



SURVEY OUTCOME
Three-Year Accreditation

CARF
Survey Report
for
Sunshine Coast
Community Services
Society

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Organization

Sunshine Coast Community Services Society
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Organizational Leadership

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Survey Dates

May 7-9, 2008

Survey Team

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Programs/Services Surveyed

Community Services: Child and Youth Services
Community Services: Community Integration
Community Services: Community Services Coordination
Intensive Family-Based Services: Family Services (Adults)
Intensive Family-Based Services: Family Services (Children and Adolescents)
Outpatient Treatment: Psychosocial Rehabilitation (Adults)
Outpatient Treatment: Psychosocial Rehabilitation (Children and Adolescents)
Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Previous Survey

March 3-4, 2005
March 14-15, 2005
Three-Year Accreditation



Survey Outcome

Three-Year Accreditation

Expiration: March 2011

SURVEY SUMMARY

Sunshine Coast Community Services Society has strengths in many areas.

- Attention to person-centered services and responsiveness to individual needs are apparent when talking with Sunshine Coast Community Services Society persons served and family members in all program areas. Persons receiving therapeutic services spoke highly of the clinicians' and service staff members' capabilities and availability.
- Staff members in the child and youth services, community integration, community services coordination, and prevention/diversion programs have constructed meaningful and useful booklets, pamphlets, and lists of materials and/or required steps to achievement of goals, etc., for persons served that assist in making service provision to them and achievement of their lifetime dreams a real possibility.
- Persons served consistently report a high level of satisfaction with the services they receive and note the proficiency and understanding of their counsellors. Persons served discuss the benefits and positive aspects of the programs and note their increased sense of self-esteem and independence as a positive impact of the services provided.
- Persons served are invested in programs and shared the strengths of the program and offer suggestions for improvement. They know the grievance policy and how to file a complaint, although they commented that they had no complaints to make.
- The organization values its staff's confidentiality toward persons served and the sensitivity extended to persons with mental disabilities. Staff members serve on numerous task groups, coalitions, networks, and community initiatives with the purpose of providing leadership in the development of needed services to persons with disabilities, as well as typical community members.
- The organization has benefited from having many competent staff members with longevity at the organization. Staff reports that this is due to Sunshine Coast Community Services Society's natural manner of displaying continuous staff support, flexibility, and passion for children and other persons served.
- Sunshine Coast Community Services Society's staff is talented, motivated, responsive, and enthusiastic in providing quality services to persons served. Staff members at all levels of the organization reflect the organization's mission and often cover a myriad of functions and responsibilities. They take pride in the organization's strong, innovative programming and in the progress made by persons served.

- Staff members clearly value the professionalism and dedication of their colleagues. Staff members are dedicated and committed to provide quality services to their persons served.
- The organization has effectively blended medical services, such as physiotherapy and occupational therapy, into its services to children with developmental needs. Maintaining the resources to adequately provide these crucial services is a crucial and difficult challenge.
- The organization's board of directors is recognized for its effectiveness in fulfilling its duties of care and loyalty to the organization. The board is knowledgeable about the organization's programs and is consistently engaged in appropriate oversight as well as advocacy for the organization.
- Sunshine Coast Community Services Society is completing a comprehensive strategic planning process that has involved the entire community and staff, as well as information about the needs of persons served.
- The board is mindful of the importance of succession planning and is addressing this in a proactive manner.
- The chief executive is an "open-door" leader who is available and engaged with staff and board members and who is immersed in many areas of community leadership.

In the following areas Sunshine Coast Community Services Society demonstrates exemplary conformance to the standards.

- Input from stakeholders takes many courses at Sunshine Coast Community Services Society beyond the customary satisfaction surveys. A sample of exemplary methods of obtaining input include environmental scans of service needs, self-assessments conducted by the board of directors, wellness audits, planning meetings and interviews, accessibility surveys, surveys of youth at risk, and the development of monographs such as "Out of the Shadows - Needs of Abused Older Women on the Sunshine Coast." Partnerships and close working relationships with school districts leverage combined strengths in providing services and addressing needs such as affordable housing. The opportunities to meet with several community leaders along the Sunshine Coast during this CARF survey demonstrate the value and positive impact of the organization's communication with numerous stakeholders. The organization's excellence and community leadership in obtaining input from stakeholders is a natural outcome of the spirit of caring and passion for excellent service of the chief executive and her management and staff. Sunshine Coast Community Services Society is commended for its exemplary interaction with stakeholders.
- Sunshine Coast Community Services Society demonstrates exemplary conformance to the CARF standards for its unique integration of the Aboriginal People's Cultural Program with treatment aspects of the Fetal Alcohol Syndrome Disorder (FASD) program for children and families affected by FASD.

Sunshine Coast Community Services Society should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate non-conformance to standards but are offered as consultation for further quality improvement.

On balance, Sunshine Coast Community Services Society has earned its reputation as a leading and innovative provider of critical services to children and women in the four local government entities it represents. The organization provides a cadre of comprehensive services to individuals and

families experiencing personal and medical barriers that impact their functioning capacity. The administration, staff, and board of directors are known for their dedication, commitment, and leadership. Program services are of the highest quality. Areas for improvement are primarily in areas related to tracking, organization, and documentation of either business practices or program details. Staff is capable of remedying these gaps in conformance to the CARF standards. The District of Sechelt and other communities along the Sunshine Coast continually benefit from and are able to depend upon the excellence of Sunshine Coast Community Services Society.

Sunshine Coast Community Services Society has earned a Three-Year Accreditation. The organization is commended for its services and community leadership and is encouraged to address the areas for improvement noted in this CARF survey report and to continue to build upon its success by striving for continued quality improvement.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in Criterion A 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.

Exemplary Conformance

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

Input from stakeholders takes many courses at Sunshine Coast Community Services Society beyond the customary satisfaction surveys. A sample of exemplary methods of obtaining input include environmental scans of service needs, self-assessments conducted by the board of directors, wellness audits, planning meetings and interviews, accessibility surveys, surveys of youth at risk, and the development of monographs such as "Out of the Shadows - Needs of Abused Older Women on the Sunshine Coast." Partnerships and close working relationships with school districts leverage combined strengths in providing services and addressing needs such as affordable housing. The

opportunities to meet with several community leaders along the Sunshine Coast during this CARF survey demonstrate the value and positive impact of the organization's communication with numerous stakeholders. The organization's excellence and community leadership in obtaining input from stakeholders is a natural outcome of the spirit of caring and passion for excellent service of the chief executive and her management and staff. Sunshine Coast Community Services Society is commended for its exemplary interaction with stakeholders. Sunshine Coast Community Services Society has earned its reputation as an outstanding community leader through its exemplary work with stakeholders. This is reflected by the organization's reputation for addressing community needs through unselfish creation, collaboration, and coordination of resources to meet numerous social planning and family service needs in the four local government entities the organization represents. The chief executive and her staff have gone far beyond obtaining input from stakeholders; they have, as the Mayor of the District of Schelt volunteered, "demonstrated harmonious trust." A foundation of the organization's culture is known to be the careful development of services to meet community needs through its value for community connections. Affordable housing, child care, domestic abuse, education, hunger, medical needs, and teens and endangered youth are a few among the many challenges that the chief executive, board of directors, and staff unselfishly have taken on to enrich lives and communities. Several of the resources developed have been passed to other community organizations to optimize efficiencies and community expertise.

Criterion B. 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

- It is suggested that the organization revise its accessibility plan to create a document that communicates Sunshine Coast Community Services Society's dedication to remove barriers to accessibility and encourage inclusion. Such a document may support the organization's excellent reputation as a community leader in representing persons who face multiple barriers.
 - Management is encouraged to create a mechanism to formally document the organization's practice to identify, review, and decide upon requests for reasonable accommodations.
-

Criterion C. Information Management and Performance Improvement

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. 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

- Information collected, analyzed, and used to address critical customer needs
 - Accurate and consistent information collection
 - Proactive performance improvement
 - Performance information shared with all stakeholders
 - Written technology and system plan
-

Recommendations

C.4.b.(3)

C.4.b.(4)

Staff completes discharge summaries for persons exiting services. It is recommended that data about the disposition of persons served at the end of services and points in time following services be aggregated and reported in the organization's annual information management report.

C.8.a.(2)

Management is aware of and respects the importance of complying with all software licensing requirements. The organization is urged to consistently comply with all software licensing requirements.

Consultation

- The organization is encouraged to revise its information management and performance improvement system. It is suggested that the system be simplified, condensed, and modified to address the most critical measures that will result in service and business improvement.
 - The organization is encouraged to review its technology systems to ensure their adequacy to support program and infrastructure needs.
-

Criterion D. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

- Meaningful communication of rights
 - Commitment to diversity
 - Policies promote rights of persons served
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

D.1.a.(2)

D.1.a.(3)

The organization has developed a record form that indicates when the rights of the persons served are communicated at the beginning of service. It is recommended that the organization consistently document this interaction and the subsequent review of the rights annually for persons served longer than one year.

Criterion E. Health and Safety

Principle Statement

CARF-accredited organizations maintain accessible, healthy, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

Key Areas Addressed

- One annual external inspection
- Self-inspections twice a year
- Emergency procedures, including evacuation, tested/analyzed annually
- Access to emergency first-aid resources
- Competency of personnel in safety procedures

- Defined system for reporting/reviewing critical incidents
 - Infection control plan
 - Transportation requirements, if applicable
-

Recommendations

E.11.a.(1) through E.11.b.(1)

Although the organization has had fire authorities conduct inspections of its facilities in Gibsons, the inspections have not comprehensively addressed both health and safety. It is recommended that comprehensive external inspections be consistently conducted annually for each of the organization's facilities. Inspections should include comprehensive health and safety areas that promote the safety of all persons and may require more than one inspection by external inspection authorities such as fire department officials, insurance inspectors, and health inspectors. Inspection reports should include the areas inspected and recommendations for areas for improvements. The organization should respond to each inspection by indicating the actions taken to respond to the recommendations.

Consultation

- The safety committee is encouraged to revise its internal inspection document to include details of areas for improvements, actions taken to remediate problems, and the date that action is taken.
 - Management has been revising and improving its health and safety practices. The organization is encouraged to provide additional training to promote the staff's commitment to embrace and consistently practice all aspects of the safety program.
-

Criterion F. 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 description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

F.1.a.

F.1.c.

Increases in service demand and limited funding resources threaten the organization's ability to meet service needs and protect persons served. Currently, there is inadequate personnel time to meet the physiotherapy and occupational therapy needs of infants and preschool children. This threatens the children's physical and personal development. Also, additional personnel are needed to serve endangered youths. Family members, including children who have experienced or witnessed domestic violence, require immediate service response. An adequate investment now in early intervention is likely to reduce costs and functional limitations later. Because of Sunshine Coast Community Services Society's earned reputation for excellence, the community depends upon the organization for these critical services. It is recommended that administration, management, and community leaders work with the appropriate ministry funders and legislative officials to communicate and attain the needed resources to meet established outcomes of persons served and to be able to deal with unplanned absences of personnel.

F.4.b.

Mechanisms should be in place to adequately assess the current knowledge and competencies of each staff member to perform her or his job at least annually.

F.5.a.

It is recommended that job descriptions be consistently reviewed or revised annually. Documentation of this review should be evident.

F.5.d.(2)

F.5.d.(5)

It is recommended that performance evaluations be consistently evident in personnel files. These performance evaluations should be performed annually for each staff member.

F.5.d.(4)(a)

F.5.d.(4)(b)

Assessment of performance should be related to quantifiable performance objectives for each year and be measured the following year.

Consultation

- It is suggested that staff re-organize the format of personnel files to promote uniform and consistent files in which documents can be easily found and updated.
-

Criterion G. 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

G.4.a.(1)

The organization's ethical code of conduct should include its code of conduct with regard to business activities.

Consultation

- Presently, the organization articulates expectations for ethical conduct in separate conduct statements for staff and the board of directors. It is suggested that a single code of ethical conduct be established that will externally communicate the adherence to the highest level of professional and ethical conduct. This statement of ethics and business practices could promote the message that Sunshine Coast Community Services Society is the place to receive services, to conduct business, to secure employment, to donate, and to volunteer.
-

Criterion H. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

Criterion I. 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
 - Annual review of service billing records, if applicable
 - Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

Consultation

- To support the risk management plan, it is suggested that management create a mechanism to consistently evaluate the incidents of risk occurrences.

- As the organization experiences growth as a result of addressing community needs, it is encouraged to evaluate the adequacy of its financial, technology, and operational infrastructure. The organization recognizes the need to further support its administrative infrastructure with staff for information technology and human resources.
-

SECTION 2. QUALITY INDIVIDUALIZED SERVICES

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

Principle Statement

Improvement of the quality of an individual's services 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 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

A.5.a.

Signed informed consents should be obtained for all persons served, including those returning to services following previous discharge.

A.8.a.

Relevant medical history should be consistently utilized in the development of all treatment plans.

A.9.a. through A.9.d.

Coordinated individualized service plans should be consistently based upon the strengths, abilities, needs, and preferences for persons served in all programs.

A.10.b.(2) through A.10.b.(4)

The coordinated individualized plan should consistently identify specific measurable objectives, methods/techniques to be used to achieve the objectives, and individuals responsible for implementation.

A.12.a. through A.12.e.

The person served and/or his/her representative should be involved in the assessment of potential risks to each person's health and safety in the community, decisions to accept or reject such risks, identification of actions to be taken to minimize risks, and identification of individuals responsible for those actions.

B. Records of the Persons Served

Principle Statement

The organization maintains complete records and treats all information related to persons served as confidential.

Key Areas Addressed

- Complete, confidential records are maintained
-

Recommendations

B.3.c.

Release of confidential information should consistently have a time limitation.

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
-

Recommendations

There are no recommendations in this area.

I. Medication Monitoring and Management

Key Areas Addressed

- Current, complete records of medications used by persons served
 - Written procedures for storage and safe handling of medications
 - Educational resources and advocacy for persons served in decision making Physician review of medication use
 - Training and education for persons served regarding medications
-

Recommendations

There are no recommendations in this area.

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 and services 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 they want or require that will meet their identified needs, and offers an array of services 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 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 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
-

Recommendations

There are no recommendations in this area.

C. Child and Youth Services

Principle Statement

Child and youth services provide one or more services, such as prenatal counselling, service coordination, early intervention, prevention, preschool programs, and after-school programs. These services may be provided in any of a variety of settings, such as a family's private home, the organization's facility, and community settings such as parks, recreation areas, preschools, or child day care programs not operated by the organization.

In all cases, the physical settings, equipment, and environments meet the identified needs of the children and youth served and their families. Families are the primary decision makers in the process of identifying needs and services.

Key Areas Addressed

- Individualized services based on identified needs and desired outcomes
 - Healthcare, safety, emotional, and developmental needs of child/youth
-

Recommendations

C.1.h.

Immunization records should be consistently obtained for all children and youths receiving services, including those children receiving services through preschool programs.

Exemplary Conformance

C.17.d.

The organization has implemented creative and innovative services to the distinct population of the Sunshine Coast. Sunshine Coast Community Services Society demonstrates exemplary conformance to the CARF standards for its unique integration of the Aboriginal People's Cultural Program with treatment aspects of the FASD program for children and families affected by FASD.

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 center, a day program, a clubhouse, and a drop-in center 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 based on the identified needs and desires of the persons served. 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 centers, arts councils, etc.)

Key Areas Addressed

- Opportunities for community participation
-

Recommendations

There are no recommendations in this area.

SECTION 5. PSYCHOSOCIAL REHABILITATION PROGRAMS

Principle Statement

The standards in this section address the unique characteristics of each type of core program area. Behavioural health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric 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 Structure and Staffing

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. Pharmacotherapy

Principle Statement

Pharmacotherapy is the practice of evaluating, 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 efficacious. Pharmacotherapy may be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Pharmacotherapy includes all prescribed medications, whereas medication monitoring includes prescribed medications and over-the-counter medications.

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. Seclusion and Restraint

Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behaviour toward self or others. 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.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behaviour. Briefly holding a person 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 escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

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 that are not in response to the behavioural health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

Key Areas Addressed

- Emergency intervention procedures
 - Patterns of use reviewed
 - Policies and procedures for use of seclusion and restraint
 - Persons trained in use
 - Designated room
-

Recommendations

There are no recommendations in this area.

J. 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, 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.

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 programs target the general population and seek to reduce the overall prevalence of problem behaviours, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations.
- Selected 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 student assistance (SAP), peer counselling, or peer mentor groups.
- Indicated 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 centers, home monitoring, after-school tracking, or supervised visitation.

Recommendations

There are no recommendations in this area.

Standards from the 2007 Behavioural Health Standards Manual were also applied during this survey. The following sections of this report reflect the application of those standards.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

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

A. Program Structure and Staffing

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.

E. Pharmacotherapy

Principle Statement

Pharmacotherapy is the practice of evaluating, 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 efficacious. Pharmacotherapy may be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Pharmacotherapy includes all prescribed medications, whereas medication monitoring includes prescribed medications and over-the-counter medications.

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. Seclusion and Restraint

Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behaviour toward self or others. 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.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behaviour. Briefly holding a person 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 escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

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 that are not in response to the behavioural health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

Key Areas Addressed

- Emergency intervention procedures
- Patterns of use reviewed
- Policies and procedures for use of seclusion and restraint
- Persons trained in use
- Designated room

Recommendations

There are no recommendations in this area.

G. Records of the Persons 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.

Key Areas Addressed

- Confidentiality
 - Time frames for entries to records
 - Individual record requirements
 - Duplicate records
-

Recommendations

There are no recommendations in this area

H. 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 persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

PSYCHOSOCIAL REHABILITATION

Core programs in this field category demonstrate a strong collaborative partnership with the persons served, the development of opportunities for personal growth, a commitment to community integration, goal-oriented and individualized supports, and the promotion of satisfaction and success in community living. Programs in this category may serve persons with a variety of concerns, including persons with developmental or physical disabilities.

SECTION 3. BEHAVIOURAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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

Q. Outpatient Treatment

Principle Statement

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

Recommendations

There are no recommendations in this area.

FAMILY SERVICES

Core programs in this field category are designed to maintain or improve the quality of life for children, adolescents, or other family members individually or in their relationships with their families, their environments, or other individuals. Core programs in this field category are directed at the reduction of symptoms and/or the improvement of functioning for the person served or family unit.

SECTION 3. BEHAVIOURAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

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

N. Intensive Family-Based Services

Principle Statement

These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach to treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed towards family restoration when a child has been in an out-of-home placement.

Recommendations

N.5.a. through N.5.c.

The organization, in collaboration with the referring body, identifies goals of the child/family throughout the treatment process and monitors the progress of the family. It is recommended that the treatment goals be consistently identified. It is suggested that the treatment goals consistently be identified in measureable and objective terms.

N.13.a.

Although the organization has a written plan for the clinical supervision of members of the treatment team, it is recommended that the written plans be available to staff members also. Documentation might include the tracking of the meaningful content of the meeting such as attendance, case conferences, and clinical issues.

SECTION 4. BEHAVIOURAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

A. Children and Adolescents

**Intensive Family-Based Services: Family Services
Outpatient Treatment: Psychosocial Rehabilitation**

Principle Statement

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

Recommendations

A.1.a.

A.1.f.(1) through A.1.j.

Although the organization has a primary assessment for children or adolescents, it is recommended that the assessment for each person served consistently include information on his or her developmental history; language functioning, including speech and hearing functioning; immunization record; learning ability; intellectual functioning; and visual functioning.

PROGRAMS/SERVICES BY LOCATION

Sunshine Coast Community Services Society

5638 Inlet Avenue
Sechelt, BC V0N 3A0
Canada

Community Services: Child and Youth Services
Community Services: Community Integration
Community Services: Community Services Coordination

Intensive Family-Based Services: Family Services (Adults)
Intensive Family-Based Services: Family Services (Children and Adolescents)
Outpatient Treatment: Psychosocial Rehabilitation (Adults)
Outpatient Treatment: Psychosocial Rehabilitation (Children and Adolescents)
Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Community Use Room

Roberts Creek Road, Roberts Creek Community School
Roberts Creek, BC V0N 2W0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Gibsons Family Place

464 South Fletcher Street
Gibsons, BC V0N 1V0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

St. Hilda's Church Hall

5838 Barnacle Street
Sechelt, BC V0N 3A0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Serendipity Child Development Centre

12952 Madeira Park Road
Madeira Park, BC V0N 2H0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Halfmoon Bay Community School

8086 Northwood Road
Halfmoon Bay, BC V0N 1Y0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Trail Place

5520 Trail Avenue
Sechelt, BC V0N 3A0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

St. Bartholomew's Church

659 North Road
Gibsons, BC V0N 1V0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Madeira Park Elementary School

5012 Gonzales
Madeira Park, BC V0N 2H0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Farnham Family Place

624 Farnham Road
Gibsons, BC V0N 1V0
Canada

Intensive Family-Based Services: Family Services (Adults)

Intensive Family-Based Services: Family Services (Children and Adolescents)

Outpatient Treatment: Psychosocial Rehabilitation (Adults)

Outpatient Treatment: Psychosocial Rehabilitation (Children and Adolescents)