

Canadian Mental Health Association - Cariboo Chilcotin Branch

Annual General Meeting

2020-2021



FISCAL YEAR APRIL 1, 2020 - MARCH 31, 2021

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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
6:00PM, SEPTEMBER 21ST, 2020

Present were: Gay Sanders, President, Bob McNie, Vice President and Directors Bev Lillico, Linda Goodrich, Ollie Martens, Alan Giddens

Staff: Janice Breck, Executive Director, and Dawn Finance

- A. CALL TO ORDER:** 7:00pm by President Gay Sanders, OM 2nd
- B. ESTABLISH THE NUMBER OF VOTING MEMBERS AND QUORUM:** six 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 OM and 2nd by Bev Lillico, carried.*
- D. ADOPTION AND APPROVAL OF MINUTES FROM LAST AGM held September 23rd, 2019:** *Motion that the minutes of last year's AGM as part of the AGM package available at the meeting be adopted and approved by Gay Sanders and 2nd by Alan Giddens carried.*
- E. BUSINESS ARISING:** No business arising from minutes
- F. FINANCIAL REPORT:** A report for the fiscal year ending March 31st, 2020, will be ready the middle of October 2020
- G. ANNUAL REPORT:** Included in the AGM package were reports from the President, the Executive Director, Jubilee House, 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 21st, there were 24 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, 2021) made by GS, 2nd by LG and carried.*
- K. ELECTION OF MEMBERS:**
The election of officers followed, and the following executive members were elected by acclamation: Gay Sanders, President, Bob McNie, Vice President and Al Giddens, Treasurer & Secretary. Aaron Manella and Peter James resigned from the Board effective September 2020.

L. OTHER BUSINESS: Thank you's to Aaron Manella for all her work as President. We will place an ad to search for new board members.

M. ADJOURNMENT at 6:25pm:

/s/

Approved by Gay Sanders: _____

Financial

Canadian Mental Health Association

Financial overview - Year to date

Quarter 4 -Jan 1 - Mar 31, 2021

Department:	Dept #:	Revenue: (b)	Expense: (e)	Net Income(Loss) (b) - (e)	Deferred Revenue 20/21
Unassigned		7,722.46	- 13,784.89	21,507.35	
Administration	0100	46,185.21	137,451.29	- 91,266.08	
Finance	0110		40,115.75	- 40,115.75	
Advocacy	0125	5,411.54	18,064.50	- 12,652.96	
Accommodation	0150		9,096.03	- 9,096.03	
Housing First	0175	132,670.90	132,767.14	- 96.24	
Housing 1st Covid 19 BCH	0180	50,800.91	31,406.02	19,394.89	
Housing 1st Covid 19 PGNAE	0185	57,423.50	41,467.27	15,956.23	
Subsidized Housing	0202	48,620.02	49,074.30	- 454.28	\$ 1,003.00
Semi-Independent Living	0203	27,293.21	18,605.69	8,687.52	
Crisis & Counselling	0204	152,493.46	109,960.42	42,533.04	
Community Education	0206	9,206.36	6,883.07	2,323.29	
CAI-Covid 19	0208	70,613.81	70,613.81	-	\$ 49,386.19
Family Solutions	0212	146,599.64	147,684.79	- 1,085.15	\$ 9,723.95
Com Based Victim Services	0225	73,489.25	85,201.21	- 11,711.96	\$ 5,661.26
Become the Change	0226	16,464.88	19,663.16	- 3,198.28	\$ 13,535.12
IT Matters	0227	25,119.26	26,619.26	- 1,500.00	\$ 4,880.74
VAW Program Enhancement	0228	13,272.67	13,272.67	-	\$ 11,727.33
Community Action Team	0230	25,160.21	23,421.98	1,738.23	\$ 11,686.77
Wildfire Relief	0240	33,947.48	33,136.90	810.58	
Red Cross Wildfire Rec	0245	60,510.01	53,111.81	7,398.20	
Red Cross EPA Contract	0250	41,212.71	59,682.34	- 18,469.63	
Homeless Outreach	0253	176,575.64	74,798.45	101,777.19	\$ 7,367.00
Homeless Prev'n Covid 19	0255	45,000.00	35,135.35	9,864.65	
3rd Party Admin Benefits	0256	22,878.00	7,441.00	15,437.00	
United Way	0290	10,450.00	6,890.00	3,560.00	
Jubilee Place	0400	272,828.33	291,081.76	- 18,253.43	\$ 8,407.00
Jubilee Place Advocate	0401	26,447.02	17,096.72	9,350.30	
Jubilee House Tertiary Care	0500	109,338.63	70,462.88	38,875.75	
Jubilee House	0510	570,592.10	548,471.68	22,120.42	
Jubilee House Fee for Service	0515	53,888.55	19,582.09	34,306.46	
Rehabilitation Program	0550	188,011.96	\$ 143,595.83	44,416.13	
Supported Opportunities	0555			-	
Acquired Brain Injury	0560	25,892.97	30,908.85	- 5,015.88	
Capital	0950			-	
Jubilee Place Isolation Unit	0405	16,735.50	5,025.82	11,709.68	
		<u>2,562,856.19</u>	<u>2,364,004.95</u>	<u>198,851.24</u>	<u>\$ 123,378.36</u>

Annual General Meeting Agenda

Annual General Meeting Agenda

September 23, 2021

7:00 p.m. Board Room

- 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:

Wow, what a year, Covid 19 has really affected all of us and all the staff at CMHA. We expect the next two years to be very full for our Counsellors, due to the bad wildfires that we had this year and Covid 19.

In October we hope to have Governance training for the Board, and we also have to consider Strategic Planning maybe we can combine both.

We have given Sarah Landry an extra day to help and learn from Dawn our financial lady, who over the last year has done a wonderful job with our money and books, thank you Dawn.

We hope in the following year with BC Housing we will start re-doing Jubilee Place. We will take down the 11 rooms first and put up a 3 to 4 level building. Eventually, we hope to move Jubilee House over there so we will all be together.

Thanks again to Janice and all the staff together with Board members for their dedication and hard work to make another year a success.

Gay Sanders, President

Executive Director:

This was a very challenging year due to COVID-19. Protocols and procedures had to be developed to keep clients and staff safe. Clear barriers had to be installed to protect the administrators and staff.

As of April, we were still behind in our financial reports to funders, and we couldn't give an accurate account of the agency's finances. In July, we hired Dawn Maillot to assist finance manager Sherry Yonkman with accounts receivable. In August, Sherry resigned, and Dawn took over as finance manager. In a few months, Dawn had completed most of the financial reports, and we had a better idea of where CMHA was at financially. Dawn also completed the audit with PMT.

Due to our inability to report to Gaming, we were not given funding for our Advocacy program this year. A goal for the coming year is to find a different funding source that can be used to bring this important program back to CMHA.

Due to dangerous and inappropriate behaviour, the manager from Jubilee Place was let go in June. Theresa Adams took over as interim manager, and in November, Alyisha Knapp was hired as Jubilee Place Manager. The staff at Jubilee Place voted to unionize, so the process of defining job descriptions and negotiating with the funder was started. As of March 31, 2021, the unionization had not taken place due to COVID-19 creating interruptions to HEABC's administration.

In November we moved CMHA office location to 201-35 Second Ave. South. The Williams Lake Fire Department assisted with the move. The staff love the windows, and the space is much bigger. We needed to make a few changes, such as creating a meeting space, and adding sound panels on various office walls.

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. I am very appreciative of the staff who create a pleasant working atmosphere at CMHA, especially in this difficult social environment.

It has been a privilege to work for CMHA-CCB.

Respectfully Submitted,

Janice Breck

Executive Director

Homeless Outreach Program:

April 01-2020—March 01-2021

Started with a meeting that had Milo from city hall, Dave Dickson from community policing, Eric from fire department, Ann from housing first, Scot and Heather from interior health outreach behind curling rink to view location which we agreed would be a great location to try set up a tent compound for those we could not or did not want to be housed in a building. We all agreed this would work but city council voted it down.

Having to do income assistance differently because of Covid. Using a larger room and doing intakes over the phone with the intake worker. The number of people applying for income assistance is way down because if they are travelling around, they first have to isolate for two weeks. Because they have to wear a mask entering a building many did not want to do this.

Worked with hospital discharge planners on a couple of cases who had nowhere to go but needed to get discharge from hospital. Fortunately found them housing. Helped income assistance get street person on a bus to Vancouver to a shelter and treatment but things went wrong when he arrived as he OD the next day after arriving.

Had a couple of meetings with Chief Willie Sellars about housing and homelessness as some of them are from his community. He is frustrated with lack of effort city council is doing with solving this issue.

Visited a couple of camps at the end of Frizzi Rd and helped them to move on to property that someone was willing to let them set up there.

Gave away a couple of donated tents to people who were living outside.

Cleaned out an apartment for someone who passed away who had no family living here and was originally from Manitoba. This took a week on and off doing this between clients and also having four kidney stones with the last one having to be removed in Kamloops.

Gave out many gift cards from Save-on, Fresh-co, and Dollar store to clients on the streets. Purchased many socks, mitts, toques and handwarmers to clients at the warming tents which they set up in the park after I talked to Gary at city hall.

Had a couple of meetings with Lorne Doerkson our MLA about our housing crisis and how many cannot afford the rents they are now asking. Let him know how we had to house many in motels as they could not get into our shelter for whatever reasons. We had to put some into motels which was a huge cost and we burnt bridges with these motels as many of them had a lot of damaged done to them.

Only did 35 intakes for income assistance because of Covid but all where homeless our couch surfing or staying with relatives and not paying rent.

Jubilee Place:

Management

In November new management took over JP and has been focusing on realigning the program's policies with updated regulations such as Covid-19 PHO's, Occupational Health and Safety and Work BC. Management has also been helping roll in the unionization of the workers.

Worker Related

The workers of Jubilee Place unionized in April and BC Housing approved the increase to the fiscal budget for the wage increase as well as the pertinent accruals and benefits.

Overdose

Overdose risks have increased exponentially over the past year at JP and as a response all staff and any resident who wanted the naloxone training received it. We have seen 3 overdoses requiring hospitalization and 1 resulting in death.

Covid -19

Covid-19 has brought up multiple issues with both staff and residents. Anxiety, depression, increased agitation and declined mental health statuses are what is being seen across the board. There are also the impacts on people due to the many programs in our community that have closed

Roughly 50% of staff and residents are now vaccinated.

JP has received funding to open 6 Covid-19 Positive pods to help isolate people who need it for a 1-year contract that runs from April 2021 to March 2022. With this funding we also obtained 24-hour staffing for the site which has helped to manage many conflicts that would have previously gone unseen

Occupancy

JP has a waitlist of almost 50 people waiting for housing and has seen roughly 15 units turn over since November for multiple reasons. The site has updated the Vulnerability Scale to be in line with the VAT Assessment Scale in order to better identify those who are most at risk.

CMHA-CCB is re-establishing the Housing Committee which will be utilized for recruitment and placement of future vulnerable populations as well as for the transition out of JP and back into market rentals. We will also utilize this committee to manage many extenuating situations that required discipline.

Budget

Our budget has taken many hits since November due to numerous water leaks, broiler issues, electrical issues, a blown hot water tank, and a unit that uncovered asbestos and black mold that required an abatement team to gut it. This unit is still awaiting renovations as our community seems to be short on construction workers. We are still awaiting the 4th Quarter GL so are unsure as to whether we were over or under budget last year, but I am predicting that we went over.

New Proposal

A proposal for a new building for JP was submitted to BC Housing and a BC Housing building assessor has completed their viewing of our building. WE are in the process of awaiting the results of both the assessment and of the decision of the proposal.

Family Solutions:

ANNUAL REPORT

Family Solutions Program

April 01, 2020 – March 30, 2021

Submitted by: Bettina Egert, Program Manager & Family Counsellor

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 13th 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 2020/21 we hosted 1 Connect cycle. Due to the ongoing pandemic and restrictions in regards to gatherings we had to cancel one group and adjust the size and logistics of the group we held, in order to meet the required health regulations.

Our 2 FSP counsellors Dana Hamblin and Ashley Coleman co-facilitated the course from September to December of 2020 with 7 participants successfully completing 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. Both facilitators received excellent comments from the group about their facilitation skills.

CIRCLE OF SECURITY®: Dana has completed a facilitator training course in September 2019 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.

Both, *Connect* and *Circle of Security* 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.

We were going to offer the first 8-week course starting in April of 2020 and had to cancel the program due to the lockdown in relation to the pandemic. We hope to deliver this group when gathering regulations will be less restrictive again.

INTEGRATIVE YOGA THERAPY: The FSP has continued to partner with Satya Yoga this past fiscal year, developing and co-facilitating *Integrative Yoga Therapy* courses. 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 are offered in connection with individual counselling support.

The Wildfire Relieve funding we received through Red Cross was extended to support the program financially, in order to offer the courses at no cost for participants. Bettina co-developed all program components and course outlines and co-facilitated the groups with Tricia McLellan, an experienced Yoga Therapist.

Due to the health crisis we were only able to offer one group for children during this reporting period and we had to terminate the program after 2 sessions, because new gathering restrictions had been announced. We hope to complete the group when health guidelines allow us to gather again. The Children's program received tremendous interest and the available 8 spaces were reserved right away. Feedback from parents and kids was very positive and all the children engaged actively.

We hope to continue offering this program again next fiscal year for all age groups, if we are able to access further funding.

SUICIDE SUDDEN DEATH COMMITTEE: After passing on the coordinator position for the Suicide Sudden Death Committee (SSD C) Bettina and Ashley continued to be actively involved in committee activities, and in supporting the new coordinators. 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 paused meetings at the beginning of the pandemic, due to the restrictions of in person events. We reconvened in the fall with new members joining us, and engaged in some strategic planning, in order to revisit our purpose and mission, and discuss future needs and direction for this community group. It was decided, that the continuation of the committee was crucial, due to the rise in suicidal ideation during the health crisis. We agreed to focus this coming year's initiatives on suicide prevention training for front line staff and the development of protocols specifically designed to respond to suicidal ideation.

Committee members designed and implemented a poster campaign, which provides contact information for community resources and emergency services, when a person requires support due to a mental health crisis and suicidal ideation. The posters were widely distributed throughout public spaces in the community and via social media.

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 2020/2021 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; parental emotional fatigue and lack of positive parenting skills; teen relationship problems; and grief issues.

Based on our youth clientele, it appeared that more complex mental health challenges including a rise in eating disorders, social anxiety and the inability to go to school due to anxiety were presenting. Self-harm and violence in teen relationships remained a concern. High-risk youth that we have been able to connect with in the past by providing rides, getting food or a coffee together have dropped off our caseloads almost completely, due to the pandemic health regulations. We have observed a rise in substance abuse and binge drinking in youth as well as in families and noticed an increase in requests for supporting youth and families who have experienced sudden deaths (due to overdoses, murder and accidents).

We also noted increased referrals for adult clients struggling with anxiety and depression/suicidal ideation and have received higher numbers of referrals for younger children, including pre-school age.

STATISTICS AND CASELOAD: We have completely revised our data collection and reporting system for statistical purposes for this past year, because MCFD contractual requirements for *sharepoint* reporting data entries had been changed. We are 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 the new system proved to be much easier to navigate and required less time for staff to compile monthly data.

Although we have no direct comparison of numbers with last year, due to this change of data collection, we experienced another significant rise in new referrals over this past year, which we believe is a consequence of the current pandemic. Almost every client is reporting increased stress levels in relation to the ongoing health crisis and its impacts on people's lives.

Our FSP team served an average of 92 recipients/clients per month and we provided services to 308 new clients this past year. 13 percent of the clients we served offered an indigenous cultural background.

Self-referrals remain the highest number in referral sources with 50 percent, followed by 29 percent of community-based referrals, 14 percent directly from MCFD, and 7 percent referred by former clients.

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

- Kelowna College of Professional Counselling, Applied Psychology & Counselling Diploma Program. 1-year part-time distance online program from March 2021 – February 2022.
- Antioch University, Master of Arts Program, Individualized Studies in Social Sciences. 5-year part-time distance online program from July 2016 – August 2021.
- “Bringing the Inside Out and Outside In”. Facilitated by Sarah McCarthy, hosted by Childcare Resource and Referral program with the Women's Contact Society; 3 hours online workshop; January 19th, 2021.
- “A Parent, Family and Caregiver Toolkit”. Facilitated by Beki Hardcastle, hosted by Discovery College with CMHA Kelowna. 2 hours online presentation; May 26, 2021.
- “Coping with Current Events: Managing Anxiety and Stress”. Facilitated by Beki Hardcastle, hosted by Discovery College with CMHA Kelowna. 2 hours online presentation.

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); Community Youth Care Team; Accident Response Meeting; Situation Table.

HUMAN RESOURCES & Health Pandemic: This past year was heavily impacted by the current health pandemic and staff were doing their best to provide services in the most effective way, yet the health crisis is adding significantly to an already demanding job, both on a professional and personal level. Professionally, we are facing increased stress levels with clients, higher caseloads and the demands of constantly adjusting service delivery in various ways, in order to meet the required health regulations. Personally, we are all impacted by the pandemic as an additional stress factor in our lives, which is reflected in increased sick-leave hours.

We were grateful to have the additional part-time position available for the past year, which was filled by Ashley Coleman, and financed through the extended Wildfire Relieve funds, available through Red Cross. It allowed us to better manage increased caseloads, and reduce waiting times for many new referrals. Nevertheless, waiting periods were up to 8 weeks at times and we had to reduce the frequency of appointments for clients significantly. We are concerned about meeting client needs adequately this coming year, with losing the additional staff support.

CONTRACT BUDGET: We are assuming to break even for this coming fiscal year, as we were able to roll over some unearned revenue due to staff shortage (sick leave) in the previous year, the additional wildfire funding and less expenses for group programs due to the pandemic. We will need to discuss budget and human resources during contract renewal negotiations this coming fall.

Submitted by

Bettina Egert

Program Manager & Family Counsellor

Community Bridge to Housing First Program

COMMUNITY BRIDGE TO HOUSING FIRST (CB2HF)

Program Report 2020-2021 Fiscal Year

The 2020-2021 Fiscal Year was a challenging one! It goes without saying, that the onset of the Pandemic created many challenges for low income, marginalized populations in Williams Lake. Other administrative changes that the program adapted to, was the passing on of managerial duties from Anne Burril, Program innovator, to Leah Martin, then Participant Support Coordinator. A learning curve concerning creating budgets and interpreting contracts was something that CMHA ED Janice Breck helped her adapt to. Despite the learning curve, our funders were gracious and forgiving and the program delivered services as per usual. The CB2HF program also stepped into a community role this year as a partner in a unique effort to help isolate vulnerable populations affected by COVID 19. This role involved the creation of a referral process from Interior Health (IH) pandemic coordinators to the Program, where clients awaiting testing or having tested positive, would be placed in the Slumber Lodge motel, with meal services, until IH determined the isolation period was completed. The CB2HF Program acts as a go to between the motel and IH in order to create a continuum of care for people needing support for COVID 19 who identify as not having a fixed address.

As a response to the onset of the Pandemic, two major shifts happened for the Community Bridge to Housing First Program. The first one was the awarding of an increase in funding from our federal funding source, The Prince George Nechako Aboriginal Employment & Training Association, (PGNAETA). This funding was an emergency response to the economic shifts created by COVID 19. With this funding we were able to provide the wider community with emergency supports and short term supplements for rent costs. The second shift in funding came from BC Housing. An extension of their Canada Housing Benefit was extended to the CB2HF Program. This rent subsidy Program targeted individuals who were Indigenous, leaving incarceration or single parents fleeing domestic violence. Otherwise, regular streams of funding were awarded from for this year from PGNAETA mainstream, the remainder of a Red Cross Wildfire contract and the United Way.

Just to refresh your knowledge, the Community Bridge to Housing First Program works to assist individuals currently living homeless, find new housing placements and offers a subsidy for a term of approximately one year in order to help stabilize participants in new housing. During the one year, the Program assists individuals in setting goals, attending appointments and finding potential increases to the income in order to maintain housing costs. The Program staggers individuals onto the program throughout one year and with each new fiscal year, a number of old participants are slowly graduated off while new applicants are welcomed onto the Program.

To summarize, there were a total of 49 participants on the CB2HF Program for the 2020-2021 period. Eighteen of these people received one-time assistance, in the form of a security deposit or one month supplement or a short term subsidy of up to three months. Nineteen participants were male, while thirty were female. Nine participants were single parent families with at minimum one child in the home.

The Interior Health COVID 19 Isolation Initiative was a coordinated effort between BC Housing, Interior Health, the Cariboo Friendship Society and Interior Health in order to quarantine, or isolate participants who were COVID positive or awaiting test results. In the beginning, Anne Burril worked with the collaborating partners to create a policy, planning guide, agreements, consents and meal plans in order to safely and ethically place vulnerable populations identifying as homeless, into temporary housing at the Slumber Lodge. This initiative has been a success. To date, 36 individuals have been assisted by this initiative.

As the pandemic continues, our Program will work to connect with people falling into homelessness, however the rental market has become almost unaffordable for low income clients with rents exceeding minimum basic income supports. The community of Williams Lake continues to see ad's for people looking to relocate from other urban areas which makes securing rentals a competition. The Community Bridge to Housing First is proud to serve our community in this capacity.

Crisis & Counselling:

ANNUAL GENERAL MEETING

April 2020 - March 2021

Please accept my annual submission as Program Manger for the Crisis & Counselling Community Education Programs with CMHA-CCB. These programs are primarily funded through Interior Health. More recently we received additional funding through Canadian Red Cross-Wildfire Program to supplement the counselling needs of our community. I will endeavor to identify some highlights and positive progress we've made over the past fiscal year despite the challenges of Covid-19.

CMHA-CCB, our community, country and the world know only too well that this fiscal year consisted of twelve stressful months of Covid fears, frustrations, restrictions, challenges and changes. As a Crisis and Counselling team of two part-time employees we found ourselves immersed in a test of both strength and endurance in our mental and physical capacity to meet the needs of other within our programs.

Interior Crisis Line Network (ICLN):

Williams Lake Crisis Line is an active member site of the Interior Crisis Line Network (ICLN), this includes four other interior communities besides ourselves, Vernon, Kelowna, Trail and Cranbrook and together we support the whole Interior Health Region. Between the five communities we are able to offer Crisis Line services 24/7, 365 days per year. Our positions at CMHA-CCB are as Crisis and Counselling Program Manager, and Crisis Line Supervisor for our location. Presently we recruit, facilitate training, and supervise a team of volunteer responders that support three phone lines (1-800-Suicide, 310-Mental Health and the Interior Crisis Line) from 5:00 to 9:00 Monday to Saturday weekly including all holidays. As supervisors' we are expected to offer support and volunteer supervision for the responders on their shifts, this year this amounted to an additional 1675 unpaid hours between the two of us.

Appendix A attached is a comprehensive annual report reflective of the roles and duties we accomplish as an active crisis line site within the Interior4 Crisis Line Network (ICLN). The report highlights some of the amazing achievements 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 and the challenges we face with the additional layers concerning Covid.

The Crisis Line Supervisor and I normally co- facilitate two six weeks – 40-hour Crisis Line trainings, one held in the Spring the other in the Fall each year. Due to Covid we were unable to have our Spring training and the Fall training followed a new format as explained in Appendix A. We also normally celebrate our responders with a Volunteer Appreciation Dinner and a Festive Party and Dinner to show our appreciation for their volunteer services. This year we developed new ways to celebrate via Zoom with certificates, gifts, fun and laughter and it was well received.

(Refer to Appendix A - Interior Crisis Line Network (ICLN) –WL Annual Report 2020-2021)

Counselling Program:

Important to note: It appears our present Interior Health contract inadvertently removed any reference to the mandated expectations for the counselling portion of our contract when they previously made an amendment to the contract. We are working in good faith that the contract supports the previously mandated counselling guidelines, this does need to be rectified going forward into negotiations for contract renewal for April 1st, 2021. Previously mandated by our Interior Health contract we offer free short term, crisis and supportive counselling. As counsellors we are available to the public, by self-referral as professional referrals are not required. We do receive referrals from physicians, Mental Health and Addictions, RCMP, Probation, Ministry of Children and Families, the courts, hospital, shelters, friends and families as well.

Our clients present an array of situations, problems and concerns. We offer support and counselling through their journey to discover new methods and tools to make healthier choices and changes in their lives. Since the wildfires of 2017 and now immersed in the Covid 19 pandemic the intensity and occurrences of those requiring supportive counselling has drastically escalated.

In this 2020-2021 fiscal year there have been many challenges; adapting ourselves and our clients to remote counselling and crisis line services, adjusting our schedules and technology to meet these needs and seeking self-care within a manageable work-life balance in these very demanding times. We follow strong work ethics and focus as a team while supporting each other.

This year as we offered counselling services **to 249 males, 602 females and 51 couples for a total of 969 hours of counselling** utilizing two part-time IH contract positions and additional Wildfire funding. In our counselling program alone, this is a **40% increase over last year** without even considering the crisis line statistics.

(Refer to: **Appendix B** – 2020-2021 CMHA-CCB Annual Counselling Stats for Interior Health

Community Education and Other Highlights:

Our second contract with Interior Health is Community Education. We normally offer an array of workshops and trainings, host educational and community events and participate with other agencies on mental health related committees.

Due to a fiscal year of Covid-19, it has proven challenging trying to meet the contract mandate. Additional time, techniques and technology have been required to adapt to a world of Zoom and Go-To-Meetings.

Some Examples; Mental Health Awareness Week, Mental Health Advisory Committee, Suicide Sudden Death Committee, 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, Mental Health First Aid and others.

Presently, I am contracted to facilitate both Living Life to the Full (LLTFF) and Mental Health First Aid (MHFA) training several times per year but due to Covid restrictions and specific number of trained facilitators required to present virtually I was only able to offer the MHFA to one group. The Living Life to the Full program is normally offered 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.

The Mental Health First Aid Course for Adults is through the Mental Health Commission of Canada. This program provides people with the skills to help someone who is developing a mental 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 **386 hours** of community education and other related activities. For a comprehensive list please refer to the appendix listed below.

(Refer to: Appendix C - 2020-2021 Community Education)

The end of this fiscal year completed our three-year IH contracts for the Crisis and Counselling and Community Education Programs on March 31, 2021. Near the end of this fiscal year we engaged in discussions for negotiating new contracts with IH as we felt they were no longer sustainable in their present form.

CMHA-CCB delivered a reasonable and comprehensive proposal for contract renewals, the information was accepted yet appeared to have no impact on the outcome. This was disappointing and felt disrespectful to the work and dedication our programs offer in meeting the present day needs of our clients and community.

Interior Health offered the same three-year contract for the Community Education Program going forward. We feel the contract reflects insufficient hours and funding to properly meet their mandate and more importantly the present needs of our community.

The new Crisis and Counselling Program proposal was not considered as IH stated they have an agenda this next year (2021-22) to review the Crisis Line format (no mentioned of the counselling component). Rather than our usual three-year contract, IH rolled over our previous contract for one year. This ignored changes suggested to develop a sustainable program rather than one continue with one that is understaffed and underfunded.

I believe it is crucial that we immediately request the section of the contract regarding the counselling duties be reinstated within the new 2021-22 contract as an amended signed version. This is necessitated by the present review of the crisis line which is being undertaken presently by IH and could have a major impact on our contract renewal come April 1, 2022.

While 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 is appreciated but we need a stronger foundation from Interior Health to meet additional mental health challenges for all our citizens.

To put this into perspective our two Interior Health contracts total approx. 52 hours per week for two part time positions.

IH extended a one time offer of an additional 4 hours for a total of 56 hour/wk./two employees. Calculated as 56 hrs/wk. X 52 wks. = 2912 hrs which includes stats and vacation time for two p/t employees.

We have delivered an additional 1000 hours paid and 1675 volunteer hours and could not meet all the demands for our services in the community.

Of note is $(2912\text{hrs}+1000\text{hrs}+1675\text{hrs}) = 5587$ hours or equivalent to 3 full time employees based on 35 hours per week or (1820 hrs/yr).

The reality of these positions this fiscal year as in previous years is the unsustainability of these programs in the present format within our IH contracts and the need for addressing change. Thankfully the additional short-term funding from other sources afforded us to deliver these 3900 paid hours and 1675 unpaid volunteer hours to better meet the programs needs.

We are so thankful to acknowledge that on top of these noted hours for crisis and counselling are the additional supportive counselling hours delivered by two talented counsellors in term positions within the Wildfire Relief Funding contract. They have made an immense difference in wait times for clients, supporting new intakes and offering short-term solution focused counselling services. We are so thankful for the strong cohesive team of counsellors generous of their time and expertise for CMHA-CCB.

The original concept of these two contracts had their merit but 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 is appreciated but we require a stronger foundation from Interior Health and the Province of British Columbia to meet the growing needs of Mental Health in all of us.

As a small team of two dedicated individuals we are extremely proud of the efficient, effective and conscientious services we offer in support of all that CMHA-CCB represents.

Respectfully submitted,

Heather Silvester

Heather Silvester
Crisis & Counselling Program Manager
Canadian Mental Health Association-Cariboo Chilcotin Branch

Appendix A
ICLN WL ANNUAL REPORT 2021



Annual Report 2020/2021

ICLN SITE: WILLIAMS LAKE & AREA

INTERIOR CRISIS LINE NETWORK PARTNER: CMHA CARIBOO CHILCOTIN BRANCH

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Overview

2020/21 was an unprecedented year where demand for critical crisis line service increased both in call volume and call complexity to meet the increased community needs due to Covid. Interior Crisis Line Society evidence-based network model proved effective in both addressing the 40% increase in call volume, but also the resilience needed to navigate health/safety requirements, quarantining of staff/volunteers. All while meeting heightened community needs.

CMHA Cariboo Chilcotin (ICLN:Williams Lake/WL) is one of five community-based partners that acts as a satellite site for 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.

ICLN: 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)

ICLN:Williams Lake Site provided exceptional support both for the health and wellness of Interior communities through the three services as well as the health and wellness of their Crisis Line Responder team to meet the evolving requirements of Covid.

Highlights Include:

- ❖ Provided **over 20,000 minutes of support** (20,728) over 1,712 contacts
- ❖ ICLN: Williams Lake Site Leads also manage CMHA Cariboo Chilcotin's Counselling program funded through IH and contribute important assessment and call handling supports during ICLN Leadership meetings
- ❖ Remains a partner in ICLN providing **critical evening coverage** (5-9pm, 6 days a week), **contributing to better practices** and **clinical support** in network discussions
- ❖ **Significant community development continued** with the **provision of record number of trainings**: Based on availability and need to meet health/safety requirements, some were 1:1 trainings, some were online and some were a hybrid of in-person and online. ICLN:Williams Lake was one of two ICLN satellite sites to test pilot revised 60+ hour training which incorporated 12+ hours of online self-study, live online training sessions, live and in-person group observation shifts and mentoring sessions.
- ❖ **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
- ❖ **Integrated state-of-the art routing technology, comparable to routing system used by Canadian Suicide Prevention Service, during the pandemic**
- ❖ **54%** of ICLN contacts supported by ICLN: Williams Lake **implied or inferred improved capacity to cope**

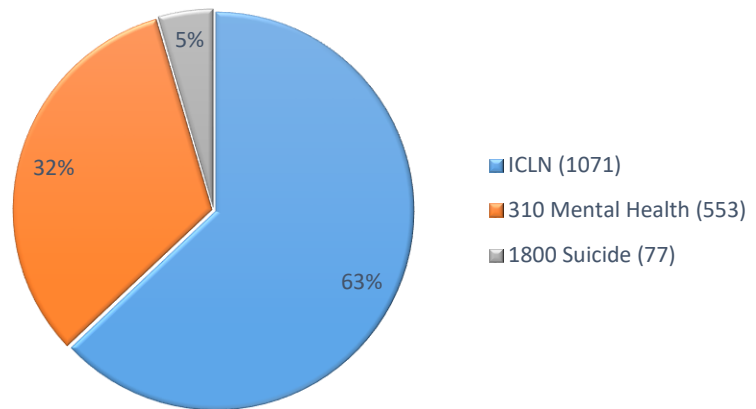
- ❖ ICLN:Williams Lake representation attended all Provincial Network Operations meetings and ICLN Leadership Team meetings and is **in good standing with the provincial criteria providing support across the regional and provincial crisis line services**

“Please tell your Crisis Line Responder they literally saved my life last night.”

Voicemail left on ICLN Administrative Line relating to call supported by an ICLN:Williams Lake Volunteer Crisis Line Responder who worked with the Service User to conduct a skilled assessment, de-escalate, and work collaboratively to construct an effective strengths-based safety plan. Represented a call that would have required 911 intervention without connecting with the ICLN:Williams Lake Crisis Line Responder.

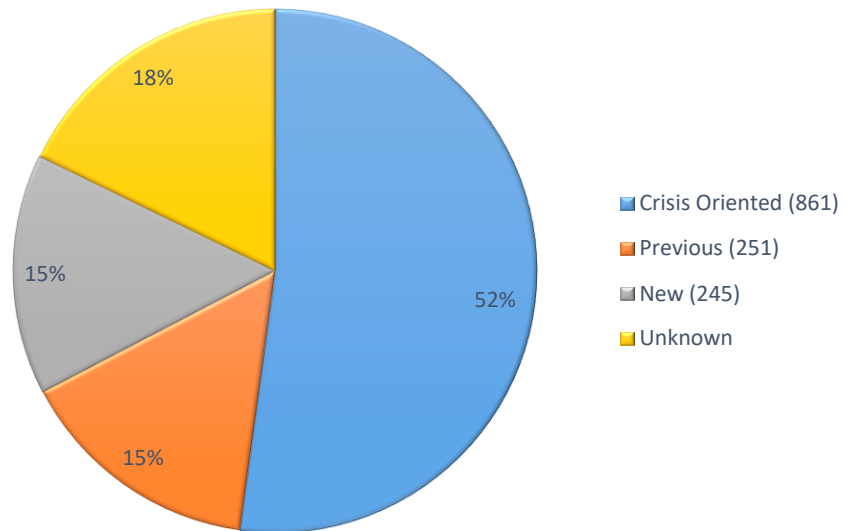
Statistics: Incoming Line

- ❖ Majority 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
- ❖ Though the call volume answered on the regional crisis line (ICL) and 310 Mental Health service decreased by 16.5%, **this still represented a substantial effort as ICLN: Williams Lake lost 2/3 of their CLR's due to Covid-related impacted and were able to rebuild their volunteer base in the middle of the pandemic**
- ❖ In addition, to rebuilding the Crisis Line Responder team, they transitioned CLR's to remote responding, incorporated a new regional better practice in training and a significant shift in phone technology to support more effective call handling across the Region



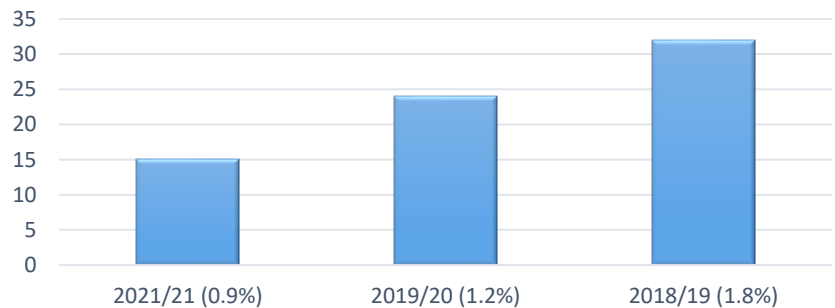
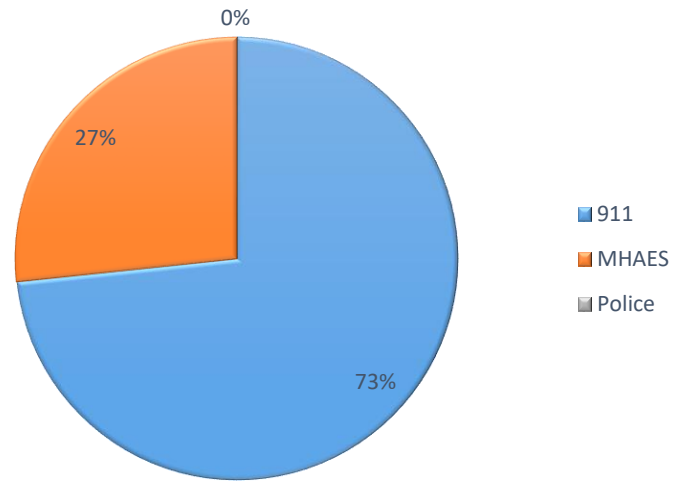
Type of Service User

- ❖ One of the critical services ICLN provides is in supporting people within Interior Region who use the various crisis lines to self-manage their mental health and/or substance use concerns
- ❖ **67% of service users supported by ICLN: Williams Lake CLR's were known to the crisis line either as Crisis Oriented Service Users or previous Service Users**
- ❖ 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)
- ❖ **Significant increase in new Service Users with 27.6%** more people new to the service supported by ICLN: Williams Lake CLR's compared with previous year



Interventions

- ❖ Despite escalation in call volume and intensity across the ICLN services, CLRs within Williams Lake site continued to effectively de-escalate, establish evidence-based safety plans, and ultimately ease pressure on Emergency Departments, Mental Health Workers and other professionals within IH
- ❖ **For fourth year in a row, ICLN: Williams Lake site reduced interventions, this year by 37.5%** despite increased in escalated calls
- ❖ **Interventions only made up 0.9%** of ICLN contacts in 2020/21 (compared with 1.2% in 2019/20) despite increased escalation and high-risk calls
- ❖ **MHAES Team contacts reduced by 66.7%**
- ❖ **No additional police interventions were required**
- ❖ Working collaboratively with service users and within nationally and internationally recognized call handling resulted in **50% 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



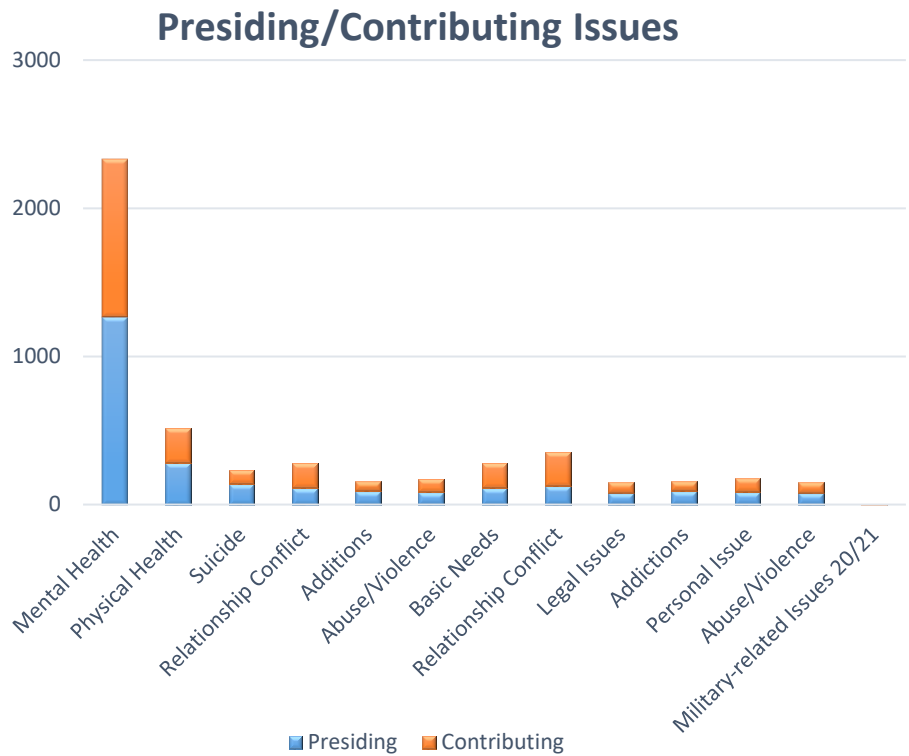
Additional Resources Provided

Support/Resource Offered in Safe Planning	ICL 2019/20	ICL 2020/21
No referral needed/wanted	1781	1406
Other	70	41
Mental Health – Non-Emergency	37	56
Mental Health – Emergency	28	20
Counselling/Therapy	28	51
Local/Other Crisis Line	13	12
Police Emergency	9	14
811 Health Link	29	27
Medical – Non-Emergency	13	17
Shelters/Transportation	8	4
Family/Friends	0	3
Medical – Emergency	10	6
Police – Non-Emergency	11	2
Support Group	6	15
MCFD/Child Protection	0	2

- ❖ Conscious reduction in wellness checks and engaging police in non-emergency support for MH concerns – particularly in relation to any service users from a traditionally marginalized/ criminalized community
- ❖ Greater collaborative engagement in strength-based safety planning to support reduction in MH emergency referrals despite escalation in calls
- ❖ Engagement of personal strengths to support safety planning increased as well as integration of other community resources if available
- ❖ Access to community resources were reduced/impacted during Covid

Content of Calls

- ❖ Call intensity increased sharply last year
- ❖ Calls related to **Suicide increased by 65.1%** this year for ICLN: Williams Lake (a **290% increase over 2018/19**)
- ❖ **Physical Health** as a primary issue increased **18.5%** (a **320% increase over 2018/19**)
- ❖ **Abuse/Violence** as primary issue increased **20.6%** (close to **3 times higher than 2018/19**)



ISSUE	PRESIDING	CONTRIBUTING
MENTAL HEALTH	1,263	1,070
PHYSICAL HEALTH	282	232
BASIC NEEDS	120	99
RELATIONSHIP CONFLICT	111	165
LEGAL ISSUES	79	73
ADDICTIONS	90	63
SUICIDE	137	95
ABUSE/VIOLENCE	82	90
PERSONAL/INTERNAL CONFLICT/ISSUE	85	91
MILITARY-RELATED ISSUES	1	3

Covid-19

❖ Mid-March 2020 saw the beginning impact of Covid-19 concerns coming through to the Interior Crisis Line, across the network;

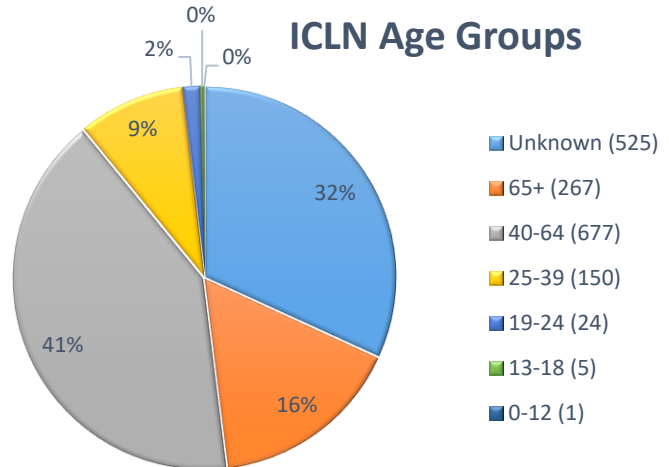
- **Prior to Covid, an 80-call day (across three services) would be an unusual spike, ICLN now averages 97 calls/day** across the five services (regional crisis line & chat,

- provincial mental health & suicide service, national suicide service)
- **At the height of Covid, 29% of crisis line contacts identified the pandemic as the primary reason** prompting their call
- **ICLN provided close to 450,000 minutes** of support in 2020/21 – a **47% increase**
- ❖ ICLN: Williams Lake (CMHA Cariboo Chilcotin partner) and the other ICLN sites contributed to the ICLN Covid Contingency Plan's three priorities:
 - **Health, Safety & Well-being of Our People (Leadership, Crisis Line Responders, Service Users and larger community)**
 - ICLN: Williams Lake initiated physical distancing, cleaning, and other protocols
 - Showed extraordinary commitment to support their Crisis Line Responders with the option to work remotely where appropriate, navigating additional pressures with Covid cases in their community
 - Diligently supported their CLR team's emotional and physical well-being with increased debriefing, additional training and call review, and other resources
 - **Continuity, Accessibility & Quality of Service**
 - Joined the upgraded routing software to allow for Remote Responders (appropriately vetted, trained, and supported)
 - Over the course of the year, trained 15+ staff and volunteer CLR's in new routing technology
 - Second ICLN site to transition to online training and conducted 11 Crisis Line Responder trainings during Covid – replenishing 2/3s of their original CLR team (1/3 their leave was directly impacted by Covid, 1/3 by live circumstances such as moving)
 - **Clear Communication**
 - ICLN: Williams Lake promoted ICLN press releases for Crisis Line Worker Awareness Week (mid-March), Volunteer Appreciation Day and related to Covid-19 press releases
 - CMHA Cariboo Chilcotin Executive Director spoke on impact of Covid-19 to media at all appropriate opportunities
- ❖ CMHA Cariboo Chilcotin/ICLN: Williams Lake site continues to be an important support for crisis line service in the region

Demographics

Age

- ❖ For ICLN calls (regional/provincial services), there were some shifts in demographics identified:
 - **65+ age range dropped** for second year **(by 40.5%)**
 - **40-64 age range dropped** for second year **(by 24.2%)**
 - **Younger age ranges (0-39) either remained static or had minor increases of approximately 6.5%**



- ❖ This continued shift in demographics is showing that the work of ICLN: Williams Lake site and ICLN as a whole is working to increase accessibility as community age ranges evolve
- ❖ Growing diversity within the Crisis Line Responder team (both staff and volunteer responders) including varied ages reflects this conscious focus on genuine accessibility

“The ICLN: Williams Lake team is an extraordinarily committed group of staff and volunteers who understand the impact a healthy crisis line makes, particularly in rural or isolated areas of the region where there are limited services,”

Asha V Croggon, Director, Interior Crisis Line Network

Gender

- ❖ **Service users identifying as female remain largest demographic 63.5%** compared with male (29.9%)
- ❖ The **inclusion of 5 service user records identifying as gender diverse** is very positive and hopefully indicates efforts to support an inclusive service are being received and people are feeling safer to share

1st Party/3rd Party

- ❖ There was an **56.4% increase in 3rd party calls for people over 19** on ICLN services from 3.8% last year to 7.4% in 2020/21
 - 1st party calls shifted from 94% of calls to 91.7% and 3rd party calls for people under 19 made up 0.9% of calls

Self-Identifies as Indigenous

- ❖ As per direction from IH, ICLN sites (including ICLN: Williams Lake) 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 2020/21, 8 service users self-identified as Indigenous (216 people who reached out to the service self-identified as Indigenous)
- ❖ It is important to note there is a cultural safety training embedded within the initial Crisis Line Responder training as well as opportunities for responders to deepen their cultural awareness with online training via IH/PHSA. In addition, 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

“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

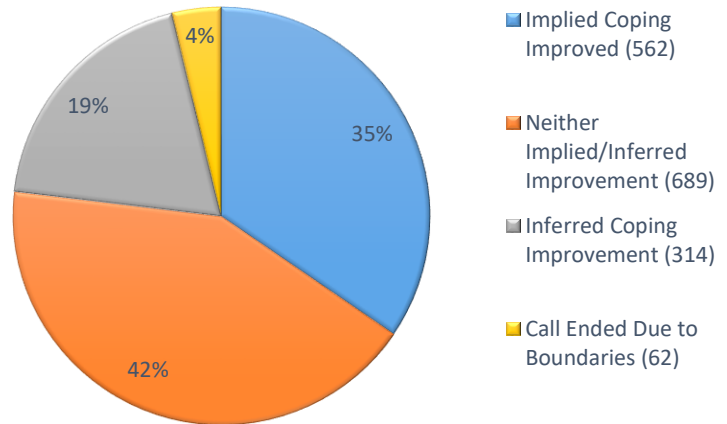
Outcome Measures

❖ **Continued increase in percentage of service users who implied or inferred an improved capacity to cope** by the end of the contact 54% for service users supported by ICLN: Williams Lake Crisis Line Responders

❖ **Boundary-related calls reduced by 58.1% further this year**

- A contact ended due to boundaries occurs when the service user is not unwilling to work within the boundaries of the service (e.g. yelling at, swearing at or threatening a CLR)

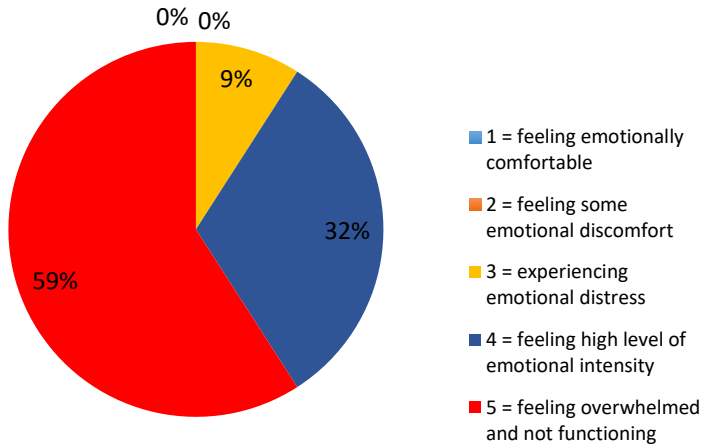
ICLN Outcome Measures



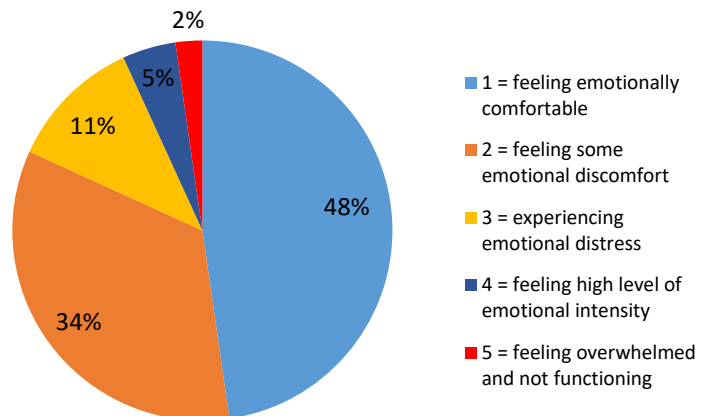
❖ **Sample of contacts supported by ICLN: Williams Lake showed improvements in emotional capacity as well;**

- 88.5% of contacts who expressed feeling overwhelmed and not able to function (potentially requiring 911 intervention) were successfully de-escalated
- 96.2% of contacts who expressed feeling high level of emotional intensity (potentially requiring MHAES intervention) were successfully de-escalated

Emotion at Start?



Emotion at End?



Contribution to ICLN

CMHA Cariboo Chilcotin remains an important satellite support to the Interior Crisis Line Network

- ❖ Supports key time-period (4-8pmPT) when call volume spikes, therefore providing critical support
- ❖ Provides valued clinical reference during ICLN Leadership team meetings as their Crisis Line site staff also oversee crisis services within CMHA Cariboo Chilcotin, 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 Service Users, 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

- ❖ **Transitioning to New Routing Technology in Early Days of Pandemic:** The Interior was the second region in BC (and third crisis line in Canada) to shift towards remote responders and integrate leading edge routing technology from the National suicide service at the beginning of Covid. **The routing shift has made a significant improvement to call handling, quality assurance, and training.** Though it was a significant effort, it represents a significantly positive upgrade compared with the previous antiquated system

- ❖ **Retention of Crisis Line Responders:** The significant changes in routing, service-delivery and call volume/intensity due to Covid raised the issue of CLR wellness and retention with 1/3 of ICLN: Williams Lake CLR team leaving due to direct impact of Covid and another 1/3 leaving due to expected life changes (e.g., moving). Efforts were made including access to website/app, more debriefing and support. Retention and CLR wellness will remain an important focus across ICLN for 2021/22
 - 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

“Unfortunately, we are experiencing a significant increase in call volume and call intensity, but we are not receiving an increase in people reaching out to volunteer.”

Heather Silvester, Crisis & Counselling Manager, CMHA Cariboo Chilcotin

Goals Heading into 2021/22

- ❖ ICLN: Williams Lake site will continue to be an active contributor supporting people from within the Interior Health Region 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
- ❖ Key Focus for 2021/22
 - 1) Secure operationalized dollars for 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) Wellness Initiative: review, identify and attend to wellness needs for Crisis Line Responders, support community development, and strengthen risk assessment and collaboration
 - 3) Equity Initiative: review of all protocols, processes, and materials through lens of equitable access, social determinants of health and genuine reduction of barriers to service – particularly in light of Residential School tragedies

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 & Counselling Manager (CMHA Cariboo Chilcotin)

Asha V Croggon, Program Director, Interior Crisis Line Network

Appendix B 2020-2021 CMHA-CCB COUNSELLING STATS



Canadian Mental
Health Association
Cariboo Chilcotin
Mental health for all

FISCAL YEAR 2020/2021 FOR CMHA-CC COUNSELLING PROGRAM

STAFF: Heather & Tina

2020 -2021

Client Genographics:

Female	602	Emergency	31
Male	249	Low Income	293
Gender/Other	0	No Shows	184
Couples	51	New Clients	95
TOTAL:	902		

Ages:

12>	
12 to 18	33
19 to 30	254
31 to 45	284
46 to 65	302
>65	80
TOTAL:	953

Total Sessions in Minutes

	# of	Total Hrs	# of	Total Hrs	# of	Total Min		
0:15		0	1:00	742	742	1:45	3	5.25
0:30	9	4.5	1:15	35	43.75	2:00	18	36
0:45	5	3.75	1:30	89	133.5	Total Hrs Counselling: 968.75		

PROBLEM AREAS:

Academic	16	Mental Illness	209
Alcohol/drugs	105	Mental/Psych. Abuse	101
Anger	352	Parent/Adult Child	174
Anxiety	570	Parent/Child Conflict	12
Assault	1	Parent/Teen Conflict	37
Brain Injury	29	Phase of Life	70
Bullying	62	Physical Abuse	7
Child Abuse	82	Pregnancy	14
Communication	594	Relationship	335
Cultural/Identity Abuse	5	Self Esteem	346
Depression	520	Separation	156
Family Problems	393	Personal Identity	30
Financial	184	Sexual Abuse	14
Financial Abuse	7	Sexual Assault	1
Grief	207	Spousal Assault	10
Interpersonal	102	Stress	592
Job	202	Suicide Attempt	12
Legal	67	Suicide Ideation	59
Loneliness	407	Other/Covid/Social	834
Medical	118	Total	7041

REFERRED

By

To

AA/AN		
Alcohol Drug Counsellor		
CMHA	32	
Doctor	143	
Family Member	146	
Friend	76	
Hospital	0	
Legal	9	
MCFD	51	
MH	77	
Ministerial	0	
Other Court	0	
Probation	0	
RCMP	23	
School	0	
Self	330	
Shelter	14	
Other	1	
TOTAL:	902	

Appendix C
2020-2021 CMHA-CCB COMMUNITY EDUCATION STATISTICS

MONTH	Community Educational Training/Workshops	# of Staff Facilitating	# of Participants	Prep/Facilitation Hours per staff participating	Total Number of Hours
<i>APRIL 2020</i>	Beginning of Covid-19 Protocol-No in person training or workshops permitted Acknowledge CL Responders for Annual Volunteer Appreciation Day via Zoom	2	7	3.5	7.0
<i>MAY</i>	All mtgs/trainings and workshops cancelled due to Covid ICLN technical training remotely for CL responders	1 1	7 7	7 3	15 3
<i>JUNE</i>	Tina's Coffee Group – mothers coping During Covid	1		4	4
<i>JULY</i>	Crisis Line Recruitment	1		13	13
<i>AUGUST</i>	Preparation work for World Suicide Prevention Day Preparation for Mental Health First Aid (initial set-up) Crisis Line training interviews	1 1 1		6 10 4	16 10 4
<i>SEPTEMBER</i>	Suicide and Sudden Death Committee World Suicide Prevention Day (Zoom) presentation by Mental Health Advisory Committee Preparation for Mental Health First Aid (initial set-up continued)	1 1 1	40	20 10	1.5 20 10

Fiscal Year April 1 2020 – March 31 2021

MONTH	Community Educational Training/Workshops	# of Staff Facilitating	# of Participants	Prep/Facilitation Hours per staff participating	Total Number of Hours
	Crisis Line Training – Fall Session initial delivery to remote responders via Zoom	2	7	18.5	37
<i>OCTOBER</i>	Mental Health First Aid Set up program and delivery for initial facilitation	1	8	66	66
	Prep of information for Literacy workshop resources only	1		2	2
	Crisis Line Training – Fall Session continued via Zoom	1 2	7	6 10.25	6 20.5
<i>NOVEMBER</i>	Crisis Line Training cont'd via Zoom	2	7	4	8.0
	Crisis Line Audit training	1	4	32	32
	MHFA course for WLFN <u>cancelled</u> due to Covid	1	7	1.5	1.5
	SSDC meeting	1	6	1.5	1.5
	MHAC meeting				
<i>DECEMBER</i>	CL Volunteer Festive Celebration via Zoom	2	10	4	8
	MHAC Christmas Party and Gift Exchange <u>cancelled</u> due to Covid	0	0	0	0
	Crisis Line Audit training	1	6	53	53
<i>JANUARY 2021</i>	Living Life to the Full conference meeting	1	0	2	2
	Mental Health Advisory Committee	1	6	2	2
	Beyond the Blues - workshop prep	1	0	16	16
	Crisis Line Audit training	1	1	4	4
<i>FEBRUARY</i>	Beyond the Blues - workshop prep and delivery	1	40	8	8
	SSDC meeting	1	8	1.5	1.5

Fiscal Year April 1 2020 – March 31 2021

MONTH	Community Educational Training/Workshops	# of Staff Facilitating	# of Participants	Prep/Facilitation Hours per staff participating	Total Number of Hours
	MHAC meeting	2	5	1.5	3.0
	Crisis Line Audit training	1	1	5	5
<i>MARCH</i>	Living Life to the Full-participate in Facilitation Workshop	1	0	3.0	3.0
	SSDC meeting	1	9	1.5	1.5
	MHAC meeting	2	6	1.5	1.5
	Crisis Line Audit training	1	1	3	3
				TOTAL HOURS	386

Community Based Victim Services:

Canadian Mental Health Association Annual General Meeting

September 16, 2021

Community Based Victim Services

Fiscal Year 2020-21 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 74 client files opened, for a total of 191 Clients receiving supportive services throughout the fiscal year. CBVS continues to see an increase in services deliverable to clients since the wildfires of 2017. We are seeing an unprecedented number of clients this past year in comparison to previous years, as well as an increase in the number of highest risk clients for death and/or bodily harm as the result of relationship violence.

Holly Stirling, who was hired with Red Cross Funding from the 2017 Wildfires continued to work $\frac{3}{4}$ time throughout this fiscal year. Holly continued to work directly with clients with a caseload of on average 35 to 40 clients per month. The remainder of clients were supervised, by Penny Stavast, Program Manager.

At the beginning of the fiscal year, we recognized a need to revamp existing programs provided by CBVS. As a result, Holly worked on revamping educational programs with updated stats, and transferring educational programs into power point presentations to be provided via Zoom due to Covid restrictions and not meeting clients face-to-face. This ensured a continuity of service provided to clients while working remotely from home due to Covid.

In December, 2020 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 2021, CBVS was notified of our successful re-application of both respective grants. Dana Saurer, continued to Facilitator the Educational Programs for these grants. However, due to limitations of Covid 19, we had to look at how to deliver the programs based on current health regulations and guidelines. Dana transferred the Become the Change program into a power point to be present via Zoom, which she was able to provide with her co-facilitator, Mike Royal from the office boardroom. Although registration was low for the programs, we were able to provide four sessions throughout this fiscal year. The *It Matter's* Program, unfortunately, was not able to be delivered in its entirety within the school district. As a result, Dana, worked on educational programs for community professionals, parents, foster parents, elders and youth transitioning to post-secondary schooling. The web site provides educational components on Human Trafficking awareness and provides certificates upon completion. Dana was able to launch the Web page for the public in January 2021. This was a collaboration of staff at CMHA, their family members and/or friends for the photography work used on the site. To view the website please visit:
<https://humantraffickingawarenessitmatters.com/>

During this fiscal year, we accepted a Thompson River's University practicum student, Hannah Chorney as part of her second-year practicum with the Human Services Certificate Program. In September, under the supervision of the Program Manager, she worked with Dana Saurer in client direct delivery services with both the *It Matter's* Program and the *Become the Change* Program. However, when Dana became ill, and was on Medical Leave for three months, Hannah continued to facilitate the *Become the Change* Program with Mike Royal. Her practicum placement was two days a week for seven hours a day for a total of three months.

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

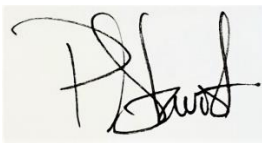
fiscal year we have five alarms in clients' residence. The alarms panels are owned by CMHA, and we currently have ten alarm panels. Throughout the fiscal year, we utilized 8 of these panels in clients' residences.

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.

I continue to liaise, debrief, and assist both RCMP VS and Aboriginal VS in court throughout the calendar year. Due to Covid 19, we have been meeting approximately every 6 weeks to continue to stay connected through zoom video conferencing. At the end of this fiscal year, 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 on a light grey background. The signature is cursive and appears to read 'Penny Stavast'.

Penny Stavast

Program Manager, CBVS

Residential and Rehab Program:

The 2020/21 year was a year like no others for the Residential and Rehabilitation Programs. The onset of Covid 19 closed the Clubhouse for 7 months; closed supported opportunities for the entire fiscal year; reduced ABI support hours to ¼ of the usual operations and placed significant restriction on the residential programming.

The pandemic conditions are immensely stressful for the residents, participants as well as the staff in these programs. The uncertainty of the rapidly changing situations combined with decreased socialization, the fear for health and safety, and the increased workload associated with Covid protocols has caused significant psychological damage to everyone living and working in the residential and rehabilitation programs.

Psychosocial Rehabilitation Programs

Clubhouse

Clubhouse closed its doors to clients From April of 2020 to October of 2021. We opened to clients in October to a by appointment system for 1 on 1 wellness checks and briefly returned to a drop in format at the end of November before increased public health orders were announced restricting social events and putting limits on group sizes. January to April of 2021- Clubhouse moved to a cohort group model with specific time assigned to each cohort. Attendance was sporadic and events were extremely limited.

Supported Opportunities

Supported Opportunities remained closed for the entire fiscal year

Acquired Brain Injury

This program offered essential service supports throughout the year. However, the significant restrictions related to group gatherings, indoor home visits and transporting clients made even offering essential service support a challenge for most consumers.

Homeless Outreach

Management of this program was transferred to another department April 2021.

Semi- Independent Living

This program provided subsidies to 19 independently housed individuals over the 2020-2021 fiscal year. The housing committee adopted a virtual platform to conduct monthly intake and review meetings.

Residential Programs

Tertiary Bed

We had two clients utilize the tertiary care bed this year with zero vacant days.

Fee for Service Beds

Acquired Brain Injury Bed

This contract is a client specific contract to meet the housing needs of a specific individual. The client was in the bed for the entire fiscal year. The contract was renewed for a one-year term in September of 2020.

Respite Bed

This bed was occupied from April 1 of 2020 to June 30 of 2020. In June of 2020 a secondary care bed became available and the respite bed was closed to new admissions. It remained closed for the remainder of the year.

Staffing shortages and insufficient access to financial information or revenue generated from the beds make operating these fees for service beds unfeasible for the residential programs. There are no plans to reopen the respite bed at this time and discussions are in the works to locate alternate suitable housing for the remaining client.

Secondary Care beds

Our secondary care beds were fully occupied for the 2020-2021 fiscal year. We discharged one client in June of 2021 and transferred the client occupying the respite bed into this vacancy.

This program was also significantly impacted by staffing shortages. Alyisha left the program in the fall of 2020 to take on a new role and Jessica was appointed as the new program coordinator. However, Jessica was often pulled from ABI to cover staffing shortages at Jubilee House which made it very difficult to offer consistent service in this program.

Respectfully Submitted,
Tereena Donahue RN
Manager Residential and Rehabilitation Programs

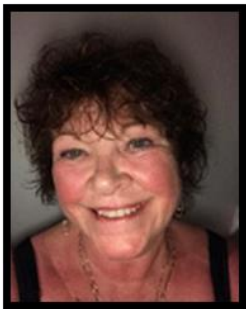
CMHA-CCB Program Managers/Supervisors:



Janice Breck
Executive
Director



Wayne Lucier
Homeless Outreach



Heather Silvester
Crisis & Counselling
Program Manager



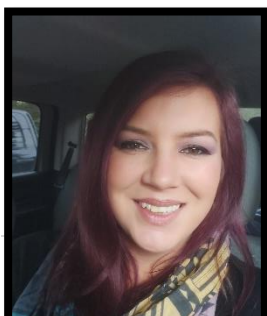
Bettina Egert
Family Solutions
Program Manager



Tereena Donahue
RN
Manager Residential &
Rehabilitation Program



Penny Stavast
Victim Services



Alyisha Knapp
Transitional Housing
Program Manager

CMHA-CCB Staff:

CMHA MAIN OFFICE

- Janice Breck
- Heather Silvester
- Bettina Egert
- Dawn Maillot
- Sarah Landry
- Laurie Haller
- Ashley Coleman
- Dana Sarauer
- Tina Campbell
- Dana Hamblin
- Penny Stavast
- Hannah Chorney
- Wayne Lucier
- Leah Martin
- Evan Pantanetti
- Mandy Felker
- Practicum Student

JUBILEE HOUSE

- Tereena Donahue
- Ida Knapp
- Debbie Hassan
- Angela Tate
- Catherine Doverspike
- Jessica Walters
- Jodi Sellars
- Sarah Roberts
- Sean Hoffman
- Daniela Calzavacca
- Barbara Horner
- Pat Macdonald

JUBILEE PLACE

- Alyisha Knapp
- Theresa Adams
- Tina Rogers
- Keegan Reid
- Jordan Taylor
- Dragan Jukic
- Chiara Stoneman
- Dallas Jewell
- Adam Thomas
- Irine Peasgood

CMHA-CCB Board of Directors:

- Gay Sanders
- Bob McNie
- Linda Goodrich
- Bev Lillico
- Al Giddens
- Ollie Martens
- Daryle Pitman