Three-Year Accreditation

CARF
Survey Report
for

Penticton and District
Community Resources
Society

carf INTERNATIONAL

Organization

Penticton and District Community Resources Society (PDCRS)
330 Ellis Street
Penticton BC V2A 4L7
CANADA

Three-Year Accreditation

Organizational Leadership

Tanya Behardien, Executive Director

Survey Dates

June 9-11, 2014

Survey Team

Ronald L. Van Rooyen, B.S., M.S., Administrative Surveyor

Ingrid Kastens, Program Surveyor

Sherri T. McAllister, Program Surveyor

John Thornburn, M.A., Program Surveyor

Jane Gladman, Program Surveyor

Programs/Services Surveyed

Community Housing
Community Integration

Diversion: Psychosocial Rehabilitation (Adults)

Child/Youth Day Care (Children and Adolescents)
Counselling (Children and Adolescents)
Diversion/Intervention (Children and Adolescents)
Early Childhood Development (Children and Adolescents)
Intensive Family-Based Services (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)

Governance Standards Applied

Previous Survey

June 22-24, 2011
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: June 2017

SURVEY SUMMARY

Penticton and District Community Resources Society (PDCRS) has strengths in many areas.

■ PDCRS, a not-for-profit organization, has a deep commitment to its mission, vision, values, and goals; to providing quality services; and to quality improvement. It is evident that PDCRS has used the CARF standards and previous survey reports to improve the efficiency and effectiveness of its services and operations.

■ The board of directors is dedicated to the organization's mission, supports its operations, and has been a positive force in the organization's growth and fiscal stability. It appears that the board of directors fulfills its monitoring, due diligence, and policy responsibilities in order to maintain excellent service delivery and operations.

■ The reorganized, dedicated, and professional leadership members are developing a strong and cohesive team and a continued commitment to excellent service delivery by meeting the needs of the persons/families served and providing person-driven services. The members of the leadership team have excellent experience and longevity with the organization. All leadership team members appear to work well together and complement each other. The executive director is active in the leadership of local and provincial associations and organizations.

■ There is excellent rapport and mutual respect among the board, management personnel, staff members, and persons/families served. The high level of professionalism among the staff members along with a collaborative and respectful working environment is evident.

■ PDCRS has developed and is using an excellent 2013-2018 strategic plan that includes an appropriate plan to maintain and grow its services and operations. The input process used to ensure that the needs of the community and all stakeholders were addressed is impressive.

■ PDCRS has excellent policies, procedures, and systems to support its business operations and services. The policies and procedures are well written, clear, concise, and complete. In addition, the systematized personnel orientation and training process provides the information and training for new employees to learn the organization's notable history and culture.

■ PDCRS has a modern, well-located, accessible, and friendly main facility from which it provides services. The building provides an environment that is conducive to positive interaction among the persons/families served and staff members.

■ PDCRS has developed and uses an appropriate safety program in order to maintain safe environments for the persons/families served, personnel, and visitors. It is apparent that the organization values providing safe places for services.

■ PDCRS is commended for the numerous and excellent partnerships and collaborative efforts that have been developed with agencies and organizations throughout the community and service area. PDCRS is a respected organization in the community, has a positive image and reputation in its service delivery area, and is a valued member of the community.

■ Whether for the staff members or for the persons/families served, the sites are warm, welcoming, and personalized, and also demonstrate a sense of ownership and a commitment to put down roots. The sincere care for the persons/families served was obvious at every site, whether this was attention to personalized décor or interests or genuine warmth and rapport.

■ The staff members are loyal and happy with PDCRS as demonstrated by their length of service and comments such as, "when you already work for the best, there's no need to look elsewhere."

■ The staff members consistently commented on their respect for their team, their team leaders, and the society's leadership.

■ The staff members commented on the work environment as welcoming and embracing new ideas. As one staff member said, "the first time I made a suggestion, I was so scared I was shaking, but they recognized and complimented me for my good idea, which was implemented, so now I just say it."

■ The staff members have caringly gone to great lengths to assist the persons served to age in place. Residential staff members have learned how to provide personal and health care support for the persons served who formerly needed far less personal care. This was seen as the right and caring thing to do, rather than as a burden. Instead of complaining about the additional and more tedious workload, the staff members seemed sincerely proud of their very considerable accommodation in this area. It simply was not questioned.

■ The staff members were open and keen to hear feedback and new ideas.

■ PDCRS has and is making some good business decisions to purchase housing rather than paying other landlords' mortgages. This will serve it and the community well over time.

■ The services that have made the switch to the ShareVision® data management system were very positive about it. New data management systems are not easy to implement, and this positive feedback demonstrates the training and support that the staff received to make a successful switch.

■ PDCRS child and youth programs and services are provided in a well-maintained, clean location that supports the work of the organization's ability to address the needs of the persons served. The main site provides a welcoming atmosphere for the staff, persons served, and visitors. The staff members have the autonomy to decorate their space, which provides a warm therapeutic environment for the persons served.

■ Community service partnerships are highly valued, and the organization's leadership and staff members work diligently to maintain and broaden these and other stakeholder relationships. Community partners attend regular PDCRS staff meetings and feel valued as an integral part of the team.

- The staff members expressed how they value and appreciate the increased support and accessibility from their team leader through the recent restructuring of the PDCRS leadership team.

- PDCRS staff members are committed to providing quality, affordable infant, toddler, and day care programs in various communities in Penticton and the surrounding areas. The program has been responsive to community needs as it has expanded to provide child care services to families and children.

- PDCRS has worked collaboratively and planned with school districts to strategically place infant, toddler, day care, and preschools in elementary and high schools, including a purpose-built infant, toddler, and day care located in a brand new high school.

- The Hand in Hand Infant Toddler Centre program provides a safe, structured, and nurturing environment for children where young mothers are able to participate throughout the day while continuing their educational programs at the schools next door.

- Little Triumphs is the middle step in a continuum of care that acts as a day care, preschool, and early learning centre. It provides children with a range of fun activities that prepares them for kindergarten. The parents communicated that this service is invaluable.

- The staff members in the child and youth day care programs are enthusiastic and excited about their work with the youth, children, and families. The addition of a preschool in Cawston provided much more than an early childhood educational setting to the community. The program has provided the opportunity for young children in the community to access standardized screening, referrals to early intervention supports, and access to further assessments that will potentially provide additional supports to the children and families prior to entering kindergarten.

- Child and youth day care locations are well maintained; bright; cheerful; and appointed with developmentally appropriate resources, play areas, outdoor play grounds, toys, and equipment that meet the needs of the infants, toddlers, and children served.

- The child and youth day care programs provide a continuum of care from infant, toddler, preschool, day care, and out-of-school care programs often building relationships with families and providing services through many developmental stages and transitions. As part of this continuum, the children's program works collaboratively to ensure a healthy transition between programs.

- The child and youth day care programs work collegially and effectively with internal and external partners to provide comprehensive care to children who have additional support needs. The programs often have supported child development consultants; support workers; paediatric therapists, including occupational therapy, physical therapy, and speech-language pathology; and private behavioural consultants and interventions working in their child care settings.

- The Supported Child Development program provides a responsive and integrated practice that supports children to reach successful developmental milestones. This is further realized through a strengths-based approach where parents guide the process. This practice is further complemented with seamless monthly progress reports that provide concise yet progressively important developmental indicators for each child.

- The Child Care Resource/Referral program provides a comprehensive screening process and documentation for all potential and approved licensed-not-required child care providers. Furthermore, it provides an extensive seven-week training program for licensed-not-required and responsible adult caregivers that includes curriculum in child development, health and safety, nutrition, communication, and program planning.

- The staff members truly go above and beyond to find appropriate community resources for the persons served in their programs areas. Training opportunities for the staff members, such as modified integrated guidance and attachment training, enhance the capacity within program teams to support the persons served.

- The persons served are treated with respect and dignity. The children, parents, and foster parents consistently expressed a high level of satisfaction with the services provided.

PDCRS 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, PDCRS provides excellent services and demonstrates a true commitment to quality and a willingness to improve services and operations. PDCRS appears to be dedicated to meeting the CARF standards and has worked very hard to prepare for this survey, and as a result, has minimal areas for improvement. The organization provides impressive services and has a dedication to quality improvement. The survey report identifies the few specific recommendations to be addressed in order to continue to improve service delivery and business operations. It is apparent that PDCRS presently has the expertise and desire to address these areas, and will continue to use the CARF standards and this survey report to further improve the efficiency and effectiveness of its services and operations.

Penticton and District Community Resources Society has earned a Three-Year Accreditation. The board, leadership team, and staff members are complimented for this accomplishment. They are encouraged to continue their efforts, in cooperation with other community services organizations, to provide quality services to the persons/families served. The organization is further encouraged to continue to use the CARF standards as a quality improvement tool to improve its service delivery and operations; to ensure that the CARF standards and revisions to the standards are used when developing policies, procedures, and new services; and to monitor the annual changes to the CARF standards to ensure continued conformance.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

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

Key Areas Addressed

- Leadership structure

- Leadership guidance

- Commitment to diversity

- Corporate responsibility

- Corporate compliance

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that a CARF "tickler calendar" and an all-inclusive CARF annual report be developed and used to ensure that all related responsibilities are systematically accomplished and reported, and that the workload is distributed throughout the year.

- It is suggested that the code of ethical conduct be incorporated into one complete document and be expanded to include the procedures from policy on dealing with violations of the code of ethical conduct.

B. Governance

Principle Statement

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

■ Ethical, active, and accountable governance

■ Board composition, selection, orientation, development, assessment, and succession

■ Board leadership, organizational structure, meeting planning, and management

■ Linkage between governance and executive leadership

■ Corporate and executive leadership performance review and development

■ Executive compensation

Recommendations

There are no recommendations in this area.

Consultation

■ The board's governance policies have recently been revised to define an independent, unrelated board representative. It is suggested that the policy be implemented when determining executive compensation. It is also suggested that the board compensation committee specifically define the total mix of executive compensation to include base pay, incentive plans, benefit plans, and perquisites.

■ It is suggested that the board continue its succession planning efforts in order to develop a written comprehensive short- and long-range plan for future management of the organization.

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
C.2.c.(1)
C.2.c.(2)
PDCRS has developed and uses an excellent strategic plan, 2013-2018. It is recommended that the strategic plan consistently include prioritized measurable goals in order for goal performance to be systematically measured and reported.

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

Key Areas Addressed

■ Ongoing collection of information from a variety of sources

■ Analysis and integration into business practices

■ Leadership response to information collected

Recommendations

There are no recommendations in this area.

Consultation

■ It is suggested that the organization consistently measure satisfaction survey response rates year over year on an annual basis, and continue to take actions to simplify/streamline the satisfaction surveys and process in order to maintain and improve the response rates to further validate the satisfaction data.

E. Legal Requirements

Principle Statement

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

Key Areas Addressed

■ Compliance with all legal/regulatory requirements

Recommendations

E.3.f.

It is recommended that PDCRS develop policies and written procedures that include specific time frames for documentation in the individual case records for the persons/families served. This policy and written procedure could be added to a records policy or other document so that personnel are aware of the requirements.

Consultation

■ PDCRS has developed a written policy for personnel to respond to legal actions. It is suggested that the policy and procedures be expanded in order to adequately protect the organization and staff members from potential legal risks. It is also suggested that the policy and procedures be added to the orientation checklist so all new personnel could become aware of the requirements.

F. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

■ Budget(s) prepared, shared, and reflective of strategic planning

■ Financial results reported/compared to budgeted performance

■ Organization review

■ Fiscal policies and procedures

■ Review of service billing records and fee structure

■ Financial review/audit

■ Safeguarding funds of persons served

Recommendations

F.9.a

PDCRS has written procedures for how personnel handle the funds of the persons served. It is recommended that the procedures be expanded to include how the persons served will give informed consent for the expenditure of funds.

Consultation

■ It is suggested that the organization continue to closely monitor the fiscal issues that may impact services and develop a plan to deal with unexpected reductions in government funding, and continue to expand reserves, reduce debt, and expand income sources in order to reduce fiscal risk. It is also suggested that the board determine the number of months desired for adequate reserves in order to protect the organization from fiscal risk.

■ PDCRS has received an audit management letter with suggested recommendations for financial improvement. It is suggested that the organization document management's response to the recommendations, including corrective actions taken or reasons why corrective actions will not be taken.

G. Risk Management

Principle Statement

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

Key Areas Addressed

■ Identification of loss exposures

■ Development of risk management plan

■ Adequate insurance coverage

Recommendations

There are no recommendations in this area.

Consultation

■ PDCRS has developed an appropriate risk management plan. It is suggested that the annual risk management status report systematically monitor and report that the actions taken to reduce risks have been accomplished. It is suggested that additional risks be added to the risk management plan as they are identified through the normal course of business and operations.

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

■ Although PDCRS has an appropriate safety program, it is suggested that it adopt a policy that requires drivers of vehicles who transport the persons served to self-report moving traffic violations and loss of drivers' licenses, systematically accomplish fire extinguisher training for personnel, develop emergency drill procedures for forest fires, re-position evacuation charts, and develop a plan to secure its buildings from exterior threats through the use of security technology.

■ The organization has 72-hour kits in place for natural disasters. It is suggested that these kits consistently include a 72-hour supply of food as per provincial emergency preparedness recommendations.

■ It is suggested that, in the child and youth day care programs, the staff members discontinue the use of push pins because they are a potential choking hazard, especially in the infant and toddler centres.

■ At least one vehicle had an escape hammer in the car door for breaking glass in case of an emergency. The hammer was not secure, and may either no longer be accessible or in place in case of an accident, or may become a safety hazard as a projectile. It is suggested that any safety escape hammers or potential projectiles in vehicles be secured.

I. Human Resources

Principle Statement

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

Key Areas Addressed

■ Adequate staffing

■ Verification of background/credentials

■ Recruitment/retention efforts

■ Personnel skills/characteristics

■ Annual review of job descriptions/performance

■ Policies regarding students/volunteers, if applicable

Recommendations

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

Although the organization has an annual performance evaluation process, the process is not consistently accomplished and does not consistently include the development of measurable objectives for personnel. It is recommended that performance evaluations consistently be accomplished, be consistently used to establish measurable objectives for the next year, and assess performance related to objectives established in the last evaluation period.

I.8.b.(3)(a) through I.8.b.(3)(d)

It is recommended that the areas of employment, compensation, assignment of work, and promotion be added to the non-discrimination policy in the organization's personnel policies.

Consultation

■ It is suggested that PDCRS consider the development and use of a personnel recruitment/retention plan, and that the annual review of job descriptions be included in the annual performance evaluation process.

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.

Consultation

■ PDCRS has developed an appropriate technology plan and obtained an excellent proposal to upgrade its technology from an IT company, Connect IT. It is suggested that the organization move forward with the consultant's proposal in order to upgrade its technology.

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.

Consultation

■ Although the complaint procedures and a welcome poster outlining the rights and responsibilities were posted within resident housing and could be very helpful to families, these were dense in wording and not particularly accessible to the persons served. It is suggested that the organization develop a more accessible format to make this information more available to the persons served. Ideas could include posters with fewer words and more pictures or video formats. Many examples exist within similar organizations.

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)

■ Status report regarding removal of identified barriers

■ Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

Consultation

■ In order to promote accessibility, it is suggested that the persons/families served be asked at intake if they have experienced any barriers accessing services, and that new personnel hires be asked if they need any reasonable accommodations. It is also suggested that the organization promote accessibility for the persons/families served in the community.

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 information is used to manage and improve service delivery.

Key Areas Addressed

■ Information collection, use, and management

■ Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

Consultation

■ It is suggested that the organization's outcomes measurement and management system be updated, simplified, and streamlined in order to measure the specific outcomes desired by the persons served and other stakeholders.

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.

Consultation

■ It is suggested that the organization's outcomes measurement and management reports be simplified and streamlined. The organization could use additional charts and graphs to report performance information in its annual report to its personnel, the persons served, and other stakeholders.

■ It is suggested that the annual performance analysis succinctly identify areas needing performance improvement, consistently result in an action plan to address the improvements needed to reach established or revised performance goals, and consistently outline actions taken or changes made to improve performance.

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

There are no recommendations in this area.

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 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. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

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

There are no recommendations in this area.

C. Medication Monitoring and Management

Key Areas Addressed

■ Current, complete records of medications used by persons served

■ Written procedures for storage and safe handling of medications

■ Educational resources and advocacy for persons served in decision making

■ Physician review of medication use

■ Training and education for persons served regarding medications

Recommendations
C.2.a.
PDCRS keeps residents' medications in a locked cabinet; however, the key to this cabinet is accessible to residents or visitors. It is recommended that PDCRS develop written procedures to ensure greater security regarding potential access to medication.

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.

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, self-reliance, and self-esteem.

■ Increased independence.

■ Increased employment options.

■ Employment obtained and maintained.

■ Competitive employment.

■ Economic self-sufficiency.

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.

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

SECTION 4. PSYCHOSOCIAL REHABILITATION PROGRAMS

Principle Statement

The standards in this section are taken from the *2013 Behavioural Health Standards Manual.* Behavioural health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disabilities/disorders, harmful involvement with alcohol and/or other drugs, or who have other behavioural health needs. Through a team approach, the goal of each such program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competence and relevance. Family members and significant others are involved in the programs of the persons served, as appropriate and to the extent possible.

A. Program/Service Structure

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

■ Written program plan

■ Crisis intervention provided

■ Medical consultation

■ Services relevant to diversity

■ Assistance with advocacy and support groups

■ Team composition/duties

■ Relevant education

■ Clinical supervision

■ Family participation encouraged

Recommendations

There are no recommendations in this area.

B. Medication Use

Principle Statement

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

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

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

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

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

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

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

Key Areas Addressed

■ Individual records of medication

■ Physician review

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

■ Training regarding medications

■ Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

C. Non-violent Practices

Principle Statement

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

■ Engagement

■ Partnership—power with, not over

■ Holistic approaches

■ Respect

■ Hope

■ Self-direction

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

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used

to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

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

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

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

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

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

Key Areas Addressed

■ Training and procedures supporting non-violent practices

■ Policies and procedures for use of seclusion and restraint

■ Patterns of use reviewed

■ Persons trained in use

■ Plans for reduction/elimination of use

Recommendations

There are no recommendations in this area.

J. Diversion

Principle Statement

Diversion programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem. Diversion programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Diversion programs may serve persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

Diversion programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems. Diversion programs may include programs such as DUI/OWI classes, anger management or domestic violence groups, juvenile justice/court diversion, substance abuse diversion, truancy diversion, report centres, home monitoring, after-school tracking, and building healthy relationships.

Key Areas Addressed

■ Personnel qualifications

■ Public awareness

■ Appropriate program activities

■ Program strategies

Recommendations

There are no recommendations in this area.

Standards from the *2013 Child and Youth Services Standards Manual* were also applied during this survey. The following sections of this report reflect the application of those standards.

SECTION 2. CHILD AND YOUTH SERVICES GENERAL PROGRAM STANDARDS

Principle Statement

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

A. Program/Service Structure

Principle Statement

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

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

Child- and family-centred care includes the following:

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

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

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

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

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

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

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

Key Areas Addressed

- Written plan that guides service delivery

- Team member responsibilities

- Developmentally appropriate surroundings and equipment

- Crisis intervention provided

- Medical consultation

- Services relevant to diversity

- Collaborative partnerships

- Child/youth/family role in decision making

- Policies and procedures that facilitate collaboration

- Qualifications and competency of direct service staff

- Family participation

- Team composition/duties

- Relevant education

- Clinical supervision

- Assistance with advocacy and support groups

- Effective information sharing

- Arrangement of provision of appropriate services

- Gathering customer satisfaction information

Recommendations
A.9.d.

It is recommended that the programs implement policies and written procedures for collaboration and decision making through setting time lines for the exchange of information.

A.20.a. through A.20.i.

Although some programs are implementing a documented supervision practice, it is recommended that all programs ensure that documented ongoing supervision of direct service personnel includes accuracy of assessment; proficiency of referrals; appropriateness of services; service effectiveness; the provision of feedback; issues of ethics, legal requirements, boundaries, self-care, and secondary trauma; service documentation issues identified through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices.

A.25.a.(1)(a)
A.25.a.(1)(b)
A.25.a.(2)(c)

It is recommended that the programs implement policies and procedures on the handling of prescription medicine brought into the programs by personnel and the persons served.

Consultation

- The participant handbook could benefit from including key community resources, such as crisis intervention phone numbers.

B. Screening and Access to Services

Principle Statement

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

Key Areas Addressed

- Policies and procedures defining access

- Waiting list criteria

- Orientation to services

- Primary assessment

- Interpretive summary

Recommendations

B.1.a. through B.1.b.(3)

It is recommended that all of the programs ensure that they implement written policies and procedures that define access to services to include how admissions will be prioritized, who is responsible for making admission decisions, and what criteria create ineligibility.

B.2.d.

For the persons served to make informed choices about services, it is recommended that each program consistently provide information regarding the disclosure of any potential conflicts of interest.

B.6.a. through B.6.d.

It is recommended that each program ensure that it has written procedures for its waiting list that include information documenting the person's needs, including severity, and length of time on the list. The waiting list should be maintained through continual review and updating of the list and contact with the persons on the list that is documented.

B.7.e.(1)(d)

It is recommended that all programs consistently include the code of ethics in the documented orientation with families.

B.11.a.(23)
B.11.a.(25)(b)(ii)
B.11.a.(25)(b)(iii)
B.11.b.(14)(a)
B.11.b.(14)(b)

It is recommended that the primary assessment gather sufficient information to develop an individualized, person-centred plan for each person served that consistently includes relevant information on immunization. This could be accomplished through a narrative documenting any past complications or as an attached list. It is recommended that the language in the assessments consistently and clearly ask to identify examples of any behaviour of concern that include fire setting or cruelty to animals. It is also recommended that the assessments consistently include a question or indicator focused on historical abuse or neglect. It is suggested that a reference to this topic be added to the Significant Events question.

Consultation

■ It is suggested that the orientation manual include the phone numbers for access to after-hour services.

■ It is suggested that the Moving Towards Independence document be included in the orientation materials.

■ The PDCRS assessment could benefit from the development of a training or case study to help with the consistent application by the staff of the assessments.

■ It may be beneficial to include in the organization's intake assessment a clearly labelled question focusing on prenatal exposures; alternatively one could include additional examples in the Pregnancy and Birth History question.

C. Individualized Plan

Principle Statement

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

Key Areas Addressed

■ Participation of child/youth in preparation of individual plan

■ Components of individual plan

■ Coordination of services for child/youth

■ Co-occurring disabilities/disorders

■ Content of program notes

Recommendations
C.2.a.(1)
C.2.a.(5)(a)
C.2.a.(5)(b)
C.2.c.(1) through C.2.e.

It is recommended that, at a minimum, the primary goal be expressed consistently in the words of the person served. It is suggested that programs explore online webinars on this subject. It is recommended that the individual service plan consistently complete the section on the child's strengths and needs. It is recommended that the individual service plan consistently include information and frequency on the specific interventions to be used, the estimated duration of services, and information on or conditions for transition to other services.

Consultation

■ It is suggested that programs clearly identify time frames in order to support consistent reviews of the individualized plan.

D. Transition/Discharge

Principle Statement

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

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

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

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

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

Key Areas Addressed

■ Transition/discharge planning

■ Components of transition plan

■ Follow-up after program participation

Recommendations

D.2.b.

It is recommended that transition discharge planning be consistently included in the planning and service delivery process. Including transition related goals on the monthly progress report could help to meet this standard.

D.4.a.

It is recommended that a written transition plan be consistently prepared or updated when a person served is transferred to another level of care, another component of care, or an aftercare program, or prepares for reunification or a planned discharge.

E. Medication Use

Principle Statement

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

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

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

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

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

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

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

Key Areas Addressed

■ Individual records of medication

■ Physician review

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

■ Training regarding medications

■ Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

F. Non-violent Practices

Principle Statement

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

■ Engagement

■ Partnership—power with, not over

■ Holistic approaches

■ Respect

■ Hope

■ Self direction

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

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

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

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

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

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

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

Key Areas Addressed

- Training and procedures supporting non-violent practices

- Policies and procedures for use of seclusion and restraint

- Patterns of use reviewed

- Persons trained in use

- Plans for reduction/elimination of use

Recommendations

There are no recommendations in this area.

G. Records of the Person Served

Principle Statement

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

Recommendations

G.1.c.

It is recommended that the organization ensure that the individual record is complete. The organization is strongly encouraged to ensure that all forms are complete.

G.3.c.(3)

G.3.e.

It is recommended that information about the person to contact in the event of an emergency include the telephone number. It is recommended that each program ensure that it documents the location of any other records. The organization is encouraged to identify which items are a part of the main record versus collateral documentation shared from other providers.

G.4.

It is recommended that entries to the records of the person served consistently follow the organization's policy that specifies time frames for entries.

Consultation

■ Any program that creates a case note, specifically the Child and Youth Care programs, could benefit from consistent application of best practices for including original or electronic signatures.

H. Quality Records Review

Principle Statement

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

Key Areas Addressed

■ Focus of quarterly review

■ Use of information from quarterly review

Recommendations

H.1.a.

It is recommended that the records review identify the quality of service delivery as evidenced by the record of the person served. A clinical peer could participate in the quality records review in order to strengthen the review from a quality point of view.

SECTION 3. CHILD AND YOUTH SERVICES CORE PROGRAM STANDARDS

E. Child/Youth Day Care

Principle Statement

A child/youth day care program provides care, development, and supervision for an identified portion of the day. Services are provided to children/youths temporarily entrusted to the program during the parent's/caregiver's involvement at work, school, or other short-term activity. Day care programs may be located in a freestanding facility or in a designated area within a school or other community setting.

Key Areas Addressed

■ Training of providers

■ Program activities

■ Administration of medication

■ Parental consent

■ Information provided to parents

Recommendations
E.11.a.
The organization should ensure that written consents for health care by parents or legal representatives are consistently completed.

Consultation

■ It is suggested that the program document/map how different job descriptions and personnel receive or will receive training prior to hire, at orientation, or within a specified time frame. This could help identify gaps in the curricula that the program feels are invaluable for each staff member to possess.

I. Counselling

Principle Statement

Counselling programs provide services that include, but are not limited to, individual, group, and family counselling and psychoeducation. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Counselling programs may address a variety of needs, including, but not limited to, problem resolution, situational stressors, family relations,

interpersonal relationships, behaviour management, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and internet), eating or sexual disorders, and the needs of victims of abuse/neglect, domestic violence, or other trauma(s).

Key Areas Addressed

■ Service modalities

■ Evidence-based practice

Recommendations

There are no recommendations in this area.

N. Diversion/Intervention

Principle Statement

Diversion/Intervention programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem. Diversion programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Within the child welfare field, examples include alternative response, differential response, or multiple response systems. Diversion/Intervention programs may serve persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

Diversion programs may include programs such as juvenile justice/court diversion, substance abuse diversion, truancy diversion, DUI/OWI classes, report centres, home monitoring, after-school tracking, anger management, and building healthy relationships.

Intervention programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems.

■ Personnel qualifications

■ Public awareness

■ Appropriate program activities

■ Program strategies

Recommendations

There are no recommendations in this area.

O. Early Childhood Development

Principle Statement

An early childhood development program promotes healthy physical, mental, and emotional development of the child. Early childhood development programs provide services and resources that assist the parent(s) to identify and accept responsibility for the management of their child's health and development. Services may be provided in congregate or community settings or in a home setting and include education, training, and hands-on support. Services are directed to identified families and children, and are designed to optimize development, functioning, and resilience; and prevent developmental delay. Such programs may also engage families, child care providers, and communities in planning for and providing inclusive child care in community settings that support the child's developmental goals.

These standards are aligned with the implementation of Quality Rating Improvement Systems (QRIS) utilized by many states in the U.S. to assess, improve, and communicate the quality of services in early childhood development programs.

Early childhood development programs seeking accreditation are encouraged to use the CARF standards and the identified state QRIS when developing and providing services.

Key Areas Addressed

■ Collaborative services

■ Provider training

■ Adequate supervision of children while participating

■ Parent training

Recommendations

There are no recommendations in this area.

Consultation

■ The program could benefit from documenting/mapping how different job descriptions and personnel receive or will receive training prior to hire, at orientation, or within a specified time frame. This could help identify gaps in the curricula that the program feels are invaluable for each staff member to possess.

T. Intensive Family-Based Services

Principle Statement

Intensive family-based services are provided in a supportive and interactive manner and directed towards maintaining or restoring a healthy family relationship and building and strengthening the capacity of families to care for their children. The services are time limited and are initially

intensive, based on the needs of the family. The services demonstrate a multisystemic approach and have a goal of keeping families together or supporting reunification. The services may include wraparound and family preservation type programs.

Key Areas Addressed

■ Services provided

■ Access to professionals

■ Clinical supervision

Recommendations
T.5.
It is recommended that the program ensure that families have access to a consistent team 24 hours a day, seven days a week by providing them with contact numbers for the after-hours Ministry of Children and Family Development team.

V. Promotion/Prevention

Principle Statement
Promotion/prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Promotion/prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse/neglect, exposure to and experience of violence in the home and community, and to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings. Programs that offer training to current or future child/youth personnel are also included.

Key Areas Addressed

■ Personnel qualifications

■ Public awareness

■ Appropriate program activities

■ Program strategies

Recommendations

V.8.a.

It is recommended that the organization use an expert advisory committee to steer the content of the training curricula. It is suggested that the committee could have a potential composition of early childhood education (ECE) instructors, senior ECE staff, and a licensing officer.

PROGRAMS/SERVICES BY LOCATION

Penticton and District Community Resources Society

330 Ellis Street
Penticton BC V2A 4L7
CANADA

Diversion: Psychosocial Rehabilitation (Adults)

Counselling (Children and Adolescents)
Diversion/Intervention (Children and Adolescents)
Early Childhood Development (Children and Adolescents)
Intensive Family-Based Services (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)

Governance Standards Applied

Residential Services II

2450 Baskin Street
Penticton BC V2A 6R2
CANADA

Community Housing

Residential Services I

2434 Baskin Street
Penticton BC V2A 6R2
CANADA

Community Housing

Inclusion Services - Paper Shuffle

1140 Commercial Way
Penticton BC V2A 3H5
CANADA

Community Integration

Hand in Hand Infant Toddler Centre

158 Eckhardt Avenue
Penticton BC V2A 1Z3
CANADA

Child/Youth Day Care (Children and Adolescents)

Little Triumphs Early Childhood Centre

500 Edmonton Avenue
Penticton BC V2A 2H2
CANADA

Child/Youth Day Care (Children and Adolescents)

After School Program - 1

470 Edmonton Avenue
Penticton BC V2A 2H2
CANADA

Child/Youth Day Care (Children and Adolescents)

Tuc El Nuit Childcare

6648 Park Drive
Oliver BC V0H 1T0
CANADA

Child/Youth Day Care (Children and Adolescents)

School Based Supports - Connect Ed

274 Eckhardt Avenue
Penticton BC V2A 1Z2
CANADA

Diversion/Intervention (Children and Adolescents)

School Based Supports - Princess Margaret AIM

120 Green Avenue West
Penticton BC V2A 3T1
CANADA

Diversion/Intervention (Children and Adolescents)

Osoyoos Elementary Preschool

8507 68th Avenue
Osoyoos BC V0H 1V0
CANADA

Child/Youth Day Care (Children and Adolescents)

After School Program - 2

330 Power Street
Penticton BC V2A 5X2
CANADA

Child/Youth Day Care (Children and Adolescents)

Columbus Park 0-3

2575 South Main Street, Suite 137
Penticton BC V2A 5J4
CANADA

Child/Youth Day Care (Children and Adolescents)

Columbus Park 3-5

2575 South Main Street, Suite 101
Penticton BC V2A 5J4
CANADA

Child/Youth Day Care (Children and Adolescents)

Oliver High School Childcare

6035 Spartan Street
Oliver BC V0X 1T0
CANADA

Child/Youth Day Care (Children and Adolescents)

Residential Services III

154 McPherson Crescent
Penticton BC V2A 2N8
CANADA

Community Housing

Cawston Childcare

517 School Road
Cawston BC V0X 1C0
CANADA

Child/Youth Day Care (Children and Adolescents)