



# CARF Accreditation Report for THRIVE Social Services Society

## Three-Year Accreditation



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## About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

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

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

**Organization**

THRIVE Social Services Society  
1095 McKenzie Street, Fourth Floor  
Victoria BC V8P 2L5  
CANADA

**Organizational Leadership**

Scott Bradford, MBA, Executive Director

**Survey Number**

166822

**Survey Date(s)**

January 18, 2023–January 20, 2023

**Surveyor(s)**

Staci L. Nevels, MBA, Administrative  
McKayla M. Matlack, Program  
Carol M. Smith, MA, LPC, CCS, CAADC, Program

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

Community Employment Services: Employment Supports  
Community Employment Services: Job Development  
Community Integration  
Services for Children and Youth: Child and Adolescent Services  
Outpatient Treatment: Mental Health (Children and Adolescents)  
Diversion/Intervention (Children and Adolescents)  
Intensive Family-Based Services (Children and Adolescents)

**Previous Survey**

November 18, 2020–November 20, 2020  
Three-Year Accreditation

**Accreditation Decision**

**Three-Year Accreditation**  
**Expiration: March 31, 2026**

# Executive Summary

This report contains the findings of CARF’s site survey of THRIVE Social Services Society conducted January 18, 2023–January 20, 2023. This report includes the following information:

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

## Accreditation Decision

On balance, THRIVE Social Services Society demonstrated substantial conformance to the standards. THRIVE Social Services Society has a strong commitment to continuous quality improvement. The business acumen of the leadership team and board of directors, partnered with the passion and dedication of the staff, has enhanced the lives of the clients served and facilitated long-term relationships with other stakeholders. The organization is known for being client centred, collaborative, competent, and creative. Clients and family members express a high level of satisfaction with the staff and believe that the services received and the relationships established have contributed to positive outcomes. Referral sources and funders also voice a high level of satisfaction with the organization’s leadership and the creativity of its staff. Opportunities for improvement include monitoring actions to reduce risks and including goals expressed in the client’s words in the individualized plan. It is evident that THRIVE Social Services Society has the resources, commitment, and expertise to address the recommendations noted.

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

**THRIVE Social Services Society has earned a Three-Year Accreditation.** The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF’s standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

# Survey Details

## Survey Participants

The survey of THRIVE Social Services Society was conducted by the following CARF surveyor(s):

- Staci L. Nevels, MBA, Administrative
- McKayla M. Matlack, Program
- Carol M. Smith, MA, LPC, CCS, CAADC, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

## Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of THRIVE Social Services Society and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

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

The survey addressed by this report is specific to the following program(s)/service(s):

- Community Employment Services: Employment Supports
- Community Employment Services: Job Development
- Community Integration
- Services for Children and Youth: Child and Adolescent Services
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Diversion/Intervention (Children and Adolescents)
- Intensive Family-Based Services (Children and Adolescents)

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

## Representations and Constraints

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

## Survey Findings

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

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

## Areas of Strength

CARF found that THRIVE Social Services Society demonstrated the following strengths:

- The organization is led by a knowledgeable and gifted senior leadership team that guides and builds on its strengths while taking advantage of new opportunities. The team deliberately incorporates stretch goals and passion goals in the organization's strategic planning and performance improvement efforts. The organization is positioning itself to be a key leader in the industry.

- THRIVE Social Services Society has a solid reputation with funders and referral agencies, who expressed an appreciation for the organization's collaborative, transparent, and respectful approach as a community partner.
- The board of directors represents the essential qualities of an effective board. Members bring key organizational skills (e.g., finance, strategic planning, and project management), which has strategically positioned the organization to become change agents in the field of social services.
- Staff members are noted for building long-term, stable relationships. They have excellent communication with stakeholders, being attentive and patient, listening to feedback, and allowing clients to be advocates for themselves.
- Staff members expressed high satisfaction with their employment at THRIVE Social Services Society. They find the staff to be incredibly supportive, and they appreciate the opportunities granted to be part of the innovation and strategic thinking that are evolving in the organization.
- Children and Youth with Support Needs (CYSN) was described as a professionally staffed program providing much-needed support and tools for youth. The tools are considered particularly useful, relevant, and age appropriate. The staff members were described as gentle, friendly, and very skilled, resulting in the children being very engaged and excited to learn. Stakeholders expressed their high satisfaction with the program, desire to share with others, and appreciation for the program being designed in a way that allows the children to be themselves.
- CYSN truly supports the child, the transition to youth, and the family. The program is recognized for its diversity of opportunities to enhance the lives of persons served with practical tools and relevant strategies to navigate everyday challenges. The curriculum is vetted, engaging, and hands on. It provides space that is safe, flexible, and forgiving.
- Staff members working in the employment program demonstrate a commitment to the persons served beyond employment. The external environment has presented challenges in finding jobs or feeling safe to work in the greater community, and this presented opportunities for staff to use time with clients to focus on needs and desires that present challenges to successful long-term employment, based on information identified as part of the risk and self-assessment process. Parents expressed an appreciation for the quality time spent with the clients developing social and emotional skills in person and virtually.
- The employment program is structured in a manner that provides staff an opportunity to share in the clients' success, from start to employment, in planning, placement, and maintenance. Staff members expressed that their jobs are amazing and that they appreciate the opportunities to utilize their education long term. Staff members work collaboratively as a team and have a vested interest in all persons served.
- The employment program has a variety of networking opportunities, collaborative conversations, and community connections, which provide an extensive employment network that results in job placements that are desired by the clients. The staff's creativity in finding the right job for the clients is admired.
- The community integration and day programs are very person centred. The staff members excel in working to meet the wants, needs, and desires of the persons served. The programs have a focus on accessing a variety of greater community outings. The staff is identified as being very caring, having exceptional communication, seeing the value of inclusion, and providing recognition for those with invisible disabilities.
- The properties and learning environments are warm, inviting, clean, and organized. They display client presence and choices with pictures and artwork.
- The staff members in the day program bring a variety of talents, experience, knowledge, and creativity to the program. The staff members bring forward strategic thinking, which they have used to their advantage to address challenges.
- The staff members of the Family Development Program and Mental Health Outreach Team Program are enthusiastic and passionate about serving the clients, and the leadership is experienced, competent, and engaged in day-to-day operations and the individual cases of the clients served. Staff members work well

together as a team and are committed to excellence in service delivery. The staff members reported that they feel valued and respected by leadership. They expressed that they appreciate the flexibility, autonomy, and support provided to do their best work.

- The Family Development Program and Mental Health Outreach Team Program place a high priority on meeting clients where they are, both physically and emotionally. To this end, services are provided in home and community locations based on the needs of each person served. Individualized service plans are based on the unique needs of each person served to maximize the benefit that each client receives from participating in program services. Appropriate referrals are made to ensure that the holistic needs of the clients are addressed.
- Clients served by the Family Development Program and Mental Health Outreach Team Program enthusiastically expressed a high level of satisfaction with the staff members and the services received. Clients identified that the services they receive and the help from staff members have led to positive outcomes in their lives that they would not otherwise have been able to achieve. They reported that they feel respected and valued by the staff members and that they trust the staff members.
- The leadership and staff members of the Family Development Program and Mental Health Outreach Team Program have an expansive awareness of the resources available in the areas served and have established many collaborative relationships with providers to link clients with much-needed resources. Their broad knowledge of the resources available, willingness to go above and beyond, and creative problem-solving skills promote an environment of hope, achievement, and success.
- The programs benefit from a team of staff members who are exceptionally loyal to the mission of the organization. The genuine compassion they display toward the clients and the level of care they provide clearly reflect the organization's mission and values. The diversity of skills and the balance between staff members with longevity and those more recently hired are assets to these programs.

## Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.



During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

## **Section 1. ASPIRE to Excellence®**

### **1.A. Leadership**

#### **Description**

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

#### **Key Areas Addressed**

- Leadership structure and responsibilities
- Person-centred philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

#### **Recommendations**

There are no recommendations in this area.

### **1.C. Strategic Planning**

#### **Description**

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

#### **Key Areas Addressed**

- Environmental considerations
- Strategic plan development, implementation, and periodic review

#### **Recommendations**

There are no recommendations in this area.

### **1.D. Input from Persons Served and Other Stakeholders**

#### **Description**

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

## **Key Areas Addressed**

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

## **Recommendations**

There are no recommendations in this area.

## **1.E. Legal Requirements**

### **Description**

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

### **Key Areas Addressed**

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

### **Recommendations**

There are no recommendations in this area.

## **1.F. Financial Planning and Management**

### **Description**

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

### **Key Areas Addressed**

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### **Recommendations**

There are no recommendations in this area.

## **1.G. Risk Management**

### **Description**

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

## **Key Areas Addressed**

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

## **Recommendations**

### **1.G.1.a.(5)**

Although THRIVE Social Services Society has a risk management plan and reports results of actions taken to reduce risks, there is no evidence that the organization is monitoring actions to reduce risk. It is recommended that the risk management plan also include monitoring of actions to reduce risk. The organization might consider including a risk owner or project manager to the identified risk.

## **1.H. Health and Safety**

### **Description**

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

### **Key Areas Addressed**

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

### **Recommendations**

There are no recommendations in this area.

## **1.I. Workforce Development and Management**

### **Description**

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

### **Key Areas Addressed**

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty

- Workforce engagement and development
- Performance appraisals
- Succession planning

### **Recommendations**

There are no recommendations in this area.

## **1.J. Technology**

### **Description**

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- Although THRIVE Social Services Society uses a variety of software programs, it is suggested that it consider an electronic health record system to provide a more effective and seamless system in its business functions and service delivery. The increased use of technology to communicate and exchange data efficiently and consistently could reduce labour-intensive tasks, such as filling out forms and scanning and saving documents to folders.
- The organization is encouraged to use a simulated phishing attack as cybersecurity training for its staff.

## **1.K. Rights of Persons Served**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## 1.L. Accessibility

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### Consultation

- THRIVE Social Services Society has a process in place to identify, review, and decide upon requests for reasonable accommodations. This information is documented in client records and/or personnel files. It is suggested that the organization include the ergonomic workstations that ensure the health and efficiency of its employees in its documentation of reasonable accommodations.

## 1.M. Performance Measurement and Management

### Description

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

The foundation for successful performance measurement and management includes:

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.N. Performance Improvement

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## Section 2. Quality Individualized Services and Supports

### Description

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

### 2.A. Program/Service Structure

#### Description

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

#### Key Areas Addressed

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

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- Although THRIVE Social Services Society does not use seclusion or restraints, it is possible that a health and safety event could occur that results in the need to provide an emergency restraint. It is suggested that staff members be equipped with the knowledge and confidence to protect an individual and themselves until emergency services can arrive.

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

### **Description**

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.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.

## 2.D. Employment Services Principle Standards

### Description

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.

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

- Individualized, appropriate accommodations.
- A flexible, interactive process that involves the person.
- Increased independence.
- Increased employment options.
- Timely services and reports.
- Persons served obtain and maintain employment consistent with their preferences, strengths, and needs.
- Person served obtains a job at minimum wage or higher and maintains appropriate benefits.
- Person served maintains the job.

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 2.E. Community Services Principle Standards

### Description

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



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

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

Expected results from these services may include:

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.F. Service Delivery Using Information and Communication Technologies**

### **Description**

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in remote settings.

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, follow-up, supervision, education, consultation, and counselling.
- Involve a variety of professionals such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, rehabilitation engineers, assistive technologists, and teachers.
- Encompass settings such as:
  - Hospitals, clinics, professional offices, and other organization-based settings.
  - Schools, work sites, libraries, community centres, and other community settings.
  - Congregate living, individual homes, and other residential settings.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available, is not considered providing services via the use of information and communication technologies.

## Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT

## Recommendations

There are no recommendations in this area.

# Section 3. Employment Services

## Description

An organization seeking CARF accreditation in the area of employment 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 self-direction, self-determination, and self-reliance.
- Self-esteem.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.
- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

### **3.G. Community Employment Services (CES)**

#### **Description**

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 individualized competitive employment, individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups in the community, 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.

The following service categories are available under Community Employment Services (please refer to the program descriptions and applicable standards):

- Job Development (CES:JD)
- Employment Supports (CES:ES)

If an organization provides only Job Development or Employment Supports, then it may be accredited for only that service. If it is providing both Job Development and Employment Supports, then it must seek accreditation for both. If any clarification is needed, please contact your CARF resource specialist. There is no charge for consultation.

Note: In making the determination of what an organization is actually providing in comparison to these service descriptions, these factors are considered: the mission of the services, the program descriptions, brochures and marketing image for these services, and the outcomes of the services.

Depending on the scope of the services provided, some examples of the quality outcomes desired by the different stakeholders of these services include:

- Persons obtain community employment.
- Persons obtain individualized competitive employment.
- Employment matches interests and desires of persons.
- Wages, benefits, and hours of employment achieved as desired.
- Average number of hours worked per week increases.
- Average number of hours worked per week meets the desires of the person served.
- Full-time employment with benefits.
- Transition-age youth move directly from their educational environment into community employment.
- Potential for upward mobility.
- Self-sufficiency.
- Integration.
- Responsive services.

- Safe working conditions.
- Cost-effective for placement achieved.
- Performance level achieved meets requirements of job or position.
- Increase in skills.
- Increase in productivity.
- Increase in hours worked.
- Increase in pay.
- Employment retention.
- Increase in natural supports from coworkers.
- Persons served treated with respect.
- Minimize length of time for supports.
- Type and amount of staff interaction meets needs.
- Employer satisfaction.
- Responsiveness to customers.

Job Development (CES:JD): 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 support for a self-directed job search.

Employment Supports (CES:ES): Employment support services 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.

## Section 4. Community Services

### Description

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

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

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

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

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

### 4.A. Services for Children and Youth (SCY)

#### Description

Services for children and youth include prevention, early intervention, preschool programs, early years programs, after-school programs, outreach, and services coordination. Services/supports may be provided in 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 setting, equipment, and environment meet the identified needs of the children and youth served and their families. Families are the primary decision makers and play a critical role, along with team members, in the process of identifying needs and services.

Child and adolescent services focus on the development of skills needed by children/adolescents to succeed in school, their family, and their community. An organization may provide an array of distinct services that fall under the heading of child and adolescent services, with different service delivery models that incorporate different practices. Services are individualized to meet the changing needs of the children/adolescents served. Child and adolescent services empower the child/adolescent to develop skills in decision making, including maximizing their participation in the service planning process. Involvement of other team members depends on what the child/adolescent needs and the scope of the services provided. Team members could come from several agencies and may include therapists, child development specialists, social workers, educators, medical professionals, and others.

Some examples of the quality outcomes desired by the different stakeholders of services for children and youth include:

- Services individualized to needs and desired outcomes.
- Collection and use of information regarding development and function as relevant to the scope of the services.
- Children/youth acquiring new skills.
- Collaborative approach involving family members in services.
- Transition planning that supports continuity of services and developmental transitions.
- Increased responsibility of children/youth to make decisions.
- Personal safety of youth in the community.

### **Key Areas Addressed**

- Early intervention
- Individualized services based on identified needs and desired outcomes
- Communication with families and other supports/services
- Collaborative service planning
- Healthcare, safety, emotional, and developmental needs of child/youth
- Skill development for decision making
- Planning for successful transitions

### **Recommendations**

There are no recommendations in this area.

## **4.G. Community Integration (COI)**

### **Description**

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.
- 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.).

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

- Community participation.
- Increased independence.
- Increased interdependence.
- Greater quality of life.
- Skill development.
- Slowing of decline associated with aging.
- Volunteer placement.
- Movement to employment.
- Centre-based socialization activities during the day that enable persons to remain in their community residence.
- Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

### **Key Areas Addressed**

- Opportunities for community participation

### **Recommendations**

There are no recommendations in this area.

**2022 Behavioural Health standards were also applied during this survey. The following sections of this report reflect the application of those standards.**

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

### **Description**

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served 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 persons served. The persons served have the opportunity to transition easily through a system of care.

### **2.A. Program/Service Structure**

#### **Description**

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

#### **Key Areas Addressed**

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity

- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

### **Recommendations**

There are no recommendations in this area.

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

### **Description**

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

### **Key Areas Addressed**

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

### **Recommendations**

There are no recommendations in this area.

## **2.C. Person-Centred Plan**

### **Description**

Each person served is actively involved in and has a significant role in the person-centred planning process and determining the direction of the plan. The person-centred plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centred. The person-centred plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centred program, the plan may be for the family and identified as a family-centred plan.

### **Key Areas Addressed**

- Person-centred planning process
- Co-occurring disabilities/disorders
- Person-centred goals and objectives
- Designated person coordinates services



## Recommendations

There are no recommendations in this area.

## 2.D. Transition/Discharge

### Description

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

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centred plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

### Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

### Recommendations

There are no recommendations in this area.

## 2.G. Records of the Persons Served

### Description

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

### Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

### Recommendations

There are no recommendations in this area.

## 2.H. Quality Records Management

### Description

The organization implements 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 organization in improving the quality of services provided to each person served.

### Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

### Recommendations

There are no recommendations in this area.

## Section 3. Core Treatment Program Standards

### Description

The standards in this section address the unique characteristics of each type of core program area. Behavioural health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioural health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

### **3.O. Outpatient Treatment (OT)**

#### **Description**

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counselling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviours.

#### **Key Areas Addressed**

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

#### **Recommendations**

There are no recommendations in this area.

## **Section 5. Specific Population Designation Standards**

### **5.C. Children and Adolescents (CA)**

#### **Description**

Programs for children and adolescents consist of an array of behavioural health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

#### **Key Areas Addressed**

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

#### **Recommendations**

There are no recommendations in this area.

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

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

### **Description**

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

The guiding principles include:

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

### **2.A. Program/Service Structure**

#### **Description**

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

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

Child- and family-centred care includes the following:

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

## **Key Areas Addressed**

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

## **Recommendations**

### **2.A.26.d.(1)**

It is recommended that personnel document the attendance of participants at team meetings.

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

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## 2.C. Individualized Plan

### Description

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

### Key Areas Addressed

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

### Recommendations

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

It is recommended that the individualized plan include goals that are expressed in the words of the person(s) served.

## 2.D. Transition/Discharge

### Description

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

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.G. Records of the Person Served**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.H. Quality Records Review**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## Section 3. Core Program Standards

### 3.N. Diversion/Intervention

#### Description

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

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

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

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

#### Key Areas Addressed

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

#### Recommendations

There are no recommendations in this area.

### 3.R. Intensive Family-Based Services

#### Description

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

#### Key Areas Addressed

- Services provided
- Access to professionals
- Clinical supervision



## Recommendations

There are no recommendations in this area.

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

## **THRIVE Social Services Society**

1095 McKenzie Street, Fourth Floor  
Victoria BC V8P 2L5  
CANADA

Community Integration  
Services for Children and Youth: Child and Adolescent Services  
Outpatient Treatment: Mental Health (Children and Adolescents)  
Diversion/Intervention (Children and Adolescents)  
Intensive Family-Based Services (Children and Adolescents)

## **THRIVE Social Services Society**

1095 Joan Crescent  
Victoria BC V8S 3L3  
CANADA

Community Employment Services: Employment Supports  
Community Employment Services: Job Development  
Community Integration  
Services for Children and Youth: Child and Adolescent Services

## **THRIVE Social Services Society**

345 Wale Road  
Victoria BC V9B 6X2  
CANADA

Services for Children and Youth: Child and Adolescent Services  
Diversion/Intervention (Children and Adolescents)  
Intensive Family-Based Services (Children and Adolescents)

## **THRIVE Social Services Society at St. Peters Church**

3939 St. Peters Road  
Victoria BC V8P 2L9  
CANADA

Community Integration