



Three-Year Accreditation

CARF
Survey Report
for
The Langley
Association for
Community Living



Three-Year Accreditation

Organization

The Langley Association for Community Living (LACL)
23535 44th Avenue
Langley BC V2Z 2V2
CANADA

Organizational Leadership

Daniel Collins, Executive Director
Kimberly A. Bucholtz, Manager of Quality Assurance
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Survey Dates

June 15-17, 2015

Survey Team

Sandra Thiel, Administrative and Program Surveyor
Henrietta G. Fishman, LCSW, DCSW, CASAC, Program Surveyor
Jeff Harrison, Program Surveyor
Jackie S. Egland, M.S.W., Program Surveyor

Programs/Services Surveyed

Community Employment Services: Employment Supports
Community Employment Services: Job Development
Community Housing
Community Integration
Host Family/Shared Living Services
Respite Services
Supported Living

Community Housing and Shelters (Children and Adolescents)
Respite (Children and Adolescents)

Previous Survey

June 25-27, 2012
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation

Expiration: June 2018

SURVEY SUMMARY

The Langley Association for Community Living (LACL) has strengths in many areas.

- The board of the organization is dedicated, committed, and invested in a high level of quality oversight and governance.
- The board consists of a wide variety of members, some of whom are persons served who reported that they are highly respected, listened to, and supported, thus making their inclusion on the board very beneficial for everyone involved.
- The leadership is highly respected and has an open, interactive style that has created a culture of trust; mutual respect; and team work among all of management, staff, persons served, and families. In addition, there is extensive involvement from leadership in innovative social change efforts throughout the province. This type of involvement sets the stage for the organization to be in the forefront in the efforts to enhance the quality of life for persons with disabilities.
- Staff members have extensive tenure and commitment to the mission, vision, and values of the organization.
- The organization demonstrates efforts to increase the return from feedback surveys through the addition of follow-up telephone interviews.
- The development of the *Supported Decision Making for Self Advocates* booklet is a major accomplishment. In addition, three persons served and one leadership staff member participated as presenters at the 2015 International Conference on Claiming Full Citizenship. The organization has reason to be proud of these prestigious achievements.
- The self-advocacy group continues to be an integral part of the organization. The feedback provided by the group has driven the ongoing development of a high-quality service delivery system.
- LACL has a positive reputation and is seen as one of the strongest, healthiest, and most effective service providers in the community.
- The person-centred supported living program provides the type and level of services that persons served request. The flexibility and availability of staff members enables persons served to live in safe, attractive homes in the community, participating in activities that enrich the quality of their lives.

- Persons served and their families were positive about the quality of the services provided by LACL. They stated that the staff members are caring and extremely helpful in assisting them with achieving the knowledge and skills they need to achieve meaningful goals.
- Throughout the programs a strength-based philosophy is evident. Persons served are encouraged to pursue their interests and aspirations, especially in the area of employment. Community involvement is a major emphasis and persons served engage in a wide range of volunteer activities, such as pet care and Meals on Wheels.
- Staff members are enthusiastic, creative, and invested in providing evidence-based services to persons served and their families. They take pride in identifying areas of unmet needs and developing innovative programs, often in partnership with other organizations. Their coordination with community resources is valued by stakeholders as it facilitates a seamless continuum of services.
- LACL supports a spectrum of housing options for persons served, including supported living, home sharing, traditional group living, and intensive individualized living supports. All of these services are extremely flexible, and there are opportunities for persons served to transition within this spectrum of options as their needs and desires change. The organization demonstrates a commitment to allow persons served to age in place, with some persons served supported in their homes into their 80s and 90s. Residential options operated by LACL are personalized, extremely spacious, well maintained, and attractive, with fully equipped accessibility features, as needed.
- Families interviewed during the course of the survey were extremely complimentary about the services received. Several noted that they had previously received supports from other organizations, but that they prefer the supports provided by LACL. Families indicated that they are grateful for the responsiveness of LACL, noting that, “they are as close as a phone call away.”
- Community inclusion supports are extremely individualized and reflect LACL’s commitment to assisting persons served to procure and maintain paid employment and supports at volunteer positions and recreation activities. Persons served have paid employment in an extremely wide array of community businesses, running their own businesses and selling their personal artwork at a variety of community art shows and public gatherings. The concept of “dignity of risk” is integrated into the community inclusion programs. LACL’s community inclusion programs ensures that it maintains maximum flexibility in its services, even where this may mean putting additional pressure on organizational and scheduling needs.
- LACL has a values-based training website, *Conversations That Matter*, included in its initial hiring practices. This serves as an effective mechanism to impart its values to prospective hires and to help ensure that applicants are well matched to the organization.
- The home sharing program is extremely well organized and provides quality supports to almost 80 individuals. Providers, persons served, and natural families interviewed indicated that they are well supported by LACL and that their needs are addressed quickly and respectfully. LACL’s recruitment for new providers is based on using an individual’s existing support networks or those within the organization’s extended network of contacts. Providers appear to be very well screened and trained. It is also noted that LACL tracks demographic information of providers so that it can examine trends and anticipate future needs in recruitment.

- LACL demonstrates that building personal networks provides safety and empowerment for persons served by surrounding them with family and friends. The development of the friendships and the meaningful participation of the person served in community life enhance the quality of life of the people that LACL supports.
- Parents and family members of individuals supported through the respite services spoke of how respite allowed time for renewal and the opportunity to strengthen their coping skills and enhanced the overall quality of life for their children/youths through a special friendship with their caregiver.
- Willowbrook Residence is a lovely home in a great neighbourhood that accommodates two youth under the age of nineteen. These residents have significant behavioural and/or healthcare challenges that cannot be easily accommodated in the family home. Willowbrook Residence is staffed with caregivers that make all the difference in working with these youth. They form bonds with the youths and offer a more holistic approach to families, friends, care workers, and professionals.

In the following area LACL demonstrates exemplary conformance to the standards.

- LACL is commended for its exemplary efforts in providing resources for career planning and advancement, as desired by persons served. LACL has a leadership role in the British Columbia Employment Development Strategy Network, actively participating in expanding opportunities for persons with developmental disabilities to pursue their goals in supported and customized employment, social enterprise, and self-employment. LACL's microenterprise initiative is unique and could serve as a model for other organizations to support persons served in creating their own businesses. The organization has developed an extensive, clearly written training manual to assist other organizations develop microenterprise programs. At this point, three individuals are engaged in developing their own businesses. The training manual allows this endeavour to be more easily transferred to other individuals, thus allowing for the creation of other microenterprises as individuals wish to pursue them. This is indeed state-of-the-art work, and the organization is encouraged to broadly share these resources for the benefit of other employment programs and individuals.

LACL 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, LACL has made a dedicated effort to maintain accreditation and demonstrates substantial conformance to the CARF standards. The organization enjoys a high level of satisfaction from persons served, families, and other stakeholders. The board of directors is knowledgeable, involved, and committed to providing outstanding oversight and direction to the leadership and the organization. The upper management is involved within the organization and outside the organization, taking a strong leadership role in setting policy and developing standards for self-advocates throughout the province. The staff is tenured, well trained, and dedicated to the provision of high-quality service delivery. The culture of the organization is clearly one of a team with respect for all and a commitment to the pursuit of excellence. LACL is innovative and creative in seeking out ways to further the concept of self-advocacy and independence for persons served.

The Langley Association for Community Living has earned a Three-Year Accreditation. The leadership and staff members are congratulated for this achievement. They are encouraged to continue to use the CARF standards as a means for ongoing performance improvement and program development as the organization continues to grow and strives to provide excellent services to individuals in the Langley community.

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

There are no recommendations in this area.

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.

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.

Consultation

- It is suggested that the organization consider adding identification and analysis of loss exposures in the areas of social media and loss of industrial knowledge and organizational history.
-

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

H.8.b.

The organization has well-stocked first aid kits in many areas of the organization, although a few contained outdated first aid supplies. It is recommended that the organization ensure that immediate access to first aid supplies is consistently maintained. This could be facilitated by the organization developing a system to regularly check first aid kits for assurance that up-to-date supplies are available at all times and that the kit's contents meet organizational guidelines.

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.b.(4)(a)

I.6.b.(4)(b)

Although it is clear that employee performance evaluations are consistently performed, not all evaluations have measurable objectives. It is recommended that the organization ensure that job performance evaluations include assessment of performance objectives established in the previous evaluation period and the establishment of measurable performance objectives for the next evaluation period. A way to address this might be to use the specific, measurable, obtainable, realistic, and time limited (SMART) objective system.

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.

Consultation

- LACL has a policy and written procedure related to complaint resolution. It is suggested that the policy provide more clarity around the levels of review, time frames, and the rights and responsibilities of each party. In a number of documents, there also appears to be slightly different information provided to persons served around how long it will take for complaints to be responded to. It is suggested that LACL ensure that these documents contain the same information.
-

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)
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

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 analyzed, 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.

Consultation

- It is suggested that the organization devise a means to simplify the communication of organizational performance information for persons served, personnel, and other stakeholders. One way to do this might include breaking down the report to specific reportable areas, such as service sites, and decreasing the number of objectives tracked to a few key priorities, thus decreasing the volume of reportable data. Another way to simplify could be selecting specific sections and periodically reporting these results in newsletters, in email communication, or at staff meetings throughout the year.
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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.

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 desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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.

D. Employment Services Principle Standards

Principle Statement

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Increased independence.

- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

C. Community Employment Services

Principle Statement

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

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

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

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

Job Development

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

Employment Supports

Employment support services are activities that are employment-related to promote successful training of a person to a new job, job adjustment, retention, and advancement. These services are based on the individual employee with a focus on achieving long-term retention of the person in the job.

The level of employment support services is individualized to each employee and the complexity of the job.

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Exemplary Conformance

C.13.

LACL is commended for its exemplary efforts in providing resources for career planning and advancement, as desired by persons served. LACL has a leadership role in the British Columbia Employment Development Strategy Network, actively participating in expanding opportunities for persons with developmental disabilities to pursue their goals in supported and customized employment, social enterprise, and self-employment. LACL's microenterprise initiative is unique and could serve as a model for other organizations to support persons served in creating their own businesses. The organization has developed an extensive, clearly written training manual to assist

other organizations develop microenterprise programs. At this point, three individuals are engaged in developing their own businesses. The training manual allows this endeavour to be more easily transferred to other individuals, thus allowing for the creation of other microenterprises as individuals wish to pursue them. This is indeed state-of-the-art work, and the organization is encouraged to broadly share these resources for the benefit of other employment programs and individuals.

J. Family-Based/Shared Living Supports

Host Family/Shared Living Services

Principle Statement

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Although LACL ensures that providers participate in required competency-based training, it is suggested that this training be documented.
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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 neighbourhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

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

The residences in which Community Housing services are provided must be identified in the 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.

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 2014 *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 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/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

A.25.a.(1)(b) through A.25.a.(2)(c)

It is recommended that the programs implement policies and procedures that address the handling of items brought into the program by personnel, including illegal drugs, legal drugs, and prescription medications.

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.

C. Individualized Plan

Principle Statement

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
 - Coordination of services for child/youth
 - Co-occurring disabilities/disorders
 - Content of program notes
-

Recommendations

There are no recommendations in this area.

D. Transition/Discharge

Principle Statement

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 supportive document that includes information about the person's progress and describes the completion of goals and the efficacy of services provided. It is prepared to ensure a seamless transition to another level of care, another component of care, or an after care program.

A discharge summary, identifying reasons for discharge, is completed when the person leaves services for any reason (planned discharge, against medical advice, no show, infringement of program rules, aging out, etc.).

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 organization reviews the postdischarge information to determine the effectiveness of its services and whether additional services were needed.

The transition plan and/or discharge summary may be included in a combined document 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
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Recommendations

There are no recommendations in this area.

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 licenced individual. Medication use is directed towards 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 labelled by a physician or pharmacist or other qualified professional licenced 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 licenced 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.

G. Records of the Person Served

Principle Statement

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.

Recommendations

There are no recommendations in this area.

H. Quality Records Review

Principle Statement

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. CHILD AND YOUTH SERVICES CORE PROGRAM STANDARDS

G. Community Housing and Shelters

Principle Statement

Community housing or shelters address the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the type of housing in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing or shelters are provided in partnership with individuals and may include housing for family members as well as the child/youth served. These services are designed to assist the persons served to achieve success in and satisfaction with community living. These programs may provide reunification services with the child/youth served and his or her family. They may be temporary or long term in nature. The services 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 are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing or shelter programs may be referred to as runaway or youth shelters, domestic violence or homeless shelters, safe houses, youth intensive stabilization homes, intake shelters, supervised independent living, maternity homes, halfway houses, or recovery homes. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or congregate or other residential facilities. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighbourhoods in terms of size and number of residents.

Community housing may include:

- Temporary shelters or emergency residences.
- Transitional living that provides interim supports and services for youth aging out of child welfare services, persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless.
- 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 at 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

- Components of community living
 - Safety needs of child/youth
 - Procedures for transition
 - Individual plan
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Recommendations

There are no recommendations in this area.

Y. Respite

Principle Statement

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of providing for the needs of the person served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate.

Respite services may be planned or unplanned and may provide services of a short duration, such as respite for medical appointments, or longer duration, such as vacation or emergency coverage. Respite programs are not an alternative for placement.

Key Areas Addressed

- Ongoing communication
 - Time lines
-

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

The Langley Association for Community Living

23535 44th Avenue
Langley BC V2Z 2V2
CANADA

Community Integration
Host Family/Shared Living Services
Respite Services

Respite (Children and Adolescents)

43rd Avenue Residence

20393 43rd Avenue
Langley BC V3A 3B9
CANADA

Community Housing

Bell Park Residence

#67 20762 Telegraph Trail
Langley BC V1M 2W3
CANADA

Community Housing

Belmont Residence

3975 202nd Street
Langley BC V3A 1R9
CANADA

Community Housing

Bridge Centre Clubhouse

23535 44th Avenue
Langley BC V2Z 2V2
CANADA

Community Integration

Bridlewoods Residence

9045 Walnut Grove Drive, # 49
Langley BC V1M 2E1
CANADA

Community Housing

Brookwood Residence

19669 44B Avenue
Langley BC V3A 5W3
CANADA

Community Housing

Connections

20179 56th Avenue, Unit 1B
Langley BC V3A 3Y6
CANADA

Community Integration

Employment Satellite Service (ESS)

20179 56th Avenue, Unit 2
Langley BC V3A 3Y6
CANADA

Community Integration

Explorations

22071 48th Avenue, Suite 104
Langley BC V3A 3N1
CANADA

Community Integration

Five Corners Residence

21451 Old Yale Road
Langley BC V3A 4M6
CANADA

Community Housing

High Knoll Residence

4830 196th Street
Langley BC V3A 7Z7
CANADA

Community Housing

Hunter Park Residence

19977 45A Avenue
Langley BC V3A 8C7
CANADA

Community Housing

Individualized Services

4059 200th Street, Units 104 and 105
Langley BC V3A 1K8
CANADA

Community Integration

Michaud Crescent Residence

20239 Michaud Crescent, Apartment 210
Langley BC V3A 8L1
CANADA

Community Housing

Newlands Residence

20935 51B Avenue
Langley BC V3A 7K6
CANADA

Community Housing

Partners in Employment

20512 Fraser Highway
Langley BC V3A 4G2
CANADA

Community Employment Services: Employment Supports
Community Employment Services: Job Development

Personal Supports Initiative (PSI)

20439 Fraser Highway
Langley BC V3A 4G3
CANADA

Community Integration

Quest

20439 Fraser Highway
Langley BC V3A 4G3
CANADA

Community Integration

Supported Living

20179 56th Avenue, Unit 1A
Langley BC V3A 3Y6
CANADA

Supported Living

Tall Timbers Residence

24156 56th Avenue
Langley BC V2Z 2N9
CANADA

Community Housing

Uplands Residence

4570 209A Street
Langley BC V3A 2K9
CANADA

Community Housing

Woodbridge Residence

20761 Telegraph Trail, Apartment 44

Langley BC V1M 2W3

CANADA

Community Housing

Willowbrook Residence

7017 198A Street
Langley BC V2Y 3H6
CANADA

Community Housing and Shelters (Children and Adolescents)

Clayton Heights

6539 193B Street
Surrey BC V4N 5P8
CANADA

Community Housing