carf INTERNATIONAL

Three-Year Accreditation

CARF Survey Report for Blue Sky Child Youth Family Care

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

CARF–CCAC
1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122
Tel 202 587 5001
Fax 202 587 5009

CARF CANADA
1400 - 10020 101A Avenue NW
Edmonton, AB T5J 3G2 CANADA
Toll-free 877 434 5444
Tel 780 429 2538
Fax 780 426 7274

carf INTERNATIONAL

Three-Year Accreditation

Organization

Blue Sky Child Youth Family Care
35 Blackmarsh Road, Suite 105
St. John's, NL A1E 1S4
Canada

Organizational Leadership

Anne Whelan, M.B.A., CHE, Chief Executive Officer

Survey Dates

April 10-12, 2012

Survey Team

Michael McCoy, Administrative Surveyor

Sherri T. McAllister, Program Surveyor

Programs/Services Surveyed

Congregate Care (Children and Adolescents)
Residential Treatment (Children and Adolescents)

Survey Outcome

Three-Year Accreditation
Expiration: April 2015

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

CARF-CCAC
1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122
Tel 202 587 5001
Fax 202 587 5009

CARF CANADA
1400 - 10020 101A Avenue NW
Edmonton, AB T5J 3G2 CANADA
Toll-free 877 434 5444
Tel 780 429 2538
Fax 780 426 7274

SURVEY SUMMARY

Blue Sky Child Youth Family Care has strengths in many areas.

- A mentor supervision model shows the organization to be a leader in better practices. The concept of providing a dedicated resource for new staff members to gain support and knowledge indicates a developmental model of professional growth.
- The leadership team in the organization is recognized for its approach and enthusiasm. The team works with an understanding that there are no bad ideas; each is accepted with value and merit.
- There is a strong sense of "being on the team." It is very apparent that the leadership and management have fostered an environment of mutual respect and appreciation.
- There is a high level of commitment, respect, and dedication that is evident throughout the organization.
- Funding sources express satisfaction with the level of communication and response they receive from Blue Sky. This has created and enhanced a strong working relationship.
- Blue Sky is seen as progressive and flexible in its response to service delivery changes while remaining sensitive to the impact of changes on persons served.
- The organization continues to improve on its utilization of the outcomes management system. Program processes are examined and changed to positively impact the outcomes and are used to direct service provision.
- The organization did an excellent job of choosing, introducing, and supporting the data management system, as an unusually high degree of staff satisfaction exists, and there is excellent organizational "buy-in" to its value.
- Despite having to quickly develop resources for persons served, the organizational team remains proactive and continues to provide a high quality of service. There is a clear demonstration of commitment to the families and persons served. Stakeholders expressed a very high degree of satisfaction and appreciation of the services.
- The residential homes are personalized, clean, welcoming, and attractive. Staff members work hard to ensure that children/youths in those homes feel secure and are continually presented with opportunities to pursue activities according to their needs and interests, and each person appears to be comfortable and happy with his/her life. Each of the persons living in the homes has a private room that is personally decorated. The homes are truly those of the children/youths and operate with the upmost respect for those who live there. The demonstrated respect of the rights of persons served was obvious throughout the survey.
- Blue Sky's welcome package orients persons served to its services in a welcoming and easily understandable manner.

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

On balance, St. John's and surrounding communities are fortunate to have Blue Sky to meet the needs of persons with severe behavioural needs and developmental disabilities who might otherwise have no other options. Blue Sky is committed to the community and the persons served. The organization is noted for its flexibility and creativity in meeting service demands. Leadership/ management is strong, and leaders have earned the respect of the staff with quality practices and policies. There is a strong sense of teamwork within the organization among the staff and management groups, and this provides a positive environment for all persons involved with the organization. Clearly, there is a strong dedication to effective service delivery, and Blue Sky is encouraged to continue the accreditation experience to enhance the good work already being done.

Blue Sky Child Youth Family Care has earned a Three-Year Accreditation. Leadership and staff are congratulated for their commitment to quality and their decision to pursue international accreditation.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

C. Strategic Integrated Planning

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

Key Areas Addressed

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

Recommendations

D.1.b.(3)

Although Blue Sky is actively seeking feedback, it is recommended that efforts be made to expand the collection of data from external stakeholders.

E. Legal Requirements

Principle Statement

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

G. Risk Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

H. Health and Safety

Principle Statement

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

Key Areas Addressed

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

Recommendations

H.6.e.

It is recommended that tests of all emergency procedures be evidenced in writing. It is suggested that each location have a drill binder with forms that indicate the time, nature of the drill, and results, which would allow for easier analysis.

I. Human Resources

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

J. Technology

Principle Statement

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

Key Areas Addressed

- Written technology and system plan

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

K.4.a.(3)

K.4.a.(4)(b)

It is recommended that the policy on complaints include levels of review, including availability of external review, and time frames for all steps of the complaint procedure up to and including resolution of the complaint.

K.4.a.(8)

Although Blue Sky provides advocacy information in the welcome package, it is recommended that this information be included in the complaint/procedure.

L. Accessibility

Principle Statement

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

Key Areas Addressed

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

Recommendations

L.2.b.

It is recommended that the accessibility plan include actions to be taken to resolve each identified barrier.

M. Information Measurement and Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Principle Statement

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

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

SECTION 2. CHILD AND YOUTH SERVICES GENERAL PROGRAM STANDARDS

Principle Statement

For an organization to achieve quality services, the children/youths 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 child/youth served span the entire time that the child/youth served is 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 child/youth served. The child/youth served has the opportunity to transition easily through a system of care.

A. Program/Service Structure

Principle Statement

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

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

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
- Qualifications and competency of direct service staff
- Family participation
- Team composition/duties
- Relevant education
- Clinical supervision
- Assistance with advocacy and support groups

Recommendations

There are no recommendations in this area.

B. Child- and Family-Centred Care

Principle Statement

Child and family-centred care includes the following:

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

Key Areas Addressed

- Collaborative partnerships
- Child/youth/family role in decision making
- Policies and procedures that facilitate collaboration
- Effective information sharing
- Arrangement or provision of appropriate services
- Gathering customer satisfaction information

Recommendations

There are no recommendations in this area.

C. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed to maximize opportunities for the child/ youth served to gain access to the organization's programs and services. Each child/youth served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the strengths, needs, abilities, and preferences of each child/youth served. Assessment data may be gathered through various means, including face-to-face contact, telepsychiatry, or from external resources.

Key Areas Addressed

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

Recommendations

C.11.b.(1) through C.11.b.(3)

It is recommended that the primary assessment result in the preparation of an interpretive summary that is based on the assessment data, is used in the development of the individual plan, and identifies any co-occurring disabilities/disorders that should be addressed in the development of the individual plan.

D. Individual Plan

Principle Statement

Each child/youth served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the child/youth and family served, as well as identified challenges and problems. The term *child/youth served* is used in a broad context to include family members or other legal representatives, when applicable. Planning is consumer directed and person centred.

Key Areas Addressed

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

Recommendations

D.2.a.(1)

It is recommended that the plan include goals expressed in the words of persons served.

D.2.b.(9)

Although some service objectives are time specific, it is recommended that objectives consistently be time specific.

E. Transition/Discharge

Principle Statement

Transition, continuing care, or discharge planning assists the child/youth 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 child/youth served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, reunification, re-entry in a juvenile justice system, or transition to adulthood.

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

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

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing well-being. The organization proactively attempts to contact the child/youth served after formal transition or discharge to gather needed information related to his or her postdischarge status. The organization reviews the postdischarge information to determine the effectiveness of its services and whether additional services were needed.

The transition plan and/or discharge summary may be included in a combined document as long as it is clear whether the information relates to a transition or discharge planning.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

F. Medication Use

Principle Statement

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

Medication use includes prescribed or sample medications, and may include over-the-counter or alternative medications provided to the child/youth served as part of the therapeutic treatment/service program. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

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

Self administration is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the child/youth served, to his/her body; and may include the organization storing the medication for the child/youth served, or may include staff handing the bottle or blister-pak to the child/youth served, instructing or verbally prompting the child/ youth served to take the medication, coaching the child/youth served through the steps to ensure proper adherence, and closely observing the child/youth served self-administering the medication.

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

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

Prescribing is evaluating, determining what agent is to be used by and giving direction to a child/youth served (or family/legal guardian), in the preparation & administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

G. Nonviolent Practices

Principle Statement

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

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

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

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environment, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

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

Restraint is the use of physical or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary administration of medication, in immediate response to a dangerous behaviour, to temporarily subdue a person or manage their behaviour. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a child/youth served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behaviour, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the child/youth served to a segregated room with the child's/ youth's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the child/youth served is considered in seclusion if freedom to leave the segregated room is denied.

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

H. Records of the Child/Youth Served

Principle Statement

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

Key Areas Addressed

- Confidentiality of records
- Communication of information in record
- Duplicate records or information
- Components of records

Recommendations

H.3.e.

Because there are dual file locations at the care site and the administrative office, the records should include a notation of the location of any other records.

I. Quality Records Review

Principle Statement

The organization 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 child/youth served. The review assists the organization in improving the quality of services provided to each child/youth served.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

SECTION 3. CHILD AND YOUTH SERVICES SPECIFIC PROGRAM STANDARDS

H. Congregate Care

Principle Statement

These programs provide shelter, safety, and support outside of their natural homes or placements to children/youths for whom there are documented reports of maltreatment, abandonment, absence without leave, or other identified needs or who are unable to live with their parents or alternative family. Placement is usually made when smaller more typical homelike settings are unavailable. Although ideally the placement is time limited, longer term placements may be necessary or occur as a youth transitions to independent adulthood. In all situations, integration into the community to the greatest degree possible is achieved.

Key Areas Addressed

- Provision of services
- Personnel training
- Community living components
- Individual service plan
- Program activities

Recommendations

There are no recommendations in this area.

U. Residential Treatment

Principle Statement

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for children/youths with behavioural health disabilities or disorders; who are victims or perpetrators of domestic violence or other abuse; for children/youths needing treatment because of eating or sexual disorders; or drug, gambling, or Internet addictions. Residential treatment services are organized to provide environments in which the children/youths reside and receive services from personnel who are trained in the delivery of services for behavioural health disabilities or disorders or related problems. Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include child caring institutions, domestic violence treatment homes, nonhospital addiction treatment centres, psychiatric treatment centres, or other nonmedical settings.

Key Areas Addressed

- Treatment requirements
- Team composition
- Community living components

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Blue Sky Child Youth Family Care

35 Blackmarsh Road, Suite 105
St. John's, NL A1E 1S4
Canada

Congregate Care (Children and Adolescents)
Residential Treatment (Children and Adolescents)

Blue Sky Child Youth Family Care

One King Street
Placentia, NL A0B 2Y0
Canada

Congregate Care (Children and Adolescents)
Residential Treatment (Children and Adolescents)