



CARF Accreditation Report for Touchstone Family Association 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.

Organization

Touchstone Family Association
210 - 3031 Viking Way
Richmond BC V6Y 1W1
CANADA

Organizational Leadership

David Cooper, Director of Services
Judy Valsonis, Executive Director
Nicole Cartier, Director of Quality Assurance

Survey Number

137373

Survey Date(s)

December 7, 2020–December 9, 2020

Surveyor(s)

Colleen M. Kennedy, MS, DESS Administrative
Suzanne M. Jean, BA, DESS Program

Program(s)/Service(s) Surveyed

Community Transition (Children and Adolescents)
Counselling/Outpatient (Children and Adolescents)
Diversion/Intervention (Children and Adolescents)
Group Home (Children and Adolescents)
Intensive Family-Based Services (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)
Governance Standards Applied

Previous Survey

December 11, 2017–December 13, 2017
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation

Expiration: January 31, 2024

Executive Summary

This report contains the findings of CARF's site survey of Touchstone Family Association conducted December 7, 2020–December 9, 2020. 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, Touchstone Family Association demonstrated substantial conformance to the standards. The organization provides high-quality, effective services to children, adolescents, and families in a very diverse, urban area of Vancouver. Services are family focused, and the organization has built a well-deserved reputation as being a leader. The board, leadership, and staff members demonstrate a commitment to the organization's mission and to the CARF standards. The organization has forged relationships and partnerships throughout the communities it serves that accrue to the benefit of the persons served and collaborates without concern about turf or competition. Touchstone incorporates the CARF standards into its business functions and service delivery practices, and its practices reflect that it embraces continuous quality improvement. Persons served, families, funding sources, community partners, and other stakeholders expressed a high level of satisfaction with and appreciation for the organization and its services, and they praised the staff members. All stakeholders praised the seamless transition to virtual services offered if persons served opt for them and the emphasis on safety of persons served and employees if services continued in person. Opportunities for improvement were well received. They include formalizing the evaluation of the executive director through written policies of actual practice and implementing all self-inspections and emergency drills on the third shift at the residential facility. In the service area, it is recommended that the individualized plan include goals that are expressed in the words of the person served and that are measurable. The receptivity of the leadership and staff members to the consultation and other feedback provided during this survey instils confidence that Touchstone possesses the willingness and capacity to bring it into full conformance to the standards.

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

Touchstone Family Association 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 Touchstone Family Association was conducted by the following CARF surveyor(s):

- Colleen M. Kennedy, MS, DESS Administrative
- Suzanne M. Jean, BA, DESS 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 Touchstone Family Association 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 Transition (Children and Adolescents)
- Counselling/Outpatient (Children and Adolescents)
- Diversion/Intervention (Children and Adolescents)
- Group Home (Children and Adolescents)
- Intensive Family-Based Services (Children and Adolescents)
- Promotion/Prevention (Children and Adolescents)
- *Governance Standards Applied*

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

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the 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 Touchstone Family Association demonstrated the following strengths:

- The organization benefits from having a board of directors that is committed to the organization and its mission. Many directors have served on the board for many years. They bring an array of skills, experience, and community contacts that are beneficial to Touchstone.
- The executive director is a visionary who takes a collaborative approach to meeting the needs and gaps in service in the communities served. She is supported by a strong, experienced, and committed management team that has a voice in the organization and works closely together to implement the mission and the values of Touchstone.
- Staff members are valued by the organization. Upon hire, employees receive extensive orientation and training, and they receive annual training going forward. A focus on staff development offers career paths for those interested and motivated to take on larger or different roles. Staff surveys reflect overall satisfaction with working at Touchstone and their commitment to the persons they serve.
- Many staff members hold remarkable longevity with the organization and mentor others through their commitment to provide quality services. This longevity creates stability, imparts organizational culture, and builds trusting community partnerships. Asked why he thought so many people stayed at Touchstone, one staff member said, “Because the word ‘family’ in the organization’s name is a lived concept.” Staff members stated that they feel valued, heard, and respected by leadership.
- The organization has a strong focus on safety and health. This has been even more evident during the pandemic, when it instituted stringent and thorough COVID-19 guidelines to enable services to proceed both in person and virtually. An active safety and health committee reviews incidents and helps identify concerns that could impact persons served and staff. The risk management plan is comprehensive and insightful.
- Touchstone provides multiple opportunities for input from persons served, families, and other stakeholders. Surveys are engaging and meaningful, specific to each program, and available in several languages. Staff members are involved in various internal committees and are encouraged to participate in relevant community networks and committees.
- The outcomes measurement and management system, particularly in the service area, is sophisticated and complex. The approach is based on recognizing and relying on the person's voice and in measuring progress in several life domains. Surveys of persons served reflect both progress and high satisfaction levels. Touchstone shares on its website information that includes its annual report, its annual financial audit, and surveys of staff and other stakeholders.
- Touchstone has forged collaborations and partnerships throughout the communities it serves. It is deeply rooted in its community, is well regarded, and is seen as a leader in its field. Its partnerships with schools enable services to be more seamless. The organization works in coalition with the Boys & Girls Club in its family empowerment program, serving as the lead agency. When funding ended for its Avenues of Change program, it continued to provide it while seeking support from United Way.
- Persons served and other stakeholders express a high level of satisfaction with services provided. Funding and referral sources offer praise for both staff and services, noting that the organization is family centred, effective, collaborative, innovative, and flexible. The staff members go above and beyond; take a “no barriers” approach; and develop creative strategies, such as a YouTube video, to help persons served and families transition to virtual services. Overall, they have excellent performance and outcomes and good communication.

- Touchstone has a long history of serving persons served with multiple challenges by providing a continuum of programs. This creates the ability to deliver an effective wraparound service model to customize services to individual needs. Sharing and innovation are qualities all programs demonstrated in meeting individual and community needs. Staff members appear creative and experienced in forming strong relationships necessary to help youth and families reach their personal goals.
- Touchstone’s mission toward social health and independence is realized through first-rate programs such as the Francis House residential treatment program; school readiness; StreetSmarts mentorship for youth at risk; and Restorative Justice, a unique partnership with the Royal Canadian Mounted Police to empower victims and offenders to reconcile. Family Preservation & Family Reunification programs and Community Action Program for Children (CAP-C) build on the strength and resiliency of families through a variety of supports in collaboration with community partners. They foster social connections, parenting skills, and community involvement. Supervised Access ensures safety and well-being for families struggling to reunify.
- The Touchstone Viking Way location provides a spacious and welcoming atmosphere for staff, families, and persons served. Francis House, the residential therapeutic home, offers youth a warm, homelike environment enhanced by a wide variety of life skills and social, educational, peer, and wellness activities to promote stability and wellness.
- Community partners expressed gratitude and appreciation for how Touchstone has maintained face-to-face services during the COVID-19 pandemic. They stated that there has been no interruption of programs or services. The organization follows effective protocols, provides necessary personal protective equipment to staff and persons served, and has modified program and counselling sites to make them safe for all. Emergency COVID-19 grants were obtained to distribute much-needed emergency funding and supplies to support the needs of youth and families in the community.
- Touchstone is a multilingual, multiethnic organization with a staff demographic reflective of the populations served. Service is tailored to the cultural diversity of the person served, including the provision of services, art, décor, and written materials in the person’s primary language.
- Records of persons served are thorough, comprehensive, and complete, providing a solid foundation for service planning. This planning reflects the active involvement of the persons served. Case management is central in supporting treatment and recovery in all programs whether they be support services, school services, or residential services.
- Persons served expressed a high level of satisfaction with programs and gratitude toward staff. They shared feeling cared about, enjoying the opportunity to learn new skills, and being less isolated and depressed. The qualities that persons served most appreciate about Touchstone staff members are that they let the persons served know what to expect, are flexible, and make persons served feel safe and protected. Persons served stated that referrals to other community resources were also an important part of what helped them grow and recover.
- Without exception, interviews with persons served and other stakeholders emphasized how motivated, responsive, and enthusiastic staff members are in serving children, youth, and families. Stakeholders complimented staff members for being respectful, approachable, and always open to feedback. They appreciated the cooperation and open communication evident throughout the organization.

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.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through

defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
- Board selection, orientation, development, leadership, structure, and performance
- Linkage between governance and executive leadership
- Board meetings and committee work
- Executive leadership development, evaluation, and compensation

Recommendations

1.B.6.a.

1.B.6.b.

1.B.6.c.(1)

1.B.6.c.(2)

1.B.6.c.(3)

1.B.6.c.(4)

1.B.6.d.(1)

1.B.6.d.(2)

1.B.6.e.(1)

1.B.6.e.(2)

1.B.6.e.(3)

1.B.6.e.(4)

1.B.6.e.(5)

1.B.6.e.(6)

1.B.6.e.(7)

In practice, the board of directors addresses the standards on executive compensation, with some areas in writing in the executive director's contract and in her performance evaluation. However, governance policies do not include all of these areas. Touchstone is urged to add the following to its governance policies that address executive compensation: a written statement of total executive compensation philosophy; a review by an authorized board committee composed of independent, unrelated board members; the defined total compensation mix, up to and including base pay, incentive plans, benefit plans, and perquisites; total compensation references to market comparator data and functionally comparable positions; and a documented process that outlines terms of compensation arrangements, approval date, names of board members on the committee who approved the compensation decision, data used in the compensation decision, disclosures of any conflict of interest, review of executive compensation records at least annually, and the authority of board members to exercise executive compensation actions.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

- Collection of input
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.7.a.(1)

Drills were conducted during the first and second shifts at Francis House, but not the third shift. It is recommended that unannounced tests of each emergency procedure be conducted at least annually on each shift. The tests could be mock drills so as not to wake the residents. In the event of an actual emergency, the situation could be written up as a test during the debriefing process.

1.H.14.a.

Self-inspections were conducted quarterly at Francis House, but no time of day was noted on the reports. Touchstone is urged to conduct comprehensive health and safety self-inspections at least semi-annually on each shift. This may be an opportunity to further engage staff members in conducting self-inspections.

1.I. Workforce Development and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

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

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations 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.

Consultation

- Touchstone has created an annual Performance Outcome Evaluation and developed a Performance Measurement and Management Plan in 2020. The latter encompasses business function goals and achievements and program and service goals. The organization is encouraged to continue and build upon this more comprehensive report.
- Touchstone shares considerable information on its website, including numbers of persons served and length of stay in programs. This could be enhanced by adding outcomes measures per program in simplified, meaningful ways.

Section 2. General Program Standards

Description

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

The guiding principles include:

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

2.A. Program/Service Structure

Description

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

The organization, where appropriate, provides information to the child/youth served and in collaboration with the parent(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 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
- Coordination of services for child/youth
- 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 or provision of appropriate services
- Gathering customer satisfaction information

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, the person's family or significant others, and external resources.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Although the grievance and appeal procedures are covered with persons served at orientation, it is suggested that the grievance and appeal process be posted at all programs in a manner that is understandable by the persons served.
- It is suggested that the ways by which input is given be added to the orientation checklist.

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)

2.C.2.b.(5)

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

2.D. Transition/Discharge

Description

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

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

A discharge summary is a document written by the program when the person leaves the program (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 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.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviours, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and non-prescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

Recommendations

There are no recommendations in this area.

2.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.H. Community Transition

Description

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.J. Counselling/Outpatient

Description

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

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

Key Areas Addressed

- Service modalities
- Evidence-based practice

Recommendations

There are no recommendations in this area.

3.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 are designed to implement special strategies for engaging this population.

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.R. Intensive Family-Based Services

Description

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

3.T. Promotion/Prevention

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 4. Core Residential Program Standards

4.D. Group Home

Description

Group home programs provide trauma-informed treatment and services in a safe, supportive, 24-hour setting to children/youth for whom there are documented reports of abuse, maltreatment, and/or behavioural health needs and who cannot safely live in a family setting within the community.

Group home programs are time limited with goals for reunification with the family of the child/youth or placement within another family setting or other community placement with an emphasis toward permanency.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Touchstone Family Association

210 - 3031 Viking Way
Richmond BC V6Y 1W1
CANADA

Community Transition (Children and Adolescents)
Counselling/Outpatient (Children and Adolescents)
Diversion/Intervention (Children and Adolescents)
Intensive Family-Based Services (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)
Governance Standards Applied

Francis House

5794 Chester Street
Vancouver BC V5W 3B5
CANADA

Group Home (Children and Adolescents)