



Three-Year Accreditation

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

**Pacific Centre Family**  
**Services Association**



**Organization**

Pacific Centre Family Services Association (PCFSA)  
345 Wale Road  
Victoria BC V9B 6X2  
CANADA

**Organizational Leadership**

Mitzi Dean, Executive Director

**Survey Dates**

January 28-30, 2015

**Survey Team**

Marie I. Dennis Cooter, M.S., M.S.W., Administrative Surveyor  
Dawn Hamilton, Program Surveyor

**Programs/Services Surveyed**

Child/Youth Day Care (Children and Adolescents)  
Community Youth Development (Children and Adolescents)  
Counselling (Children and Adolescents)

*Governance Standards Applied*

**Previous Survey**

February 6-8, 2012  
Three-Year Accreditation

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**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: March 2018**

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**Three-Year Accreditation**

# SURVEY SUMMARY

## **Pacific Centre Family Services Association (PCFSA) has strengths in many areas.**

- The board, executive director, and leadership team are applauded for their efforts to lead the organization toward accreditation and for strengthening its position for future success by demonstrating a commitment to being the organization of choice and excellence in the provision of services through conformance to high standards of quality.
- The organization has a well-defined set of values, including kindness, hope, caring, compassion, dignity, respect, service excellence, optimal care, support and trust, a positive workplace, balanced work-life philosophy, cultural sensitivity and inclusivity, and accountability; all of which are evident throughout PCFSA.
- The commitment of the community is demonstrated through the board of directors. The board members provide effective governance for the organization and bring their wealth of experience and skill to support the executive director, the leadership, and strategic goals of the organization. This is a true mission-driven board that embraces diversity and inclusivity.
- The executive director models the spirit and heart of the organization. She demonstrates a thorough knowledge of all aspects of the organization, leads the “quality charge,” and is recognized for prioritizing the betterment of the organization’s operations, programs, and services. Her philosophy, which is present in almost all of her written and verbal communications, is that children, youth, families, and seniors always come first, giving them a chance to be the best they can be by “encouraging possibilities.”
- The executive director is quite skilled in connecting and fostering longstanding relationships, networking, and partnering with external stakeholders and community entities for the betterment of the organization and community at large. She is a true community leader.
- In its efforts to best meet the needs of the highly diverse communities served, the organization is attempting to be proactive and continues to focus its efforts on cultural safety and the ability of the staff members to meet the needs of the children, youth, families, and seniors served in an environment that understands and welcomes culturally diverse persons. The organization exhibits sensitivity to the cultural needs of the individuals served, thus maximizing the comfort, adjustment, and individualized care provided.
- PCFSA has developed extensive community partnerships and has been a leading force in community improvement, involvement, and collaboration. During interviews, this was reiterated by external stakeholders.
- PCFSA has a long-established history and an excellent reputation in the community for responding to the needs of children, youth, families, referral sources, and other stakeholders and for providing high quality excellent services. The organization was recognized by the community and received the prestigious Victoria Foundation Community Leadership Award for excellence in community leadership.

- PCFSA has a competent, caring leadership team that is committed to working together to address the current and emerging needs of children, youth, families, and seniors. The leadership values the staff members, promotes their strengths, and works together with them to ensure that they have the support and resources to enhance service quality.
- The leadership and program personnel communicate a sense of pride in the organization and its operations, including the sense that the organization promotes a culture of learning and a commitment to growth and change for all involved. This is evident in the supervision approach and performance evaluation and staff member development efforts.
- The organization benefits from strong financial leadership, resulting in sound financial management and adequate internal controls.
- The human resource files are well organized and contain all required documentation, making it easy to access information. There is a strong knowledge of human resource best practices and accountability.
- Satisfaction surveys consistently indicate that the staff members are supportive, are nurturing, and genuinely care about the persons served. Their dedication enables the organization to maintain and enhance its positive reputation with the persons served, the Ministry, other stakeholders, and within the community.
- Program staff members are enthusiastic and passionate about the provision of high quality services and supports. Their passion is reflected in the respect with which services are provided and in the conscientious delivery of high quality services and supports for which the persons served are truly appreciative.
- PCFSA has many long-term staff members who are committed to the longevity of the organization and bring valuable experience to the management and provision of services.
- The staff members express that they feel valued and respected. They find the executive director to be very flexible, accommodating, and approachable.
- There is strong evidence of teamwork, mutual respect, cooperation, and open communication demonstrated throughout the organization. The team approach is evident in conversations, case notes, team meetings, and comments from the families and persons served.
- The organization has embraced quality records reviews and has a strong process for systematically reviewing both open and closed records and ensuring that the reviews are comprehensive.
- Since the previous CARF survey, a full-time intake counsellor position was approved by the board and has proven to be a tremendous resource for all program components. This position has allowed the counsellors in the Youth Services and Sexual Abuse Intervention Programs (SAIP) to increase the number of persons served.
- The staff members of the day care program (REACH) are highly skilled, certified, and compassionate individuals who provide a meaningful experience to all children via self-directed, supervised play and structured daily activities. They also provide excellent care and service to the young parents of the children.
- The Youth Services program is a critically needed short-term service that is based in the community to assist youth with functioning in the home, school, and community. The program is strength based and empowers youths and their families to develop relationships with each other, the school, and the community.

- Youthtalk, an email youth counselling program, is a unique avenue for youth to connect with professional counsellors in a secure and confidential format for addressing a variety of youth issues. It is the only free email counselling program in Canada. Through this program, PCFSA is able to engage hard to reach youth from all corners of the world.
- The counselling (SAIP/Expressive Therapy) program uses a trauma informed lens while assisting children and youth in the healing process. The staff members support and encourage healthy development in the persons served. The staff members are highly qualified clinicians who use the most current clinical and evidence-based material on effective complex trauma intervention while working with children, youth, and families.
- The organization offers a unique program called Skookum Skillz. The program is designed to provide a supportive environment for youth to gain employment skills and training with opportunities to build relationships, skills, self-esteem, and experience. Youth participate in the operations of the Skookum Food and Coffee Bistro located at the West Shore - Child, Youth, and Family Centre location.
- The organization has a tool called a “genogram,” which is applied to all youth served in the Youth Services and counselling programs. This tool is used to identify multiple relationship dynamics, review developmental influences, and identify trends in the life of the person served.

**PCFSA 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, PCFSA is a small but mighty children’s society that provides community-based services throughout the greater Victoria, British Columbia, area. PCFSA is a mission and value-driven organization that is exceptionally well run administratively and within the service arena. The committed and dedicated staff of PCFSA focuses on the needs of the individual. Children, youth, families, and seniors are benefiting greatly from the services they receive. The administration and board of directors demonstrate a commitment to using the CARF standards to improve the life situations of the persons served. This organization was well prepared for its fifth CARF survey, evidenced by the preparation of staff members at all levels and all sites and the minimal recommendations noted. There were no recommendations in the ASPIRE to Excellence® section. The organization is in substantial conformance to the CARF standards. The leadership team is receptive to the recommendations and consultation noted in the report and demonstrates the capacity to address them.

Pacific Centre Family Services Association has earned a Three-Year Accreditation. The board, leadership, and staff members are congratulated for this achievement. They are encouraged to continue to use the CARF standards as a guide for continuous improvement of organizational performance and to guide the organization’s pursuit of excellence.

# SECTION 1. ASPIRE TO EXCELLENCE<sup>®</sup>

## 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
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### Recommendations

There are no recommendations in this area.

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## 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
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## **Recommendations**

There are no recommendations in this area.

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## **C. Strategic Planning**

### **Principle Statement**

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

### **Key Areas Addressed**

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

There are no recommendations in this area.

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## **D. Input from Persons Served and Other Stakeholders**

### **Principle Statement**

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

## **Key Areas Addressed**

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

There are no recommendations in this area.

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## **E. Legal Requirements**

### **Principle Statement**

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

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
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### **Recommendations**

There are no recommendations in this area.

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## **F. Financial Planning and Management**

### **Principle Statement**

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

### **Key Areas Addressed**

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures

- Review of service billing records and fee structure
  - Financial review/audit
  - Safeguarding funds of persons served
- 

### **Recommendations**

There are no recommendations in this area.

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## **G. Risk Management**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **H. Health and Safety**

### **Principle Statement**

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

### **Key Areas Addressed**

- Inspections
- Emergency procedures
- Access to emergency first aid

- Competency of personnel in safety procedures
  - Reporting/reviewing critical incidents
  - Infection control
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### **Recommendations**

There are no recommendations in this area.

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## **I. Human Resources**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It is suggested that casual staff be added to the tracking spreadsheet/training calendar. This could ensure that casual staff members are provided required initial and ongoing trainings.
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## J. Technology

### Principle Statement

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

### Key Areas Addressed

- Written technology and system plan
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### Recommendations

There are no recommendations in this area.

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## K. Rights of Persons Served

### Principle Statement

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### Consultation

- The organization might consider creating a rights and responsibilities document that includes signatures and dates to be used for the initial and annual review of rights and responsibilities.
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## L. Accessibility

### Principle Statement

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

## **Key Areas Addressed**

- Written accessibility plan(s)
  - Requests for reasonable accommodations
- 

## **Recommendations**

There are no recommendations in this area.

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## **M. Performance Measurement and Management**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **N. Performance Improvement**

### **Principle Statement**

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

### **Key Areas Addressed**

- Proactive performance improvement
- Performance information shared with all stakeholders

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## Recommendations

There are no recommendations in this area.

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# SECTION 2. CHILD AND YOUTH SERVICES GENERAL PROGRAM STANDARDS

## Principle Statement

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.

## 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.

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 of provision of appropriate services
- Gathering customer satisfaction information

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### **Recommendations**

There are no recommendations in this area.

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

### **Principle Statement**

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.7.e.(5)(a)**

Although the program does not utilize seclusion and restraint, it is recommended that the organization's policy regarding the use of seclusion or restraint be explained to the persons served during their orientations.

### **Consultation**

- PCFSA is encouraged to review current forms used when developing the primary assessment and amalgamate the information into one standard form to eliminate duplication. This process could occur when the organization begins utilizing its new electronic record system.
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## **C. Individualized Plan**

### **Principle Statement**

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
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## Recommendations

There are no recommendations in this area.

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## D. Transition/Discharge

### Principle Statement

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 after care 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 as long as it is clear whether the information relates to a transition or discharge planning.

## Key Areas Addressed

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

There are no recommendations in this area.

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## E. Medication Use

### Principle Statement

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

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

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

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

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

#### **E.1.b.(2) through E.1.b.(4)**

The organization's written policy addressing whether medications are used in its programs should include administering, prescribing, and dispensing medications.

#### **E.5.g.**

The organization should expand its written medication procedures regarding the use of over-the-counter medications in the day care program.

### **Consultation**

- PCFSA is encouraged to clearly document the process in the written procedures regarding safe storage and disposal of medications.
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## **F. 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 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 behavioural health child and youth services employment and community services opioid treatment, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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

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

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

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such

as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioural health care setting.

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

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## **G. Records of the Person Served**

### **Principle Statement**

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

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### **Recommendations**

#### **G.1.c.**

There are a number of incomplete documents in the records of the person served. It is recommended that the records of the persons served be complete with all fields on documents being completed or noted as “Not Applicable.”

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## **H. Quality Records Review**

### **Principle Statement**

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
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### **Recommendations**

There are no recommendations in this area.

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

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

#### **Principle Statement**

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

#### **Key Areas Addressed**

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

There are no recommendations in this area.

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# I. Community Youth Development

## Principle Statement

Community youth development programs are designed to help persons served optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. The setting may be informal to reduce barriers between staff members and program participants and may include a drop-in centre, an activity centre, a day program, or a leisure or recreational setting.

Community youth development programs provide opportunities for persons served to participate in the community. The program defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences, including:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Sports.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Socialization.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Financial assistance and planning.

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## **Recommendations**

There are no recommendations in this area.

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## **K. Counselling**

### **Principle Statement**

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

### **Key Areas Addressed**

- Service modalities
  - Evidence-based practice
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## **Recommendations**

There are no recommendations in this area.

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# PROGRAMS/SERVICES BY LOCATION

## **Pacific Centre Family Services Association**

345 Wale Road  
Victoria BC V9B 6X2  
CANADA

Community Youth Development (Children and Adolescents)  
Counseling (Children and Adolescents)

*Governance Standards Applied*

## **Sooke Child Youth and Family Centre**

6672 Wadams Way  
Sooke BC V9Z 0H3  
CANADA

Counseling (Children and Adolescents)

## **REACH Day Care**

3067 Jacklin Road  
Victoria BC V9B 3Y7  
CANADA

Child/Youth Day Care (Children and Adolescents)