



**SURVEY OUTCOME**  
**Three-Year Accreditation**

**CARF**  
**Survey Report**  
**for**  
**Penticton and District**  
**Community Resources**  
**Society**

## Organization

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

## Organizational Leadership

Tanya Behardien, Executive Director

## Survey Dates

June 22-24, 2011

## Survey Team

Michael H. Powers, Administrative Surveyor

Andrzej Nowak, M.Ed., Program Surveyor

Kathleen Menzler, Program Surveyor

Catherine G. Griffin, RN, MHP, Program Surveyor

## Programs/Services Surveyed

Community Services: Community Housing  
Community Services: Community Integration  
Community Services: Community Services Coordination  
Community Services: Host Family Services  
Community Services: Supported Living

Child/Youth Day Care (Children and Adolescents)  
Counselling (Children and Adolescents)  
Early Childhood Development (Children and Adolescents)  
Prevention/Diversion (Children and Adolescents)  
Support and Facilitation (Children and Adolescents)

*Governance Standards Applied*

## Previous Survey

June 23-25, 2008  
Three-Year Accreditation



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## Survey Outcome

Three-Year Accreditation

Expiration: June 2014

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## SURVEY SUMMARY

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

- PDCRS is a diverse, multi-service non-profit organization that offers a wide range of services and resources to individuals, families, and communities throughout the South Okanagan/Similkameen area. The organization provides over twenty programs and services through the support of government contracts, grants, fee for service, and a variety of local, provincial, and national donors.
- The organization has been an important resource in the Penticton community since 1966. It has a history of researching community needs, bringing together groups of individuals to help solve community problems, disseminating information, and developing programs that improve the quality of life of people in Penticton.
- Since its last CARF survey, PDCRS has experienced a change in leadership. The former executive director retired and a new executive director was hired in October of 2008 from within the province of British Columbia. This leadership change appears to have resulted in a smooth transition as the organization continues to be a leader in providing children, youth, and adult services in a diverse range of communities.
- PDCRS has strong leadership that embraces the mission, vision, and values of the organization. With the support of a competent board of directors, the executive director provides vision, leadership, direction, and structure to the organization. The new leadership has empowered staff to make decisions leading to change, creativity, and having a voice in the organization's management. In the organization's day-to-day operations, the executive director's leadership is respected by and visible to persons served and personnel throughout the organization.
- The leadership has developed a strategic plan that includes prioritized outcomes that provide direction and guidance to the management team.
- PDCRS is financially solvent and makes good financial decisions to ensure its long-term stability. A foundation has also been established to help support the organization's future financial needs.

- The organization has an excellent reputation in the community. There are numerous examples of collaboration and cooperation with schools and other agencies, which have led to valued partnerships in the provision of services to the community.
- The organization is committed to delivering accessible services throughout rural areas, remote towns, and First Nations communities. For over 44 years, PDCRS has been developing services and resources that meet the needs of its diverse communities. Partnerships have been an inherent and valuable part of its history.
- PDCRS uses a person-centred, holistic approach to services that ensures that persons served and families have the necessary services and supports to be successful in all phases of their lives.
- The organization has comprehensive well-written policies and procedures that communicate to personnel the manner in which services are to be provided. These policies are available to board and staff members on the organization's website.
- PDCRS has an excellent website, which not only includes comprehensive information about the organization such as its services, mission, vision, goals, and client rights and responsibilities, but also resources such as a community services directory, which began in the spring of 1972, through the financial assistance of a Local Initiatives Program (LIP) grant.
- The organization has an active safety program that ensures that programs and services are provided in healthy and safe environments for all persons served. Emergency procedures are in place, and plans are tested to make improvements or affirm current practices.
- The organization has developed a culture of respect and learning, personal development, growth, and support for the persons served and staff members. One of the employees stated, "I am proud to tell people who I am working for."
- Staff members present themselves as extremely caring, passionate, and committed individuals working as a team to provide the best services possible. Staff members are very responsive to accommodating the unique and often complex needs of the persons served. They interact with the persons served in a meaningful and respectful manner.
- Staff members state positive outcomes for the persons served that include better social functioning, new skills, and greater independence and also indicate positive changes in the community, such as increased acceptance. The organization has a positive presence in the community; persons served participate in activities and events, use community resources, and provide valuable contributions. In a way, the community integration facilitated by the organization is more of being a community rather than going into the community.
- The organization's staff members work hard to provide the program components that interlock and blend together to form cohesive, consistent programs designed to meet the needs of children and youth and fully equip them to meet life's challenges in a responsible, acceptable manner.
- Families served state that staff members are very supportive and passionate and always go above and beyond what is required of them.
- The enthusiasm and passion with which staff members do their work is impressive and infectious. The executive director and staff members are committed to the organization's mission, ultimately leading to successful service delivery and outcomes for all stakeholders, including staff.

- The staff members who comprise the day care and after-school programs are compassionate individuals who provide a meaningful experience to all children via self-directed, supervised play and structured daily activities.
- The organization works to accommodate the many unique needs of the persons served to make their lives easier and safer; there are also many attempts to make the environments more understandable to the persons served. Examples include adapted emergency escape charts, a poster presenting the steps of the grievance procedure, and accessible bathrooms and ramps.
- The organization offers a very wide spectrum of community programs for persons with different support levels.
- PDCRS has played an active role in the development of the comprehensive study, *Measuring Up Penticton: A Study of Accessibility & Inclusion*. This report includes the stories and visions for change that will make Penticton a city that welcomes diversity and that is accessible for persons with disabilities or who are disadvantaged by socio-economic and other factors in order for them to enjoy an enriched quality of life.
- Seventh- and eighth-grade students in the Penticton Alternate School (PAS) Program not only identify problem areas for themselves and set individualized realistic goals, but they also participate in special events such as cooking, sewing, digital photography, fly tying, foosball, hockey, and wood shop activities. The Princess Margaret Alternate Instruction at Maggie (AIM) program serves grades nine through twelve and does a good job of engaging youth and providing them with educational and emotional support. The program also works with youth in the community and transports them to physician's appointments, when needed.
- Parents of children served in Supported Child Development Program spoke highly of how their child has improved because of these services. Through the one-on-one support in day care centres, children with developmental disabilities learn to speak, become potty trained, and develop other skills. Parents also expressed how important the support and intervention were, whether in-home or in the community, in positively affecting the family's ability to cope with the child's disability.
- The Fetal Alcohol Spectrum Disorder (FASD) group appears to be an excellent resource for adoptive and foster parents. The services include education, peer support, information sharing, and parent-to-parent support.
- Youth interviewed who are being served in the Sexual Abuse Intervention Program were highly complimentary of the difference that the services have made in their lives. One young woman stated she has moved past being a victim and now feels she leads a much more normal life.
- The Integrated Family Development Program is a strong service that includes counselling, support, parent education, conflict resolution, family group conferences, and community connections for children, youth, and families in order to improve family functioning and develop positive life skills.
- PDCRS encourages and optimizes the child's family resilience, the permanence and stability of the family, the connection of the family to its community, and the connection of the family to its culture. Program staff members live by this important philosophy and demonstrate exemplary performance in this area.
- The amount of documentation included in the day care and after-school programs exceeds the requirements of licensure and accreditation, which increase the availability of accurate and relevant information.

- The sites in which the day care and after-school programs are located are conducive to learning and afford all children the structure and safety necessary to learn and grow.

**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 is providing services that are highly valued by persons served, family members, and referral sources. Stakeholders report a high level of satisfaction with these services. The organization is well respected in the community and actively seeks input from persons served and other stakeholders. PDCRS demonstrates substantial conformance to the CARF standards. The recommendations noted in the body of this report are scattered throughout the organization's operations, and the organization appears to have the resources, expertise, and desire to address these recommendations on a timely basis. Areas for improvement should be accomplished as soon as possible in order to improve service delivery and operations. In many cases, these areas involve the development of written policies for practices already in place and followed by the organization. Other areas pertained to written reports, analysis of information obtained, and documentation of how information is utilized to affirm current practices or assist the organization in continuous quality improvement. PDCRS is further encouraged to monitor its operations, ensure ongoing conformance to the CARF standards and policies, and continue to use the standards as tools to improve its service delivery operations. Care should be taken to see that future revisions of the CARF standards are used in developing the organization's policies and procedures and new services.

Penticton and District Community Resources Society has earned a Three-Year Accreditation. The board, administration, and staff members are commended for this accomplishment and are encouraged to continue to their efforts, in cooperation with other community services, to provide quality services to persons served and families in the community.

## **SECTION 1. ASPIRE TO EXCELLENCE<sup>®</sup>**

### **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
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## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- It is suggested that the organization consider developing a position or entity responsible for quality assurance to ensure that continuous quality improvement activities remain on track and at the forefront of the management team's decision making.
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## **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
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## **Recommendations**

### **B.2.c.(7)**

### **B.2.c.(8)**

It is recommended that the board of directors complete an annual self-assessment of the entire board and that it complete periodic self-assessments of individual members.

## **Consultation**

- The board and administration have been investigating the possibility of a name change for the organization to assist with branding and marketing efforts. They are encouraged to continue these discussions.
  - The organization has been investigating additional ways to increase its fundraising efforts. However, these responsibilities currently fall on existing staff members of the organization. It is suggested that the administration follow through with its plans to hire for a part-time position to take the lead in fundraising, branding, and marketing efforts.
  - It is suggested that the board of directors review its executive limitations policy for the executive director as it appears to be rather restrictive for a not-for-profit organization of its size.
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## **C. Strategic Integrated Planning**

### **Principle Statement**

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

### **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

## Consultation

- The organization has a five-year strategic plan that has been approved by the board of directors. The plan includes proposed strategies, short-term activities, and actions taken in meeting goals. It is suggested that the plan be updated on an ongoing basis to include the dates when objectives are met.
  - It is suggested that the organization include the Children and Family Development - Province of British Columbia website in its written procedures for registering complaints. The website address is [www.gov.bc.ca/mcf](http://www.gov.bc.ca/mcf). The written procedures could also include the 24-hour Helpline for Children number; accessible from anywhere in British Columbia.
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## 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
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### Recommendations

There are no recommendations in this area.

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## E. Legal Requirements

### Principle Statement

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

### Key Areas Addressed

- Compliance with all legal/regulatory requirements

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## Recommendations

There are no recommendations in this area.

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## 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
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## Recommendations

There are no recommendations in this area.

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## 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

- A website that may serve as a helpful resource for the organization is *www.nonprofitrisk.org*, which offers an easy-to-use and affordable online tool that walks the user through the steps of creating a custom risk management plan for the user's non-profit organization.
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# 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

### H.13.a. through H.13.e.

Tests of all emergency procedures are conducted in each service location; however, some of the locations are posting when the tests are scheduled to take place. The organization, perhaps through its safety committee, should ensure that tests of all of the organization's emergency procedures are unannounced and conducted at least annually on each shift. All tests should include complete actual or simulated physical evacuation drills, be documented in writing, be analyzed for performance improvement, and result in improvement of or affirm satisfactory current practice. Although the organization has developed emergency procedures for its sites, it might also consider reviewing

information available through several website resources that provide advice for creating and maintaining an overall emergency management plan(s). For example, free copies of emergency procedures may be requested from [www.disabilitypreparedness.org](http://www.disabilitypreparedness.org). Other resources include the Disaster Recovery Information Emergency Preparedness Canada at [www.publicsafety.gc.ca](http://www.publicsafety.gc.ca), for provincial or territorial emergency measures, the Canadian Centre for Emergency Preparedness at [www.ccep.ca](http://www.ccep.ca), and the Canadian Red Cross at [www.redcross.ca](http://www.redcross.ca).

## Consultation

- At the organization's administrative location on Ellis Street, it was observed that many of the hallways were being utilized for storage space. This could represent a hazard when evacuating the facility during an emergency. It is suggested that the safety committee review this potential safety issue and determine if a more suitable location could be used for storage.
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## 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.d.(5)

The organization has a system in place to conduct performance evaluations for all staff on an annual basis. However, during the personnel file review, it was observed that a number of employees were missing annual performance evaluations, some of which had not been conducted in more than two years. When this was brought to the attention of the organization, some of the reviews were located as they had not been filed in the appropriate personnel file. It is recommended that the organization ensure that annual performance evaluations are conducted on all personnel and evident in the appropriate personnel files. It is suggested that PDCRS develop a tracking system for annual

performance evaluations and other human resource information to better assist it in ensuring that all required information is completed in a timely manner and filed in the appropriate personnel files of employees.

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## **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
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### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- Although the organization has a nice, comprehensive website, the website could also be used for feedback from persons served, funders, and other stakeholders. Some innovative and affordable survey resource applications are available online and include FluidSurveys, SurveyMonkey™, Zoomerang®, and mySurveyLab.
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## **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

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## **Recommendations**

### **K.2.d.**

It is recommended that the organization's policies promoting the rights of the persons served specify the right of access to information pertinent to the person served in sufficient time to facilitate his or her decision making.

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## **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**

### **L.3.a. through L.3.c.(2)**

The organization has an accessibility plan that identifies potential barriers to services with time lines and actions for the removal of barriers. It is recommended that the organization prepare an annual written status report about the removal of barriers that includes progress made in the removal of identified barriers and areas for improvement.

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## **M. Information 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

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## Recommendations

There are no recommendations in this area.

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## 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

### N.1.a. through N.1.c.(3)

An analysis of the performance indicators in relation to performance goals should be completed at least annually for both business functions and service delivery of each program seeking accreditation. For service delivery, it should include an analysis of the effectiveness and efficiency of services, service access, and satisfaction and other feedback from persons served and other stakeholders. The analysis should also identify areas for performance improvement, result in an action plan to address the improvements needed to reach established or revised performance goals, and outline actions taken or changes made to improve performance.

### N.2.a. through N.2.c.(2)

Information from the annual performance analysis should be used to review the implementation of the mission and core values of the organization, improve the quality of programs and services, and facilitate organizational decision making and strategic planning.

### N.3.a. through N.3.c.

Performance information should be shared in format(s) that are useful to the persons served, personnel, and other stakeholders. This could be done in a variety of ways, including publishing regular information about outcomes in a newsletter, putting information on the organization's website, and sharing it in meetings with persons served, other stakeholders, personnel, and the board of directors.

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## 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
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#### Recommendations

##### A.3.b.

##### A.3.c.

The organization documents eligibility criteria for all community services, transition procedures for day programs and residential services, and a termination procedure due to discipline only. It is recommended that PDCRS also document the transition criteria and exit criteria for all programs and services provided. The organization might consider including these criteria in the consumer handbook and have this information available in understandable formats for the persons served. Transition and exit criteria could also be explained and/or reviewed during service planning meetings or regular meetings between staff and persons served.

#### Consultation

- The organization publishes and distributes informational brochures containing parameters regarding the scope of services for all programs offered within its community services. It is suggested that the brochures be dated when developed or updated.
  - The organization provides information about itself using a variety of means, including the consumer handbook. It is suggested that the organization involve persons served, their families or guardians, staff, and other stakeholders in determining the content of the handbook and finding innovative ways to make the content understandable to everyone interested in the organization's services. The organization might consider different printed versions, video, or audio formats.
  - Persons served have the right to access their own records, and the organization's policy regarding the Release and Access of Records to Participants specifies the process and its conditions. It is suggested that the policy also be included in the consumer handbook so it is available to persons served at all times and can be reviewed with them on a regular basis.
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## **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**

- Complete, confidential records are maintained
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### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- Although the organization's policy regarding service plans states that the goals, objectives, and strategies should reflect the unique strengths, needs, and preferences of the persons served, the review of the plans indicate that this approach is not always fully implemented. It is suggested that the key workers responsible for supporting persons served in developing their plans review current proven practices, such as those published or posted on the Internet, and utilize methodology that results in plans that are as person-centred and individualized as possible. It is also suggested that more information regarding service planning be provided to the persons served so they have more opportunities to develop and increase their skills in identifying personal goals and become even more involved in the process. In addition, the key workers are encouraged to ensure that more precise measures are developed for each objective and that tracking mechanisms are simplified and document only specific data necessary to assess progress towards goals. The organization might consider including information regarding person-centred planning in the consumer handbook to make this information readily available to all persons served. Although plans are explained to persons served, it is further suggested that the organization explore developing an individualized service plan that uses formats and means that might be more understandable to the persons served.
- The organization's own policy on diversity stresses the importance of cultural backgrounds as motivators and factors in social life. However, the pre-planning assessment tools in many cases mark this category as not applicable (N/A) or do not record any relevant information. The organization is encouraged to use a broader definition of a cultural background and formally record the collected information so it could be used in a person-centred planning process.

- The organization is complimented for using CARF standards in the service planning process. However, it is suggested that the pre-planning assessment tool be refined and expanded to collect more specific information such as each person’s unique strengths, abilities, preferences, desired outcomes, and cultural backgrounds.
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## C. Medication Monitoring and Management

### Principle Statement

These standards apply only to programs that are responsible for monitoring and/or managing medications for the persons served.

### 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
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### Recommendations

There are no recommendations in this area.

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## F. Community Services Principle Standards

### Principle Statement

The standards in this subsection assert basic principles that should be demonstrated by any organization seeking accreditation in the area of community services.

### Key Areas Addressed

- Access to community resources and services
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### Recommendations

There are no recommendations in this area.

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## SECTION 4. COMMUNITY SERVICES

### Principle Statement

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

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

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

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.

### B. Community Services Coordination

#### Principle Statement

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

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

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

## **Key Areas Addressed**

- Community opportunities provided
  - Goal-oriented and systematic process of advocacy
  - Coordination of services
  - Formation of linkage with community resources and services
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## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- It is suggested that the My Participation Plan format be used for planning services.
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## **E. 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
- Vocational pursuits
- Development of work attitudes
- Employment activities

- Volunteerism
- Educational and training activities
- Development of living skills
- Health and wellness promotion
- Orientation, mobility, and destination training
- Access and utilization of public transportation
- Interacting with volunteers from the community in program activities
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centres, arts councils, etc.)

### **Key Areas Addressed**

- Opportunities for community participation
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### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- Persons served in the community integration programs are involved in a variety of valuable social activities of their choice, and staff of these programs report positive outcomes achieved by them. It is suggested that staff members support the persons served to a greater degree in identifying outcomes and including them as goals in service plans.
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## **H. Host Family Services**

### **Principle Statement**

Host family services are provided under a contract or agreement to provide a home for a person served, regardless of age. These placements tend to be long-term in nature.

### **Key Areas Addressed**

- Appropriate matches of non-family participants with homes
- Contracts that identify roles, responsibilities, needs, and monitoring
- Needed supports

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## Recommendations

### H.4.f.

It is recommended that the host family contracts be expanded to identify the evaluation criteria. These criteria might be developed together by the service providers, persons served, and the organization.

---

## J. 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.

---

## **K. Supported Living**

### **Principle Statement**

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

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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**Standards from the *2010 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 children/youths served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the child/youth served span the entire time that the child/youth served is 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 child/youth served. The child/youth served has 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 child/youth 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.

### **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
  - Qualifications and competency of direct service staff
  - Family participation
  - Team composition/duties
  - Relevant education
  - Clinical supervision
  - Assistance with advocacy and support groups
- 

### **Recommendations**

#### **A.20.e.**

It is recommended that the policies and procedures address positive approaches to behavioural interventions, including development of a personal safety plan for each child/youth served on an individual basis, when indicated. A number of participant charts revealed individuals who had experienced sexual abuse; suicide attempts; self-injurious behaviours, including cutting; alcohol abuse; marijuana use; and/or sexually promiscuous behaviours; however, there was no evidence of a personal safety plan.

---

## **B. Child- and Family-Centred Care**

### **Principle Statement**

Child and family-centred care includes the following:

- Recognition that, when possible, the family is the constant in the child's life, while the service systems and personnel within those systems fluctuate.
- Facilitation of parent-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/families.
- Recognition of child/youth/family strengths and individuality and respect for different methods of coping.
- Understanding and incorporating the developmental needs of children/youths/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/families.

### **Key Areas Addressed**

- Collaborative partnerships
  - Child/youth/family role in decision making
  - Policies and procedures that facilitate collaboration
  - Effective information sharing
  - Arrangement or provision of appropriate services
  - Gathering customer satisfaction information
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It is suggested that advocacy information, including telephone numbers, be posted at all facilities; included in all appropriate policies and procedures; and included on forms, such as complaint/grievance forms. Advocacy information could include not only a privacy officer at the organization, but also the province of British Columbia website, [www.gov.bc.ca/mcf](http://www.gov.bc.ca/mcf).
-

## C. Screening and Access to Services

### Principle Statement

The process of screening and assessment is designed to maximize opportunities for the child/ youth served to gain access to the organization's programs and services. Each child/youth 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 child/youth served. Assessment data may be gathered through various means, including face-to-face contact, telepsychiatry, or from external resources.

### Key Areas Addressed

- Policies and procedures defining access
  - Waiting list criteria
  - Orientation to services
  - Primary assessment
  - Interpretive summary
- 

### Recommendations

#### C.2.c.

Although most entry criteria are listed in program descriptions and exclusionary criteria may be inferred, they are not specifically included in written admission and readmission criteria. It is recommended that the documentation be expanded to include exclusionary criteria.

#### C.7.e.(4)(a) through C.7.e.(4)(c)

#### C.7.e.(5)(c)

#### C.7.e.(6)(b)(iv)

It is recommended that each child or youth admitted to services receive an orientation that includes a copy of the program rules that identifies any restrictions the program may place on the child or youth; events, behaviours, or attitudes that may lead to the loss of rights or privileges for the child or youth; and means by which the child or youth served may regain rights or privileges that have been restricted. It is also recommended that the orientation include information on legal drugs brought into the program and administrative discharge criteria.

#### C.11.q.

The primary assessment should include information regarding the efficacy of current or previously used medication.

#### C.12.b.(1) through C.12.b.(3)

The primary assessment should result in the preparation of an interpretive summary that is based on the assessment data, be used in the development of the individual plan, and identify any co-occurring disabilities or disorders that should be addressed in the development of the individual plan.

## Consultation

- Although the admission or entry criteria are clearly written in most program descriptions, a few could be improved. For example, Integrated Family Services reads, referrals from “self, community and MCFD (Ministry of Children and Family Development)” are considered by a screening committee; however, the description does not clearly list the criteria used in decision making. In addition, although school staff members determine eligibility for Penticton Alternate School and Princess Margaret AIM programs, some basic criteria could be included in the program description.
- 

## D. Individual Plan

### Principle Statement

Each child/youth 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 his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the child/youth and family served, as well as identified challenges and problems. The term *child/youth served* is used in a broad context to include family members or other legal representatives, when applicable. 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

### D.1.a.

### D.1.e.

### D.1.g.

It is recommended that the individual plan be developed with the active participation of the child or youth served and be prepared using the information from the primary assessment and interpretive summary. In addition, it is recommended that the plan consistently identify any needs beyond the scope of the program and specify referrals for additional services.

### **D.2.a.(1)**

### **D.2.f.(1) through D.2.f.(5)**

It is recommended that the goals in the individual plan be consistently expressed in the words of the child or youth and/or family served. It is further recommended that, when applicable, a personal safety plan be completed as soon as possible after admission that identifies triggers, including assessment of the risk for dangerous behaviours, current coping skills, warning signs, preferred interventions, and advance directives, when available.

### **D.9.a.**

### **D.9.b.**

When a child or youth served has co-occurring disabilities or disorders, the individual plan should specifically address those issues in an integrated manner. The services should be provided by personnel, either within the organization or by referral, who are qualified to provide services for children or youth with co-occurring disabilities or disorders.

## **Consultation**

- Although the individual plan is not part of the day care accreditation, when a goal planning sheet is included in the file of the person served, the organization is encouraged to review and update it every six months to keep within the organization's policies.

---

## **E. Transition/Discharge**

### **Principle Statement**

Transition, continuing care, or discharge planning assists the child/youth 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 child/youth 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 child/youth 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, the transition services are critical for the support of the individual's ongoing well-being. The organization proactively attempts to contact the child/youth 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

### E.4.d.(5)

The written transition plan should consistently include referral source information, such as contact name, telephone number, locations, hours, and days of services, when applicable.

### E.11.a. through E.11.d.

When an unplanned transition or discharge occurs, follow-up should be conducted to provide necessary notifications, when possible; to determine with the child or youth served whether further services are needed; and to offer or refer to needed services within 72 hours.

---

## F. Medication Use

### Principle Statement

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to children/youths 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 toward maximizing the functioning of the children/youths 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 child/youth 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 child/youth served.

Self administration is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the child/youth served, to his/her body; and may include the organization storing the medication for the child/youth served, or may include staff handing the bottle or blister-pak to the child/youth served, instructing or verbally prompting the child/ youth served to take the medication, coaching the child/youth served through the steps to ensure proper adherence, and closely observing the child/youth 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 child/youth served (or family/legal guardian), in the preparation & 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**

#### **F.5.e.(1) through F.5.e.(3)**

#### **F.5.h.**

#### **F.5.i.**

#### **F.5.l.**

It is recommended that the written procedures include a review of past medication use, including effectiveness, side effects, and allergies or adverse reactions; use of medications by women of childbearing age; use of medications during pregnancy; and, when applicable, documented assessment of abnormal involuntary movements at the initiation of treatment and every six months thereafter for children or youth receiving typical antipsychotic medications.

### **Consultation**

- PDCRS has good medication policies and procedures. Leadership staff members have also developed a comprehensive medication PowerPoint® presentation that is used for training. It is suggested that the policies and procedures also contain the information that is included in the PowerPoint presentation.
- It is suggested that the policies include whether or not trained, not licensed, staff members may administer intramuscular, intravenous, and/or rectal medications.
- It is suggested that the policies and procedures include under what conditions medications may be “held”; e.g., for laboratory work, toxicity.
- It is suggested that, before medications are documented on the Medication Administration Record (MAR), they be verified against a copy of the physician’s orders.

- It is suggested that the medication policies be specific; for example, include medications requiring refrigeration to be kept in a refrigerator that maintains the medication at a temperature between 36 degrees Fahrenheit (2.22 degrees Celsius) and 46 degrees Fahrenheit (7.77 degrees Celsius). It is suggested that a temperature log be maintained, as appropriate. In addition, it is suggested that the medication policies and procedures be more specific in how controlled medications will be safely maintained. Examples include double-locking and the counting of controlled medications.
  - Although PDCRS policies and procedures include information on as-needed (prn) and over-the-counter (OTC) medications, it is suggested that participants have the prescriber list the prn and OTC medications that the individual may safely receive based on current medications prescribed to him or her.
- 

## **G. Nonviolent Practices**

### **Principle Statement**

Programs strive to be learning environments and to support children/youths 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 environment, 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 child and youth 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 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 child/youth served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behaviour, 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 child/youth served to a segregated room with the child's/youth'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 child/youth 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 child/youth 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.

---

## H. Records of the Child/Youth 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 child/youth served.

### Key Areas Addressed

- Confidentiality of records
  - Communication of information in record
  - Duplicate records or information
  - Components of records
- 

### Recommendations

#### H.3.f.

#### H.3.h.(1)

It is recommended that the individual records of persons served consistently include information about the individual's primary care physician, including name, address, and telephone number, when available, and a safety plan, when applicable.

### Consultation

- It is suggested that the organization discontinue the use of correction fluid on documents included in the files of persons served and implement a system of correction that includes striking through an incorrect notation and initialling the correction. Should the record of the person served be subpoenaed by the courts, the use of correction fluid often indicates that the information is suspicious, is inaccurate, and has been obviously altered.
  - It is suggested that N/A be included in the charts of persons served when areas are not applicable, rather than leaving them blank.
  - It is suggested that leadership staff members look for opportunities to standardize chart documentation, when possible.
  - It is suggested that the organization consistently include evidence of informed consent for medications in the record of the person served.
- 

## I. Quality Records Review

### Principle Statement

The organization 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 child/youth served. The review assists the organization in improving the quality of services provided to each child/youth served.

### **Key Areas Addressed**

- Focus of quarterly review
  - Use of information from quarterly review
- 

### **Recommendations**

There are no recommendations in this area.

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## **SECTION 3. CHILD AND YOUTH SERVICES SPECIFIC PROGRAM STANDARDS**

### **D. 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 involvement at work, school, or other short-term activity.

#### **Key Areas Addressed**

- Training of providers
  - Program activities
  - Administration of medication
  - Parental consent
  - Information provided to parents
- 

#### **Recommendations**

There are no recommendations in this area.

---

## H. 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, situational stressors, family relations, interpersonal relationships, 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, domestic violence, or other trauma.

### Key Areas Addressed

- Service modalities
  - Evidence-based practice
- 

### Recommendations

There are no recommendations in this area.

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## L. Early Childhood Development

### Principle Statement

The intent of an early childhood development program is to promote 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 the home of the child/youth served, 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.

Some examples of programs include:

- Families First
- Early Intervention (Canada)
- Supported child development programs
- Home visitation
- Family enhancement
- Looking After Children

- Building Blocks
- Healthy Families America
- Head Start
- Better Beginnings, Better Futures
- Child/youth development centres
- Infant development programs
- Birth to three (0–3) programs
- First Steps
- Early Start
- Early Years

#### **Key Areas Addressed**

- Collaborative services
  - Provider training
  - Adequate supervision of children while participating
  - Parent training
- 

#### **Recommendations**

There are no recommendations in this area.

---

## **T. Prevention/Diversion**

### **Principle Statement**

Prevention/diversion programs are proactive and evidence based, 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. Prevention/diversion 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 disorders, physical illness, parent/child conflict, or violence and abuse; 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 are provided in the community, school, home, workplace, or other settings and may include family group conferencing, talking circles, or mediation.

Organizations may provide one or more of the following three types of prevention programs, categorized according to the audience for which they are designed:

- *Universal* (Promotion) programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviours, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal programs may include support programs or Parent Link programs.
- *Selected* (Prevention) programs target groups that are exposed to factors that place them at a greater than average risk for the problem behaviour. These programs are tailored to reduce identified risk factors and strengthen protective factors in the individual. Selected programs may include youth assistance such as substance abuse programs or peer counselling programs.
- *Indicated* (Early Intervention) programs target groups that are exhibiting early signs of the problem behaviour. These individuals are at risk for continued or increased problems. Indicated prevention may include programs traditionally thought of as intervention that focus on changing outcomes for individuals and targeting antecedents of problem behaviour. Indicated programs may also include diversion programs such as DUI/OWI classes, report centres, home monitoring, after-school tracking, or supervised visitation.

### **Key Areas Addressed**

- Personnel qualifications
  - Public awareness
  - Appropriate program activities
  - Program strategies
- 

### **Recommendations**

There are no recommendations in this area.

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## **X. Support and Facilitation**

### **Principle Statement**

Support and facilitation services are designed to provide instrumental assistance to children/youths and families. They may also support or facilitate the interventions of other programs (for example, child/youth protection, or support programs for foster or adoptive parents). Services can include transporting children/youths served, supervising visitation among family members, specialized training, safe exchange, homemaking services, parent aides, and translation services. The services are primarily delivered in the home or community. A variety of persons may provide these services other than a program's staff, such as volunteers and subcontractors.

## **Key Areas Addressed**

- Training for personnel
  - Foster family services
  - Foster family recruitment
  - Foster family training
- 

## **Recommendations**

There are no recommendations in this area.

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# PROGRAMS/SERVICES BY LOCATION

## **Penticton and District Community Resources Society**

330 Ellis Street  
Penticton, BC V2A 4L7  
Canada

Community Services: Community Services Coordination  
Community Services: Host Family Services  
Community Services: Supported Living

Counselling (Children and Adolescents)  
Early Childhood Development (Children and Adolescents)  
Prevention/Diversion (Children and Adolescents)  
Support and Facilitation (Children and Adolescents)

*Governance Standards Applied*

## **Baskin House - 1**

2450 Baskin Street  
Penticton, BC V2A 6R2  
Canada

Community Services: Community Housing

## **Baskin House - 2**

2434 Baskin Street  
Penticton, BC V2A 6R2  
Canada

Community Services: Community Housing

## **Paper Shuffle**

1140 Commercial Way  
Penticton, BC V2A 3H5  
Canada

Community Services: Community Integration

## **The Club**

110-216 Hastings Avenue  
Penticton, BC V2A 2V6  
Canada

Community Services: 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 EI Nuit Preschool**

36850 79th Street  
Oliver, BC V0H 1T0  
Canada

Child/Youth Day Care (Children and Adolescents)

**Penticton Alternate School Program**

274 Eckhardt Avenue  
Penticton, BC V2A 1Z2  
Canada

Counselling (Children and Adolescents)

**AIM Program**

120 Green Avenue West  
Penticton, BC V2A 3T1  
Canada

Counselling (Children and Adolescents)

**Osoyoos Elementary Preschool**

8507 68th Avenue  
Osoyoos, BC V0H 1V0  
Canada

Child/Youth Day Care (Children and Adolescents)

**Hand in Hand Early Childhood Centre**

101 Cossar Avenue, Suite 101  
Penticton, BC V2A 2V3  
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)