

**CARF
Survey Report
for
Sea to Sky
Community
Services Society**

Organization

Sea to Sky Community Services Society (SSCS)
38144 Second Avenue
Squamish BC V8B 0A7
CANADA

Organizational Leadership

Lois D. Wynne, Executive Director

Survey Dates

November 16-18, 2015

Survey Team

Sylvia A. R. Tremblay, Administrative Surveyor
Debbie J. Sirk, M.P.A., Program Surveyor
Sue B. Linn, LPC, Program Surveyor

Programs/Services Surveyed

Child and Youth Services
Community Housing
Community Integration
Host Family/Shared Living Services
Personal Supports Services
Services Coordination
Counselling/Outpatient (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)

Previous Survey

November 14-16, 2012
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: November 30, 2018



Three-Year Accreditation

SURVEY SUMMARY

Sea to Sky Community Services Society (SSCS) has strengths in many areas.

- The leadership has a “can do” attitude, is very proactive in its planning, and has the capacity and will to get things done. The organization’s proactive approach to identifying and responding to changing needs in the communities, gaps in services, and funding opportunities has resulted in the development of effective programs and services that have been implemented in a timely manner and that are meeting the emerging needs of the community.
- The leadership, including a very engaged board of directors, has achieved much success and continues to work on its vision of long-term sustainability and fiscal stability, building on both the recent acquisition of real estate and on the trust and respect it has earned from its funders, donors, community partners, clients, and the community.
- The organization has a very positive and solid reputation with funders and community partners. They consider SSCS their “go to” organization and appreciate the collaborative, transparent, and respectful relationship they have with SSCS. Community partners and stakeholders state that SSCS is a highly respected organization that has hired competent staff members who work well with the community and other professionals to ensure that quality services are being provided to the persons served. The organization is seen as progressive, open, eager to learn, and innovative.
- SSCS’ largest funder speaks very highly of the long-term relationship they have enjoyed together. It notes that there is a strong element of trust and transparency. There have been no complaints and even the small findings that come up from time to time are always dealt with by SSCS in a very timely and professional manner.
- Personnel feel supported, appreciated, and respected in their work, and there is low turnover among senior personnel with many having been there for ten to twenty-plus years. SSCS is complimented for creating an employee-friendly environment, and the staff members express having a voice and a lot of support in carrying out their daily work.
- The families of the persons served recognize the creativity of the staff members in thinking outside the box to develop solution-focused behavioural management tools to be used in the home, school, and community-based settings. The organization demonstrates outstanding services to children and youth through its programs. Families are appreciative of the services and the commitment to the unique needs of their families.
- The families served throughout the organization report high levels of satisfaction with the staff members and services provided. The persons served in the programs state that they feel as though the staff members offer them a support system. The families indicate that the staff members assist with problem-solving service concerns and guide them in their self-advocacy efforts. A family-centred philosophy is reflected throughout the programs and services. It is evident that the parents and children served hold the staff members in high regard.
- The staff members are highly motivated to assist the persons served and encourage and assist them to achieve their hopes and dreams. The persons served express a great deal of satisfaction with the services.
- The youth served and their parents express a sense of feeling genuine compassion from personnel and being cared for in their programs, and they are excited to express their appreciation for SSCS.

- SSCS is complimented on the quality and thoroughness of its organizational documentation, including policies and procedures, reports, and written plans.
- SSCS has created an exceptional environment for the promotion of advocacy, support, and enrichment of children, youth, adults, and families. In conjunction with community partners, it celebrates families through a myriad of events, including walks and health fairs in an effort to give back to the community.
- The organization’s community housing program offers the persons served a safe and home-like environment in which to rebuild lives. Homes are located in residential neighbourhoods, are well maintained, and the persons served appear to be happy and content.
- The organization is recognized for its Mother Goose Program, which is a free program offering group experience for parents and their children between birth to 18 months of age. This group focuses on the pleasure and power of using rhymes, songs, and stories that assist the parents in positive family interactions.
- The Homeless Outreach Program helps persons who are homeless with shelter, clothing, food, applications for housing, income assistance, information about medical and mental health services, detoxification and addiction treatment, legal services, counselling, job training, domestic violence counselling, immigration services, and many other services. The program goes into the community and works with the persons who are homeless to provide needed services. The hardworking staff members have a strong commitment to improving the lives of the persons served and supporting their needs. It is obvious that the staff members enjoy the work they do. One person served explained that one staff person is famous among the persons accessing these services and is known as a “saint.”
- The staff members are dedicated professionals who display genuine care and support for the persons served. They are innovative, give of themselves, and go above and beyond to provide needed services as demonstrated in the quality and consistency of their work. It is also reflected in the organization’s compassionate approach. The staff members clearly feel they are a part of the programs and are active contributors to the development of the organization. They share a strong sense of pride in both the work and the organization.
- SSCS’ staff members have respect for each other, and a peaceful environment is evident throughout the organization. This peace is developed by the caring attention to detail, teamwork, and a sense of humour.
- The programs at SSCS nurture excellence through community outreach, education, and advocacy and ensure that every family and/or person served has access to needed resources through the food bank and its Reuse It Store. These services help ensure that every family, child, and person served has a healthy and happy start in life so they can thrive within their families and communities.

SSCS should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate non-conformance to standards but is offered as a suggestion for further quality improvement.

On balance, SSCS demonstrates a commitment to quality services, to the accreditation process, and subsequently, to providing outcomes-based and effective services for the clients. The staff members take pride in their strong, well-organized programs. They are competent, motivated, responsive, and passionate about their jobs and the services provided. SSCS is known for its collaboration, successful affiliations, and meaningful partnerships with a broad variety of other organizations along the “sea to sky corridor” and on a province-wide level. The organization is encouraged to address

the opportunities for improvement noted in this report, including fully implementing its procedures regarding the funds of the persons served, ensuring that health and safety training for personnel is competency based, improving personnel performance reviews and reviews of contracted personnel, and strengthening case records and individual plans. The organization was receptive to the consultation and other feedback offered, and it has both the intent and capacity to address the recommendations.

Sea to Sky Community Services Society has earned a Three-Year Accreditation. The leadership and personnel are congratulated for this accomplishment. They are encouraged to use the organization's many resources to address the recommendations in this report and to continue to use the CARF standards for quality improvement.

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

Recommendations

There are no recommendations in this area.

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.

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
-

Recommendations

There are no recommendations in this area.

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.

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
-

Recommendations

F.9.a. through F.9.f.

Although SSCS has clearly written policy and procedures on what to do when it takes responsibility for the funds of the persons served, it does not appear to consistently and fully implement its written procedures whenever it is involved in managing the funds of the persons served, receiving benefits on behalf of the persons served, or temporarily safeguarding funds or personal property of the persons served. When the organization takes responsibility for the funds of persons served, it should have, and consistently implement, written procedures that define how the persons served will give informed consent for the expenditure of funds, how the persons served will access the records of their funds, how funds will be segregated for accounting purposes, safeguards in place to ensure

that funds are used for the designated and appropriate purposes, how interest will be credited to the accounts of the persons served, and how monthly account reconciliation is provided to the persons served.

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
-

Recommendations

There are no recommendations in this area.

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.4.a.(1) through H.4.b.(8)

Although personnel receive comprehensive health and safety training, the organization has not developed or consistently implemented comprehensive procedures to ensure that all personnel can demonstrate their competency regarding the training they have received in the health and safety arena. It is recommended that personnel receive documented competency-based training, both upon hire and annually, in health and safety practices, identification of unsafe environmental factors, emergency procedures, evacuation procedures, identification of critical incidents, reporting of critical incidents, medication management, and reducing physical risks.

H.12.h.

It is recommended that SSCS ensure that there are written emergency procedures available in all vehicles that are used when transportation is provided for the persons served, including when personnel are using their own vehicles to transport the persons served.

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
-

Recommendations

I.6.b.(4)(a)

I.6.b.(4)(b)

I.6.c.(1) through I.6.c.(4)

It is recommended that all performance evaluations consistently be used to assess performance related to objectives established in the last evaluation period and to establish measurable performance objectives for the next year. Further, although reviews of most contract personnel utilized by the organization are performed annually, this practice does not include all contract

personnel utilized by the organization. Annual reviews of all contract personnel utilized by the organization should be conducted to assess performance of their contracts, to ensure that they follow all applicable policies and procedures of the organization, and to ensure that they conform to the CARF standards applicable to the services they provide.

Consultation

- SSCS is experiencing some challenges in ensuring that there are an adequate number of personnel, including outpatient counsellors, to deal with staff-to-client ratios, growing waiting lists, and needed new services, as the area is experiencing rapid population growth and changing demographics. It is suggested that the organization engage in stronger advocacy and planning with funders, other community partners, and provincial decision makers to help with this serious issue.
 - The organization currently uses volunteers on a very short-term basis only. Because that may change in the near future, it is suggested that it prepare to implement a comprehensive system of management of volunteers that includes regular assessments of their performance and training.
-

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
-

Recommendations

There are no recommendations in this area.

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
-

Recommendations

There are no recommendations in this area.

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
-

Recommendations

There are no recommendations in this area.

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
-

Recommendations

There are no recommendations in this area.

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
-

Recommendations

There are no recommendations in this area.

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
-

Recommendations

A.12.

It is recommended that a complete record be consistently maintained for each person served.

A.13.b.

It is recommended that any release of confidential information be consistently limited to the specific information identified.

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

Recommendations

B.5.a. through B.5.b.(3)

Although service plans are developed, they are not all consistent. It is recommended that a coordinated individualized service plan be developed with the active involvement of the person served and identify the person's overall goals, specific measurable objectives, and methods/techniques to be used to achieve the objectives.

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
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that SSCS continue to educate its staff members regarding its written procedures regarding safe disposal of medications.
 - It is suggested that the organization clearly define in its transportation and delivery policies and procedures regarding medications in terms of what constitutes a safe and secure manner.
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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.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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.

I. Child and Youth Services

Description

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/supports may be provided in any of a variety of settings, such as a family's private home, the organization's facility, and community settings such as parks, recreation areas, preschools, or child day care programs not operated by the organization.

In all cases, the physical settings, equipment, and environments meet the identified needs of the children and youth served and their families. Families are the primary decision makers in the process of identifying needs and services and play a critical role, along with team members, in the process.

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

- Services individualized to needs and desired outcomes.
- Collection and use of information regarding development and function as relevant to services.
- Children/youths developing new skills.
- Collaborative approach involves family members in services.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- Although SSCS gathers and uses information as relevant to the early intervention and school-aged therapy services it provides, there may be benefit in collecting additional information related to the areas of prenatal exposure to alcohol, tobacco, or other drugs; school history; communication functioning, including speech, hearing, and language; visual functioning; intellectual functioning; and environmental surroundings. The staff members indicated there are Canadian laws that may prohibit gathering information beyond what is directly relevant to the services being provided. SSCS is encouraged to follow up to determine what information is legally accessible and then to clearly identify and demonstrate what type of information, if any, that it is legally prohibited from collecting. In addition, rather than relying on assessments provided by other entities, it might be helpful for the organization to develop a comprehensive document of its own that lists all the types of information that might be gathered, or is often included in assessments, and then clearly indicate on that document whether or not the specific information is relevant to the services it is providing to each individual. The organization could also use that document for notating per individual what type of information, if any, that it is legally prohibited from collecting.
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J. Family-Based/Shared Living Supports

Host Family/Shared Living Services

Description

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

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

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

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

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

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

- Quality of life as identified by the person served is enhanced.
- Increased independence.
- Increased community access.
- Persons served choose whom they will live with and where.
- Participation of the persons in the community.
- Community membership.
- Support for personal relationships.
- Increased natural supports.
- Strengthened personal networks.
- Supports accommodate individual needs.
- Persons feel safe.
- Persons feel that the supports they need/want are available.
- Persons decide where they live.
- Persons feel valued.
- Persons have meaningful relationships.
- Persons develop natural supports.
- Persons participate in their community.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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.

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.

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.

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

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
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Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that services being provided to the persons served by different service streams be more integrated.
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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.
- Development of work attitudes.
- Employment activities.
- 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.).

Key Areas Addressed

- Opportunities for community participation
-

Recommendations

There are no recommendations in this area.

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
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Recommendations

There are no recommendations in this area.

Standards from the *2015 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
 - 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

A.19.b.(3)

A.19.b.(4)

It is recommended that, for personnel providing direct services, the organization provide or arrange for assessment of competency and competency-based training on person-centred plan development/implementation and interviewing skills.

Consultation

- It is suggested that SSCS identify who is not present at team meetings and consider having all staff members attend team meetings in order to ensure continuity regarding services and programming and to enhance a more collaborative team approach to services provided.
 - Although the organization has an area to document ongoing supervision of direct service personnel in boundaries and secondary trauma, it is suggested that these areas be more clearly indicated on the supervision form.
-

B. Screening and Access to Services

Description

The process of screening and assessment is designed 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 strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or from external resources.

Key Areas Addressed

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

Recommendations

B.12.a.(9)(a)

B.12.a.(15)(a)(i) through B.12.a.(15)(b)

B.12.a.(20)

B.12.a.(24)(a) through B.12.a.(24)(c)

B.12.a.(25)(b)(i) through B.12.a.(25)(b)(iv)

B.12.a.(26)(a)

B.12.a.(26)(b)

B.12.a.(27)

B.12.b.(11) through B.12.b.(17)

It is recommended that the primary assessment gather sufficient information consistently with all children and adolescents served to develop an individualized person-centred plan for each person served, including information about the individual's developmental history, including prenatal exposures; current level of language functioning, including speech and hearing; visual functioning; gender identification, sexual orientation, and gender expression; medication use profile, including prescription and non-prescription, efficacy of medications used, and allergies or adverse reactions; current behaviours of concern, including risk-taking behaviours, fire setting, cruelty to animals, and life stressors; educational experiences, including placements and performance; and environmental surroundings. In addition, the primary assessment should gather information on the family's medical history and current status; behavioural health history and current status; legal history; history of abuse, neglect, trauma, and violence; educational history and functioning; employment history; and financial status. The organization indicated there are Canadian laws that may prohibit gathering information beyond what is directly relevant to the services being provided. The organization is encouraged to follow up to determine what information is legally accessible and then to clearly identify and demonstrate what, if any, information it is legally prohibited from collecting.

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
 - Coordination of services for child/youth
 - Co-occurring disabilities/disorders
 - Content of program notes
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that additional efforts be made so that programs and services are more accessible for working parents and school-aged children.
-

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 supportive document that includes information about the person's progress and describes the completion of goals and the efficacy of services provided. It is prepared to ensure a seamless transition to another level of care, another component of care, or an aftercare program.

A discharge summary, identifying reasons for discharge, is completed when the person leaves services for any reason (planned discharge, against medical advice, no show, infringement of program rules, aging out, etc.).

Just as the assessment is critical to the success of treatment, 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 organization reviews the postdischarge information to determine the effectiveness of its services and whether additional services were needed.

The transition plan and/or discharge summary may be included in a combined document 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

Recommendations

There are no recommendations in this area.

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 licenced individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

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

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

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

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

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or repackaged and labelled by a physician or pharmacist or other qualified professional licenced 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 licenced 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. Nonviolent 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, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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

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

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

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

Key Areas Addressed

- Training and procedures supporting nonviolent 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.

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.

Recommendations

G.1.a. through G.1.c.

It is recommended that the individual record communicate information in a manner that is organized, clear, and complete.

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

There are no recommendations in this area.

SECTION 3. CHILD AND YOUTH SERVICES CORE PROGRAM STANDARDS

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, lifespan 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.

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, and 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. Promotes positive behaviour and includes 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.

PROGRAMS/SERVICES BY LOCATION

Sea to Sky Community Services Society

38144 Second Avenue
Squamish BC V8B 0A7
CANADA

Child and Youth Services
Community Integration
Host Family/Shared Living Services
Services Coordination
Promotion/Prevention (Children and Adolescents)

Pemberton and Area Office

1357 Aster Street
Pemberton BC V0N 2L0
CANADA

Personal Supports Services
Counselling/Outpatient (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)

SSCS Program House

1341 Aster Street
Pemberton BC V0N 2L0
CANADA

Child and Youth Services
Services Coordination

CCRR

38370 Buckley Avenue
Squamish BC V8B 0A7
CANADA

Personal Supports Services

Early Learning Centre

C-38073 Second Avenue
Squamish BC V8B 0A7
CANADA

Child and Youth Services
Services Coordination
Counselling/Outpatient (Children and Adolescents)

Newport House

37948 Third Avenue
Squamish BC V8B 0A7
CANADA

Community Housing

Squamish Youth Resource Centre

1135 Carson Place
Squamish BC V8B 0A7
CANADA

Personal Supports Services

Support Recovery House

40285 Diamond Road
Squamish BC V8B 0A7
CANADA

Community Housing

Whistler and Area Office

1519 Spring Creek Drive
Whistler BC V0N 1B1
CANADA

Child and Youth Services
Services Coordination