CARF
Survey Report
for
Motivation, Power
and Achievement
Society
(MPA Society)
Organization
Motivation, Power and Achievement Society (MPA Society)
122 Powell Street
Vancouver BC V6A 1G1
CANADA

Organizational Leadership
David MacIntyre, M.S.W., Executive Director
Brad Roberts, Director of Human Resources

Survey Dates
November 4-6, 2015

Survey Team
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Programs/Services Surveyed
Personal Supports Services
Community Housing: Psychosocial Rehabilitation (Adults)
Supported Living: Psychosocial Rehabilitation (Adults)

Survey Outcome
Three-Year Accreditation
Expiration: November 30, 2018
SURVEY SUMMARY

Motivation, Power and Achievement Society (MPA Society) has strengths in many areas.

- An organization is always reflective of the staff members, and MPA Society has attracted and continues to attract an excellent group of directors, managers, coordinators, and direct-care personnel who reflect its mission and values.

- The board is recognized for its dedication and commitment to the vision and mission of MPA Society. Board members, who are recruited from members of the society in the community, have a variety of backgrounds that are conducive to maintaining the integrity of the organization and the special essence that is MPA Society.

- The leadership and staff members work in a collaborative manner within a myriad of program offerings. Despite, and perhaps because of, its multitude of programs, MPA Society operates with a “can-do” attitude toward helping members meet their goals. The organization’s collaborative culture permeates its community partnerships, through which new gains in coordination and cooperation have been achieved.

- MPA Society carefully and diligently works to secure its financial solvency and vitality. Financial policies and procedures are well developed, and financial statements are reviewed monthly.

- The organization benefits from a well-developed risk management system that supports operations and provides useful information that positively impacts its business functions and service delivery. Information analysis and outcomes management procedures are well developed and support ongoing quality improvement processes. Information and input are effectively used to modify programs and services.

- MPA Society maintains quality homes that are located in the local community.

- The organization is commended for its positive relationships with funders, which support the continual expansion of services and opportunities for additional options for members.

- Using a request-for-proposal (RFP) process, MPA Society formed a mutually beneficial partnership with Rexall® Specialty Pharmacy, through which the medication needs of members are covered 24 hours a day, 7 days a week as well as additional beds to meet the needs of members.

- MPA Society’s staff members recognize the need to network and to form strong relationships with community partners that enable members to access much needed resources in a timely manner.

- Staff members are passionate and caring advocates who are dedicated to the organization’s mission and the provision of quality individualized services.

- Members benefit from MPA Society’s services. One member stated, “MPA has made it possible for me to function.”

- The organization is recognized for its community involvement and collaboration with other services, particularly with respect to working with members who are among the most vulnerable persons in the community. The level of its commitment is amplified in the care reflected in its residences, which not only provide housing, but also a “home” for members.

- Members express that they are treated with respect and dignity, which they identify as a rare experience in their previous world of homelessness.

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■ Staff members display compassion, understanding, and enthusiasm for MPA Society's mission in providing services. They comment that they feel supported and respected by management.

■ MPA Society takes many innovative approaches, including the Adventure program that is implemented in one of its licensed homes.

■ Members express the highest levels of satisfaction with the services they receive. They also indicate that they would strongly recommend MPA Society to others. Their specific comments include, “This program has truly saved my life,” “I had tried to commit suicide, and I met a staff member in the park who directed me to the service,” “I tried other programs, but they dropped the ball at the time I needed them most,” “They truly understand my needs,” “I love my apartment, and I want to live here forever,” and “These people who work here are like family, and I don’t have anyone else who treats me as a real person.”

MPA Society 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, MPA Society demonstrates substantial conformance to the CARF standards and has made a dedicated effort in its accreditation preparation process. The leadership and staff members are invested in the organization’s mission and strive to provide the services that are necessary to the continued growth and recovery of members. MPA Society is respected in the community, and members express satisfaction with the services they receive. Although there are areas for improvement, they are scattered throughout the CARF standards sections. Key areas for improvement include the consistent testing of the emergency procedures; the conduct of a comprehensive personnel performance evaluation process and individual service plan development process; and the development and implementation or completion of certain administrative and programmatic policies, written procedures, practices, and documentation. The receptivity of the leadership and staff members to the consultation and other feedback provided during this survey instills confidence that MPA Society possesses the commitment and ability to bring it into full conformance to the CARF standards.

Motivation, Power and Achievement Society (MPA Society) has earned a Three-Year Accreditation. The board, leadership, and staff members are recognized for their efforts in pursuit of international accreditation and congratulated for this accomplishment. They are encouraged to use their resources to address the opportunities for improvement noted in this report and to continue to utilize the CARF standards on an ongoing basis as guidelines for continuous quality improvement.
SECTION 1. ASPIRE TO EXCELLENCE®

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

Recommendations
A.6.a.(4)(c)
A.6.a.(4)(f)
It is recommended that the written ethical codes of conduct be expanded to address, in the area of service delivery, personal fundraising and witnessing of documents.

B. Governance

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 composition, selection, orientation, development, assessment, and succession
- Board leadership, organizational structure, meeting planning, and management
- Linkage between governance and executive leadership
- Corporate and executive leadership performance review and development
- Executive compensation

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**Recommendations**

There are no recommendations in this area.

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**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**

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

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**Recommendations**

There are no recommendations in this area.
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
- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations
There are no recommendations in this area.

E. Legal Requirements

Description
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.

Consultation
- MPA Society implements written procedures to guide personnel in responding to subpoenas, search warrants, and investigations. It is suggested that the procedures clearly identify how these actions affect members as well as issues directly associated with members’ confidentiality and other rights.
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 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

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
- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage
Recommendations
G.3.b.
The organization is urged to implement written procedures regarding communications that address social media.

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

Recommendations
H.7.a.(1) through H.7.d.
It is recommended that unannounced tests of all emergency procedures consistently be conducted at least annually on each shift at each location. The tests should consistently include complete actual or simulated physical evacuation drills; be analyzed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel; and be evidenced in writing, including the analysis.

I. Human Resources

Description
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

1.6.b.(1)(a)
1.6.b.(1)(b)
1.6.b.(4)(a)
1.6.b.(4)(b)

Performance evaluations for all personnel directly employed by MPA Society should be based on job functions and identified competencies and be used to assess performance related to objectives established in the last evaluation period and to establish measurable performance objectives for the next year.

J. Technology

Description

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
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable
Recommendations
J.1.a.(6)
The organization is urged to expand its technology and system plan to include assistive technology. For example, the plan might consider the assistive technology needs of personnel, members, and other stakeholders.

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
- 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

Description
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
L.1.b.(6)
L.1.b.(7)
It is recommended that the ongoing process for identification of barriers consider the areas of communication and technology.

M. Performance Measurement and Management

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

Key Areas Addressed
- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations
There are no recommendations in this area.

N. Performance Improvement

Description
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. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

A. Program/Service Structure

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

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

Recommendations

A.1.a.(2) through A.1.a.(9)
MPA Society has a brief description of services on its website. However, each program/service should document, regarding its scope of services, settings; hours, days, and frequency of services; payer sources; fees; referral sources; and the specific services offered, including whether the services are provided directly or by referral.

A.3.a. through A.3.c.
Based on the scope of each program/service provided, the organization should document its entry criteria; transition criteria, if applicable; and exit criteria.

A.5.
It is recommended that each program/service implement procedures that address unanticipated service modification, reduction, or exits/transitions precipitated by funding or other resource issues.

A.10.a. through A.10.c.
MPA Society’s policies and procedures for acceptance into services should identify the acceptance process, the position or entity responsible for making acceptance decisions, and the process that will be followed in the event there is ever a wait list.

A.12.
Although some members’ records are complete; a complete record should consistently be maintained for each member.
A.15.a. through A.15.d.
It is evident that staff members establish positive relationships with members. However, when applicable, it is recommended that policies and written procedures be developed that address the program’s use of positive interventions, including an emphasis on building positive relationships with members; evaluation of the environment and personal stressors; appropriate interaction with staff to promote de-escalation and socially acceptable behaviour; and empowering members to change their own behaviour.

A.17.a. through A.17.c.(1)
If restrictions are placed on the rights of a member, MPA Society is urged to ensure that its policies are in compliance with funding guidelines and governmental regulations; the organization follows its policies and written procedures; and, prior to implementation, the organization obtains informed consent of the member.

B. Individual-Centred Service Planning, Design, and Delivery

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

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

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

Recommendations
B.3.a. through B.3.d.
An individualized service plan should be developed based on the member's strengths, abilities, preferences, and desired outcomes. This information could be incorporated in the individual service plan format.
B.5.b.(2)  
B.5.f.(1)  
B.5.f.(2)  
Individualized service plans include objectives; however, coordinated individualized service plans should consistently identify specific measurable objectives. The plans should reflect timely transition planning when a member moves from one level of services/supports or program to another within MPA Society or externally to another provider.

B.7.b.  
When applicable to the member and his or her goals and outcomes, it is recommended that risk assessment results be documented in the individual service plan.

B.10.a. through B.10.c.  
An exit summary report should be prepared on a timely basis for each member who leaves MPA Society’s services that summarizes results of services received.

Consultation  
- MPA Society might consider arranging for staff members to receive training in person-centred planning (PCP). The purposes of PCP are to look at a member in a different way, to assist the member in gaining control over his or her life, to increase member’s participation in the community, and to assist member to realize his or her dreams and goals. PCP is an accepted evidence-based model that complements the Housing First model.

C. Medication Monitoring and Management  
Key Areas Addressed  
- Current, complete records of medications used by persons served  
- Written procedures for storage and safe handling of medications  
- Educational resources and advocacy for persons served in decision making  
- Physician review of medication use  
- Training and education for persons served regarding medications

Recommendations  
C.1.a. through C.1.e.  
It is recommended that an up-to-date individual record of all medications, including prescription and non-prescription medications, used by the member include the name of the medication; the dosage, including strength or concentration; the frequency; instructions for use, including administration route; and potential side effects.
F. Community Services Principle Standards

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

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

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

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

Recommendations
There are no recommendations in this area.

SECTION 3. EMPLOYMENT AND COMMUNITY SERVICES

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

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.
The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

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

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.
- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

U. Personal Supports Services

Personal Supports Services

Description

Personal supports services are designed to provide instrumental assistance to persons and/or families served. They may also support or facilitate the provision of services or the participation of the person in other services/programs, such as employment or community integration services. The services are primarily delivered in the home or community and typically do not require individualized or in-depth service planning.

Services can include direct personal care supports such as personal care attendants and housekeeping and meal preparation services; services that do not involve direct personal care supports such as transporting persons served, information and referral services, translation services, programs offering advocacy and assistance by professional volunteers (such as legal or
financial services), training or educational activities (such as English language services), mobile meal services; or other support services, such as supervising visitation between family members and parent aides.

A variety of persons may provide these services/supports other than a program’s staff, such as volunteers and subcontractors.

Key Areas Addressed
- Training for personnel
- Supervision of personnel
- Identification of supports provided by program

Recommendations
There are no recommendations in this area.

SECTION 4. PSYCHOSOCIAL REHABILITATION PROGRAMS

The standards in this section are taken from the 2015 Behavioral Health Standards Manual. Behavioural health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disabilities/disorders, harmful involvement with alcohol and/or other drugs, or who have other behavioural health needs. Through a team approach, the goal of each such program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competence and relevance. Family members and significant others are involved in the programs of the persons served, as appropriate and to the extent possible.

A. Program/Service Structure

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

Key Areas Addressed
- Written program plan
- Crisis intervention provided
- Medical consultation

CARF INTERNATIONAL
Services relevant to diversity
Assistance with advocacy and support groups
Team composition/duties
Relevant education
Clinical supervision
Family participation encouraged

Recommendations
A.1.a.(6) through A.1.a.(8)
It is recommended that each program/service more clearly document, regarding its scope of services, payer sources, fees, and referral sources.

A.5.
Each program/service is urged to implement procedures that address unanticipated service modification, reduction, or exits/transitions precipitated by funding or other resource issues.

A.14.a.(1)
A.14.a.(2)
When applicable, the program should identify written procedures governing the use of special treatment interventions and restrictions of rights.

A.24.
MPA Society is urged to have a policy and written procedures for the supervision of all individuals providing direct services.

A.25.a. through A.25.g.
It is recommended that the organization ensure that documented ongoing supervision of clinical or direct service personnel more clearly addresses, when applicable, accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the specific needs of each member; treatment/service effectiveness as reflected by the member meeting his or her individual goals; the provision of feedback that enhances the skills of direct service personnel; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified through ongoing compliance review; and cultural competency issues.

Consultation
- It is suggested that MPA Society include its entry, transition, and exit criteria in the member handbook.
B. Medication Use

Description

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

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

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

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

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

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

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

Key Areas Addressed

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication
Recommendations
B.2.a.(1) through B.2.b.(14)

B.2.b.(16)
In response to the needs of the members and the type of service provided, documented ongoing training and education regarding medications should be received by the members; when applicable, individuals and family members with legal right or identified by the members; and personnel providing direct service to the members. The documented ongoing training and education should include how the medication works; the risks associated with each medicine; the intended benefits, as related to the behaviour or symptom targeted by this medication; side effects; contraindications; potential implications between medications and diet/exercise; risks associated with pregnancy; the importance of taking medications as prescribed, including, when applicable, the identification of potential obstacles to adherence; the need for laboratory monitoring; the rationale for each medication; early signs of relapse related to medication efficacy; signs of non-adherence to medication prescriptions; potential drug reactions when combining prescription and non-prescription medications, including alcohol, tobacco, caffeine, illegal drugs, and alternative medications; instructions on self-administration, when applicable; and the availability of financial supports and resources to assist the members with handling the costs associated with medications.

B.4.a.(1) through B.4.a.(5)
When medications are prescribed for or provided to a member, or when a person (including those self-administering medications) is served in a residential program, an up-to-date individual record of all medications, including non-prescription and non-pyschoactive medications, should include the name of the medication; the dosage; the frequency; instructions for use, including the method/route of administration; and the prescribing professional.

Consultation
- It is suggested that the full names of the staff members and/or members whose initials appear on the medication administration record (MAR) also be documented on the MAR.

C. Non-violent Practices

Description
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

CARF INTERNATIONAL
- 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 employment and community 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 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
C.1.c.(1)
C.1.c.(2)
MPA Society is urged to adopt a policy that identifies whether, and under what circumstances, seclusion and restraints are used within the programs it provides.

D. Records of the Persons Served

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

Key Areas Addressed

- Confidentiality
- Time frames for entries to records
- Individual record requirements
- Duplicate records

Recommendations
D.4.b.
D.4.h.(7)
D.4.j.
It is recommended that the individual record include information about the member’s personal representative, conservator, guardian, or representative payee, if any of these have been appointed, including the name, address, and telephone number; the member’s transition plan, when applicable; and a discharge summary.
G. Community Housing

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

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as recovery homes, transitional housing, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighbourhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living can be offered in apartments or homes, or in congregate settings that may be larger than residences typically found in the community.

- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

Recommendations
There are no recommendations in this area.
H. Supported Living

Description

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long term in nature, but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

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

- Persons served achieving choice of housing, either rent or ownership.
- Persons served choosing whom they will live with, if anyone.
- Minimizing individual risks.

Recommendations

There are no recommendations in this area.