persons served.
- The organization has enjoyed the long tenure of staff, which brings stability to the programs as well as to the persons served. As employees have felt valued, morale has improved. Opportunities for training, growth, and development have resulted in increased confidence in skills and service quality.
- MACL has developed a three-day global training program that addresses health and safety practices, ethics, diversity, observation and documentation, confidentiality, abuse and neglect, positive behaviour techniques and supports, person-centred practices, goal setting, and community inclusion. Ninety percent of staff members have completed the course in the past six months, with the remainder scheduled in the near future.
- The organization has developed a clear and comprehensive code of ethics addressing all aspects of its operations. All employees were trained on the code, and signed copies are present in personnel files.
- MACL has reached out to all its stakeholders and community for input. Methods of seeking input and feedback include person-to-person surveys, the Self-Advocacy Group, several parent groups, meetings with funding sources, and a suggestion box. Although the self-advocacy group is independent of MACL, it is encouraged and supported with exposure on the MACL website. Special efforts made in the past year include awareness surveys conducted with the general public at several community events and a World Café strategic planning event for all stakeholders where questions were posed at roundtable discussions. The organization has used the information obtained for continuous improvement.
- Health and safety are a clear priority for MACL. Potential risks have been identified and incorporated in its risk management plan. The safety committee is active and has representation from across the organization. Emergency on-call supervisors have clear guidelines for responding to all types of emergencies. The Emergency Procedure Manual, a convenient flipbook, is readily available, comprehensive, and user-friendly.

- Human resource files are complete and well organized. The new performance evaluation format is focused, easy to use, and linked to job responsibilities.
- Information and outcomes are shared with stakeholders in numerous ways, some of which are new this year, including the annual meeting, website, self-advocacy group meetings, newsletters (Mosaic and Dish with Dawn), parent meetings, and meetings with other stakeholders. A new website is under development and will be more interactive, facilitating input and comments.
- Individuals and families reported high satisfaction with MACL's overall performance and quality of services. Many positive comments were verbalized regarding staff and services provided. Other stakeholders expressed satisfaction with the services provided and are supportive of the changes made by MACL.
- Funding and referral sources have had a big stake in the organization's changes over the past year. Improvement has been a collaborative process with regular discussions held. They are pleased with the progress made and support the continuous quality improvements noted.
- The organization's financial position is sound, which has helped it to weather reductions in funding over the past few years. Financial practices and internal controls are strong.
- The handbook for persons served is comprehensive and clear. It is user-friendly, includes pictures and illustrations, and is written at an appropriate reading level.
- MACL has produced an attractive and informative newsletter, annual reports, website, and brochures. These items portray persons served with dignity and respect while accurately portraying the organization's services and successes.
- MACL offers an array of treatment levels for the adult population, including respite, community housing, supported living, shared living, and community inclusion. These levels increase stability, which allows for increased well-being of the persons served.
- The organization offers well-organized, developmentally appropriate, and enriching child daycare programming for families. Staff is well trained and contributes to a positive environment for children enrolled in the program.
- The organization is committed to providing quality individualized and impactful respite services. MACL works well with families to determine respite needs and preferences, and also has an active Respite program that enhances the kinds of quality respite experiences that families can benefit from.
- Staff members assist persons served to live at their highest level of functioning possible and see potential to enhance their quality of life. Staff members are recognized for their outstanding services to a complex population of persons with multiple disabilities.
- The community housing programs provide a warm, homelike environment, which is inviting and beneficial to recovery. Homes are located in residential neighborhoods and are similar to homes nearby.
- Persons served have decorated their rooms, which is evident of their personal choice. A sense of family is felt between staff and persons served.
- The organization is committed to ensuring that persons served have the opportunity for community inclusion. This is evidenced by its commitment to ensuring that persons served are both able to volunteer and access community activities of their choice.

- Persons served are an integral part of the planning process as evidenced by how well they know their own objectives and why these objectives are important for their personal growth.
- It is evident that MACL provides all of its services with a positive, can-do attitude. This attitude prefaces that the organization will do whatever it takes to keep stakeholders satisfied and persons served successful. This is shown through service designs and staff creativeness, which allows for hidden talents to come to light.
- MACL's child and youth services does an excellent job of matching supported child development workers with the children served. This is evidenced by the children's progress and growth.
- Self-advocacy and rights are held in high regard by the organization. Persons served know and understand their rights and also know how to advocate for them. The organization has done an excellent job of assisting persons served to become strong advocates not just for themselves but also for others who are receiving services through MACL.

MACL should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate non-conformance to standards but is offered as a suggestion for further quality improvement.

On balance, MACL has exerted considerable time and talent during the past year to address concerns of its funding sources and to come into fuller conformance to the CARF standards. The leadership and staff are recognized for addressing areas of past concern with openness and a readiness to not just fix things, but excel wherever possible. The level of pride and excitement was palpable. All recommendations and consultation were readily accepted.

The organization has the trust and confidence of persons served, families, and funding sources in its efforts to provide high quality services to children, youths, and adults with disabilities in its community. It is viewed as person centred, respectful, and a real advocate for the persons served. MACL uses a collaborative approach in working with its stakeholders and community partners as it strives for excellence.

Mission Association for Community Living has earned a Three-Year Accreditation. It is congratulated on the measures taken over the past year to improve and enhance its services amid challenging changes in the organization. The organization is encouraged to continue to take measures that contribute to its continuous improvement and to use the CARF standards to guide quality service delivery.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

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

Key Areas Addressed

- Leadership structure
 - Leadership guidance
 - Commitment to diversity
 - Corporate responsibility
 - Corporate compliance
-

Recommendations

A.6.b.(2)(a)

A.6.b.(2)(b)

The organization has written procedures to deal with allegations of violations of ethical codes; however, it is recommended that MACL identify time frames adequate for prompt consideration and that result in timely decisions.

C. Strategic Planning

Principle Statement

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

Key Areas Addressed

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

Consultation

- Many of the goals in the strategic plan use “ongoing” as the time frame for accomplishment. One reason why it may be difficult to specify an actual time frame is that some goals are multifaceted. Breaking down goals into smaller aspects or objectives to accomplish the goal might make them more feasible to identify time frames for each and also make the goal achievement more measurable.
-

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

Key Areas Addressed

- Ongoing collection of information from a variety of sources
 - Analysis and integration into business practices
 - Leadership response to information collected
-

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Principle Statement

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
 - Financial results reported/compared to budgeted performance
 - Organization review
 - Fiscal policies and procedures
 - Review of service billing records and fee structure
 - Financial review/audit
 - Safeguarding funds of persons served
-

Recommendations

There are no recommendations in this area.

G. Risk Management

Principle Statement

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

Key Areas Addressed

- Identification of loss exposures
 - Development of risk management plan
 - Adequate insurance coverage
-

Recommendations

There are no recommendations in this area.

H. Health and Safety

Principle Statement

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

Key Areas Addressed

- Inspections
 - Emergency procedures
 - Access to emergency first aid
 - Competency of personnel in safety procedures
 - Reporting/reviewing critical incidents
 - Infection control
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that confidential information on persons served stored in one of the vans for emergencies be concealed and secured to protect the information.
-

I. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job descriptions/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

I.6.d.(5)

The organization's policies dictate that performance evaluations will be performed annually. In files reviewed, it was apparent that this had not been the case for many employees. Most have been evaluated in the current year as a result of efforts to ensure that all employees have been evaluated. MACL is urged to continue this effort and follow its own policy of evaluating all employees on an annual basis.

Consultation

- MACL is encouraged to use prime source verification of educational credentials for positions requiring these. Best practice is to verify the information at time of hire and in the event of promotion.
 - Job descriptions are now reviewed at the time of performance evaluations, and the review is documented on the new performance evaluation format. Many job descriptions have not been updated in years. MACL has begun an initiative to review and update all job descriptions and is encouraged to complete the project in the near future. Copies of new job descriptions would then be signed by employees and filed in personnel records.
-

J. Technology

Principle Statement

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

Key Areas Addressed

- Written technology and system plan
-

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

- Communication of rights
 - Policies that promote rights
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

There are no recommendations in this area.

L. Accessibility

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- MACL has conducted an accessibility analysis and has developed a comprehensive accessibility plan. It is encouraged to review progress of the plan and to keep it updated on a regular basis.
-

M. Performance Measurement and Management

Principle Statement

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

Key Areas Addressed

- Information collection, use, and management
 - Setting and measuring performance indicators
-

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Principle Statement

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

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

A. Program/Service Structure

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Although a complete record is maintained for each person served, the community inclusion program might consider putting all individual information; i.e., medical, other services, and both internal and external assessments, into a central file that can be easily accessed by staff members, if needed, for training purposes and decision making, if a supervisor is not available.
-

B. Individual-Centred Service Planning, Design, and Delivery

Principle Statement

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

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/ supports are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

Key Areas Addressed

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

Recommendations

B.5.b.(3)

Although child and youth services has developed a coordinated individualized service plan that identifies methods/techniques to be used to achieve the objectives, it is recommended that supported living, community housing, community inclusion, and host family services also develop a coordinated individualized service plan that identifies the methods/techniques to be used to achieve the objectives.

Consultation

- Although the community inclusion program does utilize a risk assessment for each individual included in the paperwork received from Community Living British Columbia, the community inclusion program might consider developing a health and risk assessment of its own that could be updated annually and used as a staff training tool.
-

C. Medication Monitoring and Management

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the community inclusion program request and retain a copy of doctors' orders for all medications being administered to persons served. This is considered best practice and could prevent liability if medications were sent to the program by the pharmacy with labels that had errors.
-

F. Community Services Principle Standards

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

SECTION 3. EMPLOYMENT AND COMMUNITY SERVICES

Principle Statement

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

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

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

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

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, self-reliance, and self-esteem.
- Increased independence.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Economic self-sufficiency.

I. Child and Youth Services

Principle Statement

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

J. Family-Based/Shared Living Supports

Principle Statement

Host Family Services

Host family services are provided under a contract or agreement to provide a home for a person served, regardless of age. These placements tend to be long-term in nature.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

K. Community Housing

Principle Statement

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

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

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

L. Supported Living

Principle Statement

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

M. Respite Services

Principle Statement

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate. An organization providing respite services actively works to ensure the availability of an adequate number of direct service personnel.

Key Areas Addressed

- Time-limited, temporary relief from service delivery
 - Accommodation for family's living routine and needs of person served
-

Recommendations

There are no recommendations in this area.

Consultation

- On occasions when families specifically request that contractors be families or friends, it could be helpful if MACL explored how it might communicate the potential benefits and risks of such an arrangement to the family. In such cases where a dual relationship is in play, MACL ought to be prepared to effectively communicate, monitor, and act as a neutral party between the family being served and the family/friend contractor. This could help avoid potentially awkward and stressful situations if the relationships become strained or vulnerable.
-

P. Community Integration

Principle Statement

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

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

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

Key Areas Addressed

- Opportunities for community participation
-

Recommendations

There are no recommendations in this area.

Standards from the 2012 *Child and Youth Services Standards Manual* were also applied during this survey. The following sections of this report reflect the application of those standards.

SECTION 2. CHILD AND YOUTH SERVICES GENERAL PROGRAM STANDARDS

Principle Statement

For an organization to achieve quality services, the philosophical foundation of child- and family-centred care practices must be demonstrated. Children/youths 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.

A. Program/Service Structure

Principle Statement

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the child/youth 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/youths 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/youths and families into service systems.
- Assurance that the design of health and social service delivery systems is flexible, accessible, and responsive to the needs of children/youth and families.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Due to fluctuations in funding, the organization occasionally encounters situations in which its availability of funding may not meet the expressed needs of the persons served in its programs. In order to effectively advocate for additional supports, it may be helpful if MACL builds upon a data-driven measurement/reporting system that demonstrates the impact of services for families and children served. Design of this data collection system could be useful for gaining supports from funders, community fundraising, marketing and public relations, and attracting community business partners.
 - The organization's child day care services may benefit from exploring other established brain-based behavioural strategies that are already universally implemented throughout the Manitoba province.
 - Child day care facilities are well designed and staff is trained on how to respond to emergency situations. However, MACL may wish to consider securing the consultation of an external safety consultant to provide a comprehensive assessment of safety/crisis/emergency response plans, staff training on policies for handling such incidents, and coordination with local first responders.
 - The organization has established excellent relationships with families and persons served. Interactions with parents and contractors are very positive and present an opportunity for the organization to build powerful peer-to-peer support systems between established and new families and contractors. Efforts in this area could help solidify meaningful advocacy and engagement between parties with MACL serving as the facilitator of these peer relationships.
-

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed 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 strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telehealth, or from external resources.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization continue to provide impactful monitoring, advocacy, and negotiation supports between persons served and available funding sources.
 - Currently a waiting list for access to child day care is sizeable. MACL is encouraged to explore the cost/capacity opportunities related to expanding additional classes that could allow families on the waiting list to become engaged in the program.
 - It is suggested that MACL explore developing policies and training for contractors that would offer guidance for how a contractor is to respond in the event that he or she would be involved in a legal dispute or subpoena.
-

E. Medication Use

Principle Statement

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviours, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. 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, transporting, storing, and disposing of medications, including those self administered by the person served.

Self administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak 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 closely observing the person served self-administering the medication.

Self administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details 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

- Individual records of medication
 - Physician review
 - Policies and procedures for prescribing, dispensing, and administering medications
 - Training regarding medications
 - Policies and procedures for safe handling of medication
-

Recommendations

There are no recommendations in this area.

F. Nonviolent Practices

Principle Statement

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environment, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, 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. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioural health child and youth services employment and community services opioid treatment, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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, in immediate response to a dangerous behaviour. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. 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 self, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room 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 if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioural health care setting.

Key Areas Addressed

- Training and procedures supporting non-violent practices
 - Policies and procedures for use of seclusion and restraint
 - Patterns of use reviewed
 - Persons trained in use
 - Plans for reduction/elimination of use
-

Recommendations

There are no recommendations in this area.

SECTION 3. CHILD AND YOUTH SERVICES CORE PROGRAM STANDARDS

E. Child/Youth Day Care

Principle Statement

A child/youth day care program provides care, development, and supervision for an identified portion of the day. Services are provided to children/youths temporarily entrusted to the program during the parent's involvement at work, school, or other short-term activity.

Key Areas Addressed

- Training of providers
 - Program activities
 - Administration of medication
 - Parental consent
 - Information provided to parents
-

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Mission Association for Community Living

33345 Second Avenue
Mission, BC V2V 1K4
Canada

Child and Youth Services
Host Family Services
Respite Services

Bannister Drive Residence

8590 Bannister Drive
Mission, BC V2V 5X4
Canada

Community Housing

Bridge Training Services

102 - 7364 Horne Street
Mission, BC V2V 3Y7
Canada

Community Integration

Goundrey Street Residence

8645 Goundrey Street
Mission, BC V2V 6Y5
Canada

Community Housing

Community Development Program (CDP)

33479 Eighth Avenue
Mission, BC V2V 2H4
Canada

Community Integration

Community Support Program (CSP) and Explorations

7327 Horne Street
Mission, BC V2V 3Y5
Canada

Community Integration
Supported Living

Seventh Avenue Residence

32886 Seventh Avenue
Mission, BC V2V 2C3
Canada

Community Housing

Third Avenue Residence

33593 Third Avenue
Mission, BC V2V 1P8
Canada

Community Housing

CDP Individual Support Services

7373 Murray Street
Mission, BC V2V 4A5
Canada

Community Integration

Tavernier Terrace Residence

7815 Tavernier Terrace
Mission, BC V2V 6Z5
Canada

Community Housing

Sandcastle Preschool

A-33345 Second Avenue
Mission, BC V2V 1K4
Canada

Child/Youth Day Care