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CARF Accreditation Report

for

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America

Three-Year Accreditation

ASPIRE to Excellence®

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ACCREDITED

Contents

About CARF

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

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

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

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America
15 Ray Street North, Box A1
Hamilton ON L8R 2X5
CANADA

Organizational Leadership

Kim MacKinnon, Director of Continuous Quality Improvement
Richard MacPhee, Chief Executive Officer

Survey Number

186191

Survey Date(s)

November 20, 2024–November 22, 2024

Surveyor(s)

Donna Daley, MBA, MS, HCA, Administrative
Krista Miller, LCAS, LPC, LPCC, LADAC, Program
Cynthia Banfield-Weir, LICSW, MSW, Program
Thomas Robinson, Program
Maritza Carvajal, MBA, MCAP, BHCCMS, FM, Program

Program(s)/Service(s) Surveyed

Case Management/Services Coordination: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Stabilization: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Residential Treatment: Mental Health (Children and Adolescents)
Supported Living: Mental Health (Adults)

Previous Survey

November 3, 2021–November 5, 2021
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: October 31, 2027

Executive Summary

This report contains the findings of CARF's site survey of Hospitaller Order of St. John of God - Province of the Good Shepherd in North America conducted November 20, 2024–November 22, 2024. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.

- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.

- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.

- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.

- Documentation of the specific sections of the CARF standards that were applied on the survey.

- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.

- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Hospitaller Order of St. John of God - Province of the Good Shepherd in North America demonstrated substantial conformance to the standards. Hospitaller Order of St. John of God - Province of the Good Shepherd in North America (Good Shepherd) of Hamilton, Niagara, and Toronto is a large network of services, and it has a long history. The organization has been diligent in utilizing the CARF standards in development of its policies, practices, procedures, and processes. The leadership is dedicated to ensuring the quality of its operations through a focused, hands-on approach. Good Shepherd also demonstrates a priority of enhancing accessibility to its services. The leadership and staff demonstrate a commitment to improving the lives of the persons served through quality, person-centred services. There are areas for improvement, identified in the recommendations in this report, including having accessible exit routes, improving clinical supervision documentation, including peer support input in program design, referencing boundaries related to peers in the code of conduct and ethics, improving the screening process, gathering additional information in the assessment process, developing greater consistency in the management of records of persons served and the records release process, using the results of the quality records review process for improvement, ensuring training of all staff members who deliver services via information and communication technologies, and developing written procedures that address communication methods and personal electronics in the crisis programs. The positive attitude with which the leadership, management, and staff prepared for and participated in this survey and their receptivity to the consultation and other feedback that were offered instil confidence that the organization can use the results of this survey to further improve organizational and service quality.

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Hospitaller Order of St. John of God - Province of the Good Shepherd in North America is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.

- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Hospitaller Order of St. John of God - Province of the Good Shepherd in North America was conducted by the following CARF surveyor(s):

- Donna Daley, MBA, MS, HCA, Administrative

- Krista Miller, LCAS, LPC, LPCC, LADAC, Program

- Cynthia Banfield-Weir, LICSW, MSW, Program

- Thomas Robinson, Program

- Maritza Carvajal, MBA, MCAP, BHCCMS, FM, Program

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

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

- The organization's leadership, such as board members, executives, owners, and managers.

- Business unit resources, such as finance and human resources.

- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.

- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.

- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Hospitaller Order of St. John of God - Province of the Good Shepherd in North America and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.

- Direct observation of the organization's operations and service delivery practices.

- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.

- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.

- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

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

- Case Management/Services Coordination: Mental Health (Adults)

- Crisis Programs - Crisis Intervention: Mental Health (Adults)

- Crisis Programs - Crisis Stabilization: Mental Health (Adults)

- Outpatient Treatment: Mental Health (Children and Adolescents)

- Residential Treatment: Mental Health (Children and Adolescents)

- Supported Living: Mental Health (Adults)

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

CARF found that Hospitaller Order of St. John of God - Province of the Good Shepherd in North America demonstrated the following strengths:

- The leadership and boards of directors (for Good Shepherd and Good Shepherd Non-Profit Homes) are composed of a highly functional mix of seasoned, tenured employees and community professionals who are experienced at expanding and enhancing the capacity of the organization and what it does. Hamilton is a hub for healthcare and the biomedical industry, and this creates a disproportionate increase in the numbers of people needing housing and life support services.

- The boards have the experience and community understanding to keep Good Shepherd on track and mission focused, including with the current innovative services and through support of leadership with tactile decisions when demand and funding opportunities arise. The boards have a very positive relationship with the leadership team and support its advocacy efforts to sustain and improve Good Shepherd's reputation in the communities it serves.

- Stakeholders reported that Good Shepherd is creative and innovative, is responsive to requests and consultation, provides great reporting, and is extremely good at advocating for the clients and their families. Good Shepherd has a strong reputation for being among the best of programs and services in the area. Good Shepherd creates excellent relationships with government agencies and other community partners because of its highly collaborative nature.

- Although Good Shepherd has the expected key performance indicators for programs and services, there are two in the business area, volunteer management and social media, that are exceptional. Good Shepherd is targeting to reach the pre-COVID-19 pandemic numbers of volunteers and is slowly making progress. In 2023/2024, there was an increase of 105 percent of volunteers and 37.6 percent in volunteer hours. Volunteers are pivotal to the services provided. The social media analysis showed many of the demographics of the people accessing Facebook® and Instagram®, revealing that over 22 percent were ages 18 to 24 and over 18 percent were ages 35 to 44. This information is anticipated to support program development and fundraising targets.

- Art Gems is an annual art show and sale from Good Shepherd's Creative Works Studio (CWS). CWS is a community-based therapeutic program in Toronto offering healing and recovery for people with severe and persistent mental illness. It was founded in 1995 by a woman, who was an occupational therapist and a practicing artist, with a very strong belief in healing through the power of artistic expression. Art Gems provides strong community branding for Good Shepherd and creates donations and sales for the artists.

- All of the services of Good Shepherd are intertwined to meet whatever needs a person presents with. Cross-program collaboration enhances outcomes of persons served and helps create integrated, seamless transitions for persons served across programs. There is shared access to supports and expertise. Of particular note, if Good Shepherd does not have a service that is needed, because it is a highly respected partner in the Hamilton, Toronto, and Niagara community services network, it can connect the person with the needed services.

- Good Shepherd's strengths lie in its community involvement and can be characterized by its proactive engagement and collaboration with local stakeholders. This is evidenced by longstanding partnerships with community-based organizations, hospitals, and other local agencies. The organization demonstrates commitment through a variety of initiatives that promote social welfare, education, and empowerment, consistently adapting programs to meet the evolving needs of the community. Moreover, its ability to leverage resources, including peer networks and local expertise, enhances the impact and sustainability of its efforts. By fostering an inclusive environment that values diverse perspectives, the organization builds trust and establishes itself as a vital contributor to community development, ensuring that its initiatives are meaningful and relevant to those it serves.

- Good Shepherd's dedicated staff members demonstrate commitment, expertise, and passion in their roles, fostering a culture of innovation and excellence. This dedication is reflected in the longevity of employees. Good Shepherd's investment in professional development opportunities empowers staff members to grow and take on new challenges, ensuring a dynamic and skilled workforce. Furthermore, the collaborative spirit and strong communication among team members enhance efficiency and drive creative problem solving, making the organization agile and responsive in achieving its goals. Such a committed workforce not only boosts productivity but also strengthens the organization's reputation as a leader in its field.

- Good Shepherd's effective utilization of community resources is a testament to its adaptability and strategic foresight. By leveraging local networks and partnerships, Good Shepherd can access a wealth of diverse knowledge and resources, enhancing its capacity to address challenges innovatively and efficiently. This collaborative approach not only leads to more robust and sustainable solutions but also fosters trust and goodwill within the community. Engaging with diverse stakeholders allows the organization to tap into varied perspectives and expertise, enriching the problem-solving process. Additionally, its symbiotic relationship with the community enables the organization to remain responsive and relevant, ensuring that its solutions meet local needs and drive positive impact. Such a dynamic interplay between internal talent and external resources champions a holistic approach, propelling the organization toward sustained success.

- Barrett House is located in a beautiful family home that was once subdivided. The program has a homelike atmosphere that is warm and engaging. The dining room is cozy and beautiful, and the organization promotes evening meals with persons served. The crisis stabilization services place special attention on harm reduction and have worked out many procedures to store and distribute safe drug use items. There is a harm reduction worker who goes into the community to help guests with access to safe use of drugs.

- The Youth Mental Health Program is located in a priest's former residence, attached to a previous church that is now used for storage. The residence is used for administrative work. The program assigns a counsellor to a specific location, such as Brennan House. The program has counselling rooms that are comfortable and resemble living rooms.

- Brennan House serves persons for up to six months. The site, which is well maintained, is made up of two side-by-side houses with a passage that connects them. The rooms are homey and provide for privacy. In addition to housing and programming, the program is attentive to the individual educational needs of each person served. Brennan House takes into consideration learning style to determine which school a person is to attend. This offers person-centred, individually tailored educational environments.

- The Good Shepherd programs work seamlessly with other organizations in the city. The organization has an unusually cooperative and forward-thinking approach. This leads the organization to help with crisis calls if other responsible organizations cannot manage them during an emergency.

- In October and November 2024, the larger entity of Good Shepherd held a strategic planning meeting to redefine the concept of hospitality that drives the planning and creation of needed services throughout the continent of North America. It created a Sensing Experiences program across seven topics in 20 groups that gathered almost 200 participants. Topics included health, financial crises, spirituality, climate change and biodiversity, careers, stress management, and affordability. Good Shepherd of Hamilton is one of the larger centres in continental North America and is commended for its strong leadership, innovation, and community awareness.

- Stakeholders praised Good Shepherd as a valued community partner. Emphasis was placed on shared values that embody consistent person-centred practice and open, direct communication. Leadership was identified as being very responsive in working collaboratively and addressing the complex care needs of persons who are too often stigmatized within their own communities. The organization's sensitivity to the challenging care needs and vulnerabilities of persons who have significant quality-of-life challenges has garnered respect and admiration.

- The organization provides high-quality residential environments. The long-term residences for persons with disabilities are beautiful homes in well-maintained neighbourhoods. These homes offer easy access to nature, including opportunities to observe wildlife such as deer and enjoy nearby parks, contributing to a serene and therapeutic environment.

- There is a person-centred admissions process. Prospective persons served can spend a few days in the program before admission. This thoughtful practice ensures compatibility with the existing community and promotes a smooth transition for new persons served.

- Persons served feel a sense of community. Persons served mentioned that they experience a strong sense of belonging and camaraderie. Activities such as group outings to movies and the supermarket foster meaningful connections among persons served, enhancing their overall quality of life.

- Staff members are innovative and creative in providing shared social opportunities that enhance a sense of community and belonging in diverse neighbourhoods throughout Toronto. The activities that have been developed are meant to be enjoyable, inhibiting isolation and serving practical value. Participation is voluntary. Examples of events include the CWS, coffee club, emotional support dogs, community kitchen breakfast, movie and social outings, breakfast club, bingo, summer barbecues, digital literacy, and life skills. Staff members are continually adapting ideas that will engage persons served and meet their needs.

- Feedback from staff endorsed a high level of job satisfaction, attributable to a sense of making a difference in the lives of persons who have been marginalized too often but have the right to be valued and afforded dignity in their lives. For many it has been a struggle. Staff noted a commitment to teamwork and a shared passion for the work that they do. There are no illusions about how difficult some days can be. Direct and open communication that is imbued with genuineness and caring begins with personnel who extend an excellent model to how they relate to persons served.

- Good Shepherd's staff members project shared values, hospitality, and commitment. There is energy when stories are told and projects explained. There have been joys and sorrows, but self-care has not been neglected and seems to be regarded as a communal responsibility. Persons served come to them, often with complex needs and high-risk behaviours, but they are accepted for their individuality and afforded opportunities to become less isolated. On a first encounter with the main Toronto site, it appeared that workstations had been abandoned. Support staff members were in the community, connecting to people who matter. There is a culture of caring.

- The persons served by Good Shepherd reported that they feel they are being helped by people who demonstrate "realness." They are validated by being given time and being heard. The loneliness and confusion of isolation can be profound, but Good Shepherd's programs seek to provide buffers and support for diverse persons served, which they clearly appreciate. The organization's efforts, passion, and teamwork have resulted in connections that matter.

- Persons served revealed overwhelming satisfaction with the programs and expressed that the programs are the best they have ever participated in, highlighting the organization's commitment to excellence in service delivery.

Opportunities for Quality Improvement

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

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

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

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

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

Section 1. ASPIRE to Excellence®

1.A. Leadership

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

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

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.6.a.
1.H.6.b.(1)
1.H.6.b.(2)
1.H.6.b.(3)
The 204 Park Street location does not have any evacuation routes posted. The organization should have evacuation routes that are accessible and understandable to persons served, personnel, other stakeholders (including visitors). This location also does not have current extinguisher tags, and it is suggested that these be obtained.

Consultation

- The organization uses a Workplace Inspection Report that emphasizes prevention and follow-up. It has a column for "Hazards Observed." This could test one's memory during inspections. The Good Shepherd leadership is encouraged to identify a menu of common and relevant hazards, either on the back of the form or as an attachment, for reference.

1.I. Workforce Development and Management

Description

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

Key Areas Addressed
- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

Consultation

- In a corridor in the main Toronto office, there is a bulletin board filled with a plethora of information. There is a section that is designated for staff that is not being fully utilized. It is suggested that this area be more functional and inviting, perhaps engaging staff with colourful visuals that highlight a training of the month, as there are many to choose from, and/or a calendar that draws the interest of personnel.

1.J. Technology

Description

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Persons served by Good Shepherd are diverse in their learning styles, and some may have comprehension challenges. To support their understanding in a meaningful manner, Good Shepherd might consider using visuals to convey rights in a more accessible format. Simple icons, images, colour, and spacing can add humour and interest to what is important information, which could be helpful to persons served when reviewing what can be dry material.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

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

The foundation for successful performance measurement and management includes:

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Program/Service Structure

Description

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

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

2.A.24.a.
2.A.24.b.(1)
2.A.24.b.(2)
2.A.24.b.(3)
2.A.24.b.(4)
2.A.24.b.(5)
2.A.24.b.(6)
2.A.24.b.(7)
2.A.24.b.(8)
2.A.24.c.
Ongoing supervision of clinical or direct service personnel should consistently be documented; address accuracy of assessment and referral skills, the appropriateness of the treatment or service intervention selected relative to the specific needs of each person served, treatment/service effectiveness as reflected by the person served meeting goals identified in the person-centred planning process, risk factors for suicide and other dangerous behaviours, issues of ethics and legal aspects of clinical practice and professional standards, clinical documentation issues identified through ongoing quality records review, cultural competency, and model fidelity (when implementing evidence-based practices); and provide feedback to personnel that enhances skills.

2.A.28.a.
2.A.28.b.
2.A.28.c.
It is recommended that peer support specialists assist in peer support services design, development, and implementation.

2.A.31.
It is recommended that the organization's written ethical codes of conduct specifically address boundaries related to peer support services.

Consultation

- The organization currently has the referring agency do the recommendations for alternative services. It may be helpful for the organization to also provide recommendations for alternative services.

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.

- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

2.B.4.a.
2.B.4.e.(1)
Although the organization documents screening, this is done inconsistently throughout programs. When screening is conducted by the organization, it should be consistently documented and ensure that, when implemented, screening tools used are uniformly administered.

2.B.13.h.(2)
2.B.13.j.
2.B.13.r.
It is recommended that the assessment process consistently gather and record sufficient information to develop a comprehensive person-centred plan for each person served, including information about the person's medication, including the efficacy of current and/or previously used medication; use of complementary health approaches; and literacy level.

Consultation

- It may be in the interest of Good Shepherd to streamline its consents process to ensure that all orientation consents across programs are uniform.

- It is suggested that the organization review its training around interpretive summaries. The summaries are sometimes more focused on repeating the information already set forth in the assessment area. It could be helpful to have further training that emphasizes interpretation of the assessment results. It could improve the understanding of the needs and preferences of persons served.

2.C. Person-Centred Planning

Description

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

Key Areas Addressed

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

Recommendations

2.C.7.b.(1)
It is recommended that progress notes consistently be signed. This appears to be inconsistent across programs.

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

2.G.1.b.(2)(b)
2.G.1.b.(2)(c)
2.G.1.b.(2)(d)
2.G.1.b.(2)(e)
2.G.1.b.(2)(h)
The organization has policies and procedures regarding information to be transmitted to other individuals or agencies, but after a review of random files, it was evident that there are gaps in implementation. It is recommended that Good Shepherd consistently implement policies and procedures regarding information to be transmitted to other individuals or agencies that include forms to authorize the release of information that identify the content to be released, to whom the information is to be released, the purpose for which the information is to be released, the date on which the release is signed, and the signature of the person who is legally authorized to sign the release.

2.G.2.c.
A random review of files of persons served indicated that the individual record for most adults communicates information in a manner that is complete, but there were exceptions. It is recommended that the individual record communicate information in a manner that is consistently complete.

2.G.3.
Most documents, but not all, generated by the organization that require signatures include original or electronic signatures. It is recommended that all documents generated by the organization that require signatures consistently include original or electronic signatures.

2.H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

2.H.4.b.(1)
2.H.4.b.(2)
2.H.4.b.(4)
The organization should demonstrate that the information collected from its records review process is used to identify personnel training needs, improve the quality of its services through performance improvement activities, and improve conformance to the CARF standards.

2.I. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

■ Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counselling.
■ Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dieticians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
■ Encompass settings such as:
   - Hospitals, clinics, professional offices, and other organization-based settings.
   - Schools, work sites, libraries, community centres, and other community settings.
   - Congregate living, individual homes, and other residential settings.
■ Be provided via fully virtual platforms.

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

Key Areas Addressed

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

Recommendations

2.I.1.e.
It is recommended that the program implement written procedures to respond to technology disruption that impacts service delivery of services.

2.I.2.a.(1)
2.I.2.a.(2)
2.I.2.a.(3)
2.I.2.a.(4)
2.I.2.b.(1)
2.I.2.b.(2)
2.I.2.b.(3)
2.I.2.b.(4)
2.I.2.b.(5)
2.I.2.b.(6)
2.I.2.b.(7)

It is recommended that, as appropriate, personnel who deliver services via information and communication technologies receive documented competency-based training on how to deliver services effectively via information and communication technologies, including human factors, crisis response procedures, assessment of risk factors in the environment of the person served, and how to modify treatment techniques/interventions to deliver services virtually, and on hardware and software features, setup, use, maintenance, safety considerations, infection control, and troubleshooting.

Section 3. Core Treatment Program Standards

Description

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

3.B. Case Management/Services Coordination (CM)

Description

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counselling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centred planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Key Areas Addressed
- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL activities

Recommendations

There are no recommendations in this area.

3.E. Crisis Programs (CP)

Description

Crisis programs include a continuum of services designed to rapidly respond to the needs of persons experiencing acute emotional, mental health, and/or substance use crises in order to keep them safe, seek to resolve the crisis, and maintain community tenure. Crisis response, depending on the immediate needs and preferences of the persons served, may be managed through a crisis contact centre, a crisis intervention program that might include mobile crisis intervention services, or admission to a crisis stabilization program.

Key Areas Addressed

Crisis Contact Centre Programs:
- Telephone intervention services
- Provision of services 24 hours a day, 7 days a week
- Determine need for initial crisis intervention response
- Match resources to service needs

Crisis Intervention Programs:
- Services are available 24 hours a day, 7 days a week
- Assessment and immediate stabilization of acute symptoms
- Timely engagement
- Telephone and face-to-face crisis assessment
- Crisis intervention plan
- Qualified behavioural health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

Crisis Stabilization Programs:
- Short-term services that operate 24 hours a day, 7 days a week, to meet the needs of persons experiencing acute emotional, mental health, and/or substance use crises
- Provision of a calm and safe environment
- Crisis-focused assessment conducted and initial crisis stabilization plan developed upon admission
- Provision of and/or linkage to services that meet the needs of persons served
- Availability of on-site, supervisory, and medical personnel
- Transition planning to ensure successful transition of persons served into ongoing services

Recommendations

3.E.36.i.
3.E.36.j.
The organization does have processes for the use of cellphones and electronics but not a written policy and procedure. It is recommended that the program implement written procedures that address telephonic and electronic communication and use of personal electronics.

3.N. Outpatient Treatment (OT)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.P. Residential Treatment (RT)

Description

Residential treatment programs are organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioural health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioural health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, non-hospital addiction treatment centres, intermediate care facilities, psychiatric treatment centres, or other non-medical settings.

Key Areas Addressed

- Interdisciplinary services
- Creation of natural supports
- Education on wellness, recovery, and resiliency
- Community reintegration

Recommendations

There are no recommendations in this area.

Section 4. Core Support Program Standards

Description

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

4.H. Supported Living (SL)

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. A sample of these sites will be visited as part of the interview process of the person served. 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.

Key Areas Addressed

■ Person-centred
■ Education and wellness, recovery, and resiliency
■ Independence and self-determination
■ Education on health and safety

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America

15 Ray Street North, Box A1
Hamilton ON L8R 2X5
CANADA

Administrative Location Only

ASH - Addictions Supportive Housing

1756 Danforth Avenue
Toronto ON M4C 1H8
CANADA

Supported Living: Mental Health (Adults)

Barrett Centre

128 Emerald Street South
Hamilton ON L8N 2V5
CANADA

Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Stabilization: Mental Health (Adults)

Brennan House

614 King Street East
Hamilton ON L8N 1E2
CANADA

Residential Treatment: Mental Health (Children and Adolescents)

Brother Joseph Dooley Apartments

10 Tracy Street
Toronto ON M5A 4P2
CANADA

Supported Living: Mental Health (Adults)

Emmaus Place

35 Aikman Avenue
Hamilton ON L8M 3M8
CANADA

Supported Living: Mental Health (Adults)

GSNPH Toronto Intensive Case Management

250 Consumers Road, Suite 805
Willowdale ON M2J 4V6
CANADA

Case Management/Services Coordination: Mental Health (Adults)

Holmes Ave Group Home

100 Holmes Avenue
Willowdale ON M2N 4M4
CANADA

Supported Living: Mental Health (Adults)

HOMES Mobile Teams, CHO Program, Admin

15 Olga Street
Hamilton ON L8L 6R3
CANADA

Supported Living: Mental Health (Adults)

HOMES Wesley Team

195 A Ferguson Avenue
Hamilton ON L8L 8J1
CANADA

Supported Living: Mental Health (Adults)

Liberty Building

798 Gerrard Street East
Toronto ON M4M 1Y5
CANADA

Supported Living: Mental Health (Adults)

Manse Road High Support Housing Program

125 Manse Road
Scarborough ON M1E 3V2
CANADA

Supported Living: Mental Health (Adults)

Mathias Place

369 Main Street West
Hamilton ON L8P 1K3
CANADA

Supported Living: Mental Health (Adults)

McGinty House

131 Catherine Street North
Hamilton ON L8R 1J5
CANADA

Supported Living: Mental Health (Adults)

Toronto HOST Program

550 Queen Street East, Suite 315
Toronto ON M5A 1V2
CANADA

Supported Living: Mental Health (Adults)

Welkom House

147 Mary Street
Hamilton ON L8R 1K4
CANADA

Supported Living: Mental Health (Adults)

Weston Road

1552 Weston Road
Toronto ON M9N 1T3
CANADA

Supported Living: Mental Health (Adults)

Youth Mental Health Program

204 Park Street North
Hamilton ON L8R 2N7
CANADA

Outpatient Treatment: Mental Health (Children and Adolescents)