carf INTERNATIONAL

Three-Year Accreditation

CARF
Survey Report
for

Blue Sky Child Youth
Family Care

carf INTERNATIONAL

Organization

Blue Sky Child Youth Family Care
38 Ropewalk Lane, Suite 111
St. John's NL A1E 5T2
CANADA

Organizational Leadership

Anne Whelan, M.B.A., CHE, President

Melinda Wellsman, B.A. (Hons), Director, Quality

Glenn Grandy, CA CFO/COO

Survey Dates

April 27-29, 2015

Survey Team

Ingrid Kastens, Administrative Surveyor

Karen L. Hamdon, Program Surveyor

Debbie J. Sirk, M.P.A., Program Surveyor

Programs/Services Surveyed

Congregate Care (Children and Adolescents)
Group Home Care (Children and Adolescents)

Previous Survey

April 10-12, 2012
Three-Year Accreditation

Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: April 2018

SURVEY SUMMARY

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

- Blue Sky sites, from head office to houses, are attractive and appropriate for the services offered.

- Government representatives mentioned their appreciation of Blue Sky's lovely homes, which are in good condition and in good neighbourhoods.

- All head office staff members who participated in the survey were professional, enthused, and committed.

- Stakeholders commented on Blue Sky's services being timely, responsive, and committed.

- Blue Sky has developed a niche, reputation, and expertise in providing quality, professional services to children who are medically fragile. It is a "go to" organization for this service.

- Government representatives appreciated Blue Sky's recent proactive development of an ongoing dialogue between Blue Sky and the Department of Child, Youth and Family Services.

- Blue Sky is proud to have been featured in 2013 as employer of the month with AXIS Career Services, noting that many internationally trained newcomer health care professionals have received the opportunity to continue working in a meaningful and related profession.

- The organization has been innovative as well as open and transparent in allowing the Department of Child, Youth and Family Services access to its ShareVision database in order to have easy entry to information regarding children mutually served.

- Blue Sky is applauded for its efforts in efficiency to go more and more paperless, thereby saving on file storage while also saving the planet.

- Another area of efficiency is Blue Sky's development of online training. This is doubly efficient due to Blue Sky's large geographic reach.

- The CEO of Blue Sky and her team appear to truly value quality and enhancing Blue Sky's journey towards a continuous quality improvement approach over the near and medium term.

- Many dedicated, hardworking staff members have a strong commitment to improving the life of youth they serve. It is obvious that the staff members enjoy the work they do, are concerned about the youth, and respect and listen to their desired choices. There is a strong sense of integration at all levels of the organization that results in a consistent experience for the youth and helps foster positive outcomes.

- Blue Sky staff members are passionate about the services they provide to the children and youth in their homes. They demonstrate an innovative and caring approach in working with high needs youth. Staff members remarked that, although they often work in areas geographically isolated from the main office, they feel supported and part of the team.

- The youth expressed a sense of feeling "at home" in their placements and showed pride in their homes.

- The organization's personnel are open and willing to learn and receive feedback for improving services in the spirit of continuous quality improvement and are committed to the CARF standards. It is a learning organization.

- The management and staff of the organization are committed to actualizing the mission of the organization. They have devoted their skills and expertise to obtaining and building the quality of services delivered.

- Blue Sky provides services to a challenging population that is often considered difficult to care for and provide treatment for, and that has limited access to extended treatment resources. It is commended for assisting these children and youth and for enhancing their lives and providing them with much needed services.

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, Blue Sky is a private, for-profit organization providing group home care and congregate care across the province of Newfoundland. The organization is mission driven, and has developed the leadership infrastructure to improve quality care. The organization has demonstrated substantial conformance to the CARF standards, and persons served are benefitting from services provided. The organization has some areas for improvement. Although most health and safety standards were met, the organization is urged to apply its safety drills and procedures to its head office site and should ensure that exit routes are accessible from the second and third stories of residential homes. Although Blue Sky has a robust human resource department, it should implement a system to provide performance evaluations on an annual basis, including reviewing progress on last year's goals. It should implement procedures for the direct supervision of personnel, and especially front-line care-giving personnel, as many of these employees are very junior in both education and experience. It should also work to enhance clinical documentation. Leadership is aware of and capable of addressing the areas for improvement identified in this report.

Blue Sky Child Youth Family Care has earned a Three-Year Accreditation. The board, leadership, staff members, and other stakeholders are congratulated on this achievement and encouraged to continue to use the CARF standards to improve organizational performance and guide their pursuit of excellence.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

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

Key Areas Addressed

- Leadership structure

- Leadership guidance

- Commitment to diversity

- Corporate responsibility

- Corporate compliance

Recommendations

There are no recommendations in this area.

C. Strategic Planning

Principle Statement

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

Key Areas Addressed

- Strategic planning considers stakeholder expectations and environmental impacts

- Written strategic plan sets goals

- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that Blue Sky think about opportunities to diversify its funding opportunities beyond a single funder.
- It is suggested that the leadership members of Blue Sky work with their union, government, and staff to address wage and benefits issues identified by front-line residential staff members who are core to the organization's mission, quality or service, and experience and outcomes for children served.

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

Key Areas Addressed

■ Ongoing collection of information from a variety of sources

■ Analysis and integration into business practices

■ Leadership response to information collected

Recommendations

There are no recommendations in this area.

Consultation

■ It is suggested that Blue Sky think more broadly about stakeholder feedback, gathering feedback from a range of stakeholders such as social workers, collateral professionals, parents, and neighbours, and further develop avenues for gathering feedback such as focus groups, interviews, and surveys. Blue Sky is encouraged develop meaningful methods for reviewing, hearing, and acting on this feedback at all levels of the organization.

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

F.9.a. through F.9.f.

It is recommended that Blue Sky develop procedures regarding the funds of persons served that define how the persons served will give informed consent for the expenditure of funds, how the persons served will access the records of the funds, how the funds will be segregated for accounting purposes, safeguards in place to ensure that funds are used for the designated and appropriate purposes, how interest will be credited to the accounts of the persons served, and how monthly account reconciliation is provided to the persons served. The organization is encouraged to develop and implement a simple system for children and youth to receive and sign that includes information about funds that are allocated to them, as developmentally and cognitively appropriate.

F.10.

It is recommended that the organization have an annual review or audit of its financial statements conducted by an independent accountant authorized by the appropriate agency.

G. Risk Management

Principle Statement

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

Key Areas Addressed

- Identification of loss exposures

- Development of risk management plan

- Adequate insurance coverage

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that Blue Sky broaden its annual review of risk management.

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.a.

It is recommended that Blue Sky provide a ladder for all second and third floors as exits for safety reasons, to ensure that routes are accessible.

H.7.a.(2) through H.7.d.

It is recommended that Blue Sky conduct tests of all emergency drills and procedures at least annually at each location, including the head office/administrative location. Tests should include complete actual or simulated physical evacuation drills. Tests should be analyzed in writing for performance improvement and address areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel.

Consultation

■ It is suggested that Blue Sky consider enhancing its vehicle procedures manual to cover all possible incidents while driving.

I. Human Resources

Principle Statement

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

Key Areas Addressed

■ Adequate staffing

■ Verification of background/credentials

■ Recruitment/retention efforts

■ Personnel skills/characteristics

■ Annual review of job descriptions/performance

■ Policies regarding students/volunteers, if applicable

Recommendations
I.6.b.(4)(a)
I.6.b.(5)

It is recommended that performance evaluations address progress in meeting last year's goals. This could be achieved by adding a field or box to the evaluation form that drives reviewing and recording this information. It is also recommended that performance evaluations be performed annually.

Consultation

■ Blue Sky has created a dedicated position for training. Although this position is still new, there is a disconnect between Blue Sky's commitment to education and training and the experience in the field of having the opportunity to access regular education, training, and professional development. Blue Sky is encouraged to continue its efforts down this path. A staff education and training advisory committee may help to bridge this gap.

J. Technology

Principle Statement

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

Key Areas Addressed

■ Written technology and system plan

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

■ Communication of rights

■ Policies that promote rights

■ Complaint, grievance, and appeals policy

■ Annual review of complaints

Recommendations

There are no recommendations in this area.

L. Accessibility

Principle Statement

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

Key Areas Addressed

■ Written accessibility plan(s)

■ Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Principle Statement

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

Key Areas Addressed

■ Information collection, use, and management

■ Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

Consultation

■ It is suggested that Blue Sky strengthen both the depth and breadth of stakeholder feedback sought, considered, and utilized, including feedback from parents, social workers, and other professionals.

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

A. Program/Service Structure

Principle Statement

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

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

Child- and family-centred care includes the following:

■ Recognition that, when possible, the family is the constant in the child's/youth's life, while the service systems and personnel within those systems fluctuate.

■ Facilitation of family-professional collaboration at all levels of care.

■ Sharing of unbiased and complete information about a child's/youth's care on an ongoing basis, in an appropriate and supportive manner.

■ Implementation of appropriate policies and programs that are comprehensive and provide necessary support to meet the needs of children/youths and families.

■ Recognition of child/youth and family strengths and individuality and respect for different methods of coping.

■ Understanding and incorporating the developmental needs of children/youths and families into service systems.

■ Assurance that the design of health and social service delivery systems is flexible, accessible, and responsive to the needs of children/youth and families.

Key Areas Addressed

■ Written plan that guides service delivery

■ Team member responsibilities

■ Developmentally appropriate surroundings and equipment

■ Crisis intervention provided

■ Medical consultation

■ Services relevant to diversity

■ Collaborative partnerships

■ Child/youth/family role in decision making

■ Policies and procedures that facilitate collaboration

■ Qualifications and competency of direct service staff

■ Family participation

■ Team composition/duties

■ Relevant education

■ Clinical supervision

■ Assistance with advocacy and support groups

- ■ Effective information sharing

- ■ Arrangement of provision of appropriate services

- ■ Gathering customer satisfaction information

Recommendations
A.19.a.(1)
A.19.a.(2)
A.19.b.(3) through A.19.b.(5)

It is recommended that, for personnel providing direct services, the organization provide or arrange for assessment of competency and competency-based training and include the following in its assessment of competency and competency-based training: person-centred plan development/implementation, interviewing skills, and program-related research-based approaches.

A.20.a.(1) through A.20.a.(6)

It is recommended that the organization implement written procedures for the supervision of direct personnel, including staff members, volunteers, trainees, interns, and contractees, which includes the provision of feedback to enhance skills.

A.21.a. through A.21.i.

It is recommended that documented ongoing supervision of direct service personnel address accuracy of assessment skills, when applicable; proficiency of referral skills, when applicable; the appropriateness of the services or supports selected relative to the specific needs of each person served; service effectiveness as reflected by the persons served meeting their individual goals; the provision of feedback that enhances the skills of direct service personnel; issues of ethics, legal requirements, boundaries, self-care, and secondary trauma; service documentation issues identified through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices.

B. Screening and Access to Services

Principle Statement

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

Key Areas Addressed

■ Policies and procedures defining access

■ Waiting list criteria

■ Orientation to services

■ Primary assessment

■ Interpretive summary

Recommendations
B.7.e.(1)(d) through B.7.e.(1)(g)
B.7.e.(2)(c)
B.7.e.(2)(e)
B.7.e.(5)(a)
B.7.e.(6)(a) through B.7.f.

It is recommended that each person admitted to services receive an orientation that includes code of ethics; philosophy of behavioural interventions; confidentiality policy; requirements for follow-up for a mandated person served regardless of discharge outcome; ways in which input is given; administrative discharge criteria; the use of seclusion or restraint; an explanation of the program's procedures, when applicable, regarding expectations for court appearances; identification of therapeutic interventions for sanctions and incentives; information regarding transition criteria and procedures; and familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits, when applicable.

B.12.b.(1) through B.12.c.

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 individualized plan, identifies any co-occurring disabilities/disorders and ecological factors that should be addressed in the development of the individualized plan, and is communicated and provided to the person served in an understandable manner.

C. Individualized Plan

Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of the individualized plan. The individualized plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served, as well as identified challenges and problems. Individualized plans may consider the significance of traumatic events.

Key Areas Addressed

■ Participation of child/youth in preparation of individual plan

■ Components of individual plan

■ Coordination of services for child/youth

■ Co-occurring disabilities/disorders

■ Content of program notes

Recommendations
C.1.b.(1)
C.1.b.(2)

It is recommended that the individualized plan be prepared using the information from the interpretive summary.

C.12.b.(1)(a) through C.12.b.(3)

It is recommended that progress notes or recordings document progress towards achievement of identified objectives and goals, significant events or changes in the life of the person served, and the delivery of services and specific interventions that support the individualized plan.

D. Transition/Discharge

Principle Statement

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

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

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

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

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

Key Areas Addressed

■ Transition/discharge planning

■ Components of transition plan

■ Follow-up after program participation

Recommendations

There are no recommendations in this area.

E. Medication Use

Principle Statement

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

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

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

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

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

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

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

Key Areas Addressed

■ Individual records of medication

■ Physician review

■ Policies and procedures for prescribing, dispensing, and administering medications

■ Training regarding medications

■ Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

F. Non-violent Practices

Principle Statement

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

■ Engagement

■ Partnership—power with, not over

■ Holistic approaches

■ Respect

■ Hope

■ Self direction

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

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

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

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

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

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

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

Key Areas Addressed

■ Training and procedures supporting non-violent practices

■ Policies and procedures for use of seclusion and restraint

■ Patterns of use reviewed

■ Persons trained in use

■ Plans for reduction/elimination of use

Recommendations

There are no recommendations in this area.

G. Records of the Person Served

Principle Statement

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

Recommendations

G.1.c.

It is recommended that the individual record communicate information in a manner that is consistently complete.

G.2.

It is recommended that the organization ensure that all documents contained in the record that are generated by the organization and require signatures include original or electronic signatures.

H. Quality Records Review

Principle Statement

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

Key Areas Addressed

■ Focus of quarterly review

■ Use of information from quarterly review

Recommendations

There are no recommendations in this area.

SECTION 3. CHILD AND YOUTH SERVICES CORE PROGRAM STANDARDS

J. Congregate Care

Principle Statement

Congregate care 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
J.2.b.

It is recommended that, based on the needs of the child/youth served, the services be provided by a coordinated team that meets weekly.

J.3.b.
J.3.d.
J.3.j.

Although the organization provides training in certain areas, it is recommended that personnel receive competency-based training to meet the identified needs of the child/youth served that covers child growth and development, learning deficits, and methods of communication.

J.10.d.(3)

It is recommended that the organization document progress towards goals on individualized service plans.

Consultation

■ It is suggested that the organization consider having a nutritionist and/or dietician or nurse review and assist in planning meals and snacks for each of the homes.

S. Group Home Care

Principle Statement

Group home programs provide placements to children/youths for whom there are documented reports of maltreatment, abandonment, absence without leave, or other identified needs, or treatment services to children/youths with identified behavioural needs. Services are provided in a safe and supportive setting and are time limited. The program goal is to reunite the child/youth with the natural family or other permanent placement when in the best interest of the child/youth. In all situations, integration into the community to the greatest degree possible is achieved.

Key Areas Addressed

■ Access to professionals

■ Personnel training

■ Community living components

■ Advocacy

■ Supportive program activities

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Blue Sky Child Youth Family Care

38 Ropewalk Lane, Suite 111
St. John's NL A1E 5T2
CANADA

Congregate Care (Children and Adolescents)
Group Home Care (Children and Adolescents)

Blue Sky Child Youth Family Care

38 Main Street
Corner Brook NL A2H 1C3
CANADA

Congregate Care (Children and Adolescents)
Group Home Care (Children and Adolescents)

Blue Sky Child Youth Family Care

Nine High Street
Grand Falls-Windsor NL A2A 1C3
CANADA

Congregate Care (Children and Adolescents)
Group Home Care (Children and Adolescents)

Blue Sky Child Youth Family Care

One King Street
Placentia NL A0B 2Y0
CANADA

Congregate Care (Children and Adolescents)
Group Home Care (Children and Adolescents)