

*Canadian Mental Health Association - Cariboo Chilcotin
Branch*

Annual General Meeting

2019-2020



FISCAL YEAR APRIL 1, 2019 - MARCH 31, 2020

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ANNUAL GENERAL MEETING MINUTES

CANADIAN MENTAL HEALTH ASSOCIATION – CARIBOO CHILCOTIN BRANCH
ANNUAL GENERAL MEETING MINUTES
ROOM 116 COOP BUILDING 51 SOUTH 4TH AVENUE
7:00PM, SEPTEMBER 23TH, 2019

Present were: Gay Sanders, President, Bob McNie, Vice President and Directors Bev Lillico, Linda Goodrich, Peter James, Aaron Mannella, Ollie Martens

Staff: Janice Breck, Executive Director, Sarah Landry, Executive Assistant and Sherry Yonkman, Finance

- A. CALL TO ORDER: 7:00pm by President Gay Sanders
- B. ESTABLISH THE NUMBER OF VOTING MEMBERS AND QUORUM: Eight present voting members and needing a quorum of three, met.
- C. APPROVAL OF AGENDA: Motion that the agenda in the AGM package presented at the meeting be approved made by Peter James and 2nd by Bev Lillico, carried.
- D. ADOPTION AND APPROVAL OF MINUTES FROM LAST AGM held September 17TH,2018: Motion that the minutes of last year's AGM as part of the AGM package available at the meeting be adopted and approved by Bob McNie and 2nd by Aaron Mannella, carried.
- E. BUSINESS ARISING: No business arising from minutes
- F. FINANCIAL REPORT: Although no guests from PMT (Susan Woodward) were available to attend, the financial statements for the fiscal year ending March 31st, 2019 will be ready the beginning of October 2019.
- G. ANNUAL REPORT: Included in the AGM package were reports from the President, the Executive Director, Jubilee Place, Family Solutions, Multiculturalism, Outreach Advocacy& Support, Crisis & Counselling, Community Based Victim Services, Residential and Rehabilitation Services and Homeless Outreach Program. Thank you from the BOD to Sarah Landry and Kayla Bush for preparing the AGM package and to every program manager for the excellent reports and for their time and effort throughout the year.
- H. REVIEW VISION STATEMENT, MISSION STATEMENT AND PHILOSOPHY: Gay Sanders led us through the presented mission and philosophy statements to ensure familiarity with them and ask if any changes were necessary. No changes necessary and no questions.
- I. MEMBERSHIPS: As of the meeting, September 23rd, there were 18 paid up members

J. APPOINTMENT OF AUDITORS: Motion that PMT Chartered Accountants be accepted as auditors for the CMHA-CCB fiscal year ending (March 31st, 2020) made by Aaron Mannella , 2nd by Peter James and carried.

K. ELECTION OF MEMBERS:

The following candidates whose two year terms were up have expressed their willingness to let their names stand for reelection: Aaron Mannella, Bev Lillico , Bob McNie, Gay Sanders. Al Giddens, Ollie Martins, Linda Goodrich, and Peter James have also let their names stand to serve on the board. All members elected by acclimation. The election of officers followed, and the following executive members were elected: Aaron Mannella, President, Bob McNie, Vice President and Al Giddens, Treasurer & Secretary. Trevor Barnes resigned from the Board effective September 2019.

L. OTHER BUSINESS: Thank you's to Gay Sanders for all her work as President

M. ADJOURNMENT at 7:35pm:

/s/

Approved by Gay Sanders: *Gay Sanders*

Annual General Meeting Agenda

Annual General Meeting Agenda

September 21, 2020

7:00 p.m. Room 116

- 1) CALL TO ORDER
- 2) ESTABLISH NUMBER OF VOTING MEMBERS AND QUORUM
- 3) APPROVAL OF AGENDA
- 4) ADOPTION OF THE MINUTES OF THE LAST ANNUAL GENERAL MEETING
- 5) BUSINESS ARISING FROM THE MINUTES
- 6) FINANCIAL REPORT
- 7) APPOINTMENT OF AUDITORS
- 8) ANNUAL REPORTS
- 9) REVIEW MISSION STATEMENT AND PHILOSOPHY
- 10) MEMBERS/NEW MEMBERS
- 11) ELECTION
- 12) OTHER BUSINESS
- 13) ADJOURNMENT

CMHA - CCB's Mission Statement and Philosophy

Purpose

The Canadian Mental Health Association Cariboo Chilcotin Branch (CMHA-CCB) is an innovative, non-profit society that has served the community of Williams Lake and area since the early 1970's. In April of 2005, the society merged with the Jubilee Care Society. We focus on at-risk client groups who face multiple barriers. Our programs target mental health consumers, disadvantaged youth, individuals and families of all types, serving more than 1000 individuals each year.

CMHA-CCB works with other service agencies, private enterprises, government ministries and communities to ensure access to effective and accountable services for our client groups. We assist clients to better themselves through self-improvement, employment and volunteer opportunities. Our goal is to enhance the economic, educational and social well-being of our clients.

Mission Statement

As the Nation-wide Leader and Champion for Mental Health, CMHA facilitates access to the resources people require to maintain and improve Mental Health and community integration, build resilience and support recovery from mental illness.

In BC, mental health, substance use and addictive behaviour are within the scope of the organization.

Branch Philosophy: We believe

- ✚ in enabling individuals, groups and the community of Williams Lake to increase control over and to enhance their mental health;
- ✚ in social justice;
- ✚ in individual and collective responsibility and;
- ✚ In access to appropriate and adequate resources and support and that these elements are critical to mental health and a personally satisfying quality of life.

President:

A Message from the Chair

September 20, 2020

Greetings,

I would like to sincerely thank Executive Director Janice Breck, the Board, leadership, and staff for the opportunity to serve as your Board Chair for the past 12 months. Canadian Mental Health, Cariboo Chilcotin Branch (CMHA- CCB) contributes critically valuable services and support to countless individuals in many challenging circumstances. With each and every person, family, and life stage you have supported, I am sincerely confident that you have added increased capacity, compassion, and resources to our clients as they seek victory in their lives, whatever obstacle is in front of them.

The past year has represented many seemingly insurmountable challenges, none the least of which has been exemplified by COVID-19 and the implications of a global pandemic. Despite the challenging environment we live in, this organization has performed admirably, demonstrating honor, courage, and resiliency in the face of transient uncertainty. For this, you are all to be commended for your professional bravery and valour.

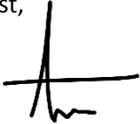
Through initiatives like the Family Solutions Program, Community Based Victim Services, Crisis and Counselling Program, Homeless Outreach Program, Advocacy Outreach, and other Wellness programming, we have sought to improve the circumstances of hundreds of individuals in the local region. Offerings through Jubilee House and Jubilee Place provide necessary care and support for those in vulnerable situations, building a stable foundation for our client's future. For these noble efforts, I am extremely proud of the work that has been done by our staff. Our Board finds complete confidence in the knowledge that these endeavours are alive, growing, and well.

Personally, I have had the opportunity to witness many stories of encouragement since joining the board in late 2017. Due to expanded professional and family commitments, I have made the difficult decision to step away from my involvement with CMHA-CCB. I do so with the understanding that any board role is of the utmost importance and requires full undivided attention – which I cannot currently provide. As I step away from the CMHA-CCB board, I wish to commend the current board, leadership, and staff as they take the principles of support and make them real for the community that we serve.

When I was a young boy, I often found encouragement in an excerpt from the short poem “If” by Rudyard Kipling. May it inspire you as it inspires me to this day.

*If you can make one heap of all your winnings
And risk it on one turn of pitch-and-toss,
And lose, and start again at your beginnings
And never breathe a word about your loss;
If you can force your heart and nerve and
sinew To serve your turn long after they are
gone,
And so hold on when there is nothing in you
Except the Will which says to them: ‘Hold on!’*

Best,

A handwritten signature in black ink, appearing to read 'A Mannella', with a vertical line extending upwards from the first letter.

Aaron Mannella
Chair, CMHA-CCB

Executive Director:

This past year has once again been an eventful one. In April the finance manager became ill and we continued to be behind in financial reports and budgeting. In June we decided to leave the Co-op finance department and hire our own finance manager. Sherry Yonkman was hired in July and we began the long process of switching our finances from SAGE 300 to SAGE 50. We continued to struggle with financial reports throughout the year. Later in the year, the Co-op held its AGM and decided to dissolve the Co-op and form a Coalition.

A decision was also made to let go of the Multiculturalism program because of the restraints around Gaming funding. While there is a lot of value to the Multicultural program, there also needs to be flexibility, and the gaming criteria is not a good fit. In our current social climate, speaking up against racism is important. I believe we all need to speak up and support those who have, and continue to experience racism. It is my hope to find different funding in the future that can help CMHA-CCB work collaboratively with other agencies to end racism and hate.

A few of the fundraisers we held during the year included Scrapbooking, Junk in the Trunk, Halloween fundraiser and Valentine's Day fundraiser. Our total fundraising came to approximately \$7,000.00. The staff and Board pitched in for different fundraisers and made the work load much easier.

Workshops/Committees I attended were: Narrative Approaches, Proposal Writing, Word and Excel training, Board Governance Training, Cultural Awareness Training, Mental Health Wellness committee, Social Planning Counsel, Chamber of Commerce Luncheon and CMHA Executive Director's meetings. A highlight of the ED meetings in Vancouver was meeting Martha Sales who facilitated meetings that helped mend the relationship between the ED's and CMHA Division.

One of our big events this year came out of funding we received from BC Division for an Opioid Crisis grant. We held a Lunch and Learn at Salvation Army to gain information about what those with lived experience believe we need in our community. Over 100 people attended and we received great feedback. It reminded me of why we do what we do – to make a difference in people's lives!

This past year has had its challenges, however, I'm thankful for the learning opportunities. I want to thank the Board and the staff for your continued patience and support.

It has been a privilege to continue working for CMHA-CCB.

Respectfully Submitted,

Janice Breck

Executive Director

Homeless Outreach Program:

Annual Report
Homeless Outreach
April 1st 2019- March 31st 2020

This was an interesting year that's for sure, I had to deal with passing 6 kidney stones and the passing of my mother at 4 months of being in the hospital.

I was able to work with the Cariboo memorial discharge planner trying to find affordable housing for three patients one of which was my own mother. One went back to his previous residence and two of the passed away.

During our Halloween fundraiser I received a \$2000 dollar donation for the homeless program which Sarah purchased gift cards from Save-on foods and the dollar store. These cards were then handed out as needed to clients. I still have a couple hundred left.

The Homeless outreach received seven backpacks loaded with socks, mittens, snacks, soaps, toothpaste and hand warmers which were then handed out as needed. Joan McKay an elderly lady made us about a dozen homemade blankets to give out to clients as needed.

The RCMP, people from the Salvation Army and I went to check on the camps in the river valley offering our services, we also did a lunch survey asking what we can do as service providers to make things easier. I attended 13 meetings trying to setup aboriginal court here in Williams Lake and was sent to Victoria for a three day workshop. I was also involved with the homeless count our community did.

Attended 2 staff meetings as well as Community wellbeing, Community futures, Anti-racism, and met with new income assistance supervisor, Helped CMHA's fundraiser Junk in the truck at the museum.

Met with RCMP three times discussing chronic offenders and attended meetings with them in Penticton developing situation table. Attended 20 Situation table meetings after it started here.

I was able to give away furniture 46 times, Set up phone appointments with the ministry for income assistance 20 times, PICC meetings 6 times, Transported clients to the ministry 93 times, went to the ministry for clients who are no longer allowed inside 47 times, A client needed to be driven to Prince George because they had no other options here so I took her, I referred 6 clients the Matthew the advocate upstairs with WCS, picked up furniture 38 times at various locations, referred 5 clients to our advocate for PWD 5 times, Drove clients home 20 times, gave out free water in the park 12 times, Help setup the movie in the park the Grizzlies for service providers, Brought in clients to view rentals, Helped with 11 subsidies, and moved 3 clients. I was also able to attend a BC housing meeting in Kelowna.

Wayne Lucier
Homeless Outreach

Jubilee Place:

In April we moved in two new participants, one is a returning participant and the other is new to Jubilee Place and seems to be fitting in nicely.

Jubilee Place hired a new casual employee named Keegan Reid, Keegan is a young psychology student who is looking for some part time work and work experience, all the participants at Jubilee seem to like Keegan and he is doing a fine job during his training.

As of the end of April we have two vacant units and are in the process of getting these units filled.

We have had more and more incidents involving drug and alcohol use as the weather has been getting better, there seems to be an increase of outside traffic trying to enter Jubilee Place property at all hours of the night and day. As well as an increase of participants visiting and drinking in each other's rooms, especially around cheque issue week. Staff has been busy keeping unwanted visitors off property and trying to enforce the no drinking in participant's rooms rules.

B.C. Housing stopped in to introduce Maggie's replacement, Scott. We toured the building and several units, the laundry room roof was deemed a fire hazard and was closed to have repairs made. IWL construction was called and the laundry room was repaired and brought up to fire code and has reopened.

We had what we thought was another bed bug scare as one of our participants was covered in bites that her doctor said were bed bug bites, Orkin did an inspection of the suspect unit and found no evidence of any bed bug activity.

As of the end of June, 2019, Jubilee Place is currently full and we have a wait list of 29 applicants. November had Jubilee Place evict two residents, one for safety reasons and the other for habitual breaking of the drinking and visiting rules.

Jordan's flooring was here and installed new flooring in the old restaurant dining area and kitchen, they will be back in the spring to install flooring in Units 1-10.

In December Jubilee Place had two students from the nursing program at TRU shadow our staff for three days each, they were involved in our day to day activities and interactions with our participants. We offered to help the Cariboo Friendship Society with housing some of their elders due to the flood at the Eagles nest we had four elders looking for temporary housing and lodged one of them.

I was unable to attend Jubilee Places Christmas dinner, but would like to thank Janice, Tina and Ollie Marten for all the hard work they did I hear it was a great success.

We had a water pipe burst due to cold weather that Mike fixed on a Saturday morning before it flooded our driveway and froze into a sheet of ice.

We started January with a new participant who arrived on January 2nd from the Gateway Program at the Hospital. So far we have had only minor adjustment issues with this participant E.g. Smoking in the room and visitors...

We had a water pipe burst under the restaurant and also under our deck, both of which made a big mess, Mike was able to attend and fix both problems in a timely fashion.

On January 19 one of our participants had a massive heart attack and was attended to by Daniela who called the ambulance , He was then taken to Cariboo Memorial Hospital then transferred to Kelowna for a quadruple bypass surgery, we are happy to report that he is back now and recovering well. On January 20th we had another incident involving a participant, Tina was on duty when she heard a choking sound coming from the kitchen, when she investigated a participant was choking on a MacDonal'd's hamburger and turning blue, the Heimlich maneuver was performed and the participant was able to breathe again, Thanks to the quick response the participant was alright.

On January 27th the fire dept. was on site with Mike and a site plan was developed to ensure the first responders to any situation at Jubilee Place have a map of entrances, water and gas shut offs and hazards around the building which will aid in response times to the building if we ever need them.

We evicted one participant in January for abandonment of his Unit. We had one Participant graduate from her cooking course and helped her get some job experience at some local restaurants her goal is to become a cook in a camp in the oil patch or a wilderness guide camp.

We have another participant in school for security in a course offered by work BC, it is a three month course followed by two months of work experience.

Our newest participant was admitted to one south in Kamloops as he was not taking his medication properly and began to breakdown, he was admitted for two weeks and came back looking healthier.

We have a referral for a Participant at the new old age home by Jubilee House. A nurse came to Jubilee Place for an assessment, the nurse has helped set up some homecare support and also meals on wheels for this participant until he can be admitted into his new bed.

We had two participants move into their own apartment together for March 1st 2020 we wish them well. Theresa has filled both rooms.

Jubilee Place is full and has a waiting list of around 22 people.

Mike Charron

Family Solutions:

ANNUAL REPORT

Family Solutions Program

April 01, 2019 – March 30, 2020

The Family Solutions Program (FSP) offers supportive counselling and group programs for parents, adolescents and children with a variety of family, relationship and individual mental health issues. In the majority of cases we provided a combination of individual, couple (parents) and family sessions, offering social/emotional support, advocacy and skill development based on individual needs and goals of clients.

CONNECT: For the 12th year, we provided the Connect Parenting Program. Connect is a 10-week psycho-educational group format for parents and has been developed by the Maples Adolescent Treatment Center. It is tailored for caregivers of youths with behavioral difficulties and focuses on the building blocks of secure attachment, by helping parents acquire knowledge and develop skills to enhance sensitivity, reflection, and effective emotional regulation in parenting.

To obtain and maintain a Group Facilitation License a minimum of two facilitators are required and each need to complete a multi-step training process provided by the Connect Team from Maples.

In 2019/20 we hosted 2 cycles of Connect. Our FSP counsellor Dana Hamblin co-facilitated the course from April to June 2019 with Margaret Anne Enders. Margaret Anne's background is in youth counselling and she had obtained her facilitator license in 2015 and had co-facilitated several group cycles before. 12 caregivers enrolled in the course and 10 completed successfully, engaging actively in the sessions.

Our new FSP counsellor, Ashley Coleman, completed her training in November of 2019 and was leading her first group from January to March 2020, co-facilitated by Margaret Anne. Both were required to attend facilitator supervision sessions and were commended by their Maples Supervisors for their excellent facilitation skills.

We had 14 caretakers participate and 10 successfully completed the program.

Feedback from participants was again extremely positive and the parents considered the group experience and the presented material on attachment as very helpful for parenting. All three facilitators received excellent comments from the group about their facilitation skills.

CIRCLE OF SECURITY®: Dana has completed a facilitator training course last September to deliver a new parenting program, called Circle of Security. The Circle of Security® Parent Course is a specialized program for parents, kinship, adoptive and long-term foster parents caring for children up to 10 years of age. It is based on decades of research about how secure parent-child relationships can be supported and strengthened. Learning objectives of the course include understanding children's emotional world by learning to read their emotional needs, supporting children's ability to successfully manage emotions,

enhancing the development of their self-esteem and honoring the innate wisdom and desire for children to be secure.

Dana was going to offer the first 8-week course starting in April and we had received permission from MCFD to deliver the program instead of Connect this spring. Both programs are based on attachment theories and support parents in building secure attachment. Whereas Connect is designed for parents of pre-teens and teens, Circle of Security® is aimed at caregivers of younger children. Therefore, both programs complement each other.

Due to the current health pandemic we had to cancel the course and will have to reschedule for a later time.

INTEGRATIVE YOGA THERAPY: The FSP has continued to partner with the Satya Yoga Studio this past fiscal year, and has delivered two six-week Integrative Yoga Therapy courses, one for adults, and one for children at the ages of 7-11. The programs are designed to alleviate emotional distress and foster self-regulation by focusing on the body mind connection, offering a holistic approach with somatic, arts-based and other mindful exercises. This practice is sensitive to people with traumatic experiences and accessible to anyone. Group sessions were offered in connection with individual counselling support. The Wildfire Relieve funding supported the program financially, in order to offer the courses at no cost for participants. Bettina co-developed all program components and course outlines in pursuit of a Master of Arts Degree in Social Sciences with a concentration in Integrative Therapy and co-facilitated the groups with Tricia McLellan, an experienced Yoga Therapist. Both programs received tremendous interest and overwhelmingly positive feedback from participants, and clients asked for continuation of the program. Bettina will be synthesizing and analyzing archived data from those courses in her thesis, titled An Integrative Approach – Examining the Implications of Body, Breath, Movement & Art Combined with Traditional Counselling Therapy. The evaluation data support existing research that already point out the significance of holistic and embodied practice approaches for therapy and healing, and the need for integrative therapy approaches to be offered more widely in mental health services. High interest and attendance rates emphasized the success of the program. The positive outcomes for participants seemed to be strongly connected to the combination of yoga practice with group and individual therapy. For example, the majority of participants would not likely engage in “regular” yoga classes due to a number of barriers. Giving them a personal introduction to the course and practicing some somatic exercises during their counselling sessions, and the trust and relationships Bettina had already established with them during individual meetings, gave some of the participants the courage to attend the group.

We hope to continue offering this program again next fiscal year, if we are able to access further grant money.

TAKE A BREAK SUPPORT GROUP: CMHA Kelowna has started a new program called Family Navigator in 2016, which also offers support groups. At Take a Break parents can meet other caregivers/parents, make connections, share experiences, and learn enhanced coping skills. Topics of discussion include: mental health issues, substance use, strategies for mental wellness, boundary setting, and communication skills. Dana attended the facilitator training which was provided by CMHA Kelowna and promoted the group in Williams Lake. We offered the program for 3 years now, along with ongoing marketing efforts, however did not receive sufficient interest from caregivers to keep the group going. Therefore, we decided not to continue with this program.

SUICIDE SUDDEN DEATH COMMITTEE: Bettina passed on the coordinating and chairing position for the Suicide Sudden Death Committee (SSD C) to Cheryl Jacques, RCMP Victims Assistance Worker, after holding this role for over 10 years. Purpose of the committee is ongoing prevention in a variety of forms (information, education), as well as intervention (coordinated responses in cases of suicidal ideation, death by suicide or sudden death, to reduce fallout, e.g. suicide or PTSD).

The committee has completed a community protocol update over the past year and committee members were re-introducing the document to various community organizations.

The effectiveness of the Suicide Sudden Death committee's work proved again in ongoing collaboration during the intervention in several cases of last year's suicides and sudden deaths. Review meetings provide opportunity to evaluate strengths and gaps in responses and services, and the committee engages in ongoing work to keep the community protocol relevant and updated.

CLINICAL ISSUES: FSP Counsellors helped clients deal with a spectrum of issues. The most often encountered problems in 2019/2020 were parenting issues; separation / blended families / single parents; depression; anxiety; substance abuse; family violence and abuse; bullying; parent teen conflict; teen defiance and rebellion; school problems; lack of attachment between parents and children; lack of emotional self-control; "Run-away" teens; parental emotional fatigue and lack of positive parenting skills; teen relationship problems; and grief issues;

STATISTICS: Increasing numbers in new referrals have continued this past fiscal year in comparison with previous years and with 237 new intakes we counted a 33 percent increase from the year before. The total number of open cases we ended in March of 2020 was 9 percent higher from last year.

Self-referrals remain the highest number in referral sources with 43 percent, followed by 27 percent of community-based referrals, 18 percent referred by former clients and 10 percent directly from MCFD. In 68 percent of closed cases counselling was completed or partially finished, which means some of the set goals have been accomplished and/or the family/individual situation has improved.

We have completely revised our data collection and reporting system for statistical purposes for the coming year, because MCFD contractual requirements for SharePoint reporting data entries have been changed. We will be no longer counting case numbers, and instead collecting recipient numbers, which means that in cases where we work with families we will be counting all the individuals of a family we see. We are also required to separately count the number of indigenous recipients we serve. This system will allow us to track how many individuals in total, and how many indigenous clients we have served in a month and annually.

To develop the new electronic data collection system was time-consuming and we hired some professional support, however we hope that the new system will be easier to navigate and require less time for staff to compile monthly data.

PROFESSIONAL DEVELOPMENT: Among the training events FSP staff attended were:

- Connect Facilitator training, November 19-21, 2019, Vancouver, Maples Adolescent Treatment Center.
- CIRCLE OF SECURITY® Facilitator training, October 2019, 4 days, Vancouver.
- How to Work with Shame, August 2019, 4 hours online course, National Institute for the Clinical Application of Behavioural Medicine (NICABM).
- Clinical Hypnotherapy Certification Course, May 8 -16, 2019, Calgary, offered by the Canadian Hypnotherapy Association and facilitated by Master Clinical Hypnotherapist Detlef Joe Friede.
- Indigenous Trauma Informed Practice with Youth, September 2019, Vancouver, 2 days, offered by the Justice Institute of British Columbia (JIBC).

PRESENTATIONS FACILITATED:

- Thompsons Rivers University (TRU); Presentation about CMHA and Family Solutions Program to students of Human Service Program.

COMMUNITY LIAISON: We were again active in the Williams Lake community by chairing and serving on several committees, and attending community events: Suicide/Sudden Death Committee (SSD C); Communities That Care (CTC); Integrated Youth Team (IYT); Cariboo Action Team (Child Youth Mental Health Collaborative); Accident Response Meeting; Job Fair;

HUMAN RESOURCES: This past year continued to be impacted by to the 2017/18 wildfire crisis and the traumatic effects on clients and staff. We appreciated the wildfire relieve funding our program received for additional staffing and program expenses to increase client supports. We employed Ashley Coleman for a part-time position as Family Counsellor and Connect Group Facilitator.

One of our full-time staff was on a stress-leave for 10 weeks, which increased waiting periods for clients during the month of November and December

Submitted by

Bettina Egert

Program Manager & Family Counsellor

Multiculturalism:

Annual Report

Multiculturalism Program (MCP)

April 01, 2019 - March 31, 2020

The Multiculturalism Program staff identifies, develops and administers events and programs to create awareness in the community and to educate the public, with the goal to foster understanding, acceptance and tolerance of diversity and differences. Program initiatives are designed to provide opportunities for marginalized voices to be heard and to develop relationships with local First Nations agencies, governments, and individuals, as well as individuals from other cultural backgrounds and immigrant communities.

Program Development & Funding

Program staff and CMHA Management decided not to apply for further gaming grants, due to the ongoing challenges and requirements set by the gaming branch. It was agreed upon that those regulations are counterproductive to the original program mandate and the work against structural/organizational racism. Unfortunately, this decision meant that we had to fold the MC Program on February 12, 2020 when the current gaming funding year ended. Program staff agreed to continue the work with the Anti-Racism Committee until March of 2020, to complete some OARH (Organization Against Racism and Hate) work, which was supported with a \$ 1000 grant by the Multiculturalism & Anti-Racism Unit of the Ministry of Tourism, Arts and Culture.

We received approval from the Government for a raffle license for 2019/2020 and had a CMHA Multiculturalism table at the Farmers Markets from May – Oct, holding a monthly draw for donated items from local businesses. Additionally, we set up an account at the Bottle Depot and sent out bottle donation requests to the community of Williams Lake, to raise funds. Unfortunately, both initiatives were not profitable in regards to supporting our program financially.

Interfaith Bridging - Women's Spirituality Circle (WSC)

Events coordinated by Al-Lisa throughout the year included monthly workshops and sharing circles, attended by various groups of women from diverse cultural backgrounds. Topics of those gatherings were focusing on current relevant issues regarding well-being and growing together as a multicultural community. Participants provided direction in choosing circle themes and helped coordinate future gatherings. We received very positive feedback from group members about the value of circle meetings to them.

Intercultural Bridging – Harmony Series

Cultural Celebration Annual Event

The Cultural Celebration Potluck, hosted in partnership with the Cariboo Chilcotin Partners for Literacy and with the support of The Cariboo Arts Center, was a huge success this year. It was designed for

providing support, sharing culture, making social connections, fostering language exchange and to share about themes, ideas and activities to nurture multiculturalism in our community.

Cultural dishes were shared, multicultural performances were offered and an open mic spontaneously presented itself. Participants came from diverse backgrounds including Muslim, Mexican, Secwepemc, Indian, Liberian, German, Irish-Sami, Lebanese and Spanish, to name some. Participants reported a lot of satisfaction in expanding their social networks, and feeling welcomed to Williams Lake in a new way, counteracting isolating effects of racism.

Multiculturalism Program Information Booth

A Multiculturalism booth was set up at the local Farmers Market, to share information about the programs the Multiculturalism Program offers and to distribute pamphlets, brochures and information to foster connectedness and acceptance of diversity in the community.

We held a monthly raffle with donated items from local businesses to raise money for the program. We received beautiful gifts to raffle and the businesses got advertised by the CMHA Multiculturalism Program via our social media sites and also at our booth.

Twin Schools

Al-Lisa connected with the grade 4/5 class at Marie Sharpe Elementary School, to encourage and nurture inclusiveness and acceptance of differences amongst the children. She worked with different creative mediums to teach the students about anti-bullying, kindness and inclusiveness, making shadow puppets with the kids and co-creating a production with the whole group. The feedback from students and the teacher was extremely positive, and the kids engaged actively.

Anti-Racism and Reconciliation, OARH Protocol & Antiracism Council:

Anti-Racism Advisory Council

The main achievement of our anti-racism work over the past year has been to do an in-depth outreach into cultural minority communities facing racism in Williams Lake and bring together a new advisory body which is founded upon principles of equity, diversity, and works together in full partnership to better address matters of inequality and structural racism within local systems. The current committee is home to cultural representatives from diverse Indigenous Peoples (Secwepemc, Dakota-Cree, Metis), with room for many more. A working committee has come together to further develop concrete materials on combating racism, through increasing incident reporting, with the use of the Community Protocol brochure and supported by an anti-racism awareness media campaign.

Meetings were structured as open talking circles to share experiences, strengths, and hopes for community members working together to address racism, and better understand the impacts of colonization and residential school; exploring themes of reconciliation and discussing individual experiences with power and privilege, ensuring safety and support for members. Conversations have made a positive impact in the community, breaking taboos around speaking about racism, and creating safety for those who wish to share and explore their own experience, and explore how it has impacted them.

Anti-Racism Community Protocol

The Protocol Brochure is in its fifth edition and was worked on this year by the new Anti-Racism Advisory Council, which redrafted an original community statement, in responding to the current local and global climate. We hope to keep continuing to use and improve this document and work towards a systemic approach to addressing and preventing acts of race hatred, by promoting the use of this tool, concrete

and constructive responses to racism incidents, and by helping those who need support in challenging and calling out discrimination.

Antiracism Poster Campaign

For this campaign we continued to develop posters with positive messaging encouraging changes in behavior, which are distributed via social media and posted all around town in local businesses and community gathering spots. The campaign challenges racist thought and invites “compassion, respect, change, humanity, and harmony” in differently themed posters. This strategy brings a face to diversity in Williams Lake, offering images that will act as a support and encourage respect for minorities.

Bettina Ergert

MC Program Manager

Al-Lisa MacKay

MC Program Coordinator

Outreach Advocacy & Support Program:

CMHA –CCB AGM Report 2020

Canadian Mental Health Association-Cariboo Chilcotin Branch (CMHA-CCB) in Williams Lake provided Advocacy outreach serviced for the fiscal year of February 2019- February 2020. This past year has been met with some challenges. We struggled to recruit and retain employees. This past year we had three different advocates, due to the minimal hours allocated for the advocacy program. Our advocates also had to retain other employment in order to meet their basic needs, which left us with inconsistent work days. As of September 2019 we were successful in hiring an individual who was able to work consistent days per week, who networked with other agencies to let them know of the service being provided, in turn this led to referrals for our program and a great working relationship with our local Ministry of Social Development and Poverty. Our advocate has also been involved in several training sessions to benefit the program, Situation table training, Substance Use Foundations training and also a Cultural awareness Learning Session. The advocate attends weekly C-Cart meetings in the community which brings forward individuals who are at an elevated risk and need to be connected to services.

During the course of the year we have provide many services to the general public and especially to the vulnerable population of our community. The advocate's clients are generally people who suffer from addictions, PTSD, autism, failing health, live in poverty and are unable to read or write, we assisted 156 clients from February 2019- February 2020.

The services we provided are as follows:

- Connecting clients to income assistance and supporting them through the process
- Filling out PWD, and PWMB forms, Reconsideration applications
- Hardship forms
- Shelter forms
- Supplement funds
- Assisted clients with completing OAS, CPP, CPPD, Pension, Pension splitting
- Applications for Birth Certificates
- Fair Pharmacare Plan application
- Short term Disability
- Applying for Disability tax credit
- Applying for Employment Insurance
- Rental information and help resolving issues with landlords, and Tenancy
- Utilities disputes, reconnections and cancelation of services
- Address change
- Writing documents, letters and cover letters
- Navigating information on the computer and printing it off for clients
- Community information and connecting clients with services
- Goal setting

- Account set up
- Housing after treatment
- Doctor Visits with clients accessing medical services.

In conjunction with our homeless Outreach worker, the advocate is also responsible for helping with In-kind donations. The advocate helps pick up and gives out furniture, and establishes a price for the donations. Prices for the donations are determined by the prices in local garage sales, second hand stores and from market place. When the application was sent we had \$6914 in donations and by the end of our fiscal year we acquired \$9819 in donations.

We look forward to growing our Advocacy program in the future and being a helping hand.

Respectfully,

Cristina Carriere

Outreach Advocacy and Support Worker

Community Bridge to Housing First Program

BACKGROUND

Conventional approaches to homelessness suggest that people need to address the issues that caused their homelessness before they can be housed: addictions, mental illness, unemployment, poverty and other issues. Housing First approaches recognize that being homeless causes extreme stress, and makes all the other issues more complicated and difficult to address.

THE PROGRAM

The Community Bridge to Housing First Program, (CBHF), offers support and rent supplements to people who are homeless. We work in partnership with other organizations and services to find housing, assist in the transition from homelessness to housing, and work to support each participant to set and achieve their goals, with a focus on recovery and making healthy choices.

The only criteria for the program, is that the person is homeless. We complete a vulnerability assessment that helps us understand each person's history and challenges, as well as their strengths and needs for support. We do our best to match their needs to available housing.

The time it takes to get someone housed varies, depending on their needs and the availability of suitable housing.

The 2019-2020 fiscal year was an eventful year for the Community Bridge to Housing First Program! Our biggest highlight was being a part of the founding of the Community Situation Table! The CBHF Program is successful due to our community partnerships. In the fall of 2019, community stakeholders met at Bethel Church to train and discourse about a new way to intervene in the most at risk cases while still minding confidentiality. The CBHF Program was able to aid other community support workers in an expedient way. One set back from this period was the loss of our Support Worker, hired early on in 2019, due to personal issues. The other major interruption to service was the COVID 19 lockdown. Due to this interruption, we were forced to wait re hiring for the position. This took place in the new fiscal year once the lock down ended. There is not much more to say about this year other that we anticipate the need for services will only increase as the after effects of the lockdown arise.

Highlights from the 2019-2020 year are:

90 Applications Received!

The previous year the Program received 65 applications, making a difference of 25 applications. The increase of applications is a direct correlation to the decrease of the vacancy rate in Williams Lake. As it becomes tough to afford rent in major urban centers, we are seeing more individuals and families (Reasons for Applications not accepted onto program are: loss of contact with client, applicants leaving the community, or applicants currently housed and not actively homeless)

21 People Housed!

Applicant Demographics include: 9 Males, 11 Females, 9 of the total individuals were Indigenous. At the end of the one-year term, 11 individuals from the 20 placed throughout the year were still housed in their original tenancies at the end of the fiscal year. One individual housed was a former tenant who had returned from treatment while 2 other individuals originally housed during this period were successfully sent off to Treatment. Two hard to house individuals lost housing during this period, one after 3 months and one after 6 months, and were unable to be rehoused. Two tenants found other arrangements in a roommate situation and were graduated off the program and one person was taken out of housing and placed in supportive housing as per their mental health and substance use needs.

Leah Martin

**Participant Support Coordinator
Housing First Williams Lake**

Crisis & Counselling:

Crisis and Counselling Program Annual Report
Presented to: CMHA-CCB
For: September 21, 2020

Please accept my annual submission for Crisis and Counselling as the Program Manager with CMHA-CCB. This program is primarily funded through Interior Health, more recently there has been some additional funding through Canadian Red Cross to supplement some of the program's additional needs. I will endeavor to identify some highlights and positive progress we've made over the past fiscal year.

Interior Crisis Line:

Williams Lake Crisis Line is an active member of the Interior Crisis Line Network (ICLN), this includes four other interior communities besides ourselves, Vernon, Kelowna, Trail and Cranbrook. Between the five communities we are able to offer Crisis Line services 24/7, 365 days per year. My role is Crisis and Counselling Program Manager and Tina Campbell is Supervisor of the Crisis Line which is located in Williams Lake. Presently we recruit, train and supervise a team of volunteer responders that support three phone lines (1-800-Suicide, 310-Mental Health and the Interior Crisis Line) from 4:30 to 8:30 Monday to Saturday every week including holidays. As supervisors' we are expected to share the volunteer supervision of the responders on their shifts, this amounts to an additional 1248 unpaid hours annually.

Appendix A attached is a comprehensive report that outlines the work we do as an active partner in ICLN. The report highlights some of the amazing accomplishments our team of trained volunteer responders have undertaken in supporting callers in crisis and the overall increase in calls and the intensity of their issues.

The Crisis Line Supervisor and I co-facilitate two six weeks – 40-hour Crisis Line trainings, one held in the Spring the other in the Fall as well as a Volunteer Appreciation Dinner and a Festive Party and Dinner to show our appreciation for the volunteer responders and their guests.

(Refer to Appendix A - Interior Crisis Line Network (ICLN) –WL Annual Report 2019-2020)

Counselling Program:

As mandated by our Interior Health contract we offer short term, crisis and support counselling. This is available to the general public without a referral, we also receive referrals from physicians, Mental Health and Addictions, RCMP, Probation, Ministry of Children and Families, the courts, hospital, shelters, friends and families.

Our clients present an array of situations, problems and concerns, we offer them support and counselling through their journey to discover new methods and tools to make healthier choices and changes in their lives.

In the 2019-2020 fiscal year there was a change in staff in our department. Our Crisis Line Supervisor, Cher Sytsma chose to move into private practise and we welcomed our new hire, Tina Campbell. As always there is a time of training and transition for the program and the clients when we have someone new join us. Tina has settled into being part of our strong, crisis and counselling team.

This year we offered counselling services to 202 males, 417 females and 28 couples for a total of 689 hours of counselling with two part-time positions.

(Refer to: Appendix B - 2019-2020 CMHA-CCB Annual Counselling Stats for Interior Health

Appendix C – 2019-2020 Letter of Interest-Contract Reporting to Interior Health

Appendix D – 2019-2020 Additional Annual Hours Interior Health Reporting)

Community Education and Other Highlights:

The mandate for our other contract with Interior Health is Community Education. We offer an array of workshops, trainings, host events and participate on community committees.

Highlighting a few: Mental Health Awareness Week the Mental Health Advisory Committee of which I chair, we host a day with The Clubhouse participants at Jubilee House, the Suicide Sudden Death Committee and a Suicide Awareness annual event, the Annual Crisis Line Association of B.C. (CLABC) Conference and AGM, Suicide Awareness Day on Sept 10th, Beyond the Blues, Anger Management, Healthy Relationships, Living Life to the Full and many other activities.

Presently, I offer the Living Life to the Full program a minimum of twice a year. This is a mental health course of which CMHA holds the license. It is designed to help people deal with everyday life challenges and to learn self-management skills using Cognitive Behavioural Therapy (CBT) principles.

Attachments: Appendix A - Interior Crisis Line Network (ICLN) –WL Annual Report 2019-2020
Appendix B - 2019-2020 CMHA-CCB Annual Counselling Stats for Interior Health)
Appendix C - 2019-2020 Letter of Interest-Contract Reporting to Interior Health)
Appendix D - 2019-2020 Additional Annual Hours Interior Health Reporting)
Appendix E - 2019-2020 Community Education

This year I also became certified to offer the Mental Health First Aid Course for Adults through the Mental Health Commission of Canada which must be offered a minimum of three times a year. This program provides people with the skills to help someone who is developing a metal health problem or experiencing a mental health crisis and helps to also break down the stigma of mental health.

This fiscal year, the Crisis Line Supervisor and I shared 609 hours of community education and other activities. For a comprehensive list please refer to the appendix listed below.

(Refer to: Appendix E - 2019-2020 Community Education)

As we head into the final year of our Crisis and Counselling contracts I propose that developing a comprehensive plan is critical for in depth negotiations. Accurate statistics and financial reporting for our contract renewal discussions with Interior Health will be required.

Since the wildfires of 2017 the needs of the community for mental health education, support, counselling and crisis line services have greatly increased and changed, we are now faced with Covid-19 on our doorsteps, this will only continue to escalate.

The original concept of these two contracts had their merit, much has changed, we need to evolve into the reality of our present situation to meet the expectations and needs of our community, agencies and professionals throughout the Cariboo Chilcotin. Additional funding from other sources are appreciated but we need a stronger foundation from Interior Health.

Once again, as a small team of two we are extremely proud of the efficient, effective and conscientious services we are able to offer in support of CMHA-CCB.

Respectfully submitted,

Heather Silvester

Crisis & Counselling Program Manager

2019-20



ICLN
Interior Crisis Line Network
1.888.353.CARE (2273)



**Canadian Mental
Health Association**
Mental health for all

Cariboo Chilcotin Branch

Annual Report

ICLN WILLIAMS LAKE & AREA

INTERIOR CRISIS LINE NETWORK PARTNER: CMHA CARIBOO
CHILCOTIN BRANCH



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Overview

2019/20 was a year of innovation, collaboration and growth within an unprecedented environment as Covid-19 began impacting services in March, 2020. Canadian Mental Health Association Cariboo Chilcotin Branch remain a committed and supportive partner within the Interior Crisis Line Network (ICLN).

CMHA Cariboo Chilcotin (Williams Lake) crisis line site is one of five community-based partners that make up the Interior Crisis Line Network providing 24/7/365 evidence-based emotional support, risk assessment, de-escalation, safety-planning and emergency intervention to people across the Interior Health Authority.

Williams Lake Crisis Line Responders (CLRs) serve people from across the Interior Health Authority region through;

- ✓ Regional. Interior Crisis Line (1.888.353.2273)
- ✓ Provincial Mental Health line (310.6789)
- ✓ Provincial Suicide Line (1.800.SUICIDE)

Focus for 2019/20 remained committed continued education for existing Crisis Line Responders, increasing shift coverage, and responding to the needs of Covid-19 in March.

Highlights Include:

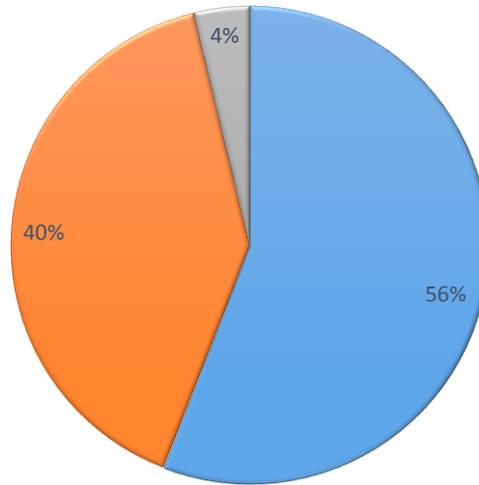
- ❖ Provided **close to 30,000 minutes of support** (29,558 minutes of support a **18.7% increase over the previous year**)
- ❖ Provided **2,042 support contacts**— a **17.6% increase** over the previous year and a 21% increase over 2018/19 and **more than double calls answered in 2016/17 year** (102%).
- ❖ Remains a partner in ICLN providing **critical evening coverage** (4-9pm, 6 days a week), **contributing to better practices** and **clinical support** in network discussions
- ❖ **Community development continued** with the provision of **two Crisis Line Responder 40+ hr training sessions** and **consistently present at community events, host educational workshops, facilitate the local Mental Health Advisory Committee and contribute to the Suicide and Sudden Death Committee** – all critical community building supports in less urban areas such as Williams Lake and surrounding communities
- ❖ CMHA Cariboo Chilcotin had representation at all Provincial Network Operations meetings and ICLN partner meetings and is **in good standing with the provincial criteria** providing support on all three crisis line services

“Crisis Line service remains a crucial way we support and contribute to our communities and the larger Interior Health Region. Crisis Line Responders who understand the unique challenges of seeking support in more isolated, less resourced areas, can convey a level of acceptance that allows people to feel safe and genuinely connected. And the research suggests that connection to a Crisis Line Responder can be the difference between engaging with a collaborative safe plan or requiring more invasive interventions.”

Janice Breck, Executive Director, CMHA Cariboo Chilcotin (ICLN Partner Agency)

Statistics: Incoming Line

- ❖ 99% of calls answered by ICLN partners originate from within the Interior Region regardless of whether the person has chosen to call the regional crisis line (which remains the majority of calls) or the two provincial lines



- ICLN (1,141)
- 310 Mental Health (824)
- 1800 Suicide (77)

- ❖ **12.7% increase in regional crisis line calls (ICLN)**
- ❖ **36% increase on the provincial mental health line**
- ❖ **13.2% increase on provincial suicide line**
- ❖ Despite this small increase in calls on the provincial suicide line (increase of 9 calls over last year), most ICLN partners, and crisis lines across BC, are seeing a continued reduction or holding of call volume on the provincial suicide line while the national suicide prevention service continues to grow

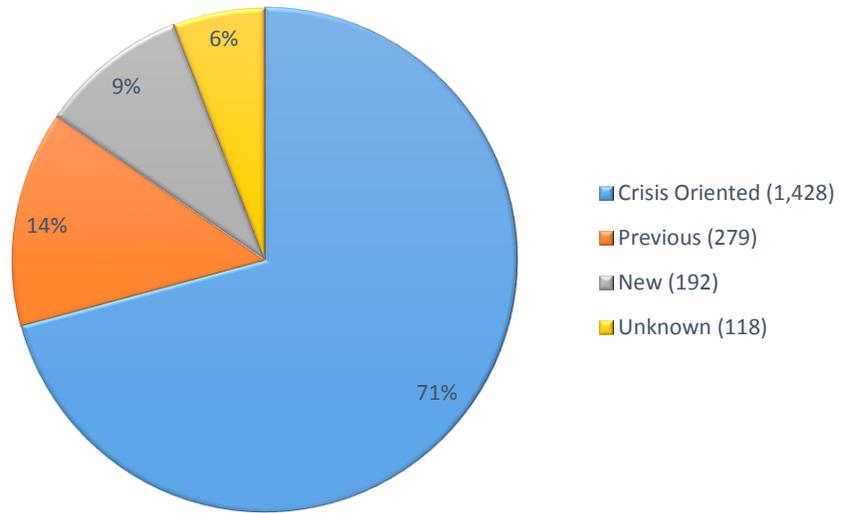
Type of Caller

- ❖ One of the critical services ICLN provides is in supporting people within Interior Region who use the crisis line services to self-manage their mental health and/or substance use concerns

- ❖ **70% of all service users supported by William Lake's Crisis Line Responders are identified as Crisis Oriented Callers** who consistently reach out to the crisis line to navigate their wellness

- ❖ These service users can escalate and reach out to CLR's to collaborate on safe plans resulting in fewer interventions (e.g. 911, Emergency Department visits, emergency meetings with Mental Health workers)

- ❖ There was a **44.2% increase in calls supporting Crisis Oriented Callers** (service users who reach out to the service consistently to self-manage their acute or long-term mental health concerns with safe plans or self-care plans) speaking to the need within the Interior Region



Interventions

- ❖ CLRs within the Williams Lake site continued to effectively de-escalate, work collaboratively with service users to develop effective safe plans and self-care plans and ultimately easing pressure on Emergency Departments, Mental Health Workers and other professionals within IH

- ❖ **For third year in a row, CMHA Cariboo Chilcotin site reduced interventions by 25%**

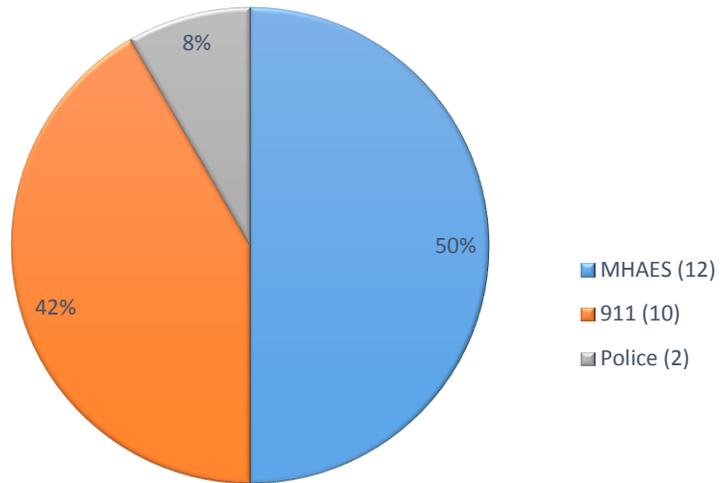
- ❖ Interventions only required in 1.2% of contacts in 2019/20

- ❖ **MHAES Team contacts reduced 25.0%**

- ❖ **911/Emergency Room contacts reduced 30%**

- ❖ Working collaboratively with service users and within nationally and internationally recognized call handling resulted in **58.3% of interventions occurring with consent**

- ❖ Illustrates **CMHA Cariboo Chilcotin's commitment to working within better practices** and effective training of Crisis Line Responders on the collaborative engagement better practices identified within American Association of Suicidology

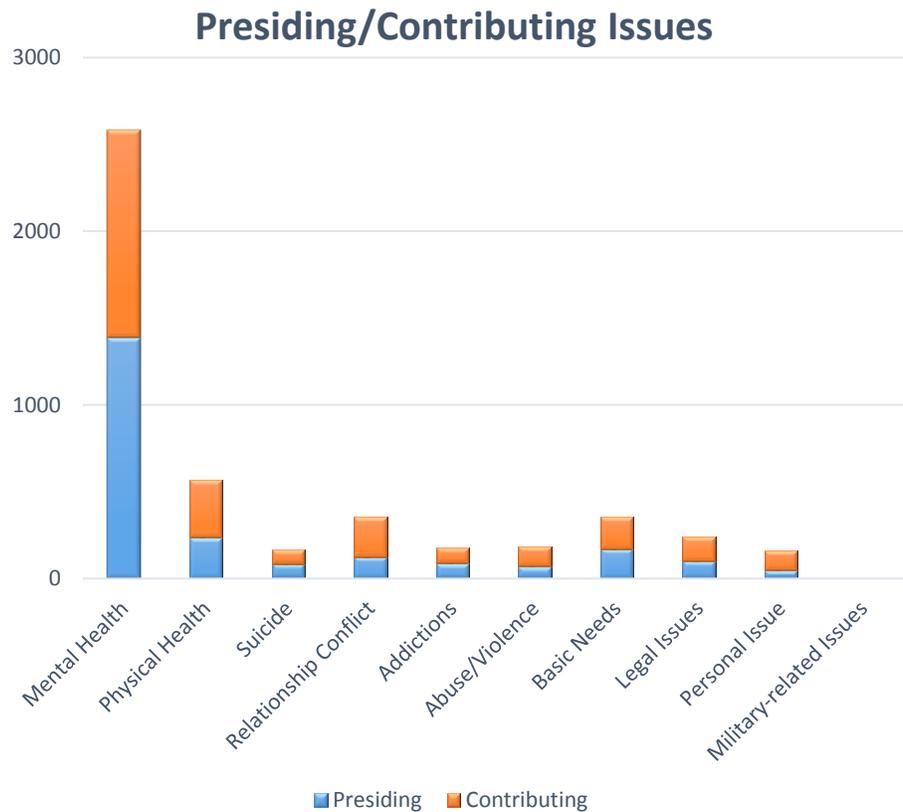


Additional Resources Provided

Support/Resource Offered in Safe Planning	
No referral needed/wanted	1,781
Other	70
Mental Health – Non Emergency	37
811 Health Link	29
Counselling/Therapy	28
Mental Health - Emergency	28
Medical – Non Emergency	13
Local/Other Crisis Line	13
Police – Non Emergency	11
Medical – Emergency	10
Police Emergency	9
Shelters/Transportation	8
Support Group	6
MCFD/Child Protection	0

Content of Calls

- ❖ Call intensity increased sharply last year
- ❖ Calls related to **Mental Health more than doubled** this year (increased **105%**)
- ❖ **Physical Health** as a primary issue increased **304%**
- ❖ **Suicide** as a primary issue increased **245%**
- ❖ **Abuse/Violence** as primary issue increased **278%**
- ❖ **Relationship Conflict increased 254% & Personal/Internal Conflict increased 336%**
- ❖ **Basic Needs increased 76.3%**
- ❖ Addiction-related calls decreased for a second year in a row (down 10.2%)



ISSUE	PRESIDING	CONTRIBUTING
MENTAL HEALTH	1,387	1,194
PHYSICAL HEALTH	238	331
BASIC NEEDS	171	183
RELATIONSHIP CONFLICT	124	229
LEGAL ISSUES	102	140
ADDICTIONS	88	87
SUICIDE	83	83
ABUSE/VIOLENCE	68	114
PERSONAL/INTERNAL CONFLICT/ISSUE	48	114
MILITARY-RELATED ISSUES	1	2

**Presiding Issues is a required field whereas Contributing Factors are not

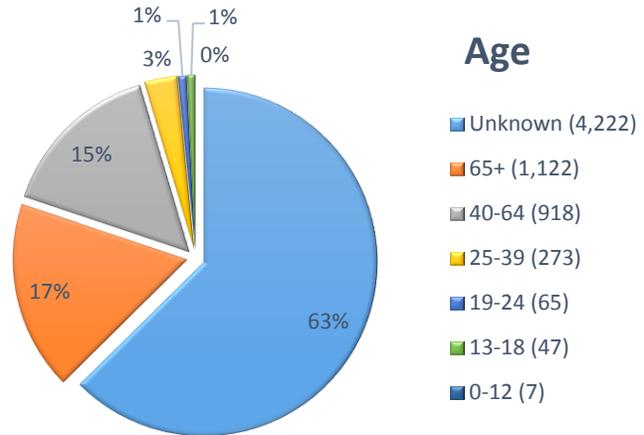
Covid-19: ICLN Perspective (March 2020)

- ❖ Mid-March 2020 saw the beginning impact of Covid-19 concerns coming through to the Interior Crisis Line, across the network;
 - 29% of crisis line contacts related to Covid-19
 - Call volume increased 19.6% compared to the previous year
 - There was a reduction in physical health-related calls as more people were using 811 and other services, however, there was an increase in Abuse/Violence, Suicide-related and Personal/Internal Conflict calls
- ❖ The above impacted continued to grow after year end (March 31, 2020) and data provided bi-weekly, then monthly to crisis line leads within Interior Health Authority via Program Director for ICLN
- ❖ CMHA Cariboo Chilcotin and the other ICLN sites contributed to the contingency plan to ensure three priorities;
 - Health, Safety & Well-being of Our People (Leadership, Crisis Line Responders, Service Users and larger community)
 - CMHA Cariboo Chilcotin initiated physical distancing, cleaning and other protocols
 - Worked diligently with Program Director to prepare for remote responder options
 - Supported their CLR team's emotional and physical well-being – this support included when CLR volunteers opted to step back from volunteering with the service to attend to their own wellness
 - Continuity, Accessibility & Quality of Service
 - CMHA Cariboo Chilcotin Crisis Line leadership staff began working from home
 - Joined the upgraded software to allow for Remote Responders
 - Supported 12+ staff and volunteer CLR's in new technology
 - Clear Communication
 - CMHA Cariboo Chilcotin provided ICLN press releases for Crisis Line Worker Awareness Week (mid-March), Volunteer Appreciation Day and related to Covid-19
 - CMHA Cariboo Chilcotin ICLN site referenced in media on impact of Covid-19 to media at all appropriate opportunities

Demographics

Age

- ❖ There was a significant shift in age demographics with;
 - **44% increase in 40-64 age range**
 - **19.3% increase in 25-39 age range** (unlike some other ICLN partners who have seen a reduction in this age range by as much as 30%)
 - **256% increase in 65+ age** – this age range has grown over the last few years, however, this is a significant leap evident among most ICLN partners
- ❖ Age is not a required field – majority of calls it is marked unknown



Gender

- ❖ **Service users identifying as female remain largest demographic** (1,601) compared with male (361) and gender diverse (7) (Unknown for 49)
- ❖ The **inclusion of 7 service user records identifying as gender diverse** is very positive and hopefully indicates efforts to support an inclusive service are being received

1st Party/3rd Party

- ❖ Vast majority of service users remain those calling for themselves. CLRs are trained to offer support for the person calling on behalf of someone else as well as offering an outgoing call to the person of concern if appropriate (e.g. suicide-related)
 - 1st party = 1,923 (94%)
 - 3rd party (person of concern over 19) = 78 (3.8%) – though this is a low percentage of calls, it is 5x higher than last year
 - 3rd party (person of concern under 19) = 67 (0.6%) – comparable with other ICLN partner sites

Self-Identifies as Indigenous

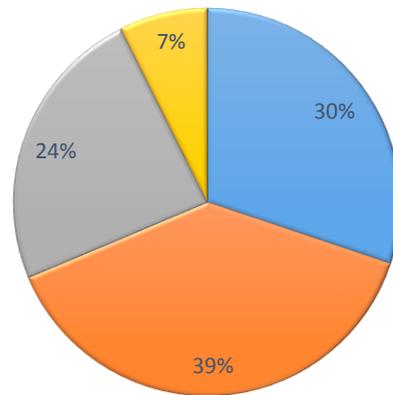
- ❖ As per direction from IH, ICLN sites (including CMHA Cariboo Chilcotin) do not ask the self-identifying questions that were originally created in partnership with FNHA and IH, but do record the information if provided. In 2019/20, no service users self-identified as Indigenous within calls handled by CMHA Cariboo Chilcotin, however, overall in ICLN 268 did and we know the number to be higher, simply these are the calls where the person self-identified.
- ❖ Cultural safety training is required module in the initial Crisis Line Responder training. IH's Indigenous Wellness goals are embedded into the standard CLR training and CLRs are trained to have greater sensitivity when engaging intervention for someone who identifies as Indigenous. There are opportunities for responders to further their cultural awareness with online training via IH/PHSA

“Crisis Line training seeds our community with sensitivity, awareness and skilled de-escalation skills. Even when Crisis Line Responder volunteers move on to other opportunities within Williams Lake or the surrounding area, they take those skills, changes in perspective and willingness to engage in this important work with them.”
Janice Breck, Executive Director, CMHA Cariboo & Chilcotin

Outcome Measures

❖ **53% of service users implied or inferred**

Outcome Measures



- Implied Coping Improved (605)
- Neither Implied/Inferred Improvement (773)
- Inferred Coping Improvement (481)
- Call Ended Due to Boundaries (148)

improved coping by the end of the call – this is down from 61% last year, however, there has been greater intensity in calls

❖ **Calls ended due to setting of boundaries increased 47%** (set to support healthy interactions with the service – e.g. address dependency, abusive with Crisis Line Responders)

“I just need you to know how much I needed help tonight. I really didn’t know what I was going to do. It’s helped so much to talk things through and realize I have options. Thank. You so much for picking up.” Anonymous Caller

Contribution to ICLN

CMHA Cariboo Chilcotin;

- ❖ Provides 24 hours of weekly coverage on the lines supporting key time period (4-8pmPT) when call volume tends to spike, therefore providing critical support
- ❖ Provides valued clinical reference during ICLN Leadership team meetings as their Crisis Line site manager also oversees crisis services within CMHA, such as Victim Services, and direct counselling
- ❖ Leader in consistent continued education delivered monthly to their team
- ❖ Attends bi-weekly ICLN Leadership meetings where sites discuss protocols, call handling for Crisis Oriented Callers, day2day operations, and service direction
- ❖ In good standing with the Crisis Line Association of BC, operating within the CLABC provincial standards and are a strong site with a deep commitment to quality call handling

Key Challenge/Opportunity for Growth

- ❖ **Covid-19 Impact on Crisis Line Responders:** Covid-19 placed significant pressures on Crisis Line Responders, not only with the dramatic increase in call volume and intensity, but in the need to learn a new routing system to handle calls in the midst of a pandemic response. CMHA Cariboo Chilcotin had a direct loss of volunteers and are currently down to 4 trained Crisis
- ❖ Line Responders plus two very part-time staff positions who provide direct support to crisis line with limited hours/week
 - **Positive:** Recent interview with CMHA Cariboo Chilcotin coordinator saw a spike in volunteer recruitment with 43 interested people (15 for Williams Lake and the others for Vernon and Kelowna)
 - The fact that their recruitment efforts supported other ICLN partners, and themselves, is one small example of CMHA Cariboo Chilcotin's collaborative approach and contribution to improving the overall ICLN service
- ❖ **Shift in Administrative Support:** CMHA Cariboo Chilcotin recruited and hired a new coordinator support for the crisis line service (as with the Manager role, the Coordinator dedicates percentage of hours to overseeing/supporting the service each week while also providing direct counselling services within CMHA) – CMHA Cariboo Chilcotin leadership staff provide approximately 100 hours of on-call/oversight support each month in a volunteer capacity. Will review additional stipends to honour staff time in the coming year
- ❖ **Upgrade of Site, Technology:** Effort invested in upgrading the Crisis Line location within CMHA to support CLR's in feeling appreciated and safe. Significant effort and time invested in learning, implementing and then supporting new telecommunication technology established across ICLN to allow for remote responders
 - Represents a significant opportunity enabling CMHA Cariboo Chilcotin to recruit volunteers outside of Williams Lake and create a more resilient and reflective volunteer base

Goals Heading into 2020/21

- ❖ CMHA Cariboo Chilcotin will continue to be an active contributor handling calls through ICLN (regional crisis, provincial suicide and mental health lines) as well as contributing to better practices, collaborating on consistent quality service through trainings, protocols and other supports.
 - 1) Secure operationalized dollars for improved CLR coverage to address ongoing shortcoming within budget and impact of Covid-19 on CLR's capacity to provide coverage, call volume and intensity
 - 2) Transitioning service (e.g. online training) to operate effectively within 'new normal' brought on by Covid-19

Additional Information

Financial information has been provided directly to IH via CMHA Cariboo Chilcotin Finance Department. Quarterly statistics are provided to PHSA. Additional information is available via;

Heather Silvester, Crisis and Counselling Program Manager (CMHA Cariboo Chilcotin Branch)

Phone: 250-398-8220 ext. 2031 Fax: 250-392-4456

heather.silvester@cmha.bc.ca

Asha V Croggon, Program Director, Interior Crisis Line Network

Phone: 604-256-3153

ashavcroggon@gmail.com

Appendix C 2019-2020 Letter of Interest - Contract Reporting to Interior Health



Canadian Mental Health Association
Cariboo Chilcotin
Mental health for all

FISCAL YEAR 2019/2020 FOR CMHA-CC COUNSELLING PROGRAM

2019 -2020

Client Genographics:

Female	417	Emergency	30
Male	202	Low Income	146
Gender/Other	0	No Shows	107
Couples	28	New Clients	69
TOTAL:	647		

Ages:

12>	
12 to 18	3
19 to 30	146
31 to 45	185
46 to 65	306
>65	35
TOTAL:	675

Total Sessions in Minutes

# of	Total Hrs	# of	Total Hrs	# of	Total Min
0:15	0	1:00	550	1:45	3
0:30	12	1:15	29	2:00	15
0:45	6	1:30	38	Total Hrs Counselling: 689	

PROBLEM AREAS:

Academic	5	Mental Illness	153
Alcohol/drugs	68	Mental/Psych. Abuse	28
Anger	170	Parent/Adult Child	77
Anxiety	348	Parent/Child Conflict	2
Assault	5	Parent/Teen Conflict	0
Brain Injury	29	Phase of Life	51
Bullying	25	Physical Abuse	13
Child Abuse	37	Pregnancy	3
Communication	219	Relationship	239
Cultural/Identity Abuse	10	Self Esteem	130
Depression	195	Separation	53
Family Problems	107	Personal Identity	1
Financial	165	Sexual Abuse	3
Financial Abuse	0	Sexual Assault	12
Grief	172	Spousal Assault	3
Interpersonal	29	Stress	335
Job	140	Suicide Attempt	8
Legal	45	Suicide Ideation	45
Loneliness	218	Other	1
Medical	98	Total	3242

REFERRED

	By	To
AA/AN		
Alcohol Drug Counsellor		
CMHA	46	
Doctor	146	
Family Member	89	
Friend	57	
Hospital		
Legal	12	
MCFD	6	
MH	52	
Ministerial		
Other Court	6	
Probation	8	
RCMP	22	
School		
Self	191	
Shelter		
Other	12	
TOTAL:	647	

July 20, 2020

RE: STATS FOR CMHA-CCB

#TCSMH19-450237L Counselling and Crisis Line and

#TCSMH19-450233-J C&F Community Education

To whom it may concern

Please allow me to share some additional statistical information for the record regarding the supportive counselling/crisis line hours for the above two programs during the 2019-2020 fiscal year. In Williams Lake this consists of two positions with 24 and 28 + (4 additional hours Red Cross funding till March 31, 2021) per week.

Of note, we concluded **689** hours of supportive counselling, **609** hours of community education, **1496** additional hours of related duties training, meetings and administrative work (see attached spreadsheets) for a total of **2794** hrs. In addition, we annually provide **1248** hours of unpaid volunteer crisis line supervision from 4:30pm to 8:30pm six nights per week. Of note is that **4042** hrs are the total number of productive hours per year for two-part time positions given to these programs.

Of importance to note is that in addition to our above contracts, CMHA-CCB had received short term Red Cross funding that will come to an end and yet the need for mental health support in our community continues to grow. This funding has supported an additional two counsellors whose counselling stats are not reflected in the numbers in paragraph two above. This past fiscal year amounted to an additional **762** hours of supportive counselling services and numerous hours of community education services in which Interior Health, local doctors, agencies, ministries, courts, and general public have benefitted from.

I share this information so that Interior Health stays informed as to the counselling /crisis line services and education we deliver and the additional mental health counselling services that CMHA is delivering as an extension of the Crisis, Counselling and Community Education programs for future contract discussions.

Respectfully

Heather Silvester

Crisis & Support Counsellor

Crisis & Counselling Program Manager

Canadian Mental Health Association Cariboo Chilcotin Branch

51 4th S. Ave. Williams Lake B.C. V2G 1J6

Phone: 250-398-8220 ext. 2031 Fax: 250-392-4456

Cell: 250 305-5313 Email heather.silvester@cmha.bc.ca

Appendix D - 2019-2020 Additional Annual Hours for IH Reporting

2019-2020	
Service Contracts TCSMH119-450237-L-001 & TCSMH119-450233-J	
	HOURS
As Per Contracts	
Total staff hours for both contracts (includes additional 4hrs/wk Red Cross)	2912
Approx allowable sick / vacation days in hours	less 245
Balance of staff hours to be worked	2667
Direct Client Delivery	689
Community Education	609
Other Related Duties for these Programs (see below)	1496
Actual Hours Worked	2794
Additional Unpaid Volunteer Crisis Line Supervision- 6 evenings/wk	1248
Other Related Duties	
Manager/Staff/Team/Covid Meetings	120
Aministrative office,staff, reports, budgets,stats,correspondence	380
Unscheduled client delivery calls, texts, emails	100
Suicide &Sudden Death Committee Meetings	20
Mental Health Advisory Committee Meetings	20
Interior Crisis Line In-ServiceMtgs/Shadowing	172
Interior Crisis Line Network Leadership Meetings	96
CLABC Monthly Meetings	18
Teleconferences with LLTF & MHFA	10
New Staff Interviews, Training, Ongoing Support, Supervision & Practicum Studen	200
ICLN & CLABC Conference	80
Misc	120
Fundraising	40
In-House Self Care Workshops	20
Personal Growth, Webinars, Professional Training	100
Total Other Relatd Duties	1496

MONTH	Community Educational Training/Workshops	# of Staff Facilitating	# of Participants	Prep/Facilitation Hours per staff participating	Total Number of Hours
APRIL 2019	CL Training & Prep Apr 2,4,9,16,18,23,25,30	2	8	32	64
	CL Volunteer Appreciation Dinner Apr 8	2	10	16	32
	Living Life to the Full Apr 4,11,18	1	8	12	12
	You Are Not Alone- Violence Against Women Apr 15	1	20	7	7
MAY	Crisis Line Training May 2,7,9,16,23	2	8	20.0	40
	Living Life to the Full May 2,9,16,23,30	1	8	20	20
	Mental Health Awareness Week May 6-10 coffee & snacks	1	public	2.0	2
	Mental Health Awareness week luncheon and bowling celebrated with members of The Clubhouse and Mental Health Awareness Committee (MHAC) May 9	2	30	6	12
	MHAC Planned Event at Boitanio Park celebrating Mental Health Awareness Week all day May 14th	2	50	16	32
	MHAC Planned Event at Boitanio Park celebrating Mental Health Awareness Week all day May 14th	2	20	4	8
	Adult Mental Health Dinner and Participation Session				

Fiscal Year April 1 2019 - March 31 2020

<i>JUNE</i>	Focus Group for Community Needs June 26	1	10	2	2
<i>JULY</i>	Suicide and Sudden Death Committee sub-group for Community Protocol	2	4	8	16
<i>AUGUST</i>					
<i>SEPTEMBER</i>	World Suicide Prevention Day set up at Save On Foods with resource table and refreshments Sept 10	2	75	8.0	16
<i>OCTOBER</i>	Job Fair setup and participation Oct 1,2,3	2	100	10 16	10 16
	Crisis Line Training Oct 3,8,10,15,17,22,24,29	2	8	32	64
	Mental Health Illness Week recognized with Beyond the Blues with support from the MHAC Lake City Secondary School Oct 11	2	150	20	40
<i>NOVEMBER</i>	Crisis Line Training cont'd Nov 5,7,12,14,19	2	8	20	40
	CL Volunteer Dinner/Christmas Party Nov 28	2	16	16	32
<i>DECEMBER</i>	MHAC Christmas Party and Gift Exchange for The Clubhouse Dec 17th	2	30	8	16
<i>JANUARY 2020</i>	Living Life to the Full Jan 23,30 for 2 courses	1 1	7 8	16 16	16 16
	Living Life to the Full Feb 6,13,20,27 for 2 courses	1 1	7 8	32 32	32 32
<i>MARCH</i>	Living Life to the Full Mar 5,12 for 2 courses	1 1	7 8	16 16	16 16
	<i>Total</i>			TOTAL HOURS	609

Community Based Victim Services:

Canadian Mental Health Association Annual General Meeting
September 21, 2020
Community Based Victim Services
Fiscal Year 2019-20 Report

Community Based Victim Services (CBVS) work with individuals who are experiencing or have experienced Relationship Violence, Sexual Assault, and/or Stalking and Criminal Harassment. CBVS provides Justice related services to all victims and genders of family and sexual violence. An individual does not have to report the crime to the police or be involved in the Criminal Justice System to receive support services from CBVS. In addition to Justice related services, CBVS also provides education for individuals and/or community workshops on relationship violence; safety planning for adults and children; short term emotional support; information and referrals to other community agencies and information on basic court process for criminal court and family court.

CBVS accepts referrals from any agency, professional and/or self-referrals from clients. An initial assessment is completed with the client over the telephone and/or in person to determine the clients' needs and then an appropriate time frame for an initial intake appointment is scheduled. Based on the intake appointment, further assessments are done to determine what other community professionals may be utilized for further referrals out, such as counselling, the P.E.A.C.E Program for children who witness violence, Transition House, Women's Outreach Workers, Crime Victim Assistance Program, etc. consents are signed and then the CBVS worker liaises with other community agencies for referrals as per their best practices procedures. Follow-up appointments and/or telephone calls are scheduled to ensure the client is receiving direct services as required/identified.

At the start of this fiscal year, there were 117 Client Files open. Throughout the fiscal year there were an additional 69 client files opened, for a total of 186 Clients receiving supportive services throughout the fiscal year. This is notably still an increase in caseload prior to the wildfires of 2017 which were only at 60 cases open for the fiscal year of 2016/2017. Of the files which were opened this fiscal year, 62 were females and 6 were males and 1 identified as an "other". Three clients were children and 65 were adults. 62 files were partner abuse, one was child abuse, one was child sex abuse, three were other "familial". 45 Files were conclude this reporting period.

This year CBVS accompanied 91 clients for court support for a total of 364 hours, this is up 33 clients for 38 hours from the previous fiscal year.

Unfortunately, education on relationship violence was not a major component for CBVS this reporting period with only 20 hours utilized for the Heathy Relationship Program this reporting period this is a significant drop in approximately 90 hours from the previous year. The Healthy Relationship Program (HRP), is a five week program where individuals work through *the Relationship Workbook* by Kerry Moles.

The workbook helps clients to identify abusive behaviors, exploring their values, evaluating their relationship, and moving forward in making good decisions. Eighteen appointments were completed on *The Impact of Domestic Violence on Infants, Children and Teens*. Each appointment is a 2 hours and consists of a video "*First Impressions, Exposure to Domestic Violence and the Child's Developing Brain*" by the Ministry of Justice, Attorney General's Office of California, followed by a Power Point Presentation developed by CBVS which addresses the following areas:

- Defining what Domestic Violence is;
- The cycle of violence and how people get caught up in it;
- Generational impact of domestic violence; and
- The impact of domestic violence on infants/children and teens. This fiscal year I scheduled

However, with the awarding of the grant for the It Matter's Program, Dana Saurer, Facilitator of Educational Programs for CBVS was able to provide educational programming to the Junior and Senior Highschools on Healthy Relationships and Human Trafficking. This is a five week course for all students in grade 7 to 10 in the winter and spring semesters. A total of approximately 300 students utilized this program which is approximately 1500 hours dedicated to youth for relationship education and information on human trafficking.

Bail Reviews are a protocol developed in collaboration with the Williams Lake Crown Counsel, Community Corrections, CBVS, Ministry for Children and Families, Williams Lake RCMP, and Court Registry. Bail Reviews are essentially an opportunity for the Victim, of a reported criminal offence which is before the Criminal Justice System, to give input on *An Application to a Judge to Change a Condition of Bail*, which the accused has requested. This is a scheduled two hour appointment with a CBVS worker which includes education on relationship violence, safety planning and completing paperwork with the victim's input which is presented to Crown Counsel. The purpose of the Bail Review is to determine if it is in the public's best interest for conditions of Bail to be removed and/or changed and providing information to a presiding judge for determination. CBVS completed a total of 28 two hour appointments for this purpose. This is up slightly from the previous years' reporting from 21 two hour appointments.

The Domestic Violence Emergency Response (DVER) program is a community Protocol with the Williams Lake RCMP, Telus BC, Kenar Alarms and the Williams Lake CBVS. In efforts to keep the highest of risk domestic violent victim's safe, within their residence, the Protocol offers the ability to put a silent alarm system into the victims' residence. The alarm is activated by a remote fob. During this fiscal year three alarms were installed into high risk clients' residence. At the end of the fiscal year we have five alarms in clients' residence. The alarms panels are owned by CMHA, and we currently have ten alarm panels.

CBVS continues to work collaboratively with community partners. The Integrated Case Assessment Team (ICAT) was developed in 2012, and it consists of community partners who work with identified highest risk clients involved in relationship violence. The committee involves the Chiwid Transition House, Stopping the Violence Outreach Worker, Stopping the Violence Counsellor, Adult Mental health, Cariboo Memorial Hospital, Ministry of Social Development, MCFD, RCMP, all the Victim Services Agencies, and Community Corrections. The purpose of ICAT is to access the highest risk victims and to do a comprehensive safety plan. We meet on a monthly basis to review safety plans and/or the status of

ongoing clients. We also meet on an emergency basis when a new file is to be introduced to the team and/or a situation changes for a client who is already on the caseload of ICAT.

In October, 2019, the Williams Lake Victim Services (CBVS, Aboriginal VS and RCMP VS) agencies reviewed the local protocol for Williams Lake Victim Services. No significant changes were noted as being required to change our existing protocol, as a result it will be carrying forward into the next fiscal year as written. However, during the course of our meeting the RCMP Victim Services did indicate they need to forward more sexual assault files to Community Based Victim Services as per protocol.

Red Cross Wildfire Funding this fiscal year, was difficult to find suitable persons to fill the position. However, in March Sarah Hoode was hired and in April Dana Saurer was hired and a portion of the Red Cross Wildfire funds were utilized for both of their hours of work. This funding was to be utilized for direct client delivery of services. However, Sarah Hoode did not pass her probationary period due to medical reasons. Sarah was encouraged to re-apply for employment with CMHA, at a later date, if she could provide a doctor's note for clearance for regular duties. As a result, Dana Saurer, continued to work on the two grants for *Become the Change* and *It Matters*'s. The Red Cross Funding was re-posted in September for a new hire. Unfortunately of the applicants who applied, none were considered appropriate at the time for employment. The position was reposted in December. As a result of this posting, Holly Stirling, was hired out of the seven applicants after competing in a panel interview. Holly's starting date was March 5, 2020.

Holly Stirling, had previously completed her Thompson River University Human Services three month practicum placement at CBVS for direct client delivery of services in the fall term at CMHA in 2019. While in her practicum placement she worked directly with Penny Stavast on several facets of Victim Services and was exposed to a broad spectrum of client delivery of services. Her practicum placement was two days a week for seven hours a day for a total of three months.

In December, 2019 two grants were submitted by CBVS for funding. The first was a renewal proposal for the *Become the Change* program and submitted for Domestic Violence Prevention/intervention workshops for \$30,000.00. The second grant re-submitted was for the *It Matters* program for Human Trafficking for \$30,000.00. In March 2020, CBVS was notified of our successful re-application of both respective grants. However, with the start of COVID 19 Pandemic, the Provincial grant holders wanted to know if we had plans on how to utilize the funding and/or meet our contractual requirements. Fortunately earlier this month, discussions had already taken place with Dana Saurer, the Facilitator of Educational Programs, for this very purpose. The biggest thing identified is the inability to meet face to face with clients. Dana and I already had several discussions on how to meet our contractual requirements. As a result, Dana started to research and develop other opportunities to delivery services to clients via "Zoom Meetings/Skype" for the men's group *Become the Change*. As well as an online training and information resource for Williams Lake and surrounding Cariboo region on human trafficking for *Become the Change* program. Upon hearing this information the contractor was very pleased to know we had a viable strategic plan to move forward in utilizing the grant funding for 2020-21 fiscal years. In fact, of the ten recipients of the grant for Domestic Violence Intervention/Prevention, I was informed by the contractor, we were the only program which was not only able get our program *Become the Change* developed the previous year, and running in the first fiscal year. We were also the only recipient to implement a new venue to accommodate the Pandemic and the restrictions it entailed. As a

result, Williams Lake CBVS will be invited to a round table to address Provincial systematic issues for Victim Services in the fall of 2020.

I continue to liaise, debrief and assist both RCMP VS and Aboriginal VS in court throughout the calendar year. Generally we try to meet informally, at least once a month for this purpose to discuss systematic issues for Williams Lake. As well as any training and/or issues arising with direct client delivery of services. Due to Covid 19, 23 have been meeting approximately every 6 weeks to continue to stay connected. There are currently two Aboriginal Victim Support Workers; three RCMP Victim Support Workers and three employees of Community Based Victim Services in Williams Lake.

It has been an honor working the Staff, Management and Board of Directors at the Canadian Mental Health Association this reporting period.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'H. Wood', is placed on a light grey rectangular background.

Program Manager, CBVS

Residential and Rehab Program:

Residential and Rehabilitation Programs AGM report April 1 2019- March 31 2020.

This year was a challenging year operationally for the residential and rehabilitation programs. The long term lease with the City of Williams Lake for our space was up in January of 2020 and there was a lot of uncertainty regarding if we were going to be able come to a feasible rental agreement with the new property owners and remain at our current location. I am happy to report that our new landlords Vantage Living were very supportive and willing to work closely with CMHA-CCB to come to an agreement that worked for both of us. We have secured a long term lease for our current location and can start to look forward to how to make the space a better fit for our programming.

Under the residential and rehabilitation program umbrella we are operating 6 separate programs with 8 separate contracts. Many of the contract service deliverables are intertwined and in order to manage them responsibly accurate and timely financial tracking and reporting is required. The persistent challenges this organization is facing within our finance department have made it very difficult to plan for appropriate programming, develop and maintain an reasonable budget and meet our contract reporting requirements and the impacts of these challenges for the second consecutive year are being felt at the service delivery level.

Jubilee House

Secondary care beds- all 7 beds were 100% occupied during this reporting period. We did have some resident turnover during this year. However, we had admitted residents awaiting placement in secondary care within our facility in respite beds.

Tertiary bed- This bed was fully occupied with no admissions or discharges during this reporting period.

Acquired Brain Injury Bed- This bed was fully occupied with no admissions or discharges during this reporting period.

Respite Bed- there was some turnover in this bed with 3 new admission during the reporting period. Vacancy rate was less than 5% with waitlists. Vacancy days were limited to the admission transition period.

Staffing

We continued to experience a great deal of strain to find and maintain staff this year. We had one employee retire and one employee go onto a long term disability leave. This created vacancies in the essential care lines that had to be filled and the kitchen and activity programs were closed because we are unable to staff them. We lost our entire casual pool during the 2019-2020 year and are having to staff vacation and sick time with overtime shifts which has created employee fatigue and low morale in the workplace.

Clubhouse

The clubhouse program was also impacted by staffing shortages this year and there was a few times over the course of the year where we had to close or modify the program because we were unable to staff it. In March of 2020 we hired a new casual that is qualified to provide relief in the Clubhouse but unfortunately the doors were closed to the clubhouse on March 23rd in response to the Covid 19 pandemic.

Clubhouse AGM Report for April 2019 to March 2020

The clubhouse members participated in the usual calendar events for each month depending on the occasion and/or the weather.

Some activities throughout the year are: lunches, mini golf, bowling, nature drives, pie and coffee outings, coffee shops and treats, birthday celebrations, and bingo, to name a few.

Each month, we try plan something special to participate in or an occasion to celebrate.

Apr. 2019 was Easter dinner

May we drove to McLeese Lake and met with Quesnel's clubhouse

June we started mini golf and drove to Big Lake to a BBQ sponsored by a member's parents.

July we went camping to Gavin Lake from the 8th to 11th and the following week to Billy Barker Days.

Aug. we went for hot dog roasts at Duggan Lake and hit some yard sales on Saturdays.

Sept. we went to 100 Mile and visited their CMHA Clubhouse and went to the water falls

Oct. we went fishing at Biff's ponds and were allowed to take our fish home. We had Thanksgiving dinner this month, the turkey with all the trimmings and toward the end of the month we had a big spaghetti dinner.

Nov. we started bowling and held a cribbage tournament

Dec. we made crafts and had a big party with Chinese food delivered right to the clubhouse

January 2020 cold weather and nothing to report

Feb. we had a big pizza party for Valentine's Day and on Feb. 29th nineteen of us went to the Saturday matinee

Mar. we held an anti – winter party where we dress for summer and eat summer foods followed by ice cream and say "good riddance " to winter.

Membership remains steady, some members have moved away and a new one joins once in a while.

Catherine Doverspike

Clubhouse Coordinator

March 2020

Supported Opportunities

The supported opportunities program underwent a major revamping this year. Alyisha Knapp took over the program in the spring of 2019 and the fee for service contract jobs were eliminated from the program and the focus was placed on providing a variety of in depth vocational training opportunities to the participants.

Alyisha met with community partners such as the City of Williams Lake, Salvation Army and the Potato House and the participants rotated through a variety of different work placements with the support of the program coordinator to learn and practice multiple employment related skills. In March of 2020 the program was suspended due to the Covid 19 pandemic.

Acquired Brain Injury

This program receives multiple referrals each month and has several long term clients on the caseload. Alyisha works closely with the case management team in Kamloops to do her best to meet the rapidly changing needs of the clients in the program who have multiple barriers and complex needs. The contract hours are capped at 18 hours per week and it is often a struggle to meet the needs of the clients within the allotted time. The program is an essential service and continued to provide services through all phases of the provincial Covid response.

Semi- Independent Living Satellite Housing

No changes to this program this reporting period. I meet monthly with the Mental Health Substance Use team to review housing placements and SIL applications. During the reporting period 26 individuals were subsidies through the SIL and Satellite subsidies. Both programs have vacancies.

Homeless Outreach

Wayne continues to do an exceptional job advocating and supporting the vulnerable population on his caseload. It was a challenging year for Wayne personally and I am always amazed and very grateful for Wayne's commitment and dedication to his clients and this organization no matter what is going on around him. Over the years Wayne has created a great deal of awareness within our community about the struggles faced by people who are homeless or at risk of becoming homeless and has been able to create several systems of communication with partner organizations that improve accessibility to resources for individuals living with multiple and persistent barriers to finding sustainable housing.

He is an exceptional ambassador for CMHA-CCB and I am so glad he is part of our team. Wayne provided me with an overview of the amount of the statistics from his program and I have included them below.

Respectfully,

Tereena Donahue RN

**Tereena Donahue RN BScN PMHN(c)
Manger Residential and Rehabilitation Programs**

CMHA-CCB Program Managers/Supervisors:



Janice Breck
Executive
Director



Wayne Lucier
Homeless Outreach



Heather Silvester
Crisis & Counselling
Program Manager



Bettina Egert
Family Solutions
Program Manager



Tereena Donahue
RN
Manager Residential &
Rehabilitation Program



Penny Stavast
Victim Services



Mike Charron
Transitional Housing
Program Manager

CMHA-CCB Staff:

CMHA MAIN OFFICE

- Janice Breck
- Heather Silvester
- Wayne Lucier
- Sarah Landry
- Kayla Bush
- Ashley Coleman
- Stacey Moberg
- Dana Sarauer
- Cristina Carriere
- Tina Campbell
- Holly Stirling
- Dana Hamblin
- Penny Stavast
- Bettina Egert
- Leah Martin

JUBILEE HOUSE

- Tereena Donahue
- Ida Knapp
- Audrey Rankin
- Fran Wells
- Kim Kunka
- Della Westwick
- Christine Hapsburg
- Glenda Johnson
- Tamara Mayoh
- Amanda Burbridge
- Debbie Hassan
- Alyisha Knapp
- Angela Tate
- David Faubert
- Amanda Sherwood
- Chirstina Knox
- Nathelia Bertrand
- Vishavjeet Singh
- Cathy Chaput
- Paula Dodds
- Irine Peasgood

JUBILEE PLACE

- Mike Charron
- Theresa Adams
- Tina Rogers
- Jim Richards
- Daniela Calzavacca
- Dragan Jukic
- Rob Anderson
- Rene MacDonald
- Keegan Reid

CMHA-CCB Board of Directors:

- Aaron Mannella
- Bob McNie
- Linda Goodrich
- Bev Lillico
- Al Giddens
- Ollie Martens
- Peter James
- Gay Sanders