



Three-Year Accreditation

**CARF**  
**Survey Report**  
**for**  
**Sunshine Coast**  
**Community Services**  
**Society**

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**Three-Year Accreditation**

**Organization**

Sunshine Coast Community Services Society (SCCSS)  
5638 Inlet Avenue  
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CANADA

**Organizational Leadership**

Tracy Wiseman, Interim Executive Director

**Survey Dates**

August 20-22, 2014

**Survey Team**

William Sandonato, M.R.A., Administrative Surveyor

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**Programs/Services Surveyed**

Child and Youth Services

Family Services

Host Family/Shared Living Services

Prevention: Psychosocial Rehabilitation (Children and Adolescents)

*Governance Standards Applied*

**Previous Survey**

March 28-30, 2011

Three-Year Accreditation

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**Survey Outcome**

**Three-Year Accreditation**

**Expiration: October 2017**

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# SURVEY SUMMARY

## Sunshine Coast Community Services Society (SCCSS) has strengths in many areas.

- The breadth and depth of SCCSS's programs are impressive. The community views it as the "go-to" organization to meet many existing, new, and emerging needs. Likewise, the organization works hard to be that resource.
- The organization is fortunate to have the leadership of an active, dedicated, and mission-driven board of directors. It represents many disciplines and is recognized as a leader in its communities. There appears to be a shared sense of pride that it is an honour and privilege to be part of this organization.
- The board is structured to operate efficiently and effectively. There is an active committee structure, and the governance and fiduciary responsibilities are understood and accepted. The board is commended for its efforts to transition the leadership to a non-traditional model and supporting its development.
- Although there has been a recent change, the organizational leadership during the survey and the prior year was provided by co-executive directors. Although not a traditional view, the complementary skills, talents, strengths, and innovativeness of the individuals serving in those roles seem to be a successful and seamless model for meeting the needs of SCCSS.
- The Family and Youth Services director is new to SCCSS, but has a long tenure in the field and is providing strong leadership to the CARF-accredited services. She is knowledgeable and dedicated to the mission and to the delivery of quality services that meet the needs of the clients and the community.
- All aspects of the administrative infrastructure, which supports the wide array of programs and activities, are strong, sophisticated, and highly professional. SCCSS has attracted much talent to key functions.
- The "organic" organizational chart, which is widely shared, provides a graphic representation of the seamless and effective way this large and complex organization reflects its mission and the complementary nature of its many services to the community.
- SCCSS has established a presence in the communities it serves through the visibility of its events, program-related activities, brochures, newsletters, and reports, and the community involvement of its personnel. Printed and online materials are attractive and topical. They are another way that the organization demonstrates its professionalism.
- The administrative office and program sites are attractive and well maintained, are located in prime locations, and present the organization in a very favorable light to anyone who needs to interact with the business and service functions. Artwork produced by the clients adorns the walls and further ensures that the mission of the organization is always in mind.
- Safety is an integral part of day-to-day operations at SCCSS and an area of strong emphasis. Excellent systems are in place to reinforce safe practices. An active safety committee takes its responsibilities very seriously.

- Leadership team members include a mix of people with many years of experience and those who are new to the field or the organization. This blend appears to result in excitement, enthusiasm, new ideas, and an atmosphere that encourages growth and development.
- Funders and referral sources express a high level of satisfaction with the services offered by the organization. SCCSS was described as an organization that goes above and beyond, has sound business practices, and is a creative and pragmatic partner.
- Getting input from clients and other stakeholders is comprehensive, utilizes a variety of methods, and provides valued information that is thoroughly analyzed. The organization can point to many small changes as well as substantive actions that have improved quality and/or satisfaction.
- The current outcomes management system and the use of data to support performance improvement are refined and produce input that is useful and supports decision making.
- The organization is commended for embracing technology and utilizing it to improve both service delivery and business functions. One staff member described the enhancement of technological resources as “leaping from the Dark Ages into tomorrow.”
- The board and leadership are recognized for new and focused efforts related to revenue development. Of particular note is the recently created Communications and Partnerships Management position. There is already evidence of the impact of this new focus on organizational visibility and sustainability.
- The direct service staff members providing support give above and beyond what is expected of them. They are compassionate, enthusiastic, knowledgeable, and committed. As a result of the support and services they offer, the clients often experience outcomes that are beyond their expectations.
- The clients in the Home Share program are supported by families with which they have a long-term relationship. They are truly a part of the family circle and benefit from the seamless support both in skill and independence as well as emotional development.
- Children and families receiving services in early intervention services have had life-changing success as the result of the services provided.
- The teams providing services in early intervention have integrated services that provide a wraparound approach to delivery that allows families to more fully implement supports for their children.
- Families, individuals, and other stakeholders have a high level of satisfaction with all services provided.
- The organization has begun the implementation of an electronic record-keeping system that has consistency, remote access, and comprehensive protection for the individuals served. This system will allow for more complete, secure, accurate, and timely documentation.
- Program services are provided in community-based integrated environments. This has enabled families to receive supports in areas conducive to the needs of the children and youth being served. Often times the clients are blended into the existing service, providing completely assimilated programs.
- The Aboriginal Families Pulling Together program has provided a much needed service to the First Nations families involved with the Ministry of Children and Family Development. The program facilitator is diligent in the goal of instilling strength, identity, beliefs, and values in the

children involved in the program. Foster families gain a better understanding of the children who they foster, and the youth and children are empowered to be proud of their heritage through an understanding of their culture. Helping them find their identity helps build bridges in the community. This is accomplished through “kids art and culture group,” feasts and gatherings, and special projects.

- The Parent-Tot Drop-In program is valued by the Gibsons community. Located in the Community Centre, all parents with their children are welcome to come and interact with the staff; other families; and the toys, books, and other materials available. This program provides a safe, interactive environment for families to enjoy.
- The youth who participate in the boys and girls groups benefit from the activities and skills acquired in the groups. These skills can be used to further enable the youth to interact in positive relationships with their peers.
- The training and support of educators and daycare workers provide additional assistance for the children and youth in their home classrooms and daycare centres. This increases the potential for success for each child served.
- The organization is congratulated for the acquisition of the Cowrie Street location. This has provided much needed space for the staff of the Family Preservation, Family Support Services, Youth in Transition, and Aboriginal Families Pulling Together programs. Individuals utilizing this location are afforded a private, comfortable, and secure environment in which to receive services.

**SCCSS 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, SCCSS, which provides an impressive array of services, is poised to celebrate 40 years of commitment to the community. Its longevity is attributed to being attuned to emerging and changing needs in the large area where it has proven to be a responsive and resilient organization. Leadership and staff members of the programs offered by the organization are dedicated to the mission of SCCSS and to the individuals who are served; they are respectful, well qualified, and caring people. It is evident that they are committed to the enhancement of the lives of the individuals who they are working with and their families. There are a few recommendations scattered throughout the survey report, but the receptivity of the organization to the recommendations and consultation and its strong and evident commitment to continuous quality improvement provide every confidence that these areas will be addressed.

Sunshine Coast Community Services Society has earned a Three-Year Accreditation. The organization is commended for its highly regarded program and services, its strong leadership and committed staff, and its adherence to the CARF standards as a means of ensuring continued quality improvement. The board, leadership, and all of the stakeholders appear dedicated to the continuous improvement of organizational and service quality. The organization is encouraged to continue to utilize the CARF standards as a framework in the consideration and addition of any new or expanded programs and in ensuring that opportunities provided to the clients are valued and of high quality.

# SECTION 1. ASPIRE TO EXCELLENCE®

## A. Leadership

### Principle Statement

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### Consultation

- The organization is encouraged to increase its efforts to develop a significant program of planned and deferred giving. With its excellent reputation, its long history of service to the community, and the many families that have been touched by its efforts, people who want to ensure that the organization continues after their lives might be encouraged to remember the organization in their will and other formal estate planning mechanisms.
  - The organization has developed a very good initial cultural competency and diversity plan and has moved forward with implementation of the actions that have been identified. In the development of future plans, it is suggested that some specific training be considered to address issues that will further expand the knowledge of staff members and clients around specific areas of diversity as may be identified or emerging in the community.
-

## **B. Governance**

### **Principle Statement**

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

### **Key Areas Addressed**

- Ethical, active, and accountable governance
  - Board composition, selection, orientation, development, assessment, and succession
  - Board leadership, organizational structure, meeting planning, and management
  - Linkage between governance and executive leadership
  - Corporate and executive leadership performance review and development
  - Executive compensation
- 

### **Recommendations**

There are no recommendations in this area.

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## **C. Strategic Planning**

### **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- The organization is commended for including its strategic plan on the society's website. Leadership is encouraged to explore additional methods for sharing the relevant parts of the plan with clients.
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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
- 

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- In addition to all of the methods in which the organization already receives input, it is suggested that, as appropriate, children and youth in its programs be provided the opportunity to participate in expressing their satisfaction through the development of a cognitively appropriate survey instrument or focus group.
-

## 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
- 

### 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**

#### **G.1.a.(3) through G.1.a.(6)**

SCCSS is well aware of risks and has made a thorough effort to identify and plan for their potential occurrence. However, it is recommended that the written risk management plan include identification of how to rectify identified exposures, implementation of actions to reduce risk, monitoring of actions to reduce risk, and reporting on the results of actions taken to reduce risks. It is also suggested that the staff person who has lead responsibility for the mitigation action also be identified in the plan, as well.

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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

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## **Recommendations**

### **H.4.b.(3) through H.4.b.(6)**

Training related to health and safety occurs at the time of hire and annually and is evidenced by a good safety record. However, the organization should provide documented training that is competency based both upon hire and annually in emergency and evacuation procedures and identifying and reporting critical incidents. Successful achievement of each competency could be documented in the personnel files or in a training record.

### **H.5.c.(6)**

### **H.5.c.(7)**

The organization is urged to develop a business continuity plan that identifies essential services and how they will be continued should an event occur that renders one or more operational sites unavailable. Sometimes called a Continuity of Operations Plan (COOP), resources are readily available on the internet to assist with guiding the planning process.

## **Consultation**

- It is suggested that alarm systems to alert location occupants of the need to be evacuated include visual fire alarms, in addition to those that are audible.
- It is suggested that the organization formalize its agreements related to temporary shelter at all of its locations.
- It is suggested that the procedures related to how staff members are expected to respond to specific critical incidents be articulated and compiled into a single reference to ensure ease of access by anyone needing such information.
- External inspections are conducted by the local fire department, and although adequate, it is suggested that the organization consider external inspections with a broader focus on a rotating basis. Utilizing a risk specialist from the liability or workers' compensation insurance carrier or an industry or community partner could provide a more comprehensive review.

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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.b.(5)**

The organization has made annual performance evaluations a priority this past year and has provided training and resources to ensure that evaluations are purposeful and meaningful. Leadership is urged to continue its efforts to ensure that evaluations are performed annually in the future.

### **Consultation**

- The organization is encouraged to revamp training available to staff members to embrace a more holistic view. Although much training occurs and opportunities for education exist, they appear to be fragmented and monitored at the level of each service delivery area. It is suggested that the organization take a more all-inclusive approach to the provision of training opportunities, including centralizing how completion of training is documented.
  - The organization is encouraged to continue its exploration of appropriate software to support human resource functions. As SCCSS continues to expand and bring on even more personnel, a Human Resource Information System (HRIS) could increase efficiency and effectiveness.
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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
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- As the organization continues to adopt technology to support both business functions and service delivery, it is suggested that the array of applications available for smart phones and tablets that could support and improve capabilities of children and other individuals served be explored.
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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

There are no recommendations in this area.

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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)
  - Requests for reasonable accommodations
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### Recommendations

There are no recommendations in this area.

### Consultation

- As the organization seeks to assess accessibility needs, it is suggested that the planning process include more avenues of input. This could include utilizing an accessibility checklist or by including persons with varying disabilities on accessibility inspections. Persons who actually use a wheelchair, individuals with sensory issues, and persons who are aging could also provide a broader perspective. Engaging an external resource to do an accessibility audit could also be considered.
- At the Inlet Avenue location, which houses offices and children's programming activities, it is suggested that at least one restroom be adapted to meet all accessibility standards and be designed to be sensitive to the accommodation needs of persons with varying disabilities.

- Although the organization is sensitive to accommodation needs and has a comprehensive policy addressing such needs, it is suggested that a process be developed for aggregating and reviewing requests for accommodations from clients and from staff members. Requests could be documented on some type of log and reviewed by the management team to determine if there are any trends that would suggest a change in a procedure, future purchasing decisions, etc.
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## **M. Performance Measurement and Management**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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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

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## **Recommendations**

### **N.1.a.**

Although the information measurement and management system and the written analysis of performance improvement are comprehensive and contain significant relevant information and thoughtful analysis, it is evident that these are the result of a renewed emphasis throughout the organization on continuous quality improvement. Therefore, it is recommended that a written analysis be completed annually and continue to build upon the excellent processes recently put into place.

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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
  - Documented scope of services shared with stakeholders
  - Service delivery based on accepted field practices
  - Communication for effective service delivery
  - Entrance/exit/transition criteria
- 

## **Recommendations**

### **A.12.**

As previously noted, all records of the clients should be complete. In the records reviewed, some documents were found to be incomplete. Rather than leaving an item blank, it could be marked as "not applicable", "information not available", or "individual refused to provide".

## Consultation

- SCCSS has begun the implementation of an electronic record-keeping system. This has allowed for a more consistent, complete, and accessible record. It is encouraged to continue the implementation of this system to include all organizational records.
  - It is suggested that the organization look at standardizing the program plan format across all programs. The basic plan could then be individualized by service and still retain the core elements of a complete planning tool. This would provide a strong planning process and better development and implementation of goals for the clients.
  - The organization is encouraged to continue to develop formal strategies to assist youth in accessing services after they leave the umbrella of children and youth services and transition into adulthood.
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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 desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/ supports are evident.

### Key Areas Addressed

- Services are person-centred and individualized
  - Persons are given information about the organization's purposes and ability to address desired outcomes
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### Recommendations

#### B.5.b.(2)

As previously noted, it is recommended that all plans of the clients include specific measurable objectives.

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## F. Community Services Principle Standards

### Key Areas Addressed

- Access to community resources and services
  - Enhanced quality of life
  - Community inclusion
  - Community participation
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### Recommendations

There are no recommendations in this area.

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## SECTION 3. EMPLOYMENT AND COMMUNITY SERVICES

### Principle Statement

An organization seeking CARF accreditation in the area of employment and community services assists the persons served through an individualized person-centred process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase *person served*, this may also include *family served*, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Increased independence.

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

## I. Child and Youth Services

### Principle Statement

Child and youth services provide one or more services, such as prenatal counseling, service coordination, early intervention, prevention, preschool programs, and after-school programs. These services/supports 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 and play a critical role, along with team members, in the process.

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### Consultation

- The organization is encouraged to continue the structuring of the Infant Development Program to provide an interdisciplinary approach with the implementation of the integrated plan. This will assist the families and infants being served in achieving their common goals.
- The youth who come into services in the Youth in Transition program may benefit from a group that utilizes the participation of young adults who have successfully transitioned into adulthood with the help of this program. This would enable the youth to develop a relationship with a person who could serve as a resource for them when they age out of the program.

## J. Family-Based/Shared Living Supports

### Family Services

#### Principle Statement

Family services are provided to persons served and/or their families, either to enable the person and the family to stay together or to enable the person served to remain involved with his or her family. Families, including the persons served, are the key decision makers in identifying the services/supports needed and in choosing how those services/supports will be delivered.

#### Key Areas Addressed

- Families enabled to stay together
- Persons served remain involved with their families
- Supports and services established as needed

### Host Family/Shared Living Services

#### Principle Statement

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

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

Safety, responsibility, and respect between or amongst all people in the home are guiding principles in these services. Persons are supported to have meaningful reciprocal relationships both within the home, where they contribute to decision making, and the community. The service provider helps the person served to develop natural supports and strengthen existing networks. Relationships with the family of origin or extended family are maintained as desired by the person served. The provider supports the emotional, physical, and personal well-being of the person.

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

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

## **Key Areas Addressed**

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

There are no recommendations in this area.

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# **SECTION 4. PSYCHOSOCIAL REHABILITATION PROGRAMS**

## **Principle Statement**

The standards in this section are taken from the *2014 Behavioral Health Standards Manual*. Behavioural health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disabilities/disorders, harmful involvement with alcohol and/or other drugs, or who have other behavioural health needs. Through a team approach, the goal of each such program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competence and relevance. Family members and significant others are involved in the programs of the persons served, as appropriate and to the extent possible.

## **A. Program/Service Structure**

### **Principle Statement**

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

### **Key Areas Addressed**

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity

- Assistance with advocacy and support groups
  - Team composition/duties
  - Relevant education
  - Clinical supervision
  - Family participation encouraged
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## **Recommendations**

There are no recommendations in this area.

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## **B. Medication Use**

### **Principle Statement**

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

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

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

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

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

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

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

### **Key Areas Addressed**

- Individual records of medication
  - Physician review
  - Policies and procedures for prescribing, dispensing, and administering medications
  - Training regarding medications
  - Policies and procedures for safe handling of medication
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### **Recommendations**

There are no recommendations in this area.

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## **C. Non-violent Practices**

### **Principle Statement**

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

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

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

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to 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 employment and community services, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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

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

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

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

## Key Areas Addressed

- Training and procedures supporting non-violent practices
  - Policies and procedures for use of seclusion and restraint
  - Patterns of use reviewed
  - Persons trained in use
  - Plans for reduction/elimination of use
- 

## Recommendations

There are no recommendations in this area.

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## K. Prevention

### Principle Statement

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

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

- *Universal* 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 prevention programs promote positive behaviour and include social marketing and other public information efforts.
- *Selected* programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.

- *Training* programs provide curriculum-based instruction to active or future personnel in child and youth service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

**Key Areas Addressed**

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

There are no recommendations in this area.

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**L. Children and Adolescents**

**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.

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**Recommendations**

There are no recommendations in this area.

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# PROGRAMS/SERVICES BY LOCATION

## **Sunshine Coast Community Services Society**

5638 Inlet Avenue  
Sechelt BC V0N 3A0  
CANADA

Child and Youth Services  
Host Family/Shared Living Services

Prevention: Psychosocial Rehabilitation (Children and Adolescents)

*Governance Standards Applied*

## **Gibsons and Area Community Centre**

700 Park Road  
Gibsons BC V0N 1V0  
CANADA

Prevention: Psychosocial Rehabilitation (Children and Adolescents)

## **Trail Place**

5520 Trail Avenue  
Sechelt BC V0N 3A0  
Canada

Prevention: Psychosocial Rehabilitation (Children and Adolescents)

## **St. Bartholomew's Church**

659 North Road  
Gibsons BC V0N 1V0  
CANADA

Prevention: Psychosocial Rehabilitation (Children and Adolescents)

## **Farnham Family Place**

624 Farnham Road  
Gibsons BC V0N 1V0  
CANADA

Child and Youth Services  
Family Services

**Sunshine Coast Community Services**

5782 Cowrie Street  
Sechelt BC V0N 3A0  
CANADA

Child and Youth Services  
Family Services

Prevention: Psychosocial Rehabilitation (Children and Adolescents)