

**CARF
Survey Report
for
North Okanagan
Youth and Family
Services Society**

Organization

North Okanagan Youth and
Family Services Society (NOYFSS)
3100 32nd Avenue
Vernon BC V1T 2L9
CANADA

Organizational Leadership

Lisa Krushen, B.A.
Director of Operations and Services

Survey Dates

October 28-30, 2015

Survey Team

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

Programs/Services Surveyed

Diversion/Intervention (Children and Adolescents)
Diversion/Intervention (Juvenile Justice)
Intensive Family-Based Services (Children and Adolescents)
Residential Treatment (Children and Adolescents)

Previous Survey

November 7-9, 2012
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: December 31, 2018



Three-Year Accreditation

SURVEY SUMMARY

North Okanagan Youth and Family Services Society (NOYFSS) has strengths in many areas.

- NOYFSS is led by a cadre of dedicated, enthusiastic, and involved board members who demonstrate their commitment by donating their time to attending meetings to further the goals, accomplishments, future growth, and success of the organization. The relationship with the leadership is dynamic, resulting in a strong leadership culture.
- The executive director and leadership team members are caring, creative, and competent as they manage their many functions and responsibilities. They value the organization's staff members and work together with them to ensure that they have the support and resources needed to enhance individualized programs and services. Program staff describes the management team as approachable, empathic, and supportive.
- The leadership is aware of trends and needs in the community it serves and has positioned itself to be a provider of choice for persons served, families, community organizations, and other stakeholders.
- NOYFSS is a leader in incorporating evidence-based practices in its programs and services and puts forth tremendous effort to ensure that staff members are fully trained on current practices in the field.
- Supervision, mentoring, and role modelling are consistently provided that ensures that staff members are competent to address the needs, hopes, and desires of the children, youths, and families they serve.
- Many of the existing staff members have worked in numerous programs throughout their career at NOYFSS. The advantage is staff retention, and staff members are given the opportunity to find their niche, use their talents, and be the best they can be.
- The commitment and passion of the leaders and the dedication, skills, and knowledge of the line staff are trademarks of the organization. Their commitment to their jobs and the persons and families served is remarkable. They serve as positive role models for the children, youths, and adults served and family members.
- The staff is resilient and steadfast in its commitment to work with individuals who struggle with complex issues and are often the most vulnerable populations. It goes above and beyond to fulfill the needs, desires, and wants of the children, youths, and families served.
- It is evident that staff members genuinely care about providing high-quality services and are conscientious to do the right thing and utilize best practices. There is an overall atmosphere of respect for the dignity and rights of the children, youths, and families served. Persons served and their families expressed high levels of satisfaction with the services provided and the respect shown by staff.
- NOYFSS has a long-established history and an excellent reputation in the communities it serves for responding to the complex needs of the children and youth served. Stakeholders interviewed reported a strong regard for the organization's willingness to provide programming and exceptional services. During the survey, NOYFSS was recognized by the Premier's Innovation Award for its "Connect Parent" program.

- NOYFSS has an exceptional collaborative relationship with the Ministry of Children and Family Development (MCFD). To better meet the needs of the individuals served, staff members of NOYFSS and MCFD meet regularly to discuss referrals and problem solve issues of concern. A unique practice is that leadership meets with MCFD to review and negotiate its annual contracts, which allows for smooth, continuous service delivery.
- Fundraising activities and events, such as the Back To School Project, Adopt A Family/Teen, and Fitness for Family Hockey Challenge, benefit the children, youths, and families served. These events bring together the community that collectively works to better meet the needs of vulnerable and high-risk populations.
- When appropriate, the programs ensure the active involvement of families as a meaningful and relevant component in the service delivery process.
- The newly renovated residence, Mara House, for children and youths allows for privacy and personalized space. The environment has all the comforts and nurturance of home. There are additional amenities, such as a game area, music corner, in-house laundry, craft areas, and an outdoor playground. In spite of a high level of monitoring, the overall atmosphere is warm, welcoming, and child and youth friendly.
- The teamwork atmosphere is felt as soon as anyone walks through the doors of the organization. It is evident that all members of the organization work together in a harmonious manner that is contagious and effective in providing services to children, youths, families, and itself. The demonstration of these positive relationships serves as a strong role model for the children and youths.
- Staff members referred to working at NOYFSS as working with their “family.” Personal considerations and well-being are taken into account in many ways; for example, staff meetings begin with rounds to hear how the staff members are doing personally, and this is also addressed during supervision and performance evaluations. Even the children of staff come often to visit the workplace as they feel part of this family.
- NOYFSS’ commitment to transparency is evidenced by the provision of critical information in a timely manner. This leads to high morale and confidence in the organization and its ability to meet needs.

NOYFSS 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, NOYFSS is a flexible, accommodating, organic, community-based social service organization that provides services to children, youths, and families in the greater Okanagan Valley. The organization’s leadership and staff members are recognized for their continued diligence to the mission, vision, and values of the organization. It is evident that the administration has accomplished a positive culture and smooth-running organization that maximizes resources to provide the greatest value to the children, youth, and families served. NOYFSS is a responsive, flexible, and adaptable organization that continues to adjust to meet the critical needs of the community. Ultimately, this approach enriches the lives of the children and youth, as evidenced by the positive outcomes and successes. NOYFSS worked hard, was extremely well prepared, and accomplished a great deal in its pursuit of international accreditation. Staff members demonstrate an eagerness to understand and conform to the CARF standards and the accreditation process. The organization demonstrates substantial conformance to the CARF standards. The organization has developed and implemented thorough plans, policies, and procedures that reflect the administrative

and program functions of the organization. The process of performance improvement is of high priority, and there is ample evidence that data are utilized effectively in refining services, programs, and overall operations. Outcomes are translated into quarterly reports that are working documents that provide direction to the organization. The organization demonstrates a commitment to utilize technological systems to foster efficiency in report writing and tracking of children and youths served. There are a few areas for improvement identified in the recommendations in this report. The positive attitude with which the board of directors, executive leadership, leadership, and staff members prepared for and participated in the survey and their receptivity to the consultation offered instill confidence that the opportunities for improvement will be addressed expeditiously.

North Okanagan Youth and Family Service Society has earned a Three-Year Accreditation. The board of directors, executive director, leadership, and staff members are acknowledged for this accomplishment. They are encouraged to continue to use the CARF standards as a guide in the pursuit of business and service delivery excellence.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

Consultation

- Leadership might consider participating in online learning technology. This could increase training opportunities for staff members. It could also be used as a data tracking system to ensure conformance to initial and ongoing competency-based training for staff members. External training could also be documented in the online program.
-

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

J.1.a.(8)

The technology and systems plan should be expanded to include virus protection.

Consultation

- It is suggested that the organization consider additional ways to get innovative with technology needs to increase the effectiveness and efficiency of staff.
-

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

M.2.a.

M.2.b.

M.2.d.

As NOYFSS further implements its data collection system, the organization is urged to establish internal control practices to address data reliability, validity, and accuracy.

M.3.b.(3)

M.3.d.(1)(c)

The data collected should consistently be used to address the business needs of the organization and to establish written performance targets for business functions.

M.6.a.

The organization should increase its efforts to more consistently measure business indicators.

Consultation

- The organization is encouraged to continue to develop standardized methods for tracking data and generating reports. In addition, NOYFSS could use interactive dashboards/report cards to better track, monitor, and communicate performance improvement data.
-

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

N.1.b.(1)

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

The written performance analysis should analyze performance indicators in relation to performance targets regarding business functions. The analysis should identify areas needing improvement, result in action plans, and outline the changes made to improve performance. It is suggested that the organization condense, integrate, and summarize performance improvement documentation into one written performance improvement analysis document.

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

There are no recommendations in this area.

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.8.e.(2)(c)

B.8.e.(5)(a)

B.8.e.(5)(b)

B.8.f.

It is recommended that each person admitted to services receive an orientation that consistently includes ways in which input is given, a copy of the program rules that details the policy on the use of seclusion or restraint, and use of tobacco products. It is further recommended that the person served be familiarized with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits when applicable.

Consultation

- It is suggested that NOYFSS develop an orientation checklist that document all elements of the orientation provided to the persons served.
- The organization is encouraged to create a more age-appropriate orientation handbook, including rights and responsibilities.

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.

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, reentry 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 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 repackaged and labelled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

F. Non-violent Practices

Description

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

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

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

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical 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 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 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.

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

There are no recommendations in this area.

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

O. Diversion/Intervention

Description

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

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

Diversion/intervention programs may serve persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

U. Intensive Family-Based Services

Description

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

Key Areas Addressed

- Services provided
 - Access to professionals
 - Clinical supervision
-

Recommendations

There are no recommendations in this area.

X. Residential Treatment

Description

Residential treatment programs are organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioural health disabilities or disorders; who are victims or perpetrators of domestic violence or other abuse; for persons needing treatment because of eating or sexual disorders; or drug, gambling, or internet addictions. Residential treatment services are organized to provide environments in which the persons reside and receive services from personnel who are trained in the delivery of

services for behavioural health disabilities or disorders or related problems. Residential treatment may be provided in freestanding, non-hospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital, or in a natural setting such as a wilderness program. Residential treatment programs may include child caring institutions, domestic violence treatment homes, specialized educational programs, non-hospital addiction treatment centres, psychiatric treatment centres, or other non-medical settings. Residential treatment programs may serve persons on a voluntary or involuntary basis and may be in a secure setting.

Key Areas Addressed

- Treatment requirements
 - Team composition
 - Community living components
-

Recommendations

There are no recommendations in this area.

SECTION 4. CHILD AND YOUTH SERVICES SPECIFIC POPULATION DESIGNATIONS

A. Juvenile Justice

Description

Juvenile justice programs serve a specific population of adjudicated juveniles referred by the court or from within the juvenile justice system. Services can be provided through courts, through probation and parole agencies, or in community-based or institutional settings. Institutional settings may include juvenile detention centres, jails, prisons, or other delinquency-focused settings. The services are designed to maximize the youth's ability to function effectively in the family, school, and community. The juvenile justice mandates include community safety needs in all judicial decisions and require that child and youth services programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Juvenile justice educational programs may include either community-based or institution-based educational, training, or employment services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/OWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Key Areas Addressed

- Service team
 - Personnel training
 - Services in a correctional setting
 - Assessment of child/youth
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Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

North Okanagan Youth and Family Services Society

3100 32nd Avenue
Vernon BC V1T 2L9
CANADA

Diversion/Intervention (Children and Adolescents)
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Mara House

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