



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

**CARF**  
**Survey Report**  
**for**

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

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## Organization

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

## Organizational Leadership

Craig Cunningham, CGA, Acting Executive Director/  
Manager, Finance and Operations

Rob Lionello, Manager, Child Care Support Services

Carol Zumpano, Manager, Youth and Family Services

Rainer Persicke, Manager, Community Living Services

## Survey Dates

June 23-25, 2008

## Survey Team

Michael McCoy, Administrative Surveyor

Bernard J. Leins, B.A., Program Surveyor

Yolanda Jenkins, M.S., CPRP, Program Surveyor

Karen I. Hamdon, Program Surveyor

## Programs/Services Surveyed

Community Services: Child and Youth Services

Community Services: Community Housing

Community Services: Community Integration

Community Services: Family Services

Community Services: Host Family Services

Child/Youth Day Care (Children and Adolescents)

Counselling (Children and Adolescents)

Early Childhood Development (Children and Adolescents)

Prevention/Diversion (Children and Adolescents)

Support and Facilitation (Children and Adolescents)

*Governance Standards Applied*



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## Survey Outcome

Three-Year Accreditation

Expiration: June 2011

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## SURVEY SUMMARY

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

- The organization has a volunteer board of directors that is strongly committed to actualizing the mission of the organization and has devoted its skill and expertise to maintaining and building the quality of service delivery and focusing on its future plans and goals.
- The executive director is a strong leader and, by example, has created a high profile for services and participants in the community. By using her skills, experience, and articulateness, she has continued to advocate for and raise the profile of challenging issues affecting participants and services provided. Although she is planning to retire soon and a replacement has not yet been found, arrangements have been made for appointment of an acting executive director and continued leadership of the organization.
- Penticton and District Community Resources Society is commended for the partnerships it has created in its community. Its willingness to create collaborative programs and services has raised the comprehensiveness of service delivery to a dynamic and meaningful level.
- The organization enjoys a positive and meaningful presence in the community it serves. The organization historically has maintained and currently continues to maintain strong relationships, and this is rewarded with a respected place in the community.
- The management and staff of the organization are also strongly committed to actualizing the mission of the organization. They have devoted their skills and expertise to maintaining and building the quality of service delivery with a strong and resilient infrastructure.
- It is clear the organization values its staff. This is evidenced by the presence of long-term employees, and staff respect and value the organization.
- The physical sites of Penticton and District Community Resources Society are warm, welcoming, and well maintained. The cleanliness and orderliness of the main office is complemented by a vibrant and warm atmosphere. The milieu created for the persons who enter the building makes it clear that this organization values and respects participants and other stakeholders.
- The staff members demonstrate a caring and committed approach to their work and are enthusiastic about the services they provide. They believe they are supported by the leadership of the organization and expressed that working at the organization feels like being part of a family.

- The innovative Fetal Alcohol Spectrum Disorder (FASD) program offers the entire region a valuable and accessible service that complements a grassroots approach to providing skills and knowledge to assist families and caregivers.
- There is strong, eclectic expertise in the organization that provides a well-rounded ability for the organization to deal with complex and challenging service issues.
- The child/youth day care staff goes beyond the licensing standards to provide a seamless service delivery for participants.
- The organization has developed a strong continuum of care to meet the needs of participants who receive day care services in the Penticton area.

**Penticton and District Community Resources Society should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate non-conformance to standards but are offered as consultation for further quality improvement.**

On balance, Penticton and District Community Resources Society is committed to the provision of quality programming for the participants. The organization, its management, and staff have clearly developed a strong presence in the community, and they work with a high degree of integration and strong community partnerships. It is clear that the staff and board are committed to both the mission of the organization and promoting accessible and effective services. In addressing the areas for improvement that are identified in the body of this report, the organization should pay particular attention to ensuring that policies and practices related to assessments and individualized service planning are consistently implemented across all service areas for all participants.

Penticton and District Community Resources Society has earned a Three-Year Accreditation. The board, administration, and staff members are complimented for the positive efforts they have made in pursuit of accreditation and are encouraged to use their resources to address the opportunities for improvement detailed in this report.

## **SECTION 1. BUSINESS PRACTICES**

### **Criterion A. Input from Stakeholders**

#### **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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## **Criterion B. Accessibility**

### **Principle Statement**

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

### **Key Areas Addressed**

- Written accessibility plan(s)
  - Status report regarding removal of identified barriers
  - Requests for reasonable accommodations
- 

## **Recommendations**

There are no recommendations in this area.

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## **Criterion C. Information Management and Performance Improvement**

### **Principle Statement**

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery. The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

## Key Areas Addressed

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

## Recommendations

### C.8.a.(7)

The organization is aware of the need to have a plan for disaster recovery preparedness in its technology and system plan. It is recommended that disaster recovery preparedness be developed, written, and incorporated into the technology and system plan.

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## Criterion D. Rights of Persons Served

### Principle Statement

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

### Key Areas Addressed

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

## Recommendations

There are no recommendations in this area.

## Consultation

- A participant handbook is available and distributed upon service provision. It is suggested that the organization have the staff review the handbook with the participant and that it obtain and maintain a signed letter acknowledging that this has been completed annually.
-

## Criterion E. Health and Safety

### Principle Statement

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

### Key Areas Addressed

- One annual external inspection
  - Self-inspections twice a year
  - Emergency procedures, including evacuation, tested/analyzed annually
  - Access to emergency first-aid resources
  - Competency of personnel in safety procedures
  - Defined system for reporting/reviewing critical incidents
  - Infection control plan
  - Transportation requirements, if applicable
- 

### Recommendations

There are no recommendations in this area.

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## Criterion F. Human Resources

### Principle Statement

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

### Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts

- Personnel skills/characteristics
  - Annual review of job description/performance
  - Policies regarding students/volunteers, if applicable
- 

### **Recommendations**

There are no recommendations in this area.

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## **Criterion G. Leadership**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **Criterion H. Legal Requirements**

### **Principle Statement**

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

## **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
- 

## **Recommendations**

There are no recommendations in this area.

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## **Criterion I. Financial Planning and Management**

### **Principle Statement**

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

### **Key Areas Addressed**

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Annual review of service billing records, if applicable
  - Review of fee structure, if applicable
  - Annual outside review/audit, if applicable
  - Written risk management plan
  - Adequate insurance coverage
  - Policies regarding safeguarding funds of persons served, if applicable
- 

## **Recommendations**

There are no recommendations in this area.

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## Criterion J. 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 and other financial matters
- 

### Recommendations

There are no recommendations in this area.

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## SECTION 2. QUALITY INDIVIDUALIZED SERVICES

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

#### Principle Statement

Improvement of the quality of an individual's services requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

### **Key Areas Addressed**

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

### **Recommendations**

#### **A.10.b.(1)**

#### **A.10.b.(2)**

Not all the individual service plans reviewed included specific, measurable objectives or methods/techniques to be used to achieve the objectives. It is recommended that these be consistently included in all individualized service plans.

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## **B. Records of the Persons Served**

### **Principle Statement**

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

### **Key Areas Addressed**

- Complete, confidential records are maintained
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It is suggested that emergency information on participants not be left in vehicles when the vehicles are not in use.
- 

## **F. Community Services Principle Standards**

### **Principle Statement**

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

## **Key Areas Addressed**

- Access to community resources and services
- 

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- It is suggested that the general qualifications of staff be included in the informational participant handbook.
- 

# **I. Medication Monitoring and Management**

## **Key Areas Addressed**

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

## **Recommendations**

### **I.1.e.**

### **I.1.f.**

Information on potential side effects or drug interactions is not being retained at all sites. It is recommended that this information be obtained and retained in the individual record of all medications used by participants at all sites where medications are monitored.

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# **SECTION 4. COMMUNITY SERVICES**

## **Principle Statement**

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

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

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

Expected results from these services may include:

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

## **C. Child and Youth Services**

### **Principle Statement**

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

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

### **Key Areas Addressed**

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

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### **Recommendations**

#### **C.1.a. through C.1.o.**

The Integrated Family Development team completes assessments of the child or youth who is referred to services, but the assessment only covers the specific area that is seen as relevant to the participant. It is recommended that the assessments include information on the child's or youth's developmental history, such as developmental age factors, motor development, and functioning; medical or physical health history; culture/ethnicity; treatment history; school history; language functioning, including speech functioning and hearing functioning; and visual functioning. The assessment information should also include information on the child's or youth's immunization

record; learning ability; intellectual functioning; family relationships; interactions with peers; environmental surroundings; prenatal exposure to alcohol, tobacco, or other drugs; and history of use of alcohol, tobacco, or other drugs.

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## **E. Community Integration**

### **Principle Statement**

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

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.

- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centres, arts councils, etc.)

### **Key Areas Addressed**

- Opportunities for community participation
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It is suggested that the organization continue its quest to find more options for participants to make changes in their living arrangements.
- 

## **F. 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 decision makers in identifying the services needed and in choosing how those services will be delivered.

### **Key Areas Addressed**

- Families enabled to stay together
  - Persons served remain involved with their families
- 

### **Recommendations**

There are no recommendations in this area.

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## **H. Host Family Services**

### **Principle Statement**

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

## Key Areas Addressed

- Temporary placement of participants in family settings outside the birth or adoptive family home
  - Supports and services established as needed
- 

## Recommendations

There are no recommendations in this area.

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## J. Community Housing

### Principle Statement

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services 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 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 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 are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

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

Community housing may include either or both of the following:

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

The residences in which community housing services are provided must be identified in the intent to survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It is suggested that the shower fixture at the home with the wheel-in shower be adjusted to limit the temperature to a maximum of 43 degrees Celsius.
- 

**Standards from the *2007 Child and Youth Services Standards Manual* were also applied during this survey. The following sections of this report reflect the application of those standards.**

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

### **Principle Statement**

For an organization to achieve quality services, the children/youths served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the child/youth served span the entire time that the child/youth served 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 child/youth served. The child/youth served have the opportunity to transition easily through a system of care.

## A. Child- and Family-Centred Care

### Principle Statement

Child and family-centred care is defined as having eight critical components. They are:

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

Reference: T.L. Shelton, E.S. Jeppson, and B.H. Johnson, *Family-Centered Care for Children with Special Healthcare Needs*. (Washington: Association for the Care of Children and Youth Health, 1987).

### Key Areas Addressed

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

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## **Recommendations**

### **A.3.a. through A.3.c.**

Although there is evidence of assessment and individual program planning practices, there is an inconsistency in application. For example, the AIM Program has not integrated the practices as per the organization's policy. It is recommended that the organization ensure that in each of its programs the child/youth and family have a role in decision making related to initial and ongoing assessments and in individual program planning.

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## **B. Program Structure and Staffing**

### **Principle Statement**

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

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

### **Key Areas Addressed**

- Written plan that guides service delivery
  - Team member responsibilities
  - Developmentally appropriate surroundings and equipment
  - Qualifications and competency of direct service staff
  - Family participation
- 

## **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

The process of screening and assessment is designed to maximize opportunities for the child/ youth served to gain access to the organization's programs and services. Each child/youth served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted

in a manner that identifies the strengths, needs, abilities, and preferences of each child/youth served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, or from external resources.

### **Key Areas Addressed**

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

### **Recommendations**

#### **C.8.a. through C.8.g.**

Although the organization implements assessments in the majority of its programs, these are not systemically applied in all programs. It is recommended that the counselling services provided at the AIM Program location consistently implement the organization's practices and policies related to assessments. It is recommended that the AIM Program ensure that it continuously conducts assessments or obtains assessment information for each child/youth served in a manner that is respectful and considerate of his or her specific needs and by using valid and reliable assessment tools, when possible. Assessments should identify the expectations of the child/youth served; identify the needs and issues of the child/youth served; provide for the use of assistive technology or resources, as needed, in the assessment process; be responsive to the changing needs of the child/youth served; include provisions for communicating the results of the assessments to personnel, the child/youth served, identified family members, and others as appropriate; and provide the basis for legally required notification, when applicable.

#### **C.9.a.**

#### **C.9.b.**

It is recommended that the AIM Program ensure that assessments are conducted by qualified personnel who are knowledgeable to assess the specific needs of the child/youth served and who are trained in the use of applicable tools.

#### **C.10.a. through C.10.d.**

It is recommended that the AIM Program ensure that assessments include information obtained from the child/youth served; family members, when applicable or permitted; and friends and peers, when appropriate and permitted.

#### **C.11.a. through C.11.ac.**

The AIM Program should ensure that the primary assessment gathers sufficient information to develop an individualized, person-centred plan for each child/youth served, including information about the participant's strengths; individualized needs; abilities and/or interests; preferences; presenting problems; urgent needs, including suicide risk; and, when applicable, previous service history. In addition, this information should include mental or physical health history and current status; co-occurring disabilities and/or disorders; current level of functioning; and pertinent current

and historical life situation information, including the participant's age, gender, family history and relationships, and history of abuse, neglect, or violence. The assessment should also include information regarding the person's environmental surrounding; legal involvement; relationships, including natural supports and interactions with peers; issues important to the child/youth; need for, and availability of, social supports; risk-taking behaviours; level of educational functioning; medication use profile; medication allergies or adverse reactions to medications; developmental history, such as developmental age factors, motor development, and functioning; culture/ethnicity; school history; language functioning, including speech and hearing functioning; visual functioning; immunization record; learning ability; intellectual functioning; prenatal exposure to alcohol, tobacco, or other drugs; history of use of alcohol, tobacco, or other drugs; parental/guardian custodial status; and, when applicable, parents'/guardians' ability/willingness to participate in services.

### **C.12.a. through C.12.c.**

It is further recommended that the AIM Program ensure that primary assessments are conducted within specific time frames; result in the preparation of an interpretive summary that is based on the assessment data, is used in the development of the individual plan, and identifies any co-occurring disabilities/disorders that should be addressed in the development of the individual plan; and are communicated and provided to the child/youth and/or family served.

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## **D. Individual Plan**

### **Principle Statement**

Each child/youth served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the child/youth and family served, as well as identified challenges and problems. The term child/youth served is used in a broad context to include family members or other legal representatives, when applicable. Planning is consumer directed and person centred.

### **Key Areas Addressed**

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

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## **Recommendations**

### **D.1.a. through D.1.i.**

Although the organization has a current practice of developing individualized service plans, it is recommended that counselling services provided at the AIM Program location consistently include this practice as per the organization's policies and procedures. It is recommended that the individual plan be developed with the active participation of the child/youth served and be prepared using the information from the primary assessment and interpretive summary. It should be based on the strengths, needs, and desires of the child/youth served and focus on his or her integration and inclusion into the community; the family, when appropriate; natural support systems; an educational setting, when applicable; and other needed services. Furthermore, the development of the individual plan should involve the family of the child/youth served, when applicable or permitted, and address healthcare, safety, educational, emotional/behavioural, developmental, social and leisure, spiritual, cultural, financial, and other needs, as identified. It should also identify any needs beyond the scope of the program; specify the services to be provided by the program; specify referrals to additional services; be communicated to the child/youth served in a manner that is understandable; and, when possible, be provided to the child/youth served.

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

Although the organization has a current practice of developing individualized service plans, it is recommended that the practices and all plans be augmented to consistently include specific service objectives that are measurable and time specific and that the AIM Program consistently develop individual plans. These individual plans should include goals that are expressed in the words of the child/youth and/or family served; are reflective of the informed choice of the child/youth served or parent/guardian; are appropriate to the participant's age; and are based upon the participant's strengths, needs, abilities, and preferences. The individual plan should also include specific service objectives that are reflective of the expectations of the child/youth served and the service team; are reflective of the participant's age, development, and culture and ethnicity; are responsive to the participant's disabilities/disorders or concerns; and are understandable to the child/youth and/or family served. These service objectives should be measurable, achievable, time specific, and appropriate to the service setting. In addition, the individual plan should identify the specific service intervention to be used and the frequency of using specific interventions; provide information on, or conditions for, transition to other services; and, when applicable, identify legal requirements and legally imposed fees.

### **D.3.a. through D.3.d.**

In order to determine continued relevance, it is recommended that the AIM Program review the individual plan with the child/youth served based on his or her request for a modification and in accordance with identified time frames, at a minimum of every six months, and the plan should be modified as needed.

### **D.4.a. through D.4.e.**

Based on the needs of the child/youth served, the AIM Program services should include the development of cognitive and social skills, social supports, community living and life skills, and vocational skills.

**D.5.**

When the AIM Program services disrupt the child's or youth's day-to-day educational environment, the organization should ensure that the program provides or makes arrangements for the continuity of his or her education.

**D.9.a.****D.9.b.**

When the child/youth served in the AIM Program has co-occurring disabilities/disorders, it is recommended that the individual plan specifically address those issues in an integrated manner and that services be provided by personnel, either within the organization or by referral, who are qualified to provide services for children/youths with co-occurring disabilities/disorders.

**D.10.a.****D.10.b.**

It is recommended that, when the child/youth served in the AIM Program is medically fragile, the individual plan specifically address how services will be provided in a manner that ensures the safety of the child/youth served and that services be provided by skilled healthcare providers.

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## **E. Transition Support Services**

### **Principle Statement**

The organization assists the child/youth served to obtain services that are needed but that are not available within the organization and to plan for transition from services and follow-up, when needed. The transition process is planned with the active participation of each child/youth served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, reunification, re-entry in a juvenile justice system, or transition to adulthood. Just as the assessment is critical to the successful achievement of service outcomes, the transition services are critical for the support of the individual's ongoing well-being. The organization proactively attempts to contact the child/ youth served after formal transition or discharge to gather needed information related to his or her postdischarge status. The organization reviews the postdischarge information to determine the effectiveness of its services and determine if additional services are needed.

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## F. Pharmacotherapy

### Principle Statement

Pharmacotherapy is the practice of evaluating, prescribing, dispensing, and/or administering medications to a child/youth served in response to specific symptoms, behaviours, and conditions for which the use of medications is indicated and efficacious. Pharmacotherapy may be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the child/youth served while reducing his or her specific symptoms and minimizing the impact of side effects.

### Key Areas Addressed

- Policy on provision of pharmacotherapy
  - Policies and procedures on medication
  - Regular review of medication by a qualified personnel
  - Ongoing training/education on medication
- 

### Recommendations

There are no recommendations in this area.

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## G. Seclusion and Restraint

### Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behaviour toward self or others. Seclusion refers to restriction of the child/youth served to a segregated room with the child's/youth's freedom to leave physically restricted. Voluntary time-out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the child/youth served is considered in seclusion if freedom to leave the segregated room is denied.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a child's/youth's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behaviour. Briefly holding a child/youth served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behaviour, or holding a child's/youth's hand or arm to safely escort him or her from one area to another, is not a restraint.

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

In a correctional or secure setting, the use of seclusion or restraint for purposes that are not in response to the needs of the child/youth served are not considered seclusion or restraint under these standards. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

### **Key Areas Addressed**

- Policy identifying use of seclusion/restraint
  - Emergency intervention policies and procedures
  - Policies and procedures on seclusion and restraint
  - Follow up to use of seclusion or restraint
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- Although the organization has policies for emergency interventions, it is suggested that the organization collapse the policies to one document so that they are clearer to the reader.
- 

## **H. Records of the Child/Youth Served**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **I. Quality Records Review**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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

### **D. Child/Youth Day Care**

#### **Principle Statement**

A child/youth day care program provides care, development, and supervision for an identified portion of the day. Services are provided to children/youths temporarily entrusted to the program during the parent's involvement at work, school, or other short-term activity.

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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## **J. Counselling**

### **Principle Statement**

Counselling programs provide services that include, but are not limited to, individual, group, and family counselling and psychoeducation. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Counselling programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

### **Key Areas Addressed**

- Service modalities
  - Evidence-based practice
- 

## **Recommendations**

### **J.5.**

Although there are notes being kept with respect to participation in the AIM Program, it is recommended that those records also include the specific interventions that are provided for each participant.

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## M. Early Childhood Development

### Principle Statement

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

Some examples of programs include:

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

## Key Areas Addressed

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

## Recommendations

There are no recommendations in this area.

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## U. Prevention/Diversion

### Principle Statement

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

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

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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# **Y. Support and Facilitation**

## **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

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# PROGRAMS/SERVICES BY LOCATION

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

330 Ellis Street  
Penticton, BC V2A 4L7  
Canada

Community Services: Child and Youth Services  
Community Services: Family Services  
Community Services: Host Family Services

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

*Governance Standards Applied*

### **Baskin Residence - 1**

2450 Baskin Street  
Penticton, BC V2A 6R2  
Canada

Community Services: Community Housing

### **Baskin Residence - 2**

2434 Baskin Street  
Penticton, BC V2A 6R2  
Canada

Community Services: Community Housing

### **Lakeside Residence/Duncan Residence**

175 McCulloch Drive  
Penticton, BC V2A 3P6  
Canada

Community Services: Community Housing

### **May Residence**

579 Edmonton Avenue  
Penticton, BC V2A 2H1  
Canada

Community Services: Community Housing

**Paper Shuffle**

1140 Commercial Way  
Penticton, BC V2A 3H5  
Canada

Community Services: Community Integration

**The Club**

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

Community Services: Community Integration

**Hand in Hand Infant Toddler Centre**

158 Eckhardt Avenue  
Penticton, BC V2A 1Z3  
Canada

Child/Youth Day Care (Children and Adolescents)

**Little Triumphs Early Childhood Centre**

500 Edmonton Avenue  
Penticton, BC V2A 2H2  
Canada

Child/Youth Day Care (Children and Adolescents)

**After School Program**

470 Edmonton Avenue  
Penticton, BC V2A 2H2  
Canada

Child/Youth Day Care (Children and Adolescents)

**Tuc El Nuit PreSchool**

36850 79th Street  
Oliver, BC V0H 1T0  
Canada

Child/Youth Day Care (Children and Adolescents)

**Penticton Alternate School Program**

274 Eckhardt Avenue  
Penticton, BC V2A 1Z2  
Canada

Counselling (Children and Adolescents)

**AIM Program**

120 Green Avenue West  
Penticton, BC V2A 3T1  
Canada

Counselling (Children and Adolescents)