



CARF
Survey Report
for
Sunshine Coast
Community Services
Society

Organization

Sunshine Coast Community Services Society (SCCSS)
5638 Inlet Avenue
Sechelt, BC V0N 3A0
Canada

Organizational Leadership

Dianne L. Evans, Director, Operations/Accreditation Coordinator
Vicki Dobbyn, B.A., Executive Director
Beatrice Sorensen, Director of Finance

Survey Dates

March 28-30, 2011

Survey Team

Joseph F. Piccari, Ph.D., Administrative Surveyor
Sherry S. Kimbrough, M.S., Program Surveyor
Sherri T. McAllister, Program Surveyor

Programs/Services Surveyed

Community Services: Child and Youth Services
Community Services: Community Services Coordination
Community Services: Family Services
Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Governance Standards Applied

Previous Survey

May 7-9, 2008
Three-Year Accreditation



Survey Outcome

Three-Year Accreditation
Expiration: March 2014

SURVEY SUMMARY

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

- SCCSS has a dedicated and knowledgeable board of directors that has clearly defined its role and functions.
- The strategic planning process is a living, dynamic process that incorporates the various other planning activities to guide the organization.
- SCCSS has a prestigious history in the Sunshine Coast of British Columbia that continues to earn the organization a reputation for community involvement and leadership.
- The executive director brings longevity to the organization and has led the organization in actively responding to identified needs in the community where it provides services.
- The organization has a long history of support and advocacy for the community and its vulnerable people. It has established significant relationships and partnerships with various community organizations along the Sunshine Coast, such as the school districts, mental health organizations, and government entities. Management staff members of the organization are well known and respected and serve as an integral part of the human services sector.
- It is obvious that the organization is responsive in designing programs of need for the community. Positive connections within the community are clearly a value of the organization and are reflected in service delivery.
- Interviews with clients indicate they are treated with respect by staff and are empowered towards responsibility in achieving their personal goals. There is a real feeling of appreciation for the caring and professionalism of all staff members. Clients' indicated that the organization had exceeded expectations, that their child was "like a new kid," that staff was accessible, and that staff really cared about their family.
- There is ample evidence of teamwork and cooperation throughout the organization, beginning with top management. Staff members at all levels of the organization consistently demonstrate a high level of commitment and caring for the clients.
- The organization consistently goes above and beyond its contract obligations to ensure the well-being of its clients. Staff members are flexible in their work schedules and venues to meet the needs of clients.
- Due to changing funding patterns, staff members are challenged to often work in more than one program to ensure continuity of services. Retention of experienced and competent individuals is possible due to the wide range of skills and willingness of staff members to wear many hats.
- Attractive, welcoming facilities enhance the delivery of service in the scattered communities of the Sunshine Coast.

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

On balance, SCCSS is an organization that is well known and well respected along the Sunshine Coast of British Columbia. With a long history of providing services, the organization is well known for responding to the needs of the community and responding to the needs of its clients. Staff members are dedicated to the clients and provide diverse and flexible services. Although the longevity of many staff members has contributed to reputation of SCCSS, this longevity has caused the board of directors to take the necessity of succession planning seriously and it is encouraged to follow through with its efforts to develop and implement a more comprehensive succession plan. Although there are areas for improvement noted in the body of this report, they are scattered and are largely based on issues of consistency. The organization is encouraged to utilize its resources to address the recommendations noted in the body of this report in a timely, comprehensive, and consistent manner.

Sunshine Coast Community Services Society has earned a Three-Year Accreditation. Board members, leadership, and staff are complimented for this achievement. The organization is encouraged to stay current with the CARF standards and to continue to use them in its efforts at continuous quality improvement.

SECTION 1. ASPIRE TO EXCELLENCE[®]

A. Leadership

Principle Statement

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

Key Areas Addressed

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

Recommendations

A.5.a.(3)(b) through A.5.a.(4)

In addition to the ethical conduct addressed in the code of ethics, it is recommended that the following be added: exchange of gifts, money, and gratuities; personal fundraising and property; setting boundaries; witnessing of documents; and professional responsibilities. Although some of these areas may be found in other documents such as conflict of interest, they should also be clearly identified as part of the ethical code of conduct.

A.5.b.

It is recommended that the code of ethical conduct include written procedures to deal with allegations of violations of ethical codes. Although there is a generic statement in the disciplinary procedure that refers to all policies, the process for handling any allegations should be noted within the code of ethical conduct.

B. Governance

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- The board of directors understands the importance of implementing a succession plan for leadership. A plan has been adopted in the event of an emergency, and ongoing discussions are being conducted to address planned succession. The board is encouraged to continue this discussion and to adopt and implement a more comprehensive plan.
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C. Strategic Integrated Planning

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
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Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Principle Statement

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

G. Risk Management

Principle Statement

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Identification of loss exposures
 - Development of risk management plan
 - Adequate insurance coverage
-

Recommendations

There are no recommendations in this area.

H. Health and Safety

Principle Statement

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

Key Areas Addressed

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

Recommendations

H.10.k.

Transportation of persons served is provided by staff members in their personal vehicles. The organization supplies safety equipment for personal vehicles. It is recommended that road warning/hazard equipment be added to the equipment provided.

Consultation

- It is suggested that emergency evacuation charts be developed and posted in the parent-tot drop-in program in Gibsons.
-

I. Human Resources

Principle Statement

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

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job descriptions/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

I.7.a. through I.7.g.

The organization makes use of volunteers in a variety of capacities. It is recommended that for all volunteers the following be in place: a signed agreement that identifies duties, scope of responsibility, supervision, orientation and training, assessment of performance, policies and written procedures for dismissal, confidentiality, and background checks when required.

Consultation

- The organization has grown significantly and currently employs 90 staff persons. It is suggested that SCCSS seriously consider creating a human resource department and employing a human resource specialist to manage all human resource activities such as recruitment, retention, and

coordinating training. This could ensure that all human resource policies and procedures are being followed and that the organization is staying current with laws and regulations and quality practices.

- It is suggested that the new employee orientation checklist form be signed by the person conducting the orientation and the new employee and placed in the employee record to document verification that it has been completed.
 - Although training of new employees is conducted within each program area based upon the unique needs of the program to which the person is assigned and documentation of the training is placed in each record, it is difficult to identify that all training has been appropriately completed. It is suggested that a format be developed, such as a checklist that lists all required training with the dates of training, so that all completed training can be noted at a glance.
-

J. Technology

Principle Statement

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan
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Recommendations

J.1.a.(1) through J.1.b.

Although part-time staff has been hired and additional effort has been made to create a comprehensive technology and system plan, the organization should implement a technology and system plan that includes hardware, software, security, confidentiality, backup policies, assistive technology, disaster recovery preparedness, and virus protection to support information management and performance improvement activities.

Consultation

- It is suggested that, as the technology plan is implemented, the leadership approach it with the vision and the questions, “Where do we want to be technologically three or five years from now?” and “What do we want the technology system to do?” The organization could approach this initially without consideration of cost, and then, once those questions are answered, include in the plan the issues of cost and implementation.
-

K. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

- Communication of rights
 - Policies that promote rights
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

There are no recommendations in this area.

L. Accessibility

Principle Statement

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

Key Areas Addressed

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

Recommendations

L.2.a.(2)

It is recommended that the identification of environmental barriers be included in the accessibility plan.

Consultation

- It is suggested that the accessibility plan be reworked to address the barriers faced by the client rather than the organization. For example, employment goals are focused on the staff development rather than clients and financial goals are focused on organization's finances rather than those of the client.

- Although attitudinal barriers have been identified and included in previous plans, there are none currently listed. SCCSS is encouraged to revisit the concept of attitudinal barriers by not only looking externally but internally within the organization and consider the potential for barriers being imposed by staff members and volunteers.
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M. Information Measurement and Management

Principle Statement

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and 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

Principle Statement

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

Key Areas Addressed

- Proactive performance improvement
 - Performance information shared with all stakeholders
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization expand the ways that performance information is shared with stakeholders such as not only including the outcomes management report on its website, but also focusing on each section and expanding the presentation of data, analysis, and discussion on a monthly basis.
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SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

A. Program/Service Structure

Principle Statement

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

Key Areas Addressed

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

Recommendations

A.3.b.

The organization is urged to clearly define transition criteria for all programs.

A.11.

Some of the reviewed records contained handwritten notes and other documents that were difficult to read, and some were incomplete. All documents contained in a file should be legible, complete, or if not complete, marked as "not applicable" or "refused to improve the clarity of communication." The organization is urged to consistently maintain a complete record for all persons served.

Consultation

- Record completeness and documentation style and clarity varies widely among programs. It is suggested that the organization develop a standardized core record set, with protocols for completion and additional information, as appropriate, for various programs.
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B. Individual-Centered Service Planning, Design, and Delivery

Principle Statement

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

- Complete, confidential records are maintained
-

Recommendations

B.5.a. through B.5.f.

A coordinated individualized service plan should be consistently prepared in all programs based on the person's strengths, abilities, preferences, desired outcomes, cultural background, and other issues as identified.

B.6.a. through B.6.e.(3)

A coordinated individualized service plan should be developed across all programs, with the active involvement of the client, that identifies overall goals, specific measurable objectives, methods/techniques to be used to achieve the objectives, and who is responsible for implementation. This plan should be communicated in a manner that is understandable to the client and the persons responsible for implementing the plan; be reviewed on a regular basis with respect to expected outcomes; be revised, as appropriate, based on the satisfaction of the client; remain meaningful to the client; and be based on the changing needs of the client.

B.11.b.

An exit summary report should consistently be prepared for each client who leaves services.

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.

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

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

Expected results from these services/supports may include:

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

B. Community Services Coordination

Principle Statement

Community services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful services coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counselling and crisis intervention services, when allowed by regulatory or funding authorities.

Community services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing community services coordination. Such programs are typically provided by qualified services coordinators or by case management teams.

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

Key Areas Addressed

- Community opportunities provided
 - Goal-oriented and systematic process of advocacy
 - Coordination of services
 - Formation of linkage with community resources and services
-

Recommendations

There are no recommendations in this area.

C. Child and Youth Services

Principle Statement

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

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

Key Areas Addressed

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

Recommendations

C.1.a. through C.1.h.

C.1.j. through C.1.r.

Records reviewed presented a wide variability in style, completeness, and legibility. The organization is urged to gather relevant information on each child or youth served that includes developmental history such as developmental age factors, motor development, and functioning; medical or physical health history; culture/ethnicity, including specific needs and preferences; treatment history; school history; language functioning, including speech/communication functioning; hearing functioning;

visual functioning; learning style; intellectual functioning; family relationships; interactions with peers; environmental surroundings; prenatal exposure to alcohol, tobacco, or other drugs; history of use of alcohol, tobacco, or other drugs; mental health; and social/emotional health.

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/supports needed and in choosing how those services/supports will be delivered.

Key Areas Addressed

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

There are no recommendations in this area.

SECTION 5. PSYCHOSOCIAL REHABILITATION PROGRAMS

Principle Statement

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

A. Program/Service Structure

Principle Statement

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

Key Areas Addressed

- Written program plan
 - Crisis intervention provided
 - Medical consultation
 - Services relevant to diversity
 - Assistance with advocacy and support groups
 - Team composition/duties
 - Relevant education
 - Clinical supervision
 - Family participation encouraged
-

Recommendations

There are no recommendations in this area.

B. Medication Use

Principle Statement

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

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

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

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

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

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

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

Key Areas Addressed

- 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.

C. Nonviolent Practices

Principle Statement

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

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

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

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

The goal is to eliminate the use of seclusion and restraint in employment and community services, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

D. Records of the Persons Served

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

J. Prevention/Diversion

Principle Statement

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

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

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

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Sunshine Coast Community Services Society

5638 Inlet Avenue
Sechelt, BC V0N 3A0
Canada

Community Services: Child and Youth Services
Community Services: Community Services Coordination
Community Services: Family Services

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Governance Standards Applied

Gibsons and Area Community Centre

700 Park Road
Gibsons, BC V0N 1V0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Trail Place

5520 Trail Avenue
Sechelt, BC V0N 3A0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

St. Bartholomew's Church

659 North Road
Gibsons, BC V0N 1V0
Canada

Prevention/Diversion: Psychosocial Rehabilitation (Adults)

Farnham Family Place

624 Farnham Road
Gibsons, BC V0N 1V0
Canada

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