



Three-Year Accreditation

CARF
Survey Report
for
Bethesda Christian
Association

Organization

Bethesda Christian Association (BCA)
2975 Gladwin Road, Unit 105
Abbotsford BC V2T 5T4
CANADA

Organizational Leadership

Jody Siebert, Executive Director
John Koning, Associate Director

Survey Dates

June 15-17, 2015

Survey Team

Doris M. Lucas, M.S.W., LCSW, Administrative Surveyor
Dawn Freudenberg, Program Surveyor
Debra A. Dickinson, Program Surveyor

Programs/Services Surveyed

Community Housing
Community Housing (Autism Spectrum Disorder-Children and Adolescents)
Community Housing (Children and Adolescents)
Community Integration
Host Family/Shared Living Services
Supported Living

Previous Survey

June 20-22, 2012
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: June 2018



Three-Year Accreditation

SURVEY SUMMARY

Bethesda Christian Association (BCA) has strengths in many areas.

- The organization's board of directors is very dedicated to the Christian values of serving others, especially individuals with disabilities. The board is composed of many persons who have family and/or loved ones with disabilities and persons from the professional community. This balance of persons on the board provides the organization with persons who have a strong commitment for serving on the board.
- The chief executive officer has been with the organization a little over one year and is a person with vision and skills in leading BCA. She demonstrates a dedication to the Christian values of service to others, provides BCA with innovative and creative ideas for continuing service delivery, and has the skills and knowledge for leadership of a non-profit business. She is seen by staff members as a person who listens to their ideas and suggestions and is eager to support and guide the staff members in their dedicated work with individuals.
- BCA is recognized as an organization with a longstanding reputation for quality services and commitment to individuals and their families. Expansion of services to meet the increased needs for supporting and educating families and the opportunities for individuals to live at their highest level, including employment opportunities, are emphasized and will continue to be expanded in future planning. The home share and independent living facilities provide individuals the opportunity to become as independent as possible with their needed supports.
- One funder stated that BCA's homes are highly sought by individuals with disabilities because of the core values, quality staff members, and innovative methods of meeting the unique needs of individuals. There is a trusting relationship with the governmental agencies with financial support as much as possible. The organization has a commendable financial planning process whereby fundraising has been ongoing to supplement individuals' special needs. Often in the past, when the governmental agencies see the success of services provided through fundraising, the governmental agency will attempt to assist in financially supporting those services.
- The organization continues to provide ongoing training for staff members. Some of these trainings are in the areas of behaviour management, physical therapy, occupational therapy, and use and care of adaptive equipment/devices. Management and online staff members are provided these trainings that can be adapted to other individuals if staff members have to fill in at another home or facility.
- Many staff members have longevity with the organization and have had advancement within BCA to positions of increased responsibility and oversight. This provides the organization with continuity while welcoming new employees with new ideas and skills. There is a strong sense of a loving commitment and dedication of the staff members at all levels. Staff members at all levels are seen as patient, flexible, and accommodating of individuals. The management team is skilled and has dedicated persons who manage the organization's daily functioning.
- The general physical requirements audit is a comprehensive inspection format used for the organization's self-inspections that is specific to each facility. It provides pictures, areas to be addressed during the inspection, and helps to identify needed services and/or repairs that can be documented.

- Community homes are well placed in neighbourhoods throughout the region, accessible to community activities, and as one individual noted, “Home feels like home.” Individuals’ private bedrooms are decorated to reflect their personalities and interests. Common space is well maintained and welcoming for visitors.
- BCA staff members are commended for imbedding a variety of person-centred tools into its assessment, planning, and support processes to ensure that the individual is directing the supports and is the centre of the planning process.
- BCA has a clear commitment to including and supporting families in ways that are family centred. The organization invites families to the circle of supports/planning times, social events, and specialized trainings in areas of common interest, such as palliative care and dementia. BCA encourages involvement in whatever way makes sense for the family, from weekend family visits, household dinners, providing transportation as needed, to simply having adult children buy flowers for Mother’s Day. BCA sees family as essential to individuals’ circles.
- BCA has grown significantly over the years, mainly due to being aware of the communities’ needs and feeling called to respond. This has resulted in recent expansion into providing residential support to an adolescent with autism and developing further expertise; supporting individuals with dementia, allowing seniors to age in place; and the growing need for prevocational/employment services. The organization strives to be innovative in its response to community needs.
- The number and variety of community integration opportunities facilitated by BCA, such as skiing, sailing, swimming, hiking, going to the library, and volunteering to give back to the community, are notable. The organization’s staff members recognize that relationships can be built. Staff members encourage and support vacation planning. The staff at one home shared the excitement of planning, fundraising, and organizing a train trip to Northern British Columbia.
- As BCA begins supporting more employment opportunities for individuals, staff members see the importance of modelling employment first for employers. The organization has hired individuals to clean the administrative building and offered an internship opportunity for another individual interested in receptionist work. With future opportunities in mind, the phone system and plans for the new reception area include accessibility considerations.
- The organization produces attractive, meaningful, and informative newsletters and annual reports. BCA maintains an outstanding website that includes its history, service descriptions, current news, and links to services in the local and provincial areas. These communications portray individuals with dignity and respect, while accurately portraying the organization’s services and successes.
- The supported living services program continues to provide support to individuals to be successful members within their communities. Not only are supports provided individually, but BCA hosts a variety of social events that provide opportunities for individuals to network with others and build friendships.
- Recently, BCA made significant changes in its community housing program by closing one of its original housing options and purchasing a new home in Abbotsford. Designing it to meet the individuals’ specific needs, this fully accessible home is beautiful. Its location offers greater opportunities for community inclusion.

- BCA does an excellent job of recruiting, matching, and retaining home share providers with the individuals, which results in long-term relationships with the organization. The organization provides extensive training and ongoing support from staff members, who are available 24 hours a day, 7 days a week.
- BCA has a longstanding and well-deserved reputation in the Abbotsford and Kelowna areas, with a tremendous history of being in existence for 44 years. It is viewed as an integral part of each community, a valuable service provider, and an organization with great integrity.
- Staff members are experienced and compassionate. The values and relationship-based approach to service delivery are admirable and of great benefit to all of the organization's stakeholders. The staff members at every level model a professional demeanour, commitment, energy, and creativity. The personnel are clearly the organization's most outstanding resource.

BCA 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, BCA is a well-respected organization that has longevity in the community. The board of directors, leadership, and all staff members demonstrate a strong commitment to the individuals by showing much care, love, and advocacy for meeting individuals' needs. The organization demonstrates substantial conformance to the CARF standards. The organization is urged to ensure that personnel performance evaluations are being completed annually and that the home sharing program has individual service plans. BCA is complimented for the way it has embraced the CARF standards. Its preparedness for this survey was thorough and its commitment to quality is obvious.

Bethesda Christian Association has earned a Three-Year Accreditation. The organization is complimented on the high quality of services and the dedication of services to individuals.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

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

Key Areas Addressed

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

Recommendations

A.6.a.(4)(e)

A.6.a.(4)(f)

Although the organization has a comprehensive written code of conduct, it is recommended that written ethical codes of conduct include setting boundaries and witnessing of documents.

Consultation

- Although the organization's current practice is that the board of directors approves all policies and some procedures, it is suggested that the organization revise its policies and procedure to reflect that the board of directors approves all policies and procedures.
-

C. Strategic Planning

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization obtains input from individuals with the assistance of the staff members, BCA is encouraged to enhance this input by using program-specific satisfaction surveys written in language that is easily understood by individuals.
-

E. Legal Requirements

Principle Statement

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements
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Recommendations

E.3.f.

Although the organization designates time frames for documentation on the shift information at the sites, it is recommended that policies and written procedures address time frames for documentation in the records of individuals.

F. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the petty cash policy and procedure address the actual practice of being reviewed on a regular basis. It is suggested that this reconciliation be done no more than once per month.
-

G. Risk Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

H. Health and Safety

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- With many programs being located in community-based settings, it may be beneficial to test emergency procedures while in the community.
 - It is suggested that the organization complete actual and simulated drills of all of the emergency procedures.
-

I. Human Resources

Principle Statement

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

Key Areas Addressed

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

Recommendations

I.2.a.(2)

Although the organization collects data for credentials for the personnel file, it is recommended that BCA implement written procedures that address verification of the credentials of all applicable personnel, including licensure, certification, and registration, with primary sources.

I.6.a.(1)

I.6.a.(2)

I.6.b.(5) through I.6.c.(4)

It is recommended that the organization ensure that job descriptions are reviewed annually and updated as needed. It is further recommended that performance evaluations for all personnel directly employed by the organization be performed annually. In addition, the organization should ensure that a review of all contract personnel utilized by the organization assesses performance of their contracts, ensures that they follow all applicable policies and procedures of the organization, ensures that they conform to the CARF standards applicable to the services they provide, and is performed annually.

Consultation

- The personnel files could benefit from having multiple sections in the file, so that when information is added, it could be done through adding information within each section. It is also possible that the personnel files could be included in the electronic ShareVision system.
-

J. Technology

Principle Statement

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

Key Areas Addressed

- Written technology and system plan

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

L. Accessibility

Principle Statement

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

Key Areas Addressed

- Written accessibility plan(s)
 - Requests for reasonable accommodations
-

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Principle Statement

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

Key Areas Addressed

- Proactive performance improvement
 - Performance information shared with all stakeholders
-

Recommendations

There are no recommendations in this area.

SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

A. Program/Service Structure

Principle Statement

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

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.11.b.

Although the organization provides information to families in handbook format, it is recommended that information about BCA provided to persons inquiring about services be provided in an understandable format.

Consultation

- Although the organization has a time-limited consent form, it may be beneficial to provide a consent form that has a shorter time frame that meets specific needs.
-

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

Principle Statement

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.e.

It is recommended that an individualized service plan consistently be developed based on the individuals' strengths, abilities, preferences, desired outcomes, and other issues, as identified by the individual.

B.5.b.(1) through B.5.e.(2)

It is recommended that the coordinated individualized service plan consistently identify the individual's overall goals, specific measurable objectives, methods/techniques to be used to achieve the objectives, those responsible for implementation, and how and when progress on objectives will be regularly reviewed. In addition, a coordinated individualized service plan should be communicated in a manner that is understandable to the individual and to the person responsible for implementing the plan, be reviewed on a regular basis with respect to expected outcomes, and be revised as appropriate based on the changing needs and satisfaction of the individual.

B.7.a.(1) through B.7.b.

It is recommended that the organization consistently ensure that the individual and/or family served and/or their legal representatives are involved in assessing potential risks to each individual's health and safety in the community, deciding whether to accept situations with inherent risks, identifying actions to be taken to minimize risks that have been identified, and identifying individuals responsible for those actions. Risk assessment results should be documented in the individual service plan.

Consultation

- To provide additional tools to the staff members, it might be beneficial to offer training in person-centred planning.
-

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

There are no recommendations in this area.

F. Community Services Principle Standards

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.

G. Children and Adolescents Specific Population Designation

Principle Statement

Children and Adolescents is a specific population designation that can be added at the option of the organization to a community service being surveyed if children or adolescents are served and the organization desires this additional accreditation enhancement.

Such services are tailored 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

- Children, adolescents, and their families are provided with options
 - Social, vocational, psychological, and physical needs are met
-

Recommendations

There are no recommendations in this area.

J. Autism Spectrum Disorder Specific Population Designation (ASD)

Children/Adolescents with Autism Spectrum Disorder (ASD:C)

Principle Statement

Early identification, intervention, treatment planning, and educational strategies for children with autism spectrum disorder (ASD) remain a challenge for families, their physicians, community supports, and educational systems. Early recognition of the condition allows families to receive advice and support to help them adjust to the child's learning and development challenges and to mobilize resources to provide the best early intervention services for the child.

Services for children and adolescents with ASD are designed to provide to the child/adolescent and family a variety of resources that reflect sound research. The family will have access to results-oriented therapies, education, advocacy, and supports for their child's optimal progress and to establish a lifetime of positive learning and behaviours. Services involve families, networks of resources, and education and support communities for adolescents transitioning to adulthood. Individuals served under this designation generally range from birth to age 22.

Organizations with accredited services/supports for children with ASD are a resource for families, community services, and education. With the focus on continuous learning about ASD, the organization can assist parents with:

- Obtaining early intervention screening.
- Obtaining early intervention services.
- Obtaining an evaluation by clinicians experienced in evaluating children with ASD to improve treatment and outcomes.
- Navigating the multiple and complex systems that families need to coordinate, including medical, educational, mental health, disability, and community services.
- Connecting to resources to identify and treat medical or other conditions associated with ASD, as they are needed, to improve independence, family well-being, and adaptive behaviour.
- Gaining understanding of the core features of ASD and associated conditions.
- Adjusting and adapting to the challenges of raising a child with ASD.

- Understanding the future opportunities, services, and challenges that lay before them as they raise their child.
 - Planning for transition to/from school and life planning.
 - Building linkages within segments of school systems and across school systems to facilitate successful transitions between placements.
 - Providing outcomes information to schools to enhance individualized education plans and employment transition planning.
 - Connecting with mentors and parent-to-parent support groups or contacts.
 - Connecting with community organizations and support groups dedicated to people with ASD.
 - Becoming an advocate for policy changes, as desired.
-

Recommendations

There are no recommendations in this area.

Consultation

- Currently, BCA provides residential supports to one individual with autism. The organization is encouraged to continue to advocate, educate, and support families and the broader community on best practices for individuals with autism.
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SECTION 3. EMPLOYMENT AND COMMUNITY SERVICES

Principle Statement

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.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

J. Family-Based/Shared Living Supports

Host Family/Shared Living Services

Principle Statement

Host family/shared living services assist a person served to find a shared living situation in which he/she is a valued person in the home and has supports as desired to be a participating member of the community. An organization may call these services a variety of names, such as host family services, shared living services or supports, alternative family living, structured family care giving, family care, or home share.

Getting the person in the right match is a critical component to successful host family/shared living services. The organization begins by exploring with the person served what constitutes quality of life for him/her and identifies applicant providers who are a potential match with the person's identified criteria. The person served makes the final decision of selecting his or her host family/shared living provider.

Safety, responsibility, and respect between or amongst all people in the home are guiding principles in these services. Persons are supported to have meaningful reciprocal relationships both within the home, where they contribute to decision making, and the community. The service

provider helps the person served to develop natural supports and strengthen existing networks. Relationships with the family of origin or extended family are maintained as desired by the person served. The provider supports the emotional, physical, and personal well-being of the person.

Persons develop their personal lifestyle and modify the level of support over time, if they so choose. The provider encourages and supports the person served to make his or her own decisions and choices.

The host family/shared living provider does not necessarily have to be a family, as it could be an individual supporting the person. In this program description and these standards, *provider* refers to the individual(s) supporting the person served. Although the “home” is generally the provider’s home or residence, it may also be the home of the person served.

Key Areas Addressed

- Appropriate matches of non-family participants with homes
 - Contracts that identify roles, responsibilities, needs, and monitoring
 - Needed supports
 - Community living services in a long-term family-based setting
 - Sense of permanency
-

Recommendations

J.23.a.(4)(a) through J.23.a.(4)(c)

It is recommended that the organization have written agreements with each provider that includes identification of who has what authority over decisions regarding the individual’s healthcare, finances, and legal status.

K. Community Housing

Principle Statement

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/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports 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/supports 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/supports 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 group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. 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 individuals.

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 is typically provided for six to twelve months and can be offered 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.

The residences in which Community Housing services are provided must be identified in the Intent to Survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

Key Areas Addressed

- Safe, secure, private location
- In-home safety needs
- Options to make changes in living arrangements
- Support to persons as they explore alternatives
- Access as desired to community activities
- System for on-call availability of personnel

Recommendations

There are no recommendations in this area.

L. Supported Living

Principle Statement

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually 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 sampling of people receiving services/supports in these sites will be visited as part of the interview process. 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.

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the intent to survey or identified as a site on the accreditation outcome.

Key Areas Addressed

- Safe, affordable, accessible housing chosen by the individual
- In-home safety needs
- Support personnel available based on needs
- Supports available based on needs and desires
- Living as desired in the community
- Persons have opportunities to access community activities

Recommendations

There are no recommendations in this area.

P. Community Integration

Principle Statement

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity centre, a day program, a clubhouse, and a drop-in centre are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Pre-vocational experiences.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism in the community.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centres, arts councils, etc.).

Key Areas Addressed

- Opportunities for community participation
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Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Bethesda Christian Association

2975 Gladwin Road, Unit 105
Abbotsford BC V2T 5T4
CANADA

Community Housing
Community Housing (Autism Spectrum Disorder-Children and Adolescents)
Community Housing (Children and Adolescents)
Community Integration
Host Family/Shared Living Services
Supported Living

Abbotsford Apartment

#211 33731 Marshall Road
Abbotsford BC V2S 1L5
CANADA

Community Housing

Abbotsford Home

1895 Jackson Street
Abbotsford BC V2S 2Z8
CANADA

Community Housing
Community Integration

Bethesda Center

3245 Trethewey Street
Abbotsford BC V2T 4C1
CANADA

Community Housing
Community Integration

Chilcotin Home

32704 Chilcotin Avenue
Abbotsford BC V2T 5S5
CANADA

Community Housing
Community Integration

Clearbrook Home

32553 Willingdon Crescent
Abbotsford BC V2T 1S1
CANADA

Community Housing
Community Integration

Graduate Day Services

3260 Gladwin Road
Abbotsford BC V2S 7B4
CANADA

Community Integration

Matsqui Home

32768 Bevan Avenue
Abbotsford BC V2S 1T1
CANADA

Community Housing
Community Integration

Mephi's Place

3260 Gladwin Road
Abbotsford BC V2S 7B4
CANADA

Supported Living

West Abbotsford Home

31126 Kingfisher Drive
Abbotsford BC V2T 5K4
CANADA

Community Housing
Community Integration

West Clearbrook Home

2339 Arbutus Street
Abbotsford BC V2T 2N8
CANADA

Community Housing
Community Integration

Chilliwack Home & Day Services

9422 Coote Street
Chilliwack BC V2P 6B5
CANADA

Community Housing
Community Integration

North Chilliwack Day Services

9800 McNaught Road
Chilliwack BC V2P 6G2
CANADA

Community Integration

North Chilliwack Home

9800 McNaught Road
Chilliwack BC V2P 6G2
CANADA

Community Housing
Community Integration

Ladner Home

6315 Holly Park Drive
Delta BC V4K 4T3
CANADA

Community Housing
Community Integration

East Kelowna Home

2209 Mayer Road
Kelowna BC V1W 2G2
CANADA

Community Housing
Community Integration

Kelowna Home

1010 Coronation Avenue
Kelowna BC V1Y 7A7
CANADA

Community Housing
Community Integration

North Kelowna Home

1011 Clement Avenue
Kelowna BC V1Y 7E3
CANADA

Community Housing
Community Integration

Langley Community Day Services

21783-76B Avenue
Langley BC V2Y 2S5
CANADA

Community Integration

Langley Home

20477 - 93A Avenue
Langley BC V1M 1B8
CANADA

Community Housing
Community Integration

Maple Ridge Home

11411 - 236A Street
Maple Ridge BC V2W 2A3
CANADA

Community Housing
Community Integration

Penticton Home

66 West Okanagan Avenue
Penticton BC V2A 3K9
CANADA

Community Housing
Community Integration

Richmond Home

7540 Acheson Road
Richmond BC V6Y 1M9
CANADA

Community Housing
Community Integration

Richmond Regional Office

11371 - #3 Road
Richmond BC V7A 1X3
CANADA

Community Housing
Community Integration

South Richmond Home

10984 Springmont Gate
Richmond BC V7E 1Y4
CANADA

Community Housing
Community Integration

West Richmond Home

10120 #1 Road
Richmond BC B7E 1S2
CANADA

Community Housing
Community Integration

Sardis Home

5881 Clover Drive
Sardis BC V2R 1B8
CANADA

Community Housing
Community Housing (Autism Spectrum Disorder-Children and Adolescents)
Community Housing (Children and Adolescents)
Community Integration

Surrey Home

16321 - 108 Avenue
Surrey BC V4N 1N7
CANADA

Community Housing
Community Integration