

Comparing Accrediting Organizations

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Mission and Vision

Accreditation Canada	CARF Canada	Canadian Centre for Accreditation (formerly Community Organizational Health Inc. - COHI)
<p><u>Mission</u> Driving quality in health services through accreditation.</p> <p><u>Vision</u> The leader in raising the bar for health quality.</p> <p><u>Core Values</u> Within an environment focused on clients and committed to quality of work life, partnerships, and personal growth, our values are:</p> <ul style="list-style-type: none"> ▪ Excellence ▪ Integrity ▪ Respect ▪ Innovation 	<p><u>Mission</u> To promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centres on enhancing the lives of the persons served.</p> <p><u>Vision</u> Through responsiveness to a dynamic and diverse environment, CARF serves as a catalyst for improving the quality of life of persons served by CARF-accredited organizations and the programs and services they provide.</p> <p><u>Core Values</u></p> <ul style="list-style-type: none"> ▪ All people have the right to be treated with dignity and respect. ▪ All people should have access to needed services that achieve optimal outcomes. ▪ All people should be empowered to exercise informed choice. <p>In addition CARF is committed to:</p> <ul style="list-style-type: none"> ▪ The continuous improvement of both organizational management and service delivery. ▪ Diversity and cultural competence in all CARF activities and associations. ▪ Enhancing the involvement of persons 	<p><u>Mission</u> We provide excellence and leadership in accreditation by assuring quality and continuous improvement in community-based health and social services.</p> <p><u>Vision</u> Effective organizations strengthen healthy and resilient communities.</p> <p><u>Values</u></p> <ul style="list-style-type: none"> ▪ Continuous Learning and Improvement - We pursue continuous learning and improvement towards excellence and innovation; we recognize and celebrate key milestones achieved. ▪ Meaningful Collaboration - We inclusively engage the diverse organizations we serve, as well as other Canadian Centre for Accreditation (CCA) stakeholders, in dialogue to shape our mission, goals and services. ▪ Diversity and Equity - We value the diverse contributions of our stakeholders and work towards the elimination of systemic barriers to equity. ▪ Responsible Stewardship - We manage CCA resources ethically, transparently and responsibly, in order to ensure its

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	<p>served in all CARF's activities.</p> <ul style="list-style-type: none"> ▪ Having persons served be active participants in the development of standards for accreditation. ▪ Enhancing the meaning, value, and relevance of accreditation to the persons served. 	<p>sustainability.</p> <ul style="list-style-type: none"> ▪ Accountability - We hold ourselves accountable for the quality of our work and the achievement of established outcomes that are aligned with our values.

Experience in Community Mental Health and Addictions Sector

Accreditation Canada Experience in Sector	CARF Canada Behavioural Health Experience in Sector	Canadian Centre for Accreditation (formerly Community Organizational Health Inc. - COHI) Experience in Sector
<ul style="list-style-type: none"> ▪ Accreditation Canada has a strong presence in the mental health and addictions sector in Ontario. A total of 25 community-based mental health and addictions agencies are clients of Accreditation Canada. This number includes 17 CMHA agencies across the province. In addition, all of the specialized mental health centres in Ontario, such as the Centre for Addiction and Mental Health are accredited by Accreditation Canada. Several privately operated mental health and addictions facilities are also part of Accreditation Canada's Qmentum program. 	<ul style="list-style-type: none"> ▪ CARF has served clients in the community-based behavioural health sector for many years. Currently there are 2,121 organizations internationally that have used the Behavioural Health standards manual to achieve accreditation; this represents almost 29,000 programs in the mental health and/or addictions sector. ▪ In Canada there are 25 such organizations accredited; 4 of these are in Ontario. 	<p>Together, the five partner associations in the CCA bring over 100 years of experience with accreditation in a range of community-based service sectors related to community mental health and addictions and currently provide accreditation to about 200 organizations.</p> <ul style="list-style-type: none"> ▪ Community Organizational Health (was established in 1998 by Ontario community health centres as a vehicle to foster learning and quality. COHI currently serves about 75 organizations, including Aboriginal, First Nations and francophone health centres, community support services, family services, brain injury services and community mental health and addiction

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		<p>services (with seven clients in this specific sector). In addition many of COHI's community health centre clients offer community mental health and addiction programs.</p> <p>Other partners in the CCA bring the following experience:</p> <ul style="list-style-type: none"> ▪ <i>Children's Mental Health Ontario</i> – Have been offering their accreditation program since 1988. Have a membership of 88 organizations and all are required to be accredited. ▪ <i>Family Service Ontario</i> – Have been offering their accreditation program since 1983. They have a membership of 42 and accredit about 40 organizations in Ontario and across Canada. ▪ <i>Ontario Association of Children's Aid Societies</i> – Offered their program between 1989 and 2009. Nine of the Children's Aid Societies in Ontario are accredited through this program. ▪ <i>Ontario Association of Credit Counselling Services</i> – Have been offering their accreditation program since 1990. Have a membership of 22 and all are required to be accredited.

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Accreditation Standards

Accreditation Canada Standards	CARF Canada Behavioural Health Standards	Canadian Centre for Accreditation (formerly Community Organizational Health Inc. - COHI) Standards
<p>Qmentum Program Qmentum standards make it easy for organizations to embed accreditation and quality improvement activities into their daily operations.</p> <p>The program features include updated and new standards, a Quality Performance Roadmap, a customized survey plan, a revised self-assessment and on-site survey process, performance measures, and new accreditation reports. It also incorporates automated measurement tools for greater and faster data exchange, improved standardization and objectivity, and less paperwork, and allows Accreditation Canada to quickly capture information from both large multi-site and smaller single-site organizations.</p> <p>Areas assessed during accreditation include the governance function if relevant, the management functions across and throughout all levels of the organization, and service based standards that help organizations assess quality at the point of service delivery.</p> <p>Service based standards are based upon five key elements of service excellence: clinical</p>	<p>A holistic quality framework that addresses business practices and programs/services both at an administrative level and the front line.</p> <p>Business Practices</p> <ul style="list-style-type: none"> ▪ common to all organizations ▪ Governance optional <p>Core Program Standards For each behavioural health core program selected for accreditation, an organization must identify under which behavioural health field category the core program operates. Field categories are used to characterize the purpose, intent, and overall focus of a core program and to distinguish the specific fields in behavioural health that the core program reflects and serves.</p> <p>The behavioural health field categories include:</p> <ul style="list-style-type: none"> ▪ Alcohol and Other Drugs/Addictions Mental Health ▪ Psychosocial Rehabilitation ▪ Family Services ▪ Integrated AOD/Mental Health ▪ Integrated DD/Mental Health 	<p>All accreditations offered through the CCA will include general Organizational Standards (covering governance and management areas) and program and service modules specific to the services provided by the participating organization.</p> <p>Organizational Standards The Organizational Standards have the following Components:</p> <p>Governance – focuses on key elements for effective functioning of the organization’s governing body, such as, orientation and development, code of conduct, clarity of roles.</p> <p>Stewardship – covers important aspects of managing financial and other resources.</p> <p>Risk and Safety – addresses management of risks, for example through incident reporting systems and insurance, safety of the workplace and management of complaints.</p> <p>Organizational Planning and Performance – addresses key elements of planning at the organizational level including leadership through the strategic plan, and the organization’s engagement in quality monitoring and improvement.</p> <p>Learning Culture – focuses on the culture of the organization and includes management of</p>

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<p>leadership, people, process, information, and performance.</p>		<p>student placements and research, if the organization engages in these activities.</p> <p>Human Resources – covers important elements of managing paid staff resources.</p> <p>HR Volunteers – covers key aspects of managing volunteers.</p> <p>Systems and Structure – addresses management of information systems and privacy requirements.</p> <p>Community – explores the organization’s communication with and responsiveness to its community.</p> <p>Community Mental Health and Addiction Services There will be a Module for Community Mental Health and Addiction services. The CCA Module will be developed in 2012 through a consultation process with the sector.</p> <p>A starting point for the development of the module is the current <i>Building Healthier Organizations for Human Services</i> Program. The current BHO Programs and Services Capacity Module focuses on how an organization’s mission is translated into programs and services for individuals and groups. It addresses key elements of effective service provision, including <i>client-centred approach, accessibility, assessment, continuity and coordination, monitoring and evaluation.</i></p>

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		<p>The Children’s Mental Health Ontario accreditation program will provide another building block for the new CCA Community Mental Health and Addiction Module. CMHO Standards address a strength-based approach to service that views individuals in their broader context, a welcoming appropriate service environment, a multi-disciplinary, coordinated, integrated approach to service provision, as well as standards that address the stages of intervention, service collaboration and partnership, evidence-based practice, appropriate clinical support and supervision and effective client information management.</p> <p>CMHO Standards also address requirements for particular services, such as group programs and respite services, as well as different settings, such as home and community-based services, day treatment and residential services.</p>
Applying the Standards	Applying the Standards	Applying the Standards
<ul style="list-style-type: none"> ▪ In early 2011, a new set of standards was released that focus on Community-Based Mental Health Services and Supports. These standards were developed for organizations offering mental health services and supports in the community. This include, but is not limited to, mental health promotion and education, early 	<ul style="list-style-type: none"> ▪ The organization is expected to demonstrate conformance to the applicable standards. ▪ Some sections of the standards, such as those relating to the overall business practices of the organization, are applicable regardless of the programs or services for which the organization is 	<p>The Standards and Indicators comprise the explicit set of expectations that an organization must achieve in order to be accredited. Well in advance of the review CCA and the organization come to an agreement about any CCA Standards or Indicators that will not apply to them.</p> <p>Standards and Indicators – Each Standard is a</p>

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<p>intervention services, crisis intervention, counseling and therapy, self-help programs, diversion and court support, and social rehabilitation and recreation.</p> <ul style="list-style-type: none"> ▪ The Mental Health Services standards are used by organizations that provide facility-based services. ▪ Standards for Mental Health Populations are mainly used by regional health authorities and are based on: <ul style="list-style-type: none"> - Wagner et al's Chronic Care Model that has been adopted in many provinces and organizations in Canada - the expanded Chronic Care Model developed in British Columbia - input from an expert multi-disciplinary standards working group, and - an extensive review of research and best practice in mental health. <p>Required Organizational Practice (ROPS)</p> <ul style="list-style-type: none"> ▪ A Required Organizational Practice is defined as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk. ▪ In Qmentum, there are 36 Required Organizational Practices. However, not all 36 ROPs apply to every organization. 	<p>seeking accreditation.</p> <ul style="list-style-type: none"> ▪ Must show conformance to applicable service standards. ▪ It is important to note that the CARF process is non-prescriptive; that is, there are multiple pathways to conformance with standards. Organizations are free to conform to standards in ways that align with the manner in which they operate. 	<p>broad aspirational statement (a desired state), followed by a number of Indicators by which the achievement of that Standard will be assessed (evidence that demonstrates achievement of that standard). This makes the requirements for accreditation clear and transparent. The evidence can be in the form of organizational documents and interviews, responses to surveys, and review team observations.</p> <p>There are two categories of Standards – Mandatory and Leading Practice:</p> <p>Mandatory Standards are those that address legislated requirements, significant safety or risk issues, or crucial elements of good practice. All of the Mandatory Standards (that are applicable to a particular organization) must be met for accreditation. All of the indicators must be satisfied for any Mandatory Standard to be met.</p> <p>Leading Practice Standards promote quality improvement and excellence. At least 75-85% of all the applicable Leading Practice Standards will need to be met for an organization to achieve accreditation. Within each Leading Practice Standard, a designated number of the Indicators (75-85%) must be met for that standard to be achieved.</p>

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<p>Organizations will be evaluated only on the ROPs that apply to their sector.</p> <p>Performance Measures</p> <ul style="list-style-type: none"> ▪ Qmentum uses a variety of methods to collect data and measure organizational performance. Some aspects of care and service are assessed through evaluation against the standards, while others are assessed using performance measures such as instruments and indicators. <p>Indicators</p> <ul style="list-style-type: none"> ▪ Indicators specify the data to be collected related to various aspects of client care and services. There are a small number of mandatory indicators and only the indicators that apply to a sector would be collected. <p>Instruments</p> <ul style="list-style-type: none"> ▪ Instruments are questionnaires used to collect information on critical aspects of health services. There are three Qmentum instruments: <ul style="list-style-type: none"> - Governance Functioning Tool - completed by board members - Patient Safety Culture Tool - completed by staff members - Work Life Pulse Tool - completed by staff members 		

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<p>Leading Practices Leading Practices are commendable examples of high quality leadership and service delivery. These practices are worthy of recognition as organizations strive for excellence in their specific field, or commendable for what they contribute to health care as a whole. They may have been identified as a leading practice in a particular geographic region, or for a particular service delivery area or health issue. Some of these commendable practices are ingenious in their simplicity. Often they are implemented by organizations with limited resources, showing how innovative strategies can be achieved at a minimal cost.</p> <p>Organizations are able to submit Leading Practices any time during the accreditation cycle. The organization must enter the information through their client portal. An external panel of experts will evaluate submissions on a regular basis. After confirming the panel’s decisions, Accreditation Canada will notify organizations of the outcome of their submissions.</p> <p>Accepted Leading Practices will be posted on the Accreditation Canada website, the Agora website and organizations will receive a letter</p>		

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and certificate recognizing their achievement.		
How Standards are Developed	How Standards are Developed	How Standards are Developed
<ul style="list-style-type: none"> ▪ Accreditation Canada’s research and evidence-based programs are developed in close consultation with key stakeholders. Following comprehensive international literature reviews, field experts and front line workers provide input through focus group discussions and national web-based consultations. ▪ Advisory Committees guide the standards’ development. ▪ New standards are pilot tested at health care organizations across the country representing a variety of sizes and types of organizations. 	<ul style="list-style-type: none"> ▪ Developed with the involvement of providers, consumers and purchasers of services. ▪ Standards are maintained as “international consensus standards”. When standards are first developed, and with each revision, the literature is reviewed to ascertain the current best practices in the domain. ▪ Part of the process of development and revision includes a comprehensive web-based field review involving a broad cross section of stakeholders. This process ensures that the community mental health and addiction sector has an opportunity to contribute to the content. The sector has been involved in this process for many years. 	<p>The CCA is committed to involving sector leaders and other relevant experts in the development of Standards. The new CCA Organizational Standards were developed jointly by representatives of the five associations building CCA – based on comparing their programs and reviewing other accreditation programs and best practices. As drafts were developed and refined the standards were sent out to organizations in all the sectors involved as well as to external stakeholders for feedback. In 2012 ten pilot accreditation reviews are taking place and based on feedback from these, the Standards will be revised for use with all participating organizations in April 2013.</p> <p>In addition, CCA’s organizational structure offers the opportunity for sector associations (such as the OFCMHAP or the CMHA) to become corporate members of the CCA and become directly involved in its governance. As members of CCA they may retain significant decision-making authority in the content of program standards related to their sector.</p> <p>The CCA is committed to continuous quality improvement of its operations, accreditation</p>

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		<p>program and standards. Ongoing evaluations as well as periodic major reviews contribute to this. All organizations participating in a review will be asked for their feedback. The results of these evaluations are monitored by CCA staff and accumulated data are reported at least twice a year to the Quality Assurance and Improvement Committee of the CCA Board.</p> <p>Minor revisions to the program may be made based on these reports on an ongoing basis. About every three years, a sector advisory process will be instituted to review and revise the standards in each sector in order to ensure that they remain current with best practices as these evolve.</p>

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Surveyors/Peer Reviewers

Accreditation Canada Surveyors/Peer Reviewers	CARF Canada Behavioural Health Surveyors	Canadian Centre for Accreditation (formerly Community Organizational Health Inc. - COHI) Peer Reviewers
<p>Accreditation Canada Surveyors Surveyors are peer reviewers who assess the performance of health organizations against national standards of excellence and provide recommendations. They are dedicated professionals who give generously of their time and expertise to guide organizations on their quality improvement journey.</p> <p>Surveyors have current experience as senior health service professionals and are employed by organizations that are accredited, or that are in the process of being accredited by Accreditation Canada. They are knowledgeable about the Canadian health care system, and have excellent communication, interpersonal and analytical skills.</p> <p>Selection Process and Internship Step 1: Application Prospective surveyors are asked to provide a copy of their most recent Curriculum Vitae to Accreditation Canada. An initial review of the CV is completed by senior staff to determine whether the candidate is a good fit with the Surveyor Competencies and the recruitment priorities. Staff may then invite the candidate to participate in a telephone</p>	<ul style="list-style-type: none"> ▪ Surveyors must complete on-line training modules prior to being accepted into three day training program. ▪ Successful completion of three day program. ▪ Must be employed by a CARF accredited organization, have at least five years direct service, complimented by management experience. ▪ A degree is required but substantial knowledge and experience is considered. ▪ The surveyor must maintain standing by achieving annual training requirements by CARF. ▪ The surveyor’s role is to assess conformance to the standards through a consultative process. ▪ Surveyors are considered peers, not evaluators. 	<ul style="list-style-type: none"> ▪ Reviewers are senior staff recruited from organizations participating in CCA accreditation (and previously in the five accreditation programs that preceded CCA) and trained as reviewers by CCA. ▪ Two-day Reviewer training sessions are usually held twice a year, or as needed. ▪ CCA is interested in recruiting more Reviewers from the community mental health and addiction sector to participate in the reviews of organizations in this sector. ▪ Ideally the review teams recruited for community mental health and addiction reviews would have at least one member of the team who works in this sector, with other team members having significant experience at organizations providing similar kinds of services. ▪ For a mid-sized organization the review team would consist of a team leader and two peer reviewers. Smaller organizations would have a team leader and one other team member.

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<p>interview.</p> <p>Step 2: Interview Qualified candidates will be invited to participate in a telephone interview for a more thorough assessment of their suitability to be a surveyor. Candidates are encouraged to review the surveyor competency definitions prior to the interview.</p> <p>Step 3: Reference Check Following the interview, successful candidates are asked to provide contact information for a reference from their manager or supervisor. The manager or supervisor will be asked to participate in a telephone interview. An additional reference check may be required from a colleague.</p> <p>Step 4: Assessment during Orientation Following the reference check, successful candidates are invited to participate in an orientation program. This orientation program is used to further assess and give feedback on the competencies. Aspects of a survey are role played over the course of the orientation program. Following the orientation session, candidates are required to complete a new surveyor examination. Candidates who have successfully completed all elements of the selection process proceed to an internship phase.</p>		

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<p>Internship The internship phase typically spans over the period of one survey. Interns will participate in these internship surveys as full survey team members. They will be assigned specific responsibilities and will receive ongoing support and advice from their peer surveyors. At the conclusion of the internship period, based on the evaluation and feedback from the internship surveys, Accreditation Canada will make a decision about appointment as a full surveyor.</p> <p>Surveyor Certification Program In 2011, a new Surveyor Certification Program was launched to ensure that surveyors maintain currency with regard to the Qmentum accreditation program. Examples of requirements include webcasts on tracer methodology and on writing reports. Learning materials on health care governance will be added in 2012. Also, surveyors will also be required to complete a re-certification examination in 2012.</p>		

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Accreditation Process

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Accreditation Process	Accreditation Process	Accreditation Process
<p>Accreditation Primer The Accreditation Primer is for client organizations new to the accreditation process. Providing an initial assessment of the basic elements of safety and quality, the Accreditation Primer helps organizations to establish the necessary supports, structures, and quality and safety processes to successfully participate in accreditation.</p> <p>The Accreditation Primer consists of a self-assessment component and an on-site visit. The Accreditation Primer forms the foundation for implementing quality improvement efforts that will continue throughout the accreditation process.</p> <p>After the Primer survey, organizations receive a recognized accreditation status and are then expected to participate in a full Qmetnum survey within two years of the Primer survey visit.</p> <p>The Accreditation Primer is being revised in 2012, and links to resources and sample policies that organizations can use will be embedded in the program.</p>	<ol style="list-style-type: none"> 1. Consult with a designated CARF Resource Specialist who provides toll free telephone support. <ul style="list-style-type: none"> ▪ Gain access to CARF’s secure website for transmitting documents and maintaining on-going contact with accredited organizations and organizations seeking accreditation. ▪ Organization orders standards manual and other materials as required. ▪ Maintain on-going contact with CARF for assistance. 2. Conduct a self evaluation <ul style="list-style-type: none"> ▪ Organization conducts self evaluation of conformance to standards. ▪ Uses survey preparation guide and survey preparation questions as optional supporting material. ▪ Internal preparation process not submitted to CARF. The organization invests its resources in improving its own infrastructure. The surveyor assess conformance to standards while they are on site 3. Submit Intent to Survey <ul style="list-style-type: none"> ▪ Submit intent to survey. ▪ Provide detailed information about 	<p>An organization’s accreditation process should support and be integrated in its overall quality improvement processes. Taking this approach to accreditation ensures that an organization may achieve the greatest value from its participation – not only to demonstrate accountability, but to build a more sustainable organization delivering effective services.</p> <ol style="list-style-type: none"> 1. Readiness: The organization’s preparation begins at least 12 months before the site visit and is ideally integrated into the organization’s continual planning cycle. <ul style="list-style-type: none"> ▪ A mutually agreeable date is set for the organization’s site visit, and target dates are established for submission of organizational information in advance of the visit. ▪ The organization completes a profile. ▪ The Standards that will apply to the review are confirmed. ▪ The organization assesses itself against the CCA Standards, works to address gaps, and plans for its review. ▪ Tools and consultation from CCA support the readiness stage. 2. Evidence Collection: Between one and

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<p>Qmentum Accreditation Cycle Beginning in 2013, the Qmentum accreditation program will work on a four year cycle i.e., on-site visits will take place every four years.</p> <p>Accreditation Canada guides clients through every step in the accreditation process. Between surveys, Accreditation Canada continues to work with clients to make improvements identified by the surveyor team. The following are the components of the cycle.</p> <ol style="list-style-type: none"> 1. Identify relevant standards and learn about the programs 2. Complete self-assessments and gather data 3. Prepare and have the on-site survey 4. Review and act on results 5. Continue to improve and progress. <p>Self-Assessment The self-assessment is a structured process that helps organizations assess their current performance against the standards, determine which areas require more detailed review and follow-up, set priorities, and develop and implement action plans to address areas needing improvement. The self-assessment is for the organization only and is not shared</p>	<p>leadership, programs and services.</p> <ul style="list-style-type: none"> ▪ Pays non-refundable intent fee. <p>4. CARF invoices for the survey fee</p> <ul style="list-style-type: none"> ▪ CARF reviews information contained in Intent to survey and invoices for survey fee. ▪ Fee based on number of surveyors and days required to complete survey (e.g. the more services you are seeking to have accredited, the more expensive). ▪ Scheduling survey begins. <p>5. CARF selects the survey team</p> <ul style="list-style-type: none"> ▪ CARF select survey team based on requirements. ▪ CARF notifies the dates of survey 30 days in advance. <p>6. The survey team conducts the survey</p> <ul style="list-style-type: none"> ▪ Team determines conformance to standards through observation, interviews and review of documentation. ▪ Surveyors provide consultation. ▪ Exit conference outlines findings ▪ Survey team submits findings to CARF for decision. <p>7. CARF renders decision</p> <ul style="list-style-type: none"> ▪ CARF renders one of the following decisions: <ul style="list-style-type: none"> ➢ Three year Accreditation ➢ One year Accreditation ➢ Provisional Accreditation ➢ No accreditation 	<p>four months before the site visit.</p> <ul style="list-style-type: none"> ▪ Community and educational partners are selected by the organization and surveyed by CCA. ▪ Staff, governing body members, and, where applicable, volunteers, students and clients are surveyed by CCA. ▪ The organization prepares pre-site evidence to respond to a number of document- or narrative-based indicators. ▪ These narratives and documents (such as policies and procedures, plans, minutes and reports) are remitted to CCA two months before the site visit using “My CCA,” each organization’s own custom Web-based accreditation tool. ▪ The logistics of the review fall into place: The site visit schedule is finalized. The review team is assigned and conflict-of-interest sign off is completed by all parties. <p>3. Site Visit by the CCA Review Team</p> <ul style="list-style-type: none"> • Site visits range from between one and five days. Most occur over two or three days. • While on site, the review team: <ul style="list-style-type: none"> – Is oriented to the organization. – Meets with the governing body, staff and management in groups and individually, as well as with volunteers, students and clients as relevant. – Reviews files/documents. – Observes the facilities and programs in

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<p style="text-align: center;">Accreditation Canada Accreditation Process</p>	<p style="text-align: center;">CARF Canada Behavioural Health Accreditation Process</p>	<p style="text-align: center;">Canadian Centre for Accreditation (formerly Community Organizational Health Inc. - COHI) Accreditation Process</p>
<p>with the surveyors.</p> <p>Quality Performance Roadmap (QPR) The QPR is a comprehensive record of each client’s accreditation activities and results, The Quality Performance Roadmap helps organizations set priorities and manage their accreditation journey.</p> <p>Customized Survey Plan A customized survey plan is developed for each organization to guide the on-site survey activities.</p> <p>On-site Survey The on-site survey is an opportunity for surveyors to discuss the organization’s progress in addressing self-identified areas for improvement, and to share their expertise with organization staff. Depending on the size and complexity of the organization, the on-site survey may last between three and five days.</p> <p>Priority processes A priority process is a system or process Accreditation Canada has identified as having a significant impact on client safety and quality of care or service. Surveyors evaluate whether organizations have met standards through assessment of priority processes. Examples of priority processes are Communication, Integrated Quality Management and Resource Management.</p> <p>Tracers A tracer is an interactive activity used to</p>	<ul style="list-style-type: none"> ▪ Six-eight weeks after completion of survey, receive written survey report and decision. <p>8. Submit a quality improvement plan (QIP)</p> <ul style="list-style-type: none"> ▪ Must be submitted 90 days after accreditation award. ▪ Fulfills accreditation condition. ▪ QIP outlines actions that will be taken in response to report recommendations. <p>9. Submit annual conformance to quality reports (ACQR)</p> <ul style="list-style-type: none"> ▪ Condition of continued accreditation ▪ Sent to CARF on accreditation anniversary date in each of the two years following the reward. ▪ ACQR reaffirms on-going conformance to standards. <p>10. CARF maintains contact with organization</p> <ul style="list-style-type: none"> ▪ CARF provides support as needed to maintain conformance. 	<p>action.</p> <ul style="list-style-type: none"> - Makes a wrap-up presentation of its preliminary findings in view of accreditation requirements. <p>4. Accreditation Decision: Between two weeks and two months after the site visit</p> <ul style="list-style-type: none"> ▪ Ten working days after the site visit: <ul style="list-style-type: none"> - The review team prepares a Preliminary Report outlining areas of strength, areas for development and any areas in which the organization did not meet accreditation requirements. - Upon receipt of the report, the organization has 30 working days to respond to any outstanding issues. ▪ Beginning thirty working days after the site visit : <ul style="list-style-type: none"> - The organization’s response to the report is considered by the review team, by a CCA Accreditation Manager and by CCA’s Accreditation Committee (a committee of the CCA board). - The Accreditation Committee makes a recommendation to the CCA board on the organization’s accreditation status. ▪ Within approximately two months of the site visit: <ul style="list-style-type: none"> - The CCA board makes the decision to accredit, not accredit or conditionally accredit the organization. Specifically: If all requirements are met,

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<p>assess a priority process where surveyors, accompanied by a staff person, “trace” the path of a client or an administrative process to gather evidence about an organization’s quality and safety of care services. Steps in the tracer involve documentation review, observation, and speaking with clients and staff.</p> <p>Accreditation Reports The organization receives an on-site report at the end of the survey which provides immediate feedback on the organization’s performance during the survey. Organizations then have the opportunity to comment on the report. Ten business days after the survey the organization s receives its final accreditation report and a letter with the accreditation decision. The letter may also contain a list of follow-up items the organization is required to meet within 5 or 11 months of survey.</p>		<p>accreditation is granted for four years.</p> <ul style="list-style-type: none"> - If there are outstanding requirements that can reasonably be met within a six-month period and the organization wishes, the board may grant a conditional accreditation – giving the organization an additional six months to meet outstanding requirements. - If the participating organization and/or the CCA board determine that the number and nature are such that outstanding accreditation requirements could not be met within a six-month period, the board will not accredit. ▪ In the case of a conditional accreditation: <ul style="list-style-type: none"> - Upon receipt of the report, the organization has six months to respond to any outstanding issues. - A follow-up site visit may be made by CCA if required. - The organization’s response is considered by a CCA Accreditation Manager and by CCA’s Accreditation Committee. - The Accreditation Committee makes a recommendation to the CCA board on the organization’s accreditation status. - CCA Board considers this recommendation and makes the decision to either accredit or not accredit the organization (see above).

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		<p>5. Ongoing Quality</p> <ul style="list-style-type: none"> • The organization integrates the CCA Standards in its organizational planning and operations. • To maintain its accredited status, the organization completes an annual Quality Management Report in the years between one accreditation and the next.

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Accreditation Fees

Accreditation Canada Accreditation Fees	CARF Canada Behavioural Health Accreditation Fees	Canadian Centre for Accreditation (formerly Community Organizational Health Inc. - COHI) Accreditation Fees
<p>Accreditation Cost (2012) The accreditation cost is structured in three elements:</p> <ol style="list-style-type: none"> 1. Application Fee: an initial one-time administration fee of \$1,175 is required upon submission of the application form. This amount covers the costs related to the processing of the application and shipping of Accreditation Canada's documents and material. It also includes an initial webcast. 2. Annual Fee: The annual fee is the annual component of the accreditation cost; this fee supports the cost of the activities involved in operating the accreditation program such as research and development, information technology enhancements, representation, and office overhead. The annual fee is calculated based on the client's total revenue figure most recently reported on audited financial statements, by applying a percentage of .0129%. There is no minimum annual fee. The annual fee is invoiced in January and is due by April 30th of each year. <ul style="list-style-type: none"> Total revenue figure: This figure should include the revenue from all 	<ul style="list-style-type: none"> Discounts may be given to volume purchases of manuals or publications with the same title, no mixed titles. Orders must be shipped to the same address. The following schedule shall be used: Discounts 10-19 = 5% 20-29 = 10% 30-64 = 15% ≥ 65 = 20% CARF publishes additional standards manuals that are relevant to other human services sectors. Should an organization choose to use program standards from one or more of these other manuals, these standards will be supplied at no additional cost to the organization. Optional resource material such as the <i>Accreditation Sourcebook</i>, <i>Using Individual-Centred Planning</i>, <i>Designing Ethical Practices</i>, and <i>Managing Outcomes</i> is available. The fee schedule currently posted in CARF's electronic bookstore applies to the 2011 version of publications, but is subject to change annually. Intent to Survey Fee - \$1,325 Survey Fee – 1,825 per surveyor, per day 	<ul style="list-style-type: none"> CCA Fees have been established along a sliding scale depending on the size and complexity of the organization. <p>The CCA Fee will be made up of two parts:</p> <ol style="list-style-type: none"> Cost of the on-site visit specific to each organization's accreditation based on an average per "reviewer day" cost currently set at approximately \$900 per "reviewer day". This figure is based on the direct costs incurred related to accreditations, averaged out over all reviews. The cost of accreditation will be spread out over the four years of the agreement that each participating organization will have with the CCA. Annual base fee - currently set at a minimum fee of \$1,000 and a maximum of \$6,000 per year. <p>Example of what the fee would be on average for three different-sized organizations (including both the annual and review cost fee) are:</p> <ul style="list-style-type: none"> Budget of \$2 million - approx. \$2,700 per year Budget of \$4 million - approx. \$3,700 per year

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<p>participating sites undergoing accreditation. Revenue from agencies or sites that are independently accredited or not participating in the accreditation program should be subtracted.</p> <p>3. Survey Fee: The survey fee supports the direct costs of conducting the surveys. Participating organizations undergo a full accreditation survey every four years. The survey fee is directly related to the length of the visit and the number of surveyors assigned to the visit. The survey fee is \$2,065 per surveyor per day for all programs. The survey fee is invoiced two months prior to the survey date and is due 30 days prior to the survey date.</p> <ul style="list-style-type: none"> ▪ The initial survey (carried out within the first year upon joining the program) is invoiced in full two months prior to the survey date, and is due 30 days prior to the survey date. ▪ Subsequent surveys (re-surveys) are subject to an <i>equal billing pricing structure</i> in which the estimated cost of the survey is invoiced in four equal parts starting the year following the initial survey year and invoicing the last portion in the year the re-survey takes place. This billing structure is optional upon the client's written 		<ul style="list-style-type: none"> - Budget of \$6 million - approx. \$4,500 per year ▪ Please note that CCA fees are still under development, and the actual fee will need to be verified for each organization depending on variety of factors, including the complexity of their programming.

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<p>request.</p> <ul style="list-style-type: none"> ▪ Focused visits, this type of surveys are held as part of the surveyor's recommendations upon completing their accreditation report. These surveys are scheduled for one day and with one surveyor. The survey fee for focused visits is invoiced in full two months prior to the survey date and it is due 30 days prior to the survey date. 		

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Training Programs and Fees

<p style="text-align: center;">Accreditation Canada Training Programs and Fees</p>	<p style="text-align: center;">CARF Canada Behavioural Health Training Programs and Fees</p>	<p style="text-align: center;">Canadian Centre for Accreditation (formerly Community Organizational Health Inc. - COHI) Training Programs and Fees</p>
<p>Accreditation Canada offers client organizations a variety of regional, on-site, and web-based education programs and conferences. The full education brochure for 2011 can be accessed at www.accreditation.ca/uploadedFiles/Education-Brochure-EN.pdf. A new brochure for 2012 will be available shortly.</p> <p>Webcasts There are several webcasts that are available free of charge on the client portal. These include the Introduction to the Accreditation Primer and Introduction to Qmentum.</p> <p>Webinars Webinars on Leading the Qmentum Accreditation Process for New Accreditation Coordinators are offered three times a year. The fee is \$99.</p> <p>Workshops A sampling of the face-to-face workshops is described below.</p> <p>Introduction to Qmentum This one day session walks participants through the Qmentum accreditation process and helps organizations prepare for the self-assessment, on-site survey and reports. Fees are \$1,050 +</p>	<ol style="list-style-type: none"> 1. CARF 101: Preparing for Successful Accreditation in Behavioural Health <ul style="list-style-type: none"> ▪ Onsite training – Regional training is typically held at a central location for groups of organizations seeking accreditation. The fee to date as been set at \$325 per person for a 1.5 day session. This session is typically held for organizations seeking accreditation for the first time, or for those that are eager to learn about the CARF model prior to making a decision among accreditation alternatives. ▪ If one agency wants to have a large number of its staff attend a training session on its own premises, a tailored session can be offered to this one group. A group fee of \$1500 per day, plus expenses will be charged. An unlimited number of participants will be welcomed dependent on capacity of venue. ▪ 4 hour webcast - \$400 CAD per organization. A maximum of 50 organizations are invited to participate. An unlimited number of participants from each organization will be welcomed. 2. CARF 202: Maintaining Successful 	<p>Plans for training programs are still under consideration at the CCA. It is anticipated that they will include the following (free of charge for participating organizations except as noted):</p> <ul style="list-style-type: none"> ▪ Presentations to Board and staff of the organization to orient them to CCA (if made in person, organizations are asked to cover more significant travel costs - webinar, video and phone conferences will be used whenever possible in order to reduce travel costs) ▪ Quarterly training sessions about “Preparing for CCA Accreditation” which will cover guidelines about getting organized for the CCA review and working in the CCA Accreditation Management Tool. ▪ Individualized assistance over the phone and internet available on an ongoing basis from CCA Accreditation Managers and Administrative Coordinator (related to both the interpretation of standards and technical issues). Note – all participating organizations will be assigned one Accreditation Manager who will be the primary contact at CCA. ▪ Organizations will be able to participate in

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<p>facilitator travel, accommodation and meals (maximum 35 participants).</p> <p>Connecting the Dots: Indicators, Accreditation and Quality Improvement This one day introductory session acquaints participants with Accreditation Canada's core indicators and how to use them to better focus quality improvement activities.</p> <p>Mock Tracer This one day session helps organizations prepare for the tracers used by surveyors to assess the standards. Through tracer simulations, staff becomes more at ease with the on-site survey process.</p> <p>Introduction to the Accreditation Primer This interactive and informative one day session introduces participants to the Accreditation Primer process. During the first part of the day, participants will identify the key plans and processes that their organizations will need to have in place to successfully complete Primer. The second part of this session will be dedicated to identifying and prioritizing areas for improvement and developing action plans.</p>	<p>Accreditation in Behavioural Health. This session is typically held for organizations that have already completed at least one accreditation cycle</p> <ul style="list-style-type: none"> ▪ On-site training ▪ 4 hour webcast ▪ Same fees as above <p>3. Outcomes Management for Behavioural Health Organizations Participants will obtain an understanding of:</p> <ul style="list-style-type: none"> ▪ CARF's performance improvement related standards ▪ How to use the quality improvement cycle (plan, do, check, act) in meeting the standards ▪ How to use a logic model to strengthen your outcomes system ▪ How to design and implement an outcomes measurement plan ▪ How to report and use findings for business and service improvement ▪ Cost is \$580 per person <p>In addition to the above sessions on preparing for CARF accreditation, other focused 2011 webcasts for providers of behavioural health services are posted on the CARF website. The list of supplementary training sessions for 2012 will be posted on January 1, 2012.</p>	<p>an on-line CCA sponsored accreditation preparation discussion group (only for those participating in reviews) where they can post questions and share strategies with other organizations and CCA Accreditation Managers.</p>

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Value Added Services

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<p>Accreditation Process</p> <ul style="list-style-type: none"> ▪ The Accreditation Primer is geared to new organizations aspiring to be accredited. The primer is an opportunity for the organization to ensure that fundamental quality and safety elements are in place. Revisions to the Primer will provide organizations with additional resources to build capacity. ▪ Accreditation Canada is willing to develop a process that will facilitate clustering the accreditation process for organizations in the same geographical area. This will save on surveyor travel costs. <p>Support Network</p> <ul style="list-style-type: none"> ▪ Each organization is assigned an Accreditation Specialist whose role is to monitor the organization’s accreditation journey, help interpret specific criteria, and link providers to mentoring and coaching. <p>Updates to Accreditation Program</p> <ul style="list-style-type: none"> ▪ Changes and updates to the Qmentum program are communicated via the client portal and through teleconferences geared towards each sector. 	<p>Standards</p> <ul style="list-style-type: none"> ▪ Standards are community-based, practical and well explained. They have arisen from the grassroots ; these are not institutional standards that have been adapted to the community sector over time ▪ Standards are not prescriptive. Organizations conform to the intent of the standards in ways that make sense for them, given their own values, resources etc. <p>Accreditation Process</p> <ul style="list-style-type: none"> ▪ Will consider clustering surveys of like organizations in the same geographical area. ▪ The CARF accreditation process is a consultative approach that works with service providers to develop program resources and customer outcomes. CARF assists organizations to improve the quality of their services, to demonstrate value, and to meet internationally recognized organizational and program standards. ▪ Resource specialists are assigned to each service provider and are always available for free consultation throughout the 	<ul style="list-style-type: none"> ▪ Access to the CCA Resource Library of policies, procedures and tools as well as links to relevant resources (www.cohi-soci.ca/en/resources.php). ▪ Quarterly CCA electronic newsletter which includes updates about the accreditation program and responses to questions and issues that have arisen in recent CCA reviews. ▪ Occasional opportunities to contribute to the review and revision of standards for their sector as best practices evolve.

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<ul style="list-style-type: none"> ▪ In addition, the Accreditation Canada website (www.accreditation.ca) is a valuable resource for information about accreditation, quality and safety. <p>Training</p> <ul style="list-style-type: none"> ▪ Willing to cluster training in a geographical area. Up to 35 participants can attend with no additional cost. ▪ Willing to customize training to meet the needs of the sector. ▪ Surveyors who currently work in the sector can be included in training sessions to share their accreditation experiences and demonstrate value of accreditation to the organization. ▪ Can arrange for presentations to providers at AGMs and could include surveyors from the sector. ▪ A DVD is available that walks providers through the on-site survey process. <p>Support Network</p> <ul style="list-style-type: none"> ▪ Accreditation Canada can provide organizations new to accreditation with a network of support. Our clients have told us how much they value of peer support for accreditation. As a result, Accreditation Canada has made contact with a group of experienced CMHA Accreditation Coordinators who are willing to 'buddy up' with Accreditation 	<p>accreditation process and the accreditation tenure. The resource specialists' assistance addresses questions about standards interpretation, organization and preparation for the site survey, unusual events/circumstances that may arise during and after the survey site visit, and both post-survey and ongoing quality improvement activities.</p> <p>Customer Connect</p> <ul style="list-style-type: none"> ▪ Organizations will be provided access to CARF's secure extranet, Customer Connect. Organizations will be able to manage their relationship with CARF and access information any time by logging on to Customer Connect according to their own schedule. <p>Comparative Reporting</p> <ul style="list-style-type: none"> ▪ CARF has the capacity to prepare statistical reports for funders and does so for several ministries across Canada. Such reports typically highlight conformance patterns to accreditation standards cited during surveys conducted during the most recent standards manual year (SMY). CARF's SMY runs from July 1 to June 30 of the following year. <p>Support Network</p> <ul style="list-style-type: none"> ▪ CARF has developed an extensive network of supportive resources. In preparing for, and realizing the full value 	

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<p>Coordinators in community-based organizations that are beginning their accreditation process. These coordinators can share their experiences about their quality improvement and accreditation journey with other organizations that are either just starting the process or are in the beginning stages of accreditation. This will enable the new organizations to ask questions and brainstorm ideas about criteria in standards, strategies for staff engagement, preparations for surveys, survey experiences, etc. This network of organizations is also willing to share expertise in terms of resources, policies and procedures, and preparation for accreditation.</p>	<p>of CARF accreditation, CARF can link organizations in Ontario with community resources that are knowledgeable about preparing for accreditation. For example, in British Columbia, organizations have developed a web-based support system that provides real time access to policies, procedures and general information that helps those preparing for accreditation to conform to standards. This system has been developed by providers for providers and is now accessible across Canada.</p> <p>Mock Surveys</p> <ul style="list-style-type: none"> ▪ Organizations, associations, and funders have realized the benefits of “pre-surveys”, often referred to as mock surveys. They have proven to be effective mechanisms for sharing knowledge and information. CARF can connect the partner associations with those who have developed and implemented a pre-survey system. 	