

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

**Organization**

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



**Three-Year Accreditation**

**Organizational Leadership**

Tanya Behardien, Executive Director

**Survey Dates**

June 7-9, 2017

**Survey Team**

Colleen M. Kennedy, M.S., Administrative Surveyor

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**Programs/Services Surveyed**

Community Housing

Community Integration

Personal Supports Services

Services Coordination

Supported Living

Child/Youth Day Care (Children and Adolescents)

Counselling/Outpatient (Children and Adolescents)

Diversion/Intervention (Children and Adolescents)

Early Childhood Development (Children and Adolescents)

Foster Family and Kinship Care (Children and Adolescents)

Intensive Family-Based Services (Children and Adolescents)

Promotion/Prevention (Children and Adolescents)

Residential Treatment (Children and Adolescents)

*Governance Standards Applied*

**Previous Survey**

June 9-11, 2014

Three-Year Accreditation

**Survey Outcome**

**Three-Year Accreditation**

**Expiration: June 30, 2020**

# SURVEY SUMMARY

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

- PDCRS is recognized as a pre-eminent organization that provides high-quality services to children, adults, and families in several communities in the Okanagan Valley.
- The board of directors is diverse, is committed to the mission of the organization, and represents several communities served. Members bring a variety of experience and skills that are beneficial to PDCRS.
- The executive director is seen as visionary, competent, and collaborative. The board of directors and the managers express confidence in her leadership. She sets the tone in creating the atmosphere in which commitment to the mission, vision, and personal investment in the success of the persons served are paramount.
- Staff members express deep appreciation for the executive director's guidance, commitment, openness, and respect given to the staff members, while encouraging staff members to use problem-solving skills when areas of concern occur. She encourages staff members to be creative and trusts the staff members to do the job they were hired to do.
- The managers have the opportunity for growth and development, most recently through the Bulletproof training. Staff members speak positively about the support provided by supervisors and management as well as opportunities for their continued education and training. Training is emphasized and valued for staff members to assist them in their professional development and enhanced knowledge and skills.
- The organization financially supports staff members who have been approved to advance their early childhood education training. Encouraging staff members to continually enhance their skills and knowledge has assisted the organization in obtaining trained and qualified staff members for hard-to-place positions, especially in more remote, rural areas.
- The diversity and cultural competency plan is comprehensive and action oriented, reaching into all aspects of diversity and providing education and guidance to staff members.
- The risk management plan is insightful, with a broad reach, carefully identifying potential risks, preventative actions, and contingencies if risks develop.
- Safety and health are promoted as each employee's responsibility. An active safety committee has representation throughout the organization. The personal safety of staff members in performing their jobs, particularly in the community, is promoted.
- PDCRS has a commitment to improve its use of technology and has designated financial resources to that end. It is diligently evaluating which areas have priority, using internal and external staff members. ShareVision, when fully executed, is anticipated to enhance records and services.
- The organization has a designated fund dedicated to supporting the organization, permitting it to access funds needed beyond its reserves when special opportunities or projects present themselves.

- Collaboration in the community is a clear strength of PDCRS, as expressed by the organization and as recognized by many entities with which it has relationships. Several stakeholders have recognized PDCRS through presentation of excellence awards, most recently the Community Award of Recognition by the British Columbia School Superintendents Association.
- Funding and referral sources hold the organization and its personnel in high esteem. PDCRS is seen as professional, responsive, goal oriented, and with a sharpened focus on services over the past few years. It is collaborative and builds relationships across the communities and supports diversification in its services and in meeting the needs of the community.
- Parents express deep appreciation for the dedication and skills of the staff members working with their children. They feel supported and have been given training and understanding of their child's special needs.
- The Supported Child Development program provides additional support to children and youth with developmental delays. The trained staff members provide direct teaching and monitoring to the children in the daycares, schools, and after-school programs to increase appropriate behaviours and social skills.
- The organization has many daycare programs for children ages 0 to 12. Staff members have skillfully developed creative activities for the children to enrich their social, emotional, and developmental skills. The facilities are exceptionally well maintained with emphasis on health and wellness. The children are encouraged to learn self-care skills and interpersonal skills to their abilities.
- The organization is in the process of a collaborative development of a state-of-the-art childcare facility on the local college campus in Penticton. This design is an advanced replication of a newer facility located in a high school in Oliver, British Columbia, which is also a state-of-the-art facility.
- The Integrated Family Development program is recognized for the range of innovative services provided to children, youth, and families to enhance functioning and often prevent removal of the child from the home. Support, counselling, education, and linkage to community resources are available to promote a safe and healthy environment.
- The school-based programs engage at-risk youth whose behavioural health issues hinder their adjustment in the classroom. Depending on the needs of the child or youth, participation might take place within an alternative school setting, or services might be integrated within the school. This excellent program focuses on wellness; life skills; and community inclusion, including employment when appropriate.
- Children and youth with special needs receive skilled, individualized services in the residential and foster care programs. Their significant healthcare, educational, and psychosocial needs are addressed in a stable, supportive environment by teams that are carefully selected and trained to enable the children and youth to have successful lives in their communities.
- The organization is recognized for its outstanding community development initiatives. A wide range of partnerships have been developed throughout the region to create, support, and maintain services and resources. The Child Care Resource and Referral program provides education and training, consultation, and support to childcare providers, assisting them to apply for childcare registration as well as offering affordable supplies, a library, toys, and other resources.

- The Communities for Kids and Regional Advisors programs are noted for their outreach and leadership to support communities, building awareness of children’s developmental needs and creating and enhancing service networks.
- PDCRS supports many individuals with challenging behaviours, many of whom were previously unsuccessful in other programs. With individualized supports, these persons served continue to make progress toward their goals and have gained greater independence and are engaged in their communities.
- Community Support Services provides a vital role in supporting individuals in crisis. Meeting the program goal of contact within one to two hours of referral has been accomplished. This quick response allows PDCRS staff members to provide assistance to persons with immediate housing or other needs and is seen as an important service by funders and other stakeholders.
- The community inclusion program is a vital part in service delivery that is supported by well-trained and well-matched staff members who truly understand each person’s strengths and needs. Individuals are actively involved in the Penticton Paper Shuffle, a paper recycling paper shredding business, and in various types of recreational activities and volunteering in the local community.
- The Personal Supports program provides individualized supports to promote independence. Persons served are active in gainful employment, volunteering with seniors and others in the local area, and other activities geared toward helping them achieve greater independence.
- Within the residential program, there is a team of managers and experienced direct support staff members who ensure that the unique and challenging needs of each person served are met. There is a great sense of teamwork with open communication, which results in high levels of satisfaction from its stakeholders. Living arrangements, daily routines, and supports have been tailored to meet the specific needs of each individual, many of whom have challenging behavioural or medical issues.

**PDCRS should seek improvement in the area(s) identified by the recommendation(s) in the report. Any consultation given does not indicate non-conformance to standards but is offered as a suggestion for further quality improvement.**

On balance, PDCRS places an emphasis on its mission, values, and philosophy and follows them through its collaboration and partnerships throughout the communities it serves. The leadership and staff members are recognized as committed to the children, families, and adults served and are active advocates on their behalf. The organization invests in the education and development of its employees at all levels. Participants and families express satisfaction with the quality and diversity of services provided. Funding and referral sources and community stakeholders are consistently pleased with services, and they appreciate PDCRS’s involvement in the community. The organization is urged to address the opportunities for improvement noted in this report, including consistently conducting self-inspections semi-annually at all locations; ensuring that annual reviews of job descriptions and personnel performance evaluations are conducted; formally collecting and measuring business function performance indicators; enhancing the sharing of outcomes information; and strengthening assessment, service plans, and discharge planning.

Penticton and District Community Resources Society has earned a Three-Year Accreditation. The leadership and staff members of the organization are congratulated for their strategic structure and innovative approach and for the commitment to quality, reaching out into the community to

anticipate and meet the needs of persons served. The organization is encouraged to continue its collaborative efforts and its commitment to quality, as it expands its commitment to increasing housing opportunities and addressing the needs of children and adults in its community.

## **SECTION 1. ASPIRE TO EXCELLENCE®**

### **A. Leadership**

#### **Description**

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

#### **Key Areas Addressed**

- Leadership structure
  - Leadership guidance
  - Commitment to diversity
  - Corporate responsibility
  - Corporate compliance
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#### **Recommendations**

There are no recommendations in this area.

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### **B. Governance**

#### **Description**

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization

over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

### **Key Areas Addressed**

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

#### **B.2.g.(5)**

#### **B.2.g.(6)**

PDCRS has strong, clear policies on ethics and conflict of interest. Although board members sign annual confidentiality agreements, they do not sign ethics or conflict-of-interest statements. Governance policies should address written and signed conflict-of-interest declarations and ethical-codes-of-conduct statements on an annual basis.

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## **C. Strategic Planning**

### **Description**

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

- Although the strategic plan has directions and associated objectives, the plan could benefit from additional specific action steps with responsible parties and timeframes.
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## D. Input from Persons Served and Other Stakeholders

### Description

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

### Key Areas Addressed

- Ongoing collection of information from a variety of sources
  - Analysis and integration into business practices
  - Leadership response to information collected
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### Recommendations

There are no recommendations in this area.

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## E. Legal Requirements

### Description

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

### Description

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

### Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Review of service billing records and fee structure
  - Financial review/audit
  - Safeguarding funds of persons served
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### Recommendations

There are no recommendations in this area.

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## G. Risk Management

### Description

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
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### Recommendations

There are no recommendations in this area.

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## H. Health and Safety

### Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

### Key Areas Addressed

- Inspections
  - Emergency procedures
  - Access to emergency first aid
  - Competency of personnel in safety procedures
  - Reporting/reviewing critical incidents
  - Infection control
- 

### Recommendations

#### H.14.a.

Although self-inspections are conducted at all sites, they are not consistently done on a semi-annual basis. The times of inspections are not always entered, so it is not possible to ensure that the inspections were conducted on all shifts. PDCRS is urged to conduct comprehensive health and safety inspections of all sites and all shifts, as appropriate, on a semi-annual basis.

### Consultation

- Although some safety procedures are contained in the operations manual, they are not reflected in health and safety policies and procedures. It is suggested that all relevant policies and practices be covered in one place, for easy and efficient use by personnel.
  - PDCRS is encouraged to permanently affix evacuation routes to the walls.
  - It is suggested that under-sink pipes in accessible restrooms be wrapped for safety and that areas under sinks be clear.
  - Some first aid kits are missing gloves, or they are hard to find. It is suggested that all kits be checked at pre-determined intervals to ensure completeness and that sufficient gloves be present as a first line of defense.
  - The organization is encouraged to procure AED devices in its facilities and to educate appropriate personnel in their proper use.
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## I. Human Resources

### Description

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
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### Recommendations

#### I.6.a.(1)

#### I.6.a.(2)

#### I.6.b.(5)

Job descriptions of unionized employees are determined during labour negotiations and are not reviewed annually but rather updated as agreed between the parties. Although some non-union position descriptions have been recently reviewed, others have not. It is recommended that all appropriate job descriptions be reviewed annually and updated as needed. This could be accomplished at the time of performance evaluations. Further, a number of personnel files reveal that some employees have not received performance evaluations on an annual basis. In addition, some employees have incomplete evaluations, consisting only of the 360-degree review of peers and stakeholders, but no written evaluation by a supervisor. PDCRS is urged to follow its own policy to conduct performance evaluations for all employees annually. The organization shared that a new format and system are now being piloted to improve the timeliness and effectiveness of the performance evaluation system.

### Consultation

- PDCRS is encouraged to create a formal job application that includes questions about education, experience, and other important factors in performance. It is also suggested that all employment policies and procedures be signed off on by new employees, acknowledging that they have read and understand policies and work rules. Both practices could potentially reduce risk to the organization in the event of misunderstandings or conflicts.
- The organization has instituted a policy on primary source verification of credentials for new applicants, and newer personnel files reflect this. PDCRS is encouraged to apply the policy to employees seeking job changes and promotions as well.

- It is suggested that the personnel files be evaluated for improved organization and more efficient filing and use.
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## **J. Technology**

### **Description**

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
  - Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
  - Training for personnel, persons served, and others on ICT equipment, if applicable
  - Provision of information relevant to the ICT session, if applicable
  - Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
  - Emergency procedures that address unique aspects of service delivery via ICT, if applicable
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### **Recommendations**

There are no recommendations in this area.

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## **K. Rights of Persons Served**

### **Description**

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

### Description

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.

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## M. Performance Measurement and Management

### Description

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
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## Recommendations

### M.3.d.(1)(a) through M.3.d.(1)(c)

Although some business objectives and performance indicators and targets are defined or implied, specifics are not contained in the performance report. It is recommended that the data collected be used to set written business function objectives, performance indicators, and performance targets.

### M.6.a.

PDCRS is urged to formally measure business function performance indicators.

## Consultation

- The performance system could benefit from more clearly defining methods for measuring objectives. An example included in many service delivery areas measures access to services as measured by participants or parents feeling or reporting that services are accessible. Without knowing how access is defined or measured, it is difficult to determine whether access can be improved or how.
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## N. Performance Improvement

### Description

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.b.(1)

PDCRS is urged to complete an annual written performance analysis that analyzes performance indicators in relation to performance targets for business functions.

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

Information is shared with stakeholders through reports, meetings, the annual report, and the website. As outcomes become more specific and measurable, the organization should communicate performance information that is accurate to the persons served, personnel, and other stakeholders according to the needs of the specific group, including the format, the content, and the timeliness of the information communicated.

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## SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

### A. Program/Service Structure

#### Description

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
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#### Recommendations

##### A.11.b.

Although the organization provides information about the organization in written format, it is recommended that the organization ensure that all materials are presented in a manner easily understood by all persons served. Many individuals could benefit from audio or pictorial format options.

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### B. Individual-Centred Service Planning, Design, and Delivery

#### Description

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) through B.5.b.(4)**

Although overall goals are identified, many goals appear reflective of supports provided by staff members and do not appear to be skill based. It is recommended that the individual service plan consistently identify specific measurable objectives, the methods/techniques to be used to achieve the objectives, and those responsible for implementation.

#### **B.7.a.(1) through B.7.b.**

When applicable to the person served and his or her goals and outcomes, it is recommended that the person served and/or his or her legal representatives be involved in assessments of potential health and safety risks in the community, the decision to accept or reject those risks, identifying actions to be taken to minimize the risks, and identifying individuals responsible for those actions. The risk assessment results should be documented in the individual service plan.

### **Consultation**

- PDCRS supports many persons with significant behavioural challenges. Although efforts are made to attain consultation on addressing the persons' issues, these frequently take extensive periods of time. This delay may present a risk to the persons served and/or organization and may hinder their progress in goal attainment. The organization is encouraged to continue its efforts to attain needed consultation to meet the specific needs of each person served.
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## **C. Medication Monitoring and Management**

### **Key Areas Addressed**

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

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## Recommendations

There are no recommendations in this area.

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## F. Community Services Principle Standards

### Description

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

Expected results from these services may include:

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

### 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

### Description

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.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.
- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

## K. Community Housing

### Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighbourhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Safe housing.
- Persons choosing where they live.
- Persons choosing with whom they will live.
- Persons having privacy in their homes.
- Persons increasing independent living skills.

- Persons having access to the benefits of community living.
- Persons having the opportunity to receive services in the most integrated setting.
- Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
- Persons having the freedom to furnish and decorate their sleeping or living units as they choose.
- Persons having freedom and support to control their schedules and activities.
- Settings that are physically accessible to the individuals.

### **Key Areas Addressed**

- Safe, secure, private location
  - In-home safety needs
  - Options to make changes in living arrangements
  - Support to persons as they explore alternatives
  - Access as desired to community activities
  - System for on-call availability of personnel
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### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- Although PDCRS appears to provide safe, accessible housing for all individuals supported, some properties could benefit from environmental updates that might also provide greater access in the kitchen and increased independence. At the Baskin Street duplex, it is suggested that the organization consider attaining a generator to ensure that all medically required equipment is available at all times.
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## **L. Supported Living**

### **Description**

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

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when

the person served is unable to do so. Typically, in this situation the organization would cosign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

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

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Persons served achieving choice of housing, either rent or ownership.
- Persons served choosing whom they will live with, if anyone.
- Minimizing individual risks.
- Persons served have access to the benefits of community living.
- Persons served have autonomy and independence in making life choices.

#### **Key Areas Addressed**

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

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#### **Recommendations**

There are no recommendations in this area.

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## **N. Services Coordination**

### **Description**

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.

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.

Some examples of the quality results desired by the different stakeholders of these services include:

- Access to a variety of services/supports.
- Access to choices of services.
- Individualized services to meet needs.
- Persons achieving goals.
- Persons achieving independence.
- Access to vocational training.
- Persons achieving employment.
- Access to career development.

#### **Key Areas Addressed**

- Goal-oriented and systematic process of advocacy
  - Coordination of services
  - Formation of linkages with community resources and services
- 

#### **Recommendations**

There are no recommendations in this area.

---

## **P. Community Integration**

### **Description**

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity centre, a day program, a clubhouse, and a drop-in centre are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

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

Some examples of the quality results desired by the different stakeholders of these services include:

- Community participation.
- Increased independence.
- Increased interdependence.
- Greater quality of life.
- Skill development.
- Slowing of decline associated with aging.
- Volunteer placement.

- Movement to employment.
- Centre-based socialization activities during the day that enable persons to remain in their community residence.
- Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

### **Key Areas Addressed**

- Opportunities for community participation
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- Although many individuals are involved in recreational activities and limited volunteering in the Penticton area, it is suggested that PDCRS expand its efforts to promote active community involvement through increased volunteerism. One resource for local volunteer opportunities is [www.volunteermatch.org](http://www.volunteermatch.org).
  - It is suggested that PDCRS track volunteer hours, which are a good measure of community inclusion, which can be shared with the local community and used in the development of performance improvement goals for the community inclusion program and/or individual service plan goals.
  - PDCRS is encouraged to use technology such as iPad® devices, tablets, and other devices to assist individuals in communicating their choices in their daily program activities.
- 

## **U. Personal Supports Services**

### **Personal Supports Services**

#### **Description**

Personal supports services are designed to provide instrumental assistance to persons and/or families served. They may also support or facilitate the provision of services or the participation of the person in other services/programs, such as employment or community integration services. The services are primarily delivered in the home or community and typically do not require individualized or in-depth service planning.

Services can include direct personal care supports such as personal care attendants and housekeeping and meal preparation services; services that do not involve direct personal care supports such as transporting persons served, information and referral services, translation services, programs offering advocacy and assistance by professional volunteers (such as legal or financial services), training or educational activities (such as English language services), mobile meal services; or other support services, such as supervising visitation between family members and parent aides.

A variety of persons may provide these services/supports other than a program's staff, such as volunteers and subcontractors.

### **Key Areas Addressed**

- Training for personnel
  - Supervision of personnel
  - Identification of supports provided by program
- 

### **Recommendations**

There are no recommendations in this area.

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**Standards from the 2016 *Child and Youth Services Standards Manual* were also applied during this survey. The following sections of this report reflect the application of those standards.**

## **SECTION 2. CHILD AND YOUTH SERVICES GENERAL PROGRAM STANDARDS**

### **Description**

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

The guiding principles include:

- Child-/youth- and family-driven services.
- Promotion of resiliency.
- Cultural and linguistic competence.

- Strengths-based approach.
- Focus on whole person in context of family and community.
- Trauma-informed, where applicable.

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

### **Description**

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

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

Child- and family-centred care includes the following:

- Recognition that, when possible, the family is the constant in the child's/youth's life, while the service systems and personnel within those systems fluctuate.
- Facilitation of family-professional collaboration at all levels of care.
- Sharing of unbiased and complete information about a child's/youth's care on an ongoing basis, in an appropriate and supportive manner.
- Implementation of appropriate policies and programs that are comprehensive and provide necessary support to meet the needs of children/youths and families.
- Recognition of child/youth and family strengths and individuality and respect for different methods of coping.
- Understanding and incorporating the developmental needs of children/youths and families into service systems.
- Assurance that the design of health and social service delivery systems is flexible, accessible, and responsive to the needs of children/youth and families.

### **Key Areas Addressed**

- Written plan that guides service delivery
- Team member responsibilities
- Developmentally appropriate surroundings and equipment
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity

- Collaborative partnerships
  - Child/youth/family role in decision making
  - Policies and procedures that facilitate collaboration
  - Coordination of services for child/youth
  - Qualifications and competency of direct service staff
  - Family participation
  - Team composition/duties
  - Relevant education
  - Clinical supervision
  - Assistance with advocacy and support groups
  - Effective information sharing
  - Arrangement or provision of appropriate services
  - Gathering customer satisfaction information
- 

### **Recommendations**

There are no recommendations in this area.

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## **B. Screening and Access to Services**

### **Description**

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centred assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, his or her family or significant others, or external resources.

## **Key Areas Addressed**

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

## **Recommendations**

### **B.12.a.(4) through B.12.a.(6)**

### **B.12.b.(2) through B.12.b.(5)**

It is recommended that the primary assessments be expanded to include the personal strengths, abilities and/or interests, and preferences of the child or youth as well as the family's strengths, needs, abilities, and preferences.

## **Consultation**

- It is suggested that the organization consider revisions to the templates for the assessment and individualized plan to provide a fuller understanding of the persons served.
- 

## **C. Individualized Plan**

### **Description**

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

### **Key Areas Addressed**

- Participation of child/youth in preparation of individual plan
  - Components of individual plan
  - Co-occurring disabilities/disorders
  - Content of program notes
- 

## **Recommendations**

### **C.1.c.(1) through C.1.c.(4)**

The individualized plan should be based on the person's strengths, needs, abilities, and preferences.

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

### **C.2.a.(5)(a) through C.2.a.(5)(d)**

### **C.2.b.(5) through C.2.b.(7)**

It is recommended that the individualized plan include goals that are expressed in the words of the person served as well as be based on the person's strengths, needs, abilities, and preferences. The individualized plan should also include specific service objectives that are measurable, achievable, and time specific.

---

## **D. Transition/Discharge**

### **Description**

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

The transition plan is a document that is developed in collaboration with and for the person served, family, and other interested persons who have participated with the individual in services. It is meant to be a plan that the person served uses when leaving the program to identify important supports and actions to prevent the need to return to the program or other higher level of care.

A discharge summary is a document written by the program when the person leaves the program and includes information about the person's progress while in the program, including the completion of his or her goals. It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

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

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

### **Key Areas Addressed**

- Transition/discharge planning
- Components of transition plan
- Follow-up after program participation

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## **Recommendations**

### **D.4.c.(1) through D.4.d.(5)(c)**

The written transition plan should identify the person's well-being, gains achieved, and need for support systems or other types of services that will assist in continuing his or her well-being or community integration. It should also include the person's education status and goals; career planning, when appropriate; a housing plan for youths making the transition to independence; and information on the person's health needs including physical, behavioural, and medications, when applicable.

### **D.5.a.(1) through D.5.b.(4)**

It is recommended that documented information provided to the external programs or services to support the transition plan include the children's/youths' identified strengths, needs, abilities, and preferences as well as the families' strengths, needs, abilities, and preferences.

---

## **E. Medication Use**

### **Description**

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 or her body and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister pack 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 repackaged and labelled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

---

## **F. Non-violent Practices**

### **Description**

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 is expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

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

The goal is to eliminate the use of seclusion and restraint in child and youth services, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, 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 healthcare 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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## G. Records of the Person Served

### Description

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.

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## Recommendations

### G.1.b.

### G.1.c.

It is recommended that the information in the records of the person served be clear and complete. It is suggested that, when an area is not applicable, the staff members note *not applicable* in that area on the form, rather than leaving the area blank.

### Consultation

- It is suggested that PDCRS continue its transition to electronic records in all programs.
- 

## H. Quality Records Review

### Description

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

### Key Areas Addressed

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

## Recommendations

### H.5.c.

It is recommended that the information collected from the review process be used to improve the quality of its services.

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## SECTION 3. CHILD AND YOUTH SERVICES CORE PROGRAM STANDARDS

### E. Child/Youth Day Care

#### Description

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

#### Key Areas Addressed

- Training of providers
  - Program activities
  - Administration of medication
  - Parent/guardian consent
  - Information provided to parents/guardians
- 

#### Recommendations

There are no recommendations in this area.

---

### K. Counselling/Outpatient

#### Description

Counselling/outpatient programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counselling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Counselling/outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, behaviour management, mental health issues, life span issues, psychiatric illnesses, substance use disorders and other addictive behaviours, and the needs of victims of abuse, neglect, domestic violence, or other traumas.

#### Key Areas Addressed

- Service modalities
- Evidence-based practice

---

## Recommendations

There are no recommendations in this area.

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## O. Diversion/Intervention

### Description

Diversion/intervention programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem.

Diversion/intervention programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Within the child welfare field, examples include alternative response, differential response, or multiple response systems.

Diversion/intervention programs may serve persons on a voluntary and/or involuntary basis.

Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

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

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

### Key Areas Addressed

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

## Recommendations

There are no recommendations in this area.

---

## P. Early Childhood Development

### Description

An early childhood development program promotes healthy physical, mental, and emotional development of the child. Early childhood development programs provide services and resources that assist the parent(s)/legal guardian(s) to identify and accept responsibility for the management of their child's health and development. Services may be provided in congregate or community settings

or in a home setting and include education, training, and hands-on support. Services are directed to identified families and children, and are designed to optimize development, functioning, and resilience and prevent developmental delay. Such programs may also engage families, child care providers, and communities in planning for and providing inclusive child care in community settings that support the child's developmental goals.

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

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

Some examples of programs include:

- Families First
- Early Intervention (Canada)
- Supported child development programs
- Home visitation
- Family enhancement
- Looking After Children
- Building Blocks
- Healthy Families America
- Head Start
- Better Beginnings, Better Futures
- Child/youth development centres
- Infant development programs
- Birth to three (0–3) programs
- First Steps
- Early Start
- Early Years

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

---

## **Q. Foster Care**

### **Foster Family and Kinship Care**

#### **Description**

Foster/kinship care is provided under a contract or agreement for the placement of a child/youth in a family setting outside the birth or adoptive family home. Foster/kinship care is provided to a family to establish and maintain a home for the child/youth. The courts may be involved in establishing this relationship.

Foster/kinship care is comprehensive and establishes a system of supports and services for the child/youth, the family of origin, and the foster/kinship family. Programs assist foster and/or kinship families to recognize their strengths and abilities to effect change for the child/youth and family in order to establish stability in the life of the child/youth. Foster/kinship care may include relative care, preadoption placements, or care in parent/counsellor homes. In Canada this would include such programs as out of care options and general foster care homes.

#### **Key Areas Addressed**

- Advocacy
  - Permanency planning
  - Foster family requirements
  - Provider training
  - Needs of child/youth
- 

#### **Recommendations**

There are no recommendations in this area.

---

## U. Intensive Family-Based Services

### Description

Intensive family-based services are provided in a supportive and interactive manner and directed toward maintaining or restoring a healthy family relationship and building and strengthening the capacity of families to care for their children. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach and have a goal of keeping families together or supporting reunification. The services may include wraparound and family preservation type programs.

### Key Areas Addressed

- Services provided
  - Access to professionals
  - Clinical supervision
- 

### Recommendations

There are no recommendations in this area.

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## W. Promotion/Prevention

### Description

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

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

- Universal (promotion) programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviours, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal programs promote positive behaviour and include social marketing and other public information efforts.

- Selected (prevention) 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
- 

### **Recommendations**

There are no recommendations in this area.

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## **X. Residential Treatment**

### **Description**

Residential treatment programs are organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioural health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioural health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, non-hospital addiction treatment centres, intermediate care facilities, psychiatric treatment centres, or other non-medical settings.

## **Key Areas Addressed**

- Treatment requirements
  - Team composition
  - Community living components
- 

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- The residential program provides many opportunities for youth with mobility impairments to participate in community activities, as a wheelchair-accessible handyDART bus is available on weekdays. However, there is no wheelchair-accessible transportation available on weekends for youth who cannot move safely without the aid of a wheelchair. It is suggested that PDCRS explore options for obtaining a wheelchair-accessible van so that youth can participate in activities in the community that enhance the quality of their lives.
-

# PROGRAMS/SERVICES BY LOCATION

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

330 Ellis Street  
Penticton BC V2A 4L7  
CANADA

Services Coordination  
Supported Living  
Counselling/Outpatient (Children and Adolescents)  
Diversion/Intervention (Children and Adolescents)  
Early Childhood Development (Children and Adolescents)  
Foster Family and Kinship Care (Children and Adolescents)  
Intensive Family-Based Services (Children and Adolescents)  
Promotion/Prevention (Children and Adolescents)

*Governance Standards Applied*

## **Residential Services II**

2450 Baskin Street  
Penticton BC V2A 6R2  
CANADA

Community Housing

## **Residential Services I**

2434 Baskin Street  
Penticton BC V2A 6R2  
CANADA

Community Housing

## **Inclusion Services - Paper Shuffle**

1140 Commercial Way  
Penticton BC V2A 3H5  
CANADA

Community Integration  
Personal Supports Services

## **Hand in Hand Infant Toddler Centre**

158 Eckhardt Avenue  
Penticton BC V2A 1Z3  
CANADA

Child/Youth Day Care (Children and Adolescents)

**Little Triumphs Early Childhood Centre**

500 Edmonton Avenue  
Penticton BC V2A 2H2  
CANADA

Child/Youth Day Care (Children and Adolescents)

**After School Program - 1**

470 Edmonton Avenue  
Penticton BC V2A 2H2  
CANADA

Child/Youth Day Care (Children and Adolescents)

**Tuc El Nuit Childcare**

6648 Park Drive  
Oliver BC V0H 1T4  
CANADA

Child/Youth Day Care (Children and Adolescents)

**School Based Supports - Connect Ed**

274 Eckhardt Avenue  
Penticton BC V2A 1Z2  
CANADA

Diversion/Intervention (Children and Adolescents)

**School Based Supports - Princess Margaret AIM**

120 Green Avenue West  
Penticton BC V2A 3T1  
CANADA

Diversion/Intervention (Children and Adolescents)

**Oliver High School Childcare**

6035 Spartan Street  
Oliver BC V0H 1T4  
CANADA

Child/Youth Day Care (Children and Adolescents)

**Residential Services III**

154 McPherson Crescent, Unit 1  
Penticton BC V2A 2N8  
CANADA

Community Housing

**Keremeos Childcare**

900 Sparks Drive  
Keremeos BC V0X 1N0  
CANADA

Child/Youth Day Care (Children and Adolescents)

**Residential Services IV**

150 McPherson Crescent, Unit 4  
Penticton BC V2A 2N8  
CANADA

Residential Treatment (Children and Adolescents)