



Community Organizational Health
Santé des organismes communautaires

WOOLWICH COMMUNITY HEALTH CENTRE

BUILDING HEALTHIER ORGANIZATIONS REVIEW

FINAL REPORT

Date of the Review: March 8-11, 2010

Date of the Report: August 20, 2010

BUILDING HEALTHIER ORGANIZATIONS

Building Healthier Organizations (BHO) is a peer review process leading to accreditation. It is a tool for organizations to evaluate their services and systems in relation to BHO standards that reflect not-for-profit legislative requirements, risk management and acknowledged standards of good practice. BHO touches on all aspects of not-for-profit organizational life: governance, management, administration, programs and services and work with communities.

Accreditation recognizes the need for organizations to demonstrate formally to funders and the public at large that they are accountable for meeting accepted standards. However, BHO is more than an accreditation process. It is also a system to promote learning, improvement, excellence and innovation.

The BHO review process to date has involved:

- Woolwich Community Health Centre (WCHC) signing the BHO Application for Review on April 23, 2007;
- Surveys of community and educational partners (see summary reports enclosed);
- Selection of the review team composed of:
 - Beth Hoen, Community Organizational Health (COHI) team leader, consultant;
 - Beatrice Raposo, COHI peer reviewer, Health Promotion Coordinator, Anne Johnston Health Station;
 - Marsha Stephen, COHI peer reviewer, Executive Director, Belleville Quinte West CHC.
- The review of the BHO database and associated documents consistent with the BHO documents checklist;
- The on-site portion of the review including:
 - An orientation to WCHC, including presentations from staff and a tour of the main site;
 - Six interviews involving 27 people;
 - Observations of the main site;
- Presentations of a verbal report to the executive director (ED), board and staff members on March 10 and 11, 2010;
- The preliminary report being sent to the board chair and executive director on March 30, 2010;
- Receipt of the organization's response to the preliminary report dated June 1, 2010;
- Review of this response by the review team and a committee of the COHI board;
- The COHI board's consideration of the review team's and committee's recommendations on August 13, 2010.

REQUIREMENTS FOR ACCREDITATION

In order to achieve accreditation, organizations must meet all of the Standards of Mandatory Practice and a proportion of the Standards of Good Practice. This structure provides some assurance that legislative requirements are generally being met and that risk is minimized, while offering organizations some flexibility in terms of meeting the Standards of Good Practice. The requirements for accreditation are detailed in the table below:

Requirements for Accreditation				
Module	Standards of Mandatory Practice		Standards of Good Practice	
	Total number of standards	Number of standards required for accreditation	Total number of standards	Number of standards required for accreditation
Core Capacity Module	22	22	18	14
Program and Service Capacity Module	5	5	13	10
Community Capacity Module	5	5	8	6
Totals	32	32	39	30

THE ACCREDITATION DECISION

At its August 13, 2010 meeting, the COHI board made the decision to grant WCHC a conditional accreditation.

This means that WCHC does not currently meet all of the BHO accreditation requirements. WCHC now has six months (i.e., by **February 22, 2011**) to address the outstanding accreditation issues.

In order to facilitate successful achievement of accreditation, the organization must now confirm the evidence of achievement for the conditional period. If the evidence detailed in Appendix B is agreeable, or if the organization wishes to suggest alternative evidence of achievement, please confirm this in writing to COHI. If the organization wishes to suggest alternative evidence, please complete the "Organization's Response" section of Appendix B (a hard copy and an electronic copy on CD are provided for your convenience). Where the organization wishes to suggest alternative evidence, care must be taken to ensure that the suggested evidence addresses the issue described in Appendix B and is in keeping with the BHO indicator. This response confirming evidence or suggesting alternatives is due to COHI by **February 22, 2011** at the latest. Once COHI and WCHC have agreed on the evidence required to meet the indicators, this will represent the basis for evaluating the organization's progress in addressing the accreditation issues.

At the end of the conditional period or earlier if the organization wishes, WCHC is asked to provide documentation indicating that the organization has addressed the evidence required to meet the outstanding indicators (please provide three hard copies and one e-copy).

THIS REPORT

This report summarizes the findings of the BHO process to date. Comments are illustrative and not comprehensive. The report has several parts:

- A narrative detailing the strengths and areas for development identified by the review team to date in the BHO process;
- Appendix A describing overall BHO results;
- Appendix B describing any Standards or Indicators of Mandatory Practice the organization must meet in order to be accredited.
- For more information on the BHO standards and process, please see the BHO Manual, issue date March 2008/revised February 2010.

INTRODUCTION

Woolwich Community Health Centre (WCHC) serves several rural and small town communities in Woolwich Township, Wellesley Township, small areas of Perth County and north half of Wilmot Township; three sites serve this catchment area. The organization's priority populations are farm families, including several Mennonite groups; seniors and their caregivers; families with young children; and youth in specified geographic areas. Expansion over the past few years has resulted in doubling the health centres' staffing to 48 individual staff members (35 full-time equivalents).

WCHC is a vibrant organization with committed and well-trained staff who reach out in multiple and strategic ways to connect with the diverse populations. Public policy and community development work are founded in a strong capacity to work with the community. Primary health and other clinical care (e.g., physiotherapy, nutrition, chiropractic, counselling) are especially important in this rural community, and numerous health education and promotion activities target various populations as well as specific issues such as chronic diseases, farm safety, hospice care and stress.

Overall, the review team found WCHC to be a healthy, effective organization that is delivering needed programs and services to its clients and community.

1. CORE CAPACITY MODULE

Overall Results

WCHC has one Standard of Mandatory Practice in the Core Capacity Module that must be met for accreditation. WCHC has achieved 16 Standards of Good Practice, more than the number required for accreditation once the outstanding Standard of Mandatory Practice has been addressed

Strengths

WCHC's board of directors consists of active and committed community members. Corporate and board members are recruited using the centre's newsletters and local newspapers and word of mouth; recruitment and selection considers board needs for particular expertise and representation from geographic areas and priority populations. In addition, health care providers and community team staff inform new clients about corporate membership opportunities.

Board policies, procedures and practices are generally well developed (e.g., procedures for monitoring compliance with legislation and regular policy review). Board members actively participate in the reviews of all organizational policies and thus are very familiar with these policies. They are also clear about their governance responsibilities and board roles. In part, this is due to the extensive orientation for new board members involving a required "pre-orientation" session about the health centre and board roles and responsibilities, visits to one or more board meetings, numerous opportunities for discussion and for potential and current board members to get to know each other. If some interested candidates decide not to pursue becoming board members, at least more community members know about WCHC and its governance. **This combination recruitment-screening-orientation process, an area of excellence for WCHC, results in well-informed and committed board members** (BHO Component: Board Establishment and Development: Standards 1.1.3 and 1.1.4).

WCHC is a learning organization and pursues a range of strategies for learning and development at all levels. Staff are encouraged to use generous allocations of days and financial support for professional development. In addition to numerous examples of professional development reported by board and staff members, the recent structural review was undertaken to enable the organization to develop and function more effectively. Other examples of the emphasis on learning include semi-annual board evaluations and a regular staff survey.

Communication among and between staff, board and the executive director is frequent and extensive. WCHC's three sites make communication among staff a challenge, and the organization continues to create ways to ensure effective communication across sites (e.g., efficient use of e-mail, teleconferencing, soon-to-be-available video conferencing).

WCHC has a five-year cycle for community needs assessment and strategic planning. The detailed three-year Integrated Service Plan (ISP) for 2009-12 was created including a process involving staff and management meetings focusing on trends and planning. The ISP is monitored by the management team and the board semi-annually and with staff at the midpoint of the three-year cycle. Staff also discuss relevant aspects of the ISP within their teams more frequently. WCHC is currently moving into the next strategic planning cycle with the community needs assessment well underway. A balanced scorecard (BSC) approach will be used as a vehicle to select and prioritize broad goals and selected indicators for organization-level planning and monitoring.

Practices related to environmental issues are developing at WCHC: several recycling and environment-friendly practices are in place, an energy audit has been completed and WCHC has made a commitment create and implement a "green plan" based on an assessment process designed for not-for-profit organizations over the next few years.

Other infrastructure development is underway. The results of the organization structure review are now being implemented, with an emphasis on efficiency and effectiveness. The review was designed to result in infrastructure improvements to better support programs and service delivery. As part of the review's implementation, information technology (IT) infrastructure is being improved. Collaborative IT projects with other community health centres will provide better data to support decision making, program evaluation, outcome measure reporting and consistency across CHCs.

Systems to address staff safety are well-established at WCHC, and the Joint Health and Safety Committee has plans to elect and certify new staff representatives consistent with their expansion to more than 50 employees.

Areas for Development

The review team could not find evidence that WCHC meets the following **Standard of Mandatory Practice (MAN)**:

- WCHC was randomly selected for an audit of the WCHC's human resource records during the onsite visit. The review team found that all randomly selected records were complete with two exceptions: three performance appraisals were overdue and the standing of a physiotherapist had not been checked with the college at the time of hiring in 2008 (BHO Standard MAN 1.6.3, Indicator 1.6.3.1). In its response to the preliminary report, WCHC indicated that a plan is in place to bring performance appraisals up to date in the fall 2010.

As this is a Standard of Mandatory Practice, the organization **must address the above standard in order to be accredited**. Evidence which would demonstrate that this standard has been addressed is outlined in Appendix B (attached).

The review team encourages WCHC to consider the following **Standard(s) of Good Practice (GP)** as potential areas for future development:

- Teamwork within the community and primary care teams at each location is well developed at WCHC. The team saw evidence of collaborative practice especially within primary care; WCHC is developing strategies to enhance collaboration involving community team members, recognizing the challenges of part time staffing. Team workplans were available that identified the major agenda items to be addressed each month. The review team encourages WCHC to create team goals, objectives and workplans with activities, timeframes and responsibilities that are linked with the overall strategic directions and the ISP and organization goals, and to regularly monitor them and make adjustments (BHO Standard GP 1.6.5, Indicators 1.6.5.1-1.6.5.3).
- The review team heard about expectations regarding staff collection of client and service data such as timeliness and responsibility for recording/encountering and saw evidence of regular monitoring of client and service data. Since the review team was unable to find documented expectations and regular monitoring, the team suggests WCHC ensure expectations (timeliness, accuracy, responsibility and content) are documented and up-to-date in relation to the current extent of implementation of electronic health records, and monitored regularly (BHO Standard GP 1.7.4, Indicators 1.7.4.1, 1.7.4.2). Nevertheless, WCHC has several processes in place that work to monitor and improve data quality including the quality improvement program and work with other community health centres regarding information systems and management.

No immediate action is required on the above Standards and Indicators of Good Practice for accreditation.

There are several instances where WCHC met Standards of Good Practice but did not meet every indicator. The organization may wish to consider these unmet indicators as areas of further development:

- The review team heard about board participation in Local Health Integration Network (LHIN) training and other local cross-organization meetings, as well as participation in Association of Ontario Health Centre conferences. The review team encourages WCHC to also link board development activities to board evaluation results and reflections on the board knowledge and skills needed by the board as a whole and by individual directors (BHO Standard GP 1.1.4, Indicator 1.1.4.6).
- The review team heard that board and staff members are clear about their roles and the role of the executive director. Many board members are also clients of WCHC. The team encourages WCHC to document expectations about board and staff boundaries and access to each other (BHO Standard GP 1.1.8, Indicator 1.1.8.2).
- WCHC has developed well-functioning planning processes, starting with the community needs and capacity assessment as noted above. The three-year ISP details the plans for each program and service, including program goals, objectives, success criteria and human and financial resources required. The team agreed the ISP serves most of the purposes of

an annual operational plan. The review team encourages WCHC to further develop the planning and monitoring processes and documentation, including: timeframes and reporting requirements that will facilitate annual organizational workplanning, semi-annual monitoring by management team, workplanning for the teams, and overall monitoring at all levels of the organization (BHO Standard GP 1.3.4, Indicators 1.3.4.2 and 1.3.4.5.)

No immediate action is required on the above Standards and Indicators of Good Practice for accreditation.

The review team encourages WCHC to consider the following Standard of Mandatory Practice (MAN) as a potential area for future development:

- The review team heard about the work of the Joint Health and Safety Committee (JHSC) to review the Workplace Hazardous Materials Information System (WHMIS) education program, including the relevance of the materials covered and the efforts to make the training fun and engaging. However, this was not documented in minutes available to the team. The team suggests this review of the WHMIS education program be documented in committee minutes to track compliance with WCHC's policies and procedures and to demonstrate compliance with the legislation and BHO requirements (BHO Standard MAN 1.5.3, Indicator 1.5.3.1).

No immediate action is required on the above Standard and Indicator of Mandatory Practice for accreditation.

2. PROGRAM AND SERVICE CAPACITY MODULE

Overall Results

WCHC has two Standards of Mandatory Practice in the Programs and Services Module that must be met for accreditation. WCHC has achieved 13 Standards of Good Practice, more than the number required for accreditation once the outstanding Standard(s) of Mandatory Practice have been addressed.

Strengths

WCHC delivers a wide range of programs and services that are based on an understanding of determinants of health; listening to the community; and the analysis, creativity and persistence of staff, an area of excellence for WCHC (BHO Component: Continuity and Coordination of Programs and Services, Standards 2.4.1, 2.4.2, 2.4.5). In one instance, needs assessment findings about low-income families were followed by staff identification of a particular subgroup; this led to an examination of reasons for the low incomes and resulted in the Low German Literacy partnership program. Likewise, the identified lack of physiotherapy services locally led to successful advocacy for this resource as part of WCHC's services. WCHC continues to examine ways of improving access to needed services (e.g., participation in a coalition on mental health services, enhancement of in-house and regional diabetes services).

The wide range of accessibility mechanisms at WCHC include: lobbying for a bus stop nearby; a taxi fund and compassionate fund; interpretation; discrete responses to low income families to avoid stigma and ensure their participation in fee programs; and the frequently used onsite horse sheds. Nurse practitioners and physicians share on-call duties enabling knowledgeable and consistent responses to urgent after hour concerns. Staff are responsive to the rural setting through evening hours and evening programs and meetings scheduled for after-chore times. Program series are offered when farmers are less pressured with seasonal farm work.

Health care providers at WCHC are proactive in keeping up to date with developments in professional practice (e.g., through presentations by specialists, professional development and seeking out best practice guidelines). Internal consultation is available through scheduled consultation times, and case conferences can be called by any provider, promoting comprehensive care using an interdisciplinary approach.

WCHC is client centred: clients are involved in developing plans for their own care and treatment (e.g., through motivational interviewing to increase commitment and follow through). Internal and external referral forms and procedures enable good continuity and follow up where needed. Clients are informed by their health care providers about their illnesses and about where to get further information, including WCHC's own health education and promotion programs.

There is extensive and regular use of client feedback, focus groups, client satisfaction surveys (more than 300 responses). Informal surveys and regular trend-focused discussions seek program and cross-program input from staff regarding patterns and trends across programs. Program logic models guide evaluation processes, for example, identifying indicators for short-term outcomes which are incorporated into questions on client surveys. Some group programs use written surveys, while others more appropriately employ a discussion approach with clients speaking Low German. Formal program evaluation and feedback results are used to improve access and be more responsive to needs (e.g., times for programs, extended service hours,

criteria for home visits, health fairs and other community events, which programs require major change). Input is also sought from community members not attending programs.

In 2007, WCHC implemented best practice client record audits in diabetes. Currently the Quality Improvement and Innovation Partnership (QIIP) approach is now being applied to diabetes and colorectal cancer and will be expanded to other diagnoses as well.

Group work ranges from the staff-peer co-led chronic disease management group (Stanford model) through staff-led group education programs (e.g., Healthy Weights, Stress Reduction). Health promotion programs are carefully designed to reach residents in a timely way, for example, health teaching for grade 7 classes (e.g., focusing on farm safety, hand washing) before the students who are David Martin Mennonites leave school at age 14 for religious reasons. Staff have found that they can successfully reach adults through children, and that men respond to programs involving tangible skill development.

Areas for Development

The review team could not find evidence that WCHC meets the following **Standards of Mandatory Practice (MAN)**:

- WCHC completed more client record audits than required and provided evidence of a consistent pattern of administrative client record audits over the past three years with the exception of documentation demonstrating all disciplines in every program area serving clients individually had records audited. The review team found reports for the primary care team that lacked details about the disciplines whose records were audited for the past two years; for the previous year records showed that NPs and physicians had records audited but did not indicate clinical nurses had records audited. In its response to the preliminary report, WCHC reported plans to undertake a major overhaul of the client record audit processes, including how all disciplines are to be involved, to be completed by the fall of 2010. Once evidence is received demonstrating that clinical nurses, NPs and physicians have records audited, the indicators related to patterns of administrative audits and inclusion of all disciplines will be achieved (BHO Standard MAN 2.5.1, Indicators 2.5.1.3 and 2.5.1.4).
- WCHC's client record audit tools include both administrative and quality of service items. As noted above in relation to administrative audits, the review team was not able to find evidence demonstrating that all disciplines (especially clinical nurses) are included in client record audits. As noted in the previous point, WCHC plans to address inclusion of all disciplines, to be completed by the fall of 2010. Once evidence is received, these indicators will be met (BHO Standard MAN 2.5.2, Indicators 2.5.2.4 and 2.5.2.5).
- WCHC reviews the results of client record audits in community and primary team meetings and discusses improvements that need to be made, as shown in team minutes. The review team heard about administrative and service quality changes that were made as a result of the audits but was unable to find written evidence of these changes (BHO Standard MAN 2.5.1, Indicator 2.5.1.5 and BHO Standard MAN 2.5.2, Indicator 2.5.2.6). As noted above, WCHC plans major change to client record audit processes to be completed by the fall of 2010.

As these are Standards of Mandatory Practice, the organization **must address the above standards in order to be accredited**. Evidence which would demonstrate that these standards have been addressed is outlined in Appendix B (attached).

There is one instance where WCHC met the **Standard of Good Practice** but did not meet every indicator. The organization may wish to consider this unmet indicator as an area for further development:

- WCHC consistently evaluates programs and services, uses a variety of sources and selects methods appropriate to the type of evaluation and the characteristics of the client or community group using the service. The review team encourages WCHC to build on current evaluation practices and, as would likely be included in the implementation of the BSC, more systematically bring together evaluation results across programs and services (BHO Standard GP 2.6.2, Indicator 2.6.2.4.).

No immediate action is required on the above Standard and Indicator of Good Practice for accreditation.

The review team encourages WCHC to consider the following Standard and Indicator of Mandatory Practice (MAN) as a potential area for future development:

- The review team heard about the process for client record audits, including selection of records; audits within primary care teams of physicians and NPs; audits within disciplines (e.g., registered dietitians, counsellors, chiropractors); and the process for audits of the physiotherapist's records involving an external physiotherapist. Staff also described the systematic random selection of records and regular auditing to ensure an adequate number of records are audited over time in all disciplines. Tools for all disciplines were provided. The team also heard about plans to review and move toward more standardization across disciplines. The team encourages WCHC put its audit processes in writing to ensure clarity and consistency over time (BHO Standard MAN 2.5.2, Indicator 2.5.2.2).

No immediate action is required on the above Standard and Indicator of Mandatory Practice for accreditation.

COMMUNITY CAPACITY MODULE

Overall Results

WCHC has met all the Standards of Mandatory Practice in the Community Capacity Module as well as seven Standards of Good Practice, more than the number required for accreditation.

Strengths

WCHC is strongly connected with its community. The organization has recognized the challenge in developing trust with various groups within the Mennonite community in its catchment areas, and has made efforts to understand and respond to cultural differences and religious practices. **WCHC is to be commended for community responsiveness evidenced in its comprehensive community needs and capacity assessment, an area of excellence for WCHC** (BHO Component: Community Responsiveness, Standards 3.1.1-3.1.4). In particular, WCHC excels at successfully creating and using multiple strategies to seek input in the current and previous assessments. The in-depth information collection (currently involving more than 400 participants) has resulted in community groups such as Old Order Mennonites asking to become more involved in community consultations and WCHC planning.

WCHC's seven community advisory and planning groups are another mechanism for linkages with the community, e.g., Health, Understanding, Growth, Sharing (HUGS) planning group; Seniors on the Go; and the Old Order Advisory Group. WCHC also works with a youth advisory group which has been successful in getting local dances reinstated and is working on a skateboard park.

WCHC uses written communication to reach all residents in the catchment area (except those with a "no junk mail" notice) and receives feedback that newsletters are especially effective with rural residents. Two copies of the WCHC newsletter and "Health Quilt" focusing on health issues are sent so residents can share them with family and friends.

WCHC is active in promoting healthy public policy regarding economic development and air and water quality. Collaboratively with Woolwich Healthy Communities, WCHC promoted a rural health study that identified economic pressures for farmers and ultimately involved the municipality regarding economic development and land use policies affecting farmers (e.g., lane-selling). At the township and regional levels, WCHC also works with Healthy Communities to ensure accurate information about air and water quality is accessible to the community and to involve local residents in developing strategies to respond to issues (e.g., work with farmers to prevent run-off). Beyond the policy level, WCHC also offers water testing to local residents.

As noted, numerous health promotion programs based on determinants of health have been established to promote the health of individuals (e.g., seniors fitness programs, literacy programs, stress reduction in response to depression among farmers, early years, etc.) and targeting residents with chronic diseases (e.g., diabetes), those at risk for physical health problems (e.g., stress and healthy weight programs). WCHC is currently planning with partners to improve mental health services. The organization has been active in community pandemic planning, most recently regarding the H1N1 virus.

WCHC identifies many partnerships in the delivery of its services and work in the community (Alzheimer Society, public health, coalition of agencies delivering the Low German literacy program). Some partnerships involve the sharing of space or tenancy (e.g., pharmacy, dental practice, community care access centre staff). The close relationship with the local midwifery program includes responsibility for funds as well as leasing space, organized as part of WCHC's

strategic facility planning and management. On BHO's community partner surveys, WCHC's partners rated WCHC very highly: it was apparent the organization is well known and highly regarded and in demand among health and social service organizations in the community.

WCHC's emphasis on capacity building extends to volunteers. For example, a palliative care training program trains community members who then decide whether to become volunteers. Those who do not may still be involved as family members, friends and neighbours when palliative care is needed. The Hospice program consists of a coordinator and volunteers who receive honorariums when providing regular peer support and have specific time and role expectations.

WCHC also contributes to community capacity through placements for students in a broad range of professional programs (dietitians, public health, clinical nursing and nurse practitioner, medicine, community psychiatry, chiropody, clinical and community social work) as well as local high school co-op students. Students contribute to programs and student education at WCHC (e.g., the orientation package for students and volunteers was based on student feedback).

Areas for Development

The review team encourages WCHC to consider the following **Standard of Good Practice (GP)** as a potential area for future development:

- Volunteers are clearly important at WCHC. WCHC involves volunteers in many programs, and in some they are central to the program's operation. The team heard about a strong decentralized recruitment, screening, orientation and supervision of volunteers which appears to work well for WCHC. The review team heard that volunteer human resource records are kept by the staff supervising the volunteer. Volunteers are provided training and asked for feedback on these developmental opportunities. An organization-wide survey for all volunteers has been discussed.

The review team encourages WCHC to evaluate its volunteer program considering what aspects might benefit from an organization-wide approach, for example, management accountability for volunteers, responsibility for individual volunteer records, orientation, recognition and regular monitoring and evaluation of the volunteer program (Standard GP 3.2.4, Indicators 3.2.4.1, 3.2.4.3, 3.2.4.4).

No immediate action is required on the above Standard and Indicator of Good Practice for accreditation.

There is one instance where WCHC met the **Standard of Good Practice** but did not meet every indicator. The organization may wish to consider this unmet indicator as an area for further development:

- WCHC is not currently involved in research but meets most indicators related to research policies and practices. If WCHC is involved in research in the future, the review team encourages the organization to share its research findings through the publication of results and with community partners and other relevant organizations (BHO Standard GP 3.4.2, Indicator 3.4.2.2).

No immediate action is required on the above Standard and Indicator of Good Practice for accreditation.

CONCLUSION

Woolwich Community Health Centre is integrally connected with the communities it serves. The organization works at the individual, family, group and community level to promote health and prevent illness and its negative consequences. WCHC is to be commended for its organizational development, enthusiastic and loyal staff and long-standing commitment to the diverse communities it serves.

The review team wishes to thank WCHC for its preparation for the BHO review and the hospitality we were shown as we sped through our three days on site.

This report is respectfully submitted by:

Marsha Stephen

Beatrice Raposo

Beth Hoen

APPENDIX A
SUMMARY OF BHO RESULTS -- BHO PRELIMINARY REPORT
WOOLWICH COMMUNITY HEALTH CENTRE

	Standards of Mandatory Practice		Standards of Good Practice			Innovations/ Excellence
	Required	Achieved	Total #	Required	Achieved	
CORE CAPACITY MODULE						
1.1 Board Establishment and Operations	4	4			5	√
1.2 Trusteeship	5	5			0	
1.3 Leadership and Planning	1	1			5	
1.4 Accountability	2	2			1	
1.5 Creating a Safe Environment	5	5			0	
1.6 Creating a Healthy Workplace	3	2			4	
1.7 Managing Information	2	2			1	
CORE CAPACITY MODULE TOTAL	22	21	18	14	16	
PROGRAM AND SERVICE CAPACITY MODULE						
2.1 Accessibility	1	1			2	
2.2 Assessment	1	1			1	
2.3 Client-Centred Approach	1	1			2	
2.4 Continuity and Coordination of Programs and Services	---	---			5	√
2.5 Client Record Audit	2	0			1	
2.6 Program and Service Evaluation	---	---			2	
PROGRAM AND SERVICE CAPACITY MODULE TOTAL	5	3	13	10	13	
COMMUNITY CAPACITY MODULE						
3.1 Community Responsiveness	---	---			4	√
3.2 Volunteers	2	2			1	
3.3 Students	2	2			1	
3.4 Research	1	1			1	
COMMUNITY CAPACITY MODULE TOTAL	5	5	8	6	7	
OVERALL BHO TOTALS	32	29	39	30	36	