

*Canadian Mental Health Association - Cariboo Chilcotin Branch*

# Annual General Meeting



**FISCAL YEAR APRIL 1, 2021 - MARCH 31, 2022**

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

# Annual General Meeting Minutes – 2020-2021

CANADIAN MENTAL HEALTH ASSOCIATION – CARIBOO CHILCOTIN BRANCH  
ANNUAL GENERAL MEETING MINUTES  
BOARD ROOM, #201, 35 2<sup>nd</sup> AVENUE S.  
6:00PM, SEPTEMBER 23<sup>rd</sup>, 2021

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

Regrets: Al Giddens, Daryle Pitman

Staff: Janice Breck, Executive Director, Dawn Finance, Laurie (minutes)

- A. CALL TO ORDER:** 6:10pm by President Gay Sanders, Bob McNie 2<sup>nd</sup>
- B. ESTABLISH THE NUMBER OF VOTING MEMBERS AND QUORUM:** five 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 Bob McNie and 2<sup>nd</sup> by Bev Lillico, carried.*
- D. ADOPTION AND APPROVAL OF MINUTES FROM LAST AGM held September 23<sup>rd</sup>, 2019:** *Motion that the minutes of last year's AGM as part of the AGM package available at the meeting be adopted with corrections and approved by Bob McNie and 2<sup>nd</sup> by Ollie Martens carried.*
- E. BUSINESS ARISING:** No business arising from minutes
- F. FINANCIAL REPORT:** A report for the fiscal year ending March 31<sup>st</sup>, 2021, was presented by Joanne from PMT Chartered Professional Accountants.
- G. APPOINTMENT OF AUDITORS:** *Motion that a tender be put out to other Chartered Accounting Firms made by Bev Lillico 2<sup>nd</sup> by Bob McNie*
- H. ANNUAL REPORT:** Included in the AGM package were reports from the President, the Executive Director, Jubilee House, Family Solutions, Crisis & Counselling, Community Based Victim Services, Residential and Rehabilitation Services and Homeless Outreach Program. Thank you from the BOD to Sarah Landry and Laurie Haller for preparing the AGM package and to every program manager for the excellent reports and for their time and effort throughout the year.
- I. REVIEW VISION STATEMENT, MISSION STATEMENT AND PHILOSOPHY:** Janice Breck 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.
- J. MEMBERSHIPS:** As of the meeting, September 23<sup>rd</sup>, there were 13 paid up members
- 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. Linda Goodrich, Director.
- L. OTHER BUSINESS:** No other business
- M. ADJOURNMENT:** at 6:56pm:

/lh

Approved by Gay Sanders: \_\_\_\_\_

# Annual General Meeting Agenda

## Annual General Meeting Agenda

September 26, 2022

201-35 Second Ave. South

6:00 p.m. Room 216

- 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) BYLAW AMENDMENT
- 7) FINANCIAL REPORT
- 8) APPOINTMENT OF AUDITORS
- 9) ANNUAL REPORTS
- 10) REVIEW MISSION STATEMENT AND PHILOSOPHY
- 11) MEMBERS/NEW MEMBERS
- 12) ELECTION
- 13) OTHER BUSINESS
- 14) 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:**

Well, another year has quickly gone by, still with Covid 19, making its mark. As per Government procedures and guidelines we introduced a policy that all CMHA personnel would have to prove vaccination to be employed, otherwise they would be placed on unpaid leave.

We will be losing our Executive Director soon, so will have to advertise for a new one. Tereena Donahue will be acting as our Executive Director until we find one. Thank you Tereena for stepping up.

We will be having Governance Training this year by Zoom sometime in June. Jonny will be the convenor.

It looks like Jubilee Place is low on a list for BC Housing, so we do not know, at this time, when it will ever get started.

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

Gay Sanders, President

## Executive Director:

### Executive Director:

This was a another very challenging year due to COVID-19. Protocols and procedures had to be developed to keep clients and staff safe. In January a vaccination policy was implemented agency wide, and as a result CMHA-CCB lost approximately six staff.

This year we were able to stay on top of all the reporting to our funders. Dawn has done an amazing job with our finances.

Jubilee Place became unionized in October of 2021.

We obtained a couple of new contracts this year. One was the Rent Bank, and the other was a Cold Weather Shelter run out of the Hamilton Hotel and funded by BC Housing. This shelter was originally funded from December 2021 to March 31, 2022. B.C. Housing agreed to lease the Hamilton Hotel from April 1, 2022 to March 31, 2023. This is greatly needed in our community, however, there are many challenges with a shelter when the weather is warmer.

This year was a struggle for me personally, as in October, I was diagnosed with uveal melanoma (cancer on my optic nerve in my left eye). My treatments were in Calgary or Edmonton, and I had to do a lot of travelling. I felt this wasn't fair to the staff. This, along with the stress of looking at a computer all day prompted me to give my resignation as the Executive Director at the end of March, effective May 31, 2022.

I have been with CMHA-CCB for 22 ½ years, and it is with mixed emotions that I write this last Executive Director report. I'm thankful for the learning opportunities I have experienced as the Executive Director, and I want to thank the Board for your guidance and continued support of the staff and the organization. I want to thank the staff for your continued patience and support during this past challenging year. I am very appreciative of the staff who create a pleasant working atmosphere at CMHA-CCB, 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:

Canadian Mental Health Association

Annual General Meeting

September 2022

By: Marnie Sellars

## Homeless Outreach Program 2021-22 Report

I started my position working with Wayne Lucier as part-time on April 19, 2022. The first couple of months I only worked 2 days a week and when it was cheque day for our clients, I worked 3 days.

I moved into a full-time position at the end of June, before Wayne went on leave.

**Working at Jubilee Place** – In May I filled in at Jubilee Place on the days I wasn't working with Wayne (3 days a week), this was only until the new Manager (Roxanne) started. I worked at Jubilee Place only for the month of May. It was a great experience.

**Regular HOP Participants** – We have approximately 6 participants who are receiving a subsidy from this program. Since I have started working with Wayne, I have noticed that there were some participants who were receiving dollars from this program that were living on-reserve. So now, they are no longer receiving a subsidy from our program. I am still trying to understand how these programs are funded and what the eligibility criteria are in order to get into this program.

**CHB-HPP Participants** – There are 7 clients who receive a subsidy from this program. I have participated in Teams meetings through HIFIS when they hold Q&A meetings and there have been discussions about this program. My understanding of this program is that BC Housing will be no longer be offering it in the future. However, the long-term clients who have been on this program will still be allowed to stay on it when they change it into a new program, they have been categorized as "Legacy Clients".

During our on-line meetings, it has been mentioned that these are federally funded programs, so there won't be extra funding and they will be converting to other programs and everyone will have the chance to apply for the funding. So, I will be keeping my eyes out for the Call-out for applications. (I have started a list for people who call in and ask for help with their rent)

**CCART Zoom Meetings** – These meetings were previously known as the Situation Table meetings. They have many participants from many of the organizations in the city and also from the First Nations communities. Meetings are held through Microsoft Teams, and are held weekly on Tuesday mornings at 10:30am. It is a way for all organizations to share information and to also discuss individuals in the community who are having problems or who are being a problem in the community. It's a great way for all resources to work together and help and assist members of Williams Lake and surrounding areas.

**First Time Clients or Walk-Ins** – There have been many new clients who come into the office who are seeking assistance to get onto Welfare, or to look for housing. There have been many who are looking for



Gift Cards or who would like to receive a housing subsidy, as rents are getting so high, and they are having a hard time coping with trying to pay all of their rent or buying groceries. I do let everyone know that they can utilize the Food Bank at the Salvation Army.

There have also been many clients who are needing assistance in filling out applications or seeing what type of resources are available to them. I do the best that I can to assist them and if I am not able to, I refer them to another organization that has a worker who can do more for them.

**Creation of New Forms** – I have started to make new forms for our program, so it is easier to know who picked up their cheque and when they picked it up, or if Wayne or I delivered it.

I have also asked Laurie to help me with making a form for this program, which has been a HUGE help, as she keeps them in the same format that most of the other forms are for CMHA.

When I began working with Wayne, he didn't have any records of any of the clients that he was working with, so it was a little difficult gathering the information that was needed for clients. I am hoping that this will make it easier for future funding opportunities, or whatever may be needed in the future for the clients.

**3<sup>rd</sup> Party Agreement with the Ministry of Poverty and Reduction** – CMHA has a contract through the Ministry of Poverty and Reduction to work with individuals who are no longer allowed to utilize the services at the main office, due to incidents that have gotten them kicked out of the office at the government building. There are 14 people on the list and I usually have contact with about 9-10 of those people. This contract means that I pick up their cheque from the main office and then I distribute it to the individuals and if they have any requests for help or assistance from the Welfare office, I submit their requests. Some clients have mid-month cheques that I pick up and have them here at our office, but it has come to my attention that because the receptionists have been able to give these out in the past, they get slack from some of the clients and get called down because their cheque aren't here or they don't remember picking it up. So, with this, I will be looking at other options of possibly leaving their mid-month cheques at the main office and I will pick them up at the beginning of each week. That way, Sarah or Laurie won't have to deal with outbursts.

I have also reached out to the supervisor for the main office and requested some information for each of the clients, so I have it on hand because the clients are usually wondering about basic information. I am hoping to have this information by October 2022.

**Gift Cards** – Although Wayne was giving out gift cards to people through the Homeless Outreach Program, this wasn't being done out of any budget. A client who had been on the program for a number of years wasn't needing the money at the time, so her and Wayne worked it out to where she would buy gift cards with the money she was receiving and then she would give the gift cards back to the program. But when it was announced by BC Housing that the dollars that clients are receiving would become taxable, she started utilizing the funds. So, no gift cards were available through this program anymore.

I have looked into our Surplus budget and will utilize some of the dollars through there so we may be able to still provide this, but I have changed the criteria for people to get a gift card. A person cannot be staying at the Hamilton or the Cariboo Friendship Centre Shelter, as these 2 places provide food to the individuals that are staying there. Also, a person cannot have a Fixed address, as they are able to access the Food Bank at the Salvation Army. People who can utilize these \$20 cards are actually living on the streets and don't have

access to the forementioned services. It is really the only way that we can utilize the funds in a proper manner that follows the allowable criteria.

**Donations** – We have had a couple of calls each month with people making donations to the programs. These are stored into the container that HOP and the Housing First Program use to put all of the donations go to and when a client is needing something for a new place or our current clients are needing, we let them know that they are more than welcome to utilize any of the donations.

**New position as the Housing and Harm Reduction Department Director** –I am looking forward to this new management position of overseeing the Housing and Harm Reduction Department. I am still learning about the programs that are within this department and how each one works for CMHA. This is a new learning experience and it will be an on-going process of learning how to be a Director, but I look forward to learning about how I can work with my co-workers and to ensure that we are doing our best for our clients and the organizations that we work with and for.

I'd like to take this time to say that I'm happy to be back working for CMHA.

Respectfully,

Marnie Sellars  
Homeless Outreach Worker and  
Housing and Harm Reduction Department Director  
Canadian Mental Health Association

## Jubilee Place/Hamilton:

### Annual Board Report 2021/2022

Prepared by Roxanne Abbott-Brown, Program Manager for The Hamilton Emergency Shelter and Jubilee Place.

I began as the Program Manager at CMHA on May 23, 2022. I hope to capture a generalized idea what happened during this fiscal year but not being there at the time makes it somewhat difficult. I will let you know all I know.

When I came on board I had much to learn and still am. I had much to do in regard to ensuring staff and client confidentiality, cleaned old, outdated files to archives and rebuilt the filing systems. Completed inspections of the properties including units, hired 13 staff members in my first three months and terminated the employment of four staff. Some decided to move along to pursue other avenues of employment and education.

From what I can see the staff unionized April 21, 2021.

#### **The Hamilton:**

1. Intended as a cold weather shelter for the months of December 2021 – March 31, 2022. BC Housing renewed the funding to operate one more year. Funding comes Covid funds but we have been told that Covid funds will not be renewed after August 31, 2022.
2. Leah Martin was brought on board to assist the Program Manager at the time set up systems, policies and procedures etc.
3. Approximately 30 beds are occupied each night.

#### **Jubilee Place:**

1. BC Housing released Covid funds to allow for 6 isolation pods, open to the community of Williams Lake. Funding for this project has now ended. This funding also allowed for a full-time position at JP from 12am-8am. As this funding has ended as well, funding is now supported by The Hamilton budget.
2. Staff started doing extreme weather checks on clients during the summer when it is 27 degrees or more. They hand out freezies and water. This has been successful this year as well.
3. Few units available as we had a very low turnover. Now reserved for Hamilton clients.
4. Boiler was replaced, still having problems after the initial install.
5. BC Housing has had the building assessed for possible redevelopment.

# Family Solutions:

## ANNUAL REPORT

### Family Solutions Program

April 01, 2021 – March 30, 2022

Submitted by: Dana Hamblin, Program Manager & Family Counsellor

**CONNECT:** For the 14th 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 2021/22 we hosted 2 Connect cycles. Due to the ongoing pandemic and restrictions regarding gatherings we have had lower participant numbers than previous years.

Due to Bettina Egert's extended leave in September 2021, our autumn Connect Program was facilitated by Ashley Coleman and Margaret-Ann Enders to enable Dana Hamblin to take on the client referrals in full.

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.

**INTEGRATIVE YOGA THERAPY:** The FSP 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 were offered in connection with individual counselling support.

**THE FOUNDRY:** “Foundry is a province-wide network of integrated health and social service centers for young people ages 12-24. Foundry centers provide a one-stop-shop for young people to access mental health care, substance use services, primary care, social services and youth and family peer supports.”

We are excited to be partnering with The Foundry to better serve the needs of youth in our community. We have joined the Mental Health steering committee and will provide a counselor on location one day per week. This project is set to launch in September 2022.

**STATISTICS AND CASELOAD:** There were several changes and challenges in the program this year, the most notable being a staff shortage due to the vaccine mandate and other Covid related challenges. We were without one of our full-time counselors for 4 months during this reporting period due to this change. Bettina Egert is no longer with the Program, and Dana Hamblin will be taking on her role of Program Manager. We have recently advertised for the second position and hope to fill this quickly to be able to serve our clients in a timely manner.

Fortunately, we were able to rely on a temporary position funded by the CAI (Community Action Initiative) under the umbrella of CMHA. Ashley Coleman was able to serve the excess referrals to keep our wait times manageable and meet clients’ needs. The referral and recipient numbers below are indicative of the FSP program only, followed by the referrals that were outsourced to the CAI program.

The Family Solutions Program received 290 referrals during this period. Our MCFD referrals were down by almost 50%. There was a significant rise in referrals from Victim Services, Family Doctors and Former Clients. Self-referrals continue to remain the highest. 998 recipients received one-on-one service (an average of 83 recipients per month.) 106 Indigenous clients were served by the program for this year. 57 clients were supported through group services. This include Connect and Integrative Yoga Therapy.

The CAI program took 58 referrals with almost 50% of those numbers being self-referrals. 195 recipients received support, 27 of which were First Nations.

This is a total of 348 referrals for this reporting period vs 308 for 2020/2021. This is an increase of 22% from last year.

**CLINICAL ISSUES:** Notable issues and challenges for our youth clientele during this period have been an increase of issues with anxiety and depression resulting in an inability to engage in school, extracurricular activities and peer interaction. We have also encountered an increase in nonconsensual touching and rape amongst 13–18-year-olds. We have seen a change in family dynamics with more separations and divorces. Other issues have been parent/teen challenges and conflict, excess alcohol and drug use for both teens and

our adult clientele, bullying, teen defiance and risk-taking behavior, emotional fatigue and burnout, lack of positive parenting skills, teen relationship problems and grief issues. There has been an increase in referrals requesting support for sudden deaths (overdose, suicide, accidental).

**PROFESSIONAL DEVELOPMENT:** Trainings FSP staff attended were as follows:

- Kelowna College of Professional Counselling, Applied Psychology & Counselling Diploma Program. Full-time distance online program from March 2021 –July 2022
  
- Destiny Yoga Therapy Program by Heather Good (Online)
  
- Heart Program by Alex Howard (Online)
  
- Expressive Play Therapy 2 (Counselling 3105)
  - <https://www.jibc.ca/course/expressive-play-therapy-2>

**COMMUNITY LIAISON:** We were 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; Foundry steering panel.

**HUMAN RESOURCES & Health Pandemic:** 2021/2022 has proved to be another challenging year for staff both professionally and personally. Caseloads have increased with referrals increasing by 22%. Clients are experiencing significant stressors and emotional fatigue is high. We lost our manager, Bettina Egert due to changes in Covid vaccine requirements and have been without a second counselor since late December 2021. We look forward to filling this position quickly.

**CONTRACT BUDGET:** We met budget expectations for this fiscal year. We had limited costs for supplies due to less in-person contact and did not provide food for Connect.

# Community Bridge to Housing First Program:

## Annual General Meeting

### COMMUNITY BRIDGE TO HOUSING FIRST (CB2HF)

#### Program Report 2021-2022 Fiscal Year

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 this one year period, 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.

At the beginning of the 2021-2022 fiscal year, the pandemic was still present, and emergency funds from the province continued to be available for the program to facilitate new tenancies and funding to help people stay housed. Supportive funding from BC Housing winded down and individuals who were on special pandemic subsidies were grandfathered into the Canadian Housing Benefit Program. During the year, the program still saw a high number of requests to support individuals who were precariously housed. The Community Bridge to Housing First continued to support the pandemic network to assist in isolating vulnerable homeless individuals at the Slumber Lodge Motel.

Overall, the Community Bridge to Housing First supported 29 unique individual cases. Ten of these cases were ongoing month to month rent supports. Eleven of these were one-time/ short term supports (up to three months) to help with a hotel stay, to transition someone into subsidized housing or support to secure housing. Nine individuals are being carried on the BC Housing Canadian Benefit Subsidy.

A break down of demographics for the year are:

10 males

19 females

13 participants with children in the home (one male/12 female single parents)

Lastly, the Community Bridge to Housing First Program was a stakeholder in a joint community meeting of human services workers who were concerned with the lack of sheltering options for individuals sleeping rough. Record cold temperatures were being anticipated and the current Cariboo Friendship Society Shelter was not enough for the growing homeless issue in our community. The program was integral in supporting the establishment of the program and supporting operations. The Community Bridge to Housing First is very honored to assist this much needed, new community program.

Sincerely,

Leah Martin

Program Manager

Community Bridge to Housing First

[Leah.martin@cmhacariboo.org](mailto:Leah.martin@cmhacariboo.org)

# **Crisis & Counselling:**

**Annual Report  
April 2021-March 2022  
for  
Crisis and Counselling Program - Community Education Program -  
Wildfire & CAI Surge Funding**

This has been another busy and memorable year for the Interior Crisis Line, Community Education, and Counselling Programs.

We, as a team continue to face the challenges of yet another year with the restrictions of Covid-19 for our clients and staff while trying to maintain a healthy working environment.

Our amazing teams worked both remotely and in office throughout the year to meet the clients' needs. They offered training and support to a diversity of clients, delivering thousands of hours of direct and indirect client-based services. (Refer to supporting documents)

Thankfully, with additional short-term funding for two extra counsellors and numerous practicum students we were able to address the intakes and referrals efficiently and effectively to service mental health issues in our community.

Also, having received an additional one-time funding, we employed an Assistant Crisis Line Supervisor, this allowed for extra support with training, scheduling, and supervision of crisis line responders.

This year has given us an opportunity to experience and be concerned for the growing need for additional mental health support throughout our community. The value of extra funding for staff and in support of mental health is reflected in the attached appendices.

Of concern as this year closes are the reality of major changes to the Crisis and Counselling Program looming for the Fall of 2022 and having one-time funding come to a close, this will certainly change the dynamics of these programs at CMHA.



I am so proud of every staff member and what they were able to personally bring to CMHA over the past year, it has been a test of one's perseverance, empathy, patience, understanding and determination. Thank you.

Respectfully

A handwritten signature in dark ink, appearing to read 'Heather Silvester', with a stylized flourish extending to the right.

Heather Silvester

Crisis and Counselling Program Manager

Canadian Mental Health Association-CCB



**ICLN**

Interior Crisis Line Network

1.888.353.CARE (2273)



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

**Cariboo Chilcotin Branch**

# Annual Report 2021/2022

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# Overview

The greatest pressure and significant success of CMHA Cariboo Chilcotin as a partner within the Interior Crisis Line Network remained navigating the impact of Covid including increased call volume and call complexity, and pivoting to best meet the needs of the local, regional, provincial and national community.

CMHA Cariboo Chilcotin 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)

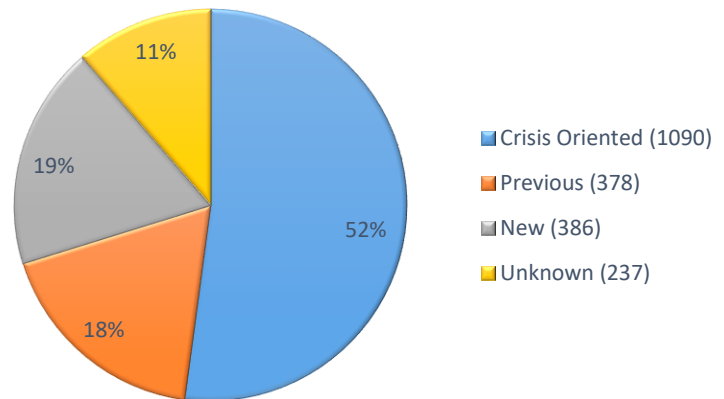
CMHA Cariboo Chilcotin provided exceptional support both for the health and wellness of Interior communities through the three services as well as the health and wellness of their Crisis Line Responder team to meet the evolving requirements of Covid.

## Highlights Include:

- ❖ **39.4% increase in minutes of support provided compared with 20/21.** Provided 27,889 minutes of support in 2021/22 compared with 20,782 minutes in 2020/21
- ❖ **29.2% increase in total support contacts provided in 20/21** - Provided 2,197 individual support contacts compared to 1,701 in 2020/21 and 2,042 in 2019/20 contacts across all three services
- ❖ **59% of ICLN contacts supported by CMHA Cariboo Chilcotin implied or inferred improved capacity to cope on ICLN services**
- ❖ Even with the ongoing impact of **Covid, wildfires, deadly landslides, heat waves and flooding**, CMHA Cariboo Chilcotin **provided 3 online Crisis Line Responder Trainings, screened 19 participants and successfully trained 15 new Crisis Line Responders of which 10 new volunteers were able to take calls**
- ❖ CMHA Cariboo Chilcotin representation attended all Provincial Network Operations meetings, ICLN Leadership Team meetings and National Network Operation meetings and is **in good standing with the provincial and national criteria providing support across five services**

## 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
- ❖ **Call volume answered increased by 29.2%** in total including;
  - **23.8% increase in calls from the Interior answered on the regional crisis line**
  - **23.0% increase in calls from the Interior answered on 310 Mental Health service**
  - **139.0% increase in calls from the Interior answered on the provincial suicide line**



## Type of Caller

- ❖ 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
- ❖ **69% of service users supported by Cariboo Chilcotin CMHA's CLR's were known to the crisis line** either as Crisis Oriented Callers or previous callers **this is a 2% increase compared to 20/21**
- ❖ 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)
- ❖ **26.6% Increase in Crisis Oriented Service Users** who traditionally have additional call handling to support additional safety assessment, safe planning or self-care planning
- ❖ **57.6% increase in New Service Users compared to 2020/21 and a 101.0 % increase over 2019/20 year** showing the growing need within the community as more people reached out to the service for support after their traditional coping strategies and resources felt insufficient

# Interventions

❖ Despite escalation in call volume and intensity, 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

❖ **Interventions were only 1.6% of calls (0.9% of ICLN contacts in 2020/21, 1.2% in 2019/20)**

❖ The increase in 911/Emergency engagements reflects the increased risk levels, suicide-in-progress, and interventions required to support health/safety of service users

❖ **No additional police interventions were required and MHAES requests were down 75% compared to 2020/21**

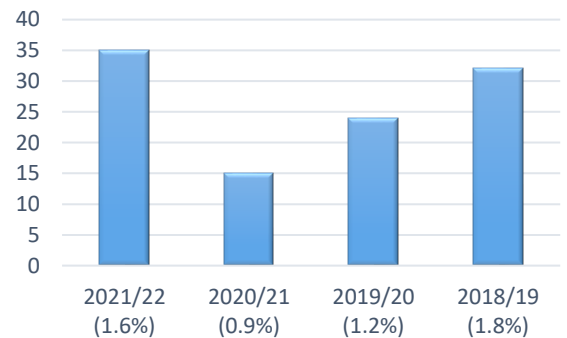
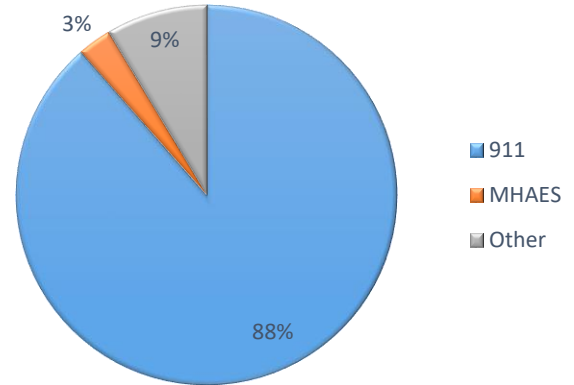
❖ Working within nationally and internationally recognized call handling practices resulted in;

- **46.2% of CMHA Cariboo Chilcotin’s interventions occurring with consent**
- Though this remains a positive percentage, there is a trend downward which may reflect the higher risk calls and a shift within service users not desiring intervention (**with consent was 50.0% in 20/21, 66.7% in 19/20**)

❖ **CMHA Cariboo Chilcotin’s continued with strong training, commitment to working within better practices** and their active support in the community as **public access for MHAES in Williams Lake and area** to provide appropriate and effective interventions as needed

❖ **Out of the 2,197 contacts supported by CMHA Cariboo Chilcotin across 3 services, it is estimated they de-escalated and appropriately guided people to ‘right response’ level of intervention resulting in directly saving 1,042 Mental Health/911 interventions or additional supports and 1,295 of additional police engagements;**

- **99 - 911 Interventions**
- **228 - MHAES Interventions**
- **715 - Mental Health Worker additional appointments**
- **1,295 – Police engagements** (wellness checks, non-emergency police calls, police attending, etc.)
- **For a total of \$166,600 in Mental Health costs and \$602,175 in police interventions**



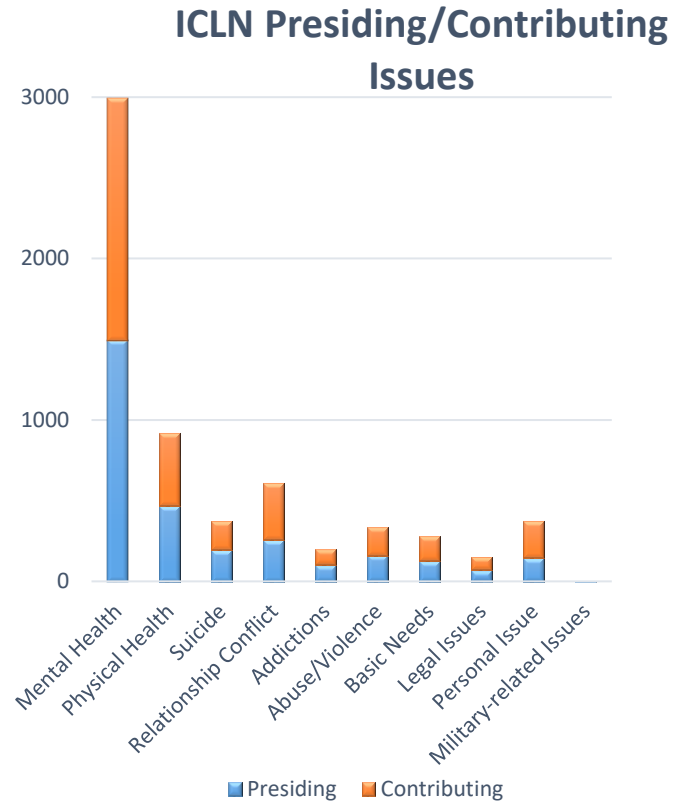
## Additional Resources Provided

Support/Resource Offered in Safe Planning	ICL 2019/20	ICL 2020/21	ICL 2021/22
No referral needed/wanted	1781	1406	1696
Other	70	41	75
Mental Health – Non-Emergency	37	56	86
Mental Health – Emergency	28	20	49
Counselling/Therapy	28	51	86
Local/Other Crisis Line	13	12	28
Police Emergency	9	14	34
811 Health Link	29	27	31
Medical – Non-Emergency	13	17	27
Shelters/Transportation	8	4	17
Family/Friends	0	3	21
Medical – Emergency	10	6	11
Police – Non-Emergency	11	2	5
Support Group	6	15	13
MCFD/Child Protection	0	2	6

- ❖ 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
- ❖ Compared to pre-Covid;
  - 132.4% increase in MH non-emergency
  - 75% increase in MH Emergency
  - 207.1% increase in counselling/therapy resources
  - And increases in MCFD calls, shelter/transportation calls, and medical non-emergency

# Content of Calls

- ❖ Presiding Issues is a required data field whereas Contributing factors are not and a support contact may have multiple contributing factors
- ❖ 8 contacts identified Opioid use as a primary factor requiring support and 11 identified that the Residential School tragedy was the primary reason for their reaching out to the CL
- ❖ Some significant shifts in ICLN contacts compared to last year showing continued impact of Covid include;
  - 120.3% increase in relationship conflict calls
  - 94.2% increase in abuse/violence-related calls
  - 78.4% increase in calls related to physical health issues
  - 59.5% increase in suicide-related calls
  - 28.3% increase in mental health related calls
  - 28.8% increase in addiction related contacts



ISSUE	2020/21 PRESIDING	2020/21 CONTRIBUTING	2020/21 TOTAL	2021/22 PRESIDING	2021/22 CONTRIBUTING	2021/22 TOTAL
MENTAL HEALTH	1,263	1,070	2333	1492	1499	2991
PHYSICAL HEALTH	282	232	514	466	451	917
BASIC NEEDS	120	99	219	126	151	277
RELATIONSHIP CONFLICT	111	165	276	258	350	608
LEGAL ISSUES	79	73	152	69	83	152
ADDICTIONS	90	63	153	102	95	197
SUICIDE	137	95	232	193	177	370
ABUSE/VIOLENCE	82	90	172	160	174	334
PERSONAL/INTERNAL CONFLICT/ISSUE	85	91	176	145	229	152
MILITARY-RELATED ISSUES	1	3	4	3	3	6



# Covid-19

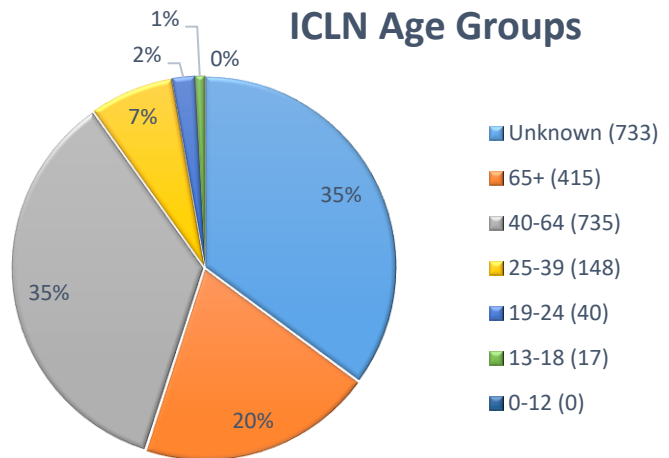
- ❖ 2021/22 still felt the effects of Covid-19 with increased call volume compared with pre-Covid levels;
  - **Prior to Covid, an 80-call day would be an unusual spike with the average at 65 calls/day, ICLN now averages 105 calls/day** across the six services (regional crisis line & chat, provincial mental health & suicide service, national suicide service and text). This is a **61.5% increase to pre-Covid levels and a 29.6% increased compared to 2020/21.**
  - **At the height of Covid, 29% of crisis line contacts identified the pandemic as the primary reason** prompting their call
  - **ICLN provided over 620,000 minutes (621,017) of support in 21/22 and Williams Lake contributed 39.1% of those support minutes**
  - **621,017 minutes of support** across six services is an **increase of 113.5% over pre-Covid levels**
  
- ❖ **Covid-19 also contributed to the increase in call complexity compared with pre-Covid levels compounded by crisis fatigue** (e.g. significant wildfire season, deadly heat wave, flooding and landslides, and the devastating findings of the Residential Schools in the region);
  - **Significant increase in suicide-related calls**
    - **183% increase in homicide/suicide** related calls
    - **283% increase in calls from survivors of suicide deaths** (e.g. friends/family members struggling after death of loved one to suicide)
  
  - **Significant increase in abuse-related calls;**
    - 200% increase in contacts related to current child abuse/neglect
    - 131% increase in past child abuse/neglect
    - 67% increase in elder/vulnerable adult abuse/neglect
    - 78% increase in calls from abusers seeking support to not act on aggressive thoughts
  
  - **Increase in mental health related calls;**
    - 43.1% increase in mental health related calls
    - 33% increase in anger-related calls
    - 58% increase in acute mental illness
    - 583% increase in disordered eating
  
  - Significant increase in personal/internal conflict calls related to;
    - **World/Local Events: 222% increase**
    - **Intercultural/Ethnicity: 52% increase**(e.g. calls from people expressing hate/aggression towards specific groups of people as primary call issue or people experiencing bias/crisis related to their ethnicity/cultural background)
    - **Relationship Conflict (Family other than parents):100% increase**
  
  - **Other marked increases include**
    - **33% increase in 3<sup>rd</sup> party calls where the person of concern was younger than 19**
    - 50% increase in sleep difficulties
    - **42% increase in death/bereavement/loss**
    - 64% increase in long-term illness/injury calls
    - **117% increase in calls related to pregnancy concerns**
    - 8% increase in concerns related to Veterans

- ❖ CMHA Cariboo Chilcotin 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)**
    - CMHA Cariboo Chilcotin maintained physical distancing, cleaning and other protocols
    - Ongoing support to remote responders (working from vetted home environments)
    - CMHA CLRs contributed to the ICLN CLR Wellness Survey which identified key priorities and the impact of the crisis line work/call volume/etc on their wellness
  - **Continuity, Accessibility & Quality of Service**
    - CMHA Cariboo Chilcotin engaged with ICLN’s portable Crisis Line initiative (laptops loaded with technology, protocols, supports that can be used to establish a portable CL in the case of evacuation) and were actively involved in contingency planning with wildfire season potential evacuations
    - Over the course of the year, CMHA Cariboo Chilcotin screen 19 CLR applicants, trained 15 and had 10 CLRs complete all stages of 60+ hours of training to join the service
  - **Clear Communication**
    - CMHA Cariboo Chilcotin ED and Crisis Services Manager spoke on impact of Covid-19 to media at all appropriate opportunities

## Demographics

### Age

- ❖ For ICLN calls (regional/provincial services), there were some shifts in demographics identified;
  - **40-64 age remained the largest sector at 35%** (compared to 41% in 20/21)
  - **65+ age increased 55.4% to 20% of calls** (compared to 16% in 2020/21)
  - **19-24 age increased by 66.7%**
  - **25-39 age held at 148 or 7%**



### Gender

- ❖ **Male service users on ICLN** (supported by Williams Lake Crisis Line Responders) **increased to 35.0% of calls in 21/22** (compared with 29.9% of service users in 2020/21). 732 service users identifying as male reflects a 48.5% increase over the previous year showing an increased accessibility for male services users (a population that traditionally reaches out to CL services less)
- ❖ **Female service users make up 43.7% of service users supported by CMHA Cariboo Chilcotin**
- ❖ **The inclusion of 3 service users who identified as gender diverse** is very positive and reflective of the commitment to offer a genuinely accessible and low barrier service

### 1<sup>st</sup> Party/3<sup>rd</sup> Party

- ❖ **3<sup>rd</sup> party calls on ICLN services were comparable** in call volume for 2020/21 and 2021/22
- ❖ **73.3% increase in 3<sup>rd</sup> party calls under 19**

### 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 2021/22, **13 service users self-identified as Indigenous** (compared to 8 service users in 20/21) and **11 service users directly identified the Residential School findings as the primary reason for their call**
- ❖ 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

# Outcome Measures

❖ **Service users who implied/inferred increased capacity to cope by end of the contact increased to 57% (from last year's 54%)**

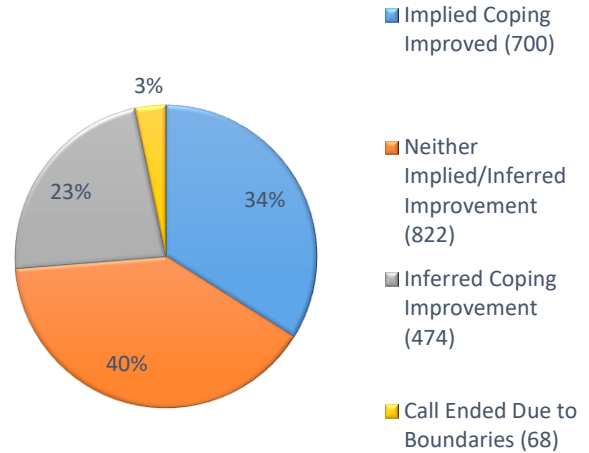
❖ **Boundary-related calls maintained lower level (3% 21/22, 4% 20/21)**

- 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)

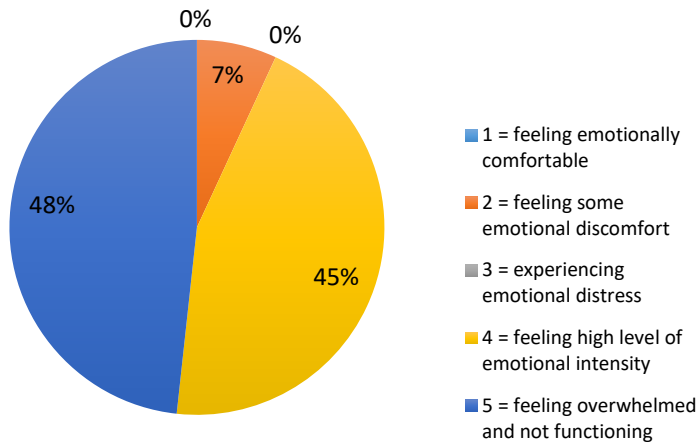
❖ **Sample of contacts supported by CMHA Cariboo Chilcotin showed improvements in emotional capacity as well;**

- 92.9 % of contacts who expressed feeling overwhelmed and not able to function (potentially requiring 911 intervention) were successfully de-escalated (compared with 88.5% last year)
- 92.3% of contacts who expressed feeling high level of emotional intensity (potentially requiring MHAES intervention) were successfully de-escalated (compared with 96.2% last year)
- Contacts struggling with emotional distress, intensity and overwhelm shift from 93% to 7%.

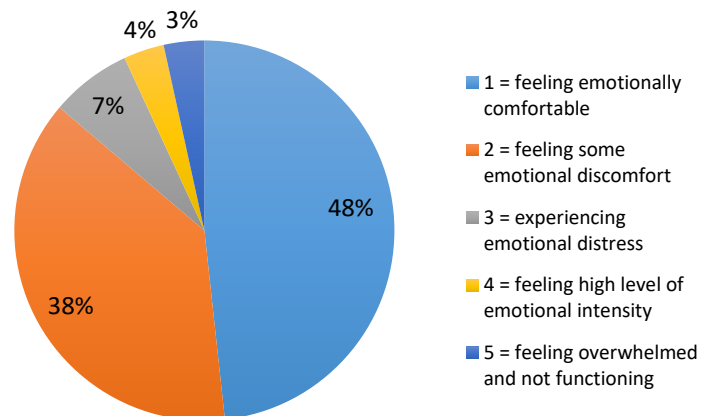
## ICLN Outcome Measures



### 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 (5-9pmPT) 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

- ❖ **Addressing CLR Retention and Burnout:** The Interior Crisis Line was the first region to arrange for counselling for volunteer Crisis Line Responders. Before this, only staff CLRs could access additional external support via Employee Assistance Programs. By engaging a counsellor with a background in Crisis Line, creating clear guidelines/awareness around what is/is not appropriate to discuss, and offering this support for free to volunteers, there has been appreciation and more CLRs engaging with the support. This is especially important as call volume and complexity continues to increase. This model has now been adopted by other regions in BC and is being reviewed by the Canadian Suicide Prevention Service as well. Will continue to build on self-care, resilience training and supports to address burn-out, engage in ongoing recruitment and retention strategies. CMHA Cariboo Chilcotin has also developed and integrated site-specific additional supports to encourage a sense of community (virtual community-building sessions) and improve call handling (topic-specific continued education sessions) and the addition of a support trainer/supervisor to provide additional 1:1 debriefing and ongoing support.
- ❖ **Improving Volunteer Recruitment:** ICLN, and other crisis lines services, has witnessed volatility in the number of volunteers coming forward during Covid and as restrictions begin to ease. CMHA Cariboo Chilcotin's screening:service ratio (people screened and those who completed all 60+ hours of training to successfully join the service) was 19:10 or 52.6% . Volunteer recruitment challenges are being felt across the province and country. Looking at region-wide recruitment strategies to further encourage people to come forward recognizing that having a hybrid model of staff and volunteer CLRs is ideal (within the research of Dr. Mishara as it balances 'speed in getting people up-to-speed' with more staff and addresses burn-out by having more volunteer CLRs.

## Goals Heading into 2022/23

- ❖ CMHA Cariboo Chilcotin 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 2022/23
  - 1) Prepare for transition to Provincial Health Services Authority and more province-wide integration
  - 2) Prepare for/secure AAS accreditation
  - 3) Further address CLR retention, health, and wellness
  - 4) Increase call answer rates
  - 5) Secure additional funding to offset costs not covered in PHSA offer

## Additional Information

Financial information has been provided directly to IH via CMHA Cariboo Chilcotin & District 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





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

**Fiscal Year 2021/2022  
FOR CMHA-CC COUNSELLING PROGRAM**

STAFF: Heather & Tina

2021-2022

**Client Genographics:**

Female	585	Emergency	66
Male	260	Low Income	445
Gender/Other	9	No Shows	183
Couples	19	New Clients	77
<b>TOTAL:</b>	<b>873</b>		

**Ages:**

12>	
12 to 18	5
19 to 30	247
31 to 45	293
46 to 65	253
>65	94
<b>TOTAL:</b>	<b>892</b>

**Total Sessions in Hours**

# of	Total Hrs	# of	Total Hrs	# of	Total Hrs
0:15		1:00		1:45	
0:30		1:15		2:00	
0:45		1:30		<b>Total Hrs Counselling: 1365.75</b>	

**PROBLEM AREAS:**

Academic	8	Mental Illness	201
Alcohol/drugs	119	Mental/Psych. Abuse	131
Anger	266	Parent/Adult Child	142
Anxiety	639	Parent/Child Conflict	15
Assault	3	Parent/Teen Conflict	16
Brain Injury	31	Phase of Life	100
Bullying	81	Physical Abuse	40
Child Abuse	62	Pregnancy	262
Communication	578	Relationship	90
Cultural/Identity Abuse	10	Self Esteem	461
Depression	482	Separation	90
Family Problems	432	Personal Identity	19
Financial	267	Sexual Abuse	7
Financial Abuse	30	Sexual Assault	4
Grief	229	Spousal Assault	17
Interpersonal	404	Stress	622
Job	221	Suicide Attempt	37
Legal	87	Suicide Ideation	55
Loneliness	332	Other/Covid/Social Media/Boundaries/Dependen	148
Medical	173	<b>Total</b>	<b>7041</b>

**REFERRED**

By	To
AA/AN	
Alcohol Drug Counsellor	
CMHA	17
Doctor	139
Family Member	117
Friend	52
Hospital	0
Legal	8
MCFD	11
MH	49
Ministerial	4
Other Court	0
Probation	0
RCMP	26
School	409
Self	5
Shelter	0
Other	22
<b>TOTAL:</b>	<b>859</b>



**Fiscal Year April 1 2021 – March 31 2022**

<b>MONTH</b>	<b>Community Educational Training/Workshops</b>	<b># of Staff Facilitating</b>	<b># of Participants</b>	<b>Prep/Facilitation Hours per staff participating</b>	<b>Total Number of Hours</b>
<i>APRIL 2021</i>	CL Training & Prep & Interviews Training start Apr 27, 29	2	5	6 9	15
	CL Volunteer Appreciation Celebration	2	10	8 8	16
	Crisis Response-critical incident debriefing – Horsefly Fire Department	1	12	8	8
<i>MAY</i>	Crisis Line Training May 4,6.11,13.18,20,25,27	2	5	24 37.5	61.5
<i>JUNE</i>	Crisis Line Training June 1,3	2	5	10 42	52
	Mental Health Advisory Committee	1	5	2	2
	Suicide Sudden Death Committee	1		1	1
<i>JULY</i>	ESS – support shift	2	10	4 2	6
	Interior Crisis Line Training	2	5	6 33	39
<i>AUGUST</i>	Cariboo Regional District – Crisis Support for Responders Preparation Facilitation and Debrief	1	12	16	16
	CL Supervisor Training	2	1	4 4.5	8.5
<i>SEPTEMBER</i>	World Suicide Prevention Day low key due to Covid – newspaper, online, refreshments at office for clients	2	15	2 2	4
	MHAC	1		1	1
	SSDC	1		1	1
<i>OCTOBER</i>	MHAC	1		2	2

**Fiscal Year April 1 2021 – March 31 2022**

<b>MONTH</b>	<b>Community Educational Training/Workshops</b>	<b># of Staff Facilitating</b>	<b># of Participants</b>	<b>Prep/Facilitation Hours per staff participating</b>	<b>Total Number of Hours</b>
<b>NOVEMBER</b>	MHAC Christmas Sock/Scarf Drive preparation and support for collection of items	3		6 6 6	18
	-Early discussions with SD#27 in prep for BTB's	3		2 2 2	6
	Suicide Sudden Death Committee	1		1	1
	TRU-Practicum Student – mentoring	1	1	4	4
	Volunteer Appreciation Seasonal Celebration	2	10	3 5	8
	ICLN Crisis Line Training	1	2	6	6
	<b>DECEMBER</b>	MHAC Christmas Sock/Scarf Drive for community members in need of warmth	3	75	14 8 8
Suicide Sudden Death Committee		1		1	1
TRU-Practicum Student - mentoring		1	1	4	4
<b>JANUARY 2022</b>		Mental Health Advisory Committee – Preparation for Beyond the Blues	1		6
	Violence is Preventable	1		1	1
	Suicide Sudden Death Committee	1		1	1
	Cariboo Regional District – Crisis Debriefing- Support for Staff Suicide Preparation Facilitation	1	14	8	8
<b>FEBRUARY</b>	Mental Health Advisory Committee – Preparation, Facilitate and debrief for	1	48	40	40

**Fiscal Year April 1 2021 – March 31 2022**

<b>MONTH</b>	<b>Community Educational Training/Workshops</b>	<b># of Staff Facilitating</b>	<b># of Participants</b>	<b>Prep/Facilitation Hours per staff participating</b>	<b>Total Number of Hours</b>
	Beyond the Blues for Educators at SD#27	1			1
	Suicide Sudden Death Committee	1	30	10	10
	TRU- Suicide Prevention – Preparation, Facilitation and Debriefing -2 TRU Nursing classes	1	1		10
	TRU-Practicum Student – mentoring				
<b>MARCH</b>	Mental Health Advisory Committee – Preparation, Facilitate and debrief for Beyond the Blues for Educators at SD#27	1	20	14	14
	TRU-Practicum Student – mentoring	1	1	10	10
	Interior Crisis Line Training	2	3	6 21	27
<b>Total</b>				<b><u>TOTAL HOURS</u></b>	<b><u>429</u></b>



Canadian Mental Health Association  
Mental health for all

Association canadienne pour la santé mentale  
La santé mentale pour tous

July 28, 2022

RE: STATS FOR CMHA-CCB

#TCSMH22-450237M Counselling and Crisis Line and

#TCSMH22-450233-K C&F Community Education

To whom it may concern

Please allow me to emphasize the importance of all our statistical information this year especially as we move forward with the Counselling and Crisis Line contract closure September 30, 2022 and the need to negotiate a new and progressive Counselling Contract reflective of our 2021-2022 fiscal statistics.

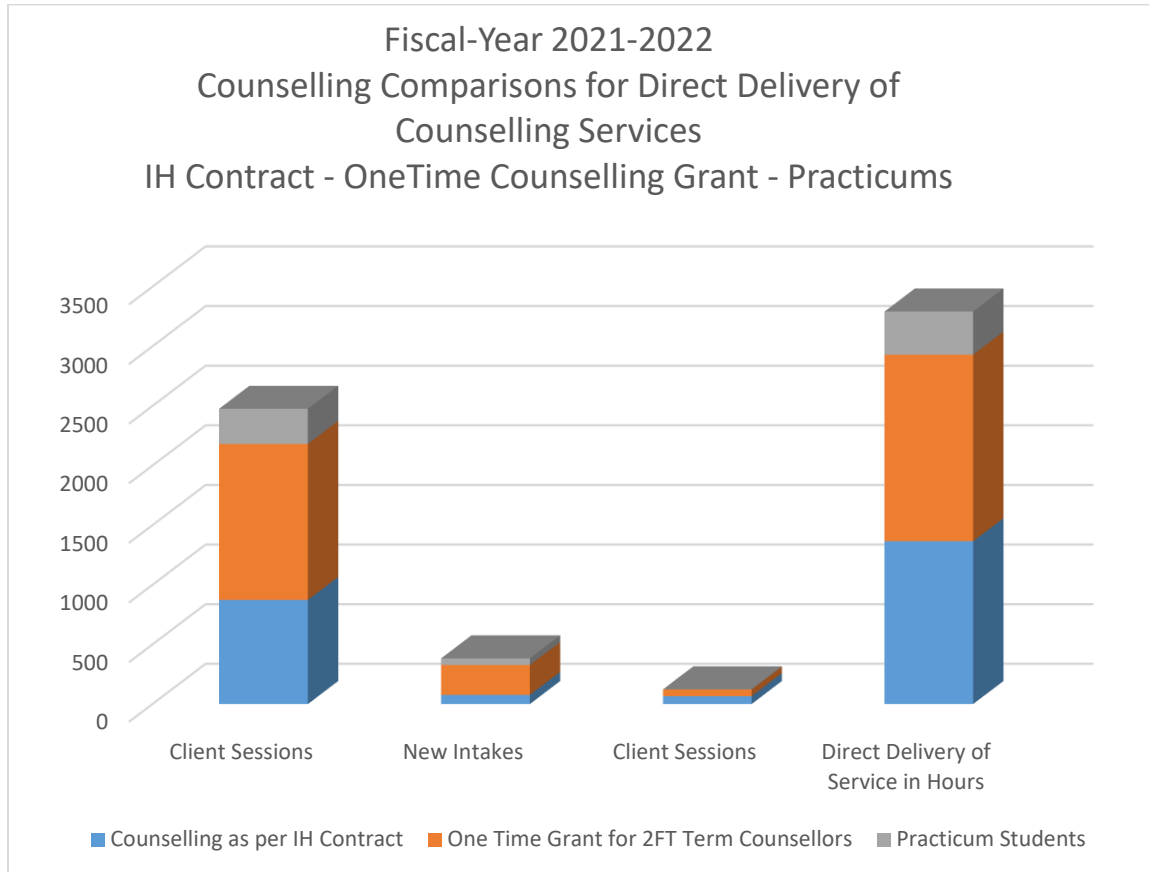
Statistical information reflective of these IH contracts and 2P/T positions for the fiscal year are;

Supportive Counselling delivered as per contract	1365.75 hrs.
Community Education delivered	429 hrs.
Crisis Line Supervision, related duties, training, meetings, and administration	916.25 hrs.
<b>Paid Sub-total</b>	<b>2711 hrs.</b>
<b>Unpaid</b> volunteer crisis line supervision	1163 hrs.
<b>Unpaid Sub-total</b>	<b>1163 hrs.</b>
<b>Total productive paid/unpaid hours/year</b> (Unsustainable and unreasonable for two-part time positions for crisis, counselling and community education.)	
<b>TOTAL</b>	<b>3874 hrs.</b>

This fiscal year in addition to the above contracts, CMHA-CCB thankfully received a one-time grant for 2 supportive counsellors to bridge the growing needs in support of mental health services to our community. The value of these additional counsellors was reflected in the increased number referrals, new intakes, and shorter waiting times to commence services. CMHA supported three (Masters) practicum students with part time hours which further assisted with supportive counselling and direct client service hours. These additional counselling services will not continue to be available once the grant is completed March 2023, yet the community needs will continue to exist.

The services our program offers benefits many of those seeking mental health support as well as reducing thousands of hours for support and services that would otherwise land on Interior Health, Gateway, the hospital, emergency room, physicians, courts, and local agencies. Our stats clearly reflect the need for more staffing and counselling hours at CMHA-CCB to meet the growing needs of our community.

The following charts and graph are a short synopsis of this year’s stats comparing the IH counselling portion of the contract with the additional counsellors from other sources that were needed to support the present mental health needs of our community.



The following statistical tables developed the graph above.

<b>IH Contracted Staff (2 P/T)</b>	Number of Client Sessions	New Intakes	Number of Clients in Crisis	Direct Delivery of Client Services in Hours
Offering direct delivery of client services (this does not include the crisis line hours from this contract)	<b>873</b>	<b>77</b>	<b>66</b>	<b>1365.75</b>
<b>SUB-TOTAL</b>	<b>873</b>	<b>77</b>	<b>66</b>	<b>1365.75</b>

April 2021-March 2022 <b>Additional Counselling Services</b> (One Time Grant) delivered to meet the physician referrals and community's needs beyond that offered by the IH Contract	Additional Number of Clients Sessions	Additional New Intakes	Number of Clients in Crisis	Direct Delivery of Client Services in Hours
One time grant for 2 additional counsellors	1308	250	56	1564
Practicum Students	295	48	1	362
<b>SUB-TOTAL</b>	<b>1603</b>	<b>298</b>	<b>57</b>	<b>1926</b>

April 2021-March 2022 Counselling Direct Delivery of Client Services offered to Adults at CMHA-CCB by the following	Total Client Sessions	Total New Intakes	Total Clients in Crisis	Total Hours Direct Delivery of Client Services
Interior Health Contract	873	77	66	1365.75
Other One-Time Funding Sources	1603	298	57	1926
<b>TOTALS</b>	<b>Sessions 2476</b>	<b>Intakes 375</b>	<b>Crisis 123</b>	<b>Hrs. 3291.75</b>

These stats clearly indicate a further discussion is needed regarding the future of our Counselling Program at CMHA-CCB and the proposal for four full time counsellors reflective of our stats and the value we bring to our whole community in support of their mental health.

Looking forward to discussing the future of the Counselling and Community Education Programs between Interior Health and CMHA-CCB.

Respectfully

*Heather Silvester*

Crisis & Support Counsellor  
 Crisis & Counselling Program Manager  
 Canadian Mental Health Association Cariboo Chilcotin Branch

## **Community Based Victim Services:**

### **Canadian Mental Health Association Annual General Meeting**

**September 02, 2022**

### **Community Based Victim Services**

**Fiscal Year 2021-22 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 142 Client Files open. Throughout the fiscal year there were an additional 54 client files opened, for a total of 196 Clients receiving supportive services throughout the fiscal year. This fiscal year the number of clients receiving services is down. However, this was directly as a result of staffing issues.

Holly Stirling, CBVS Support Worker's last day of employment was April 29, 2021, as she was on maternity leave. Her position was funded by the Red Cross Wildfire Funds, and this funding expired as of March 31, 2021. CBVS had a surplus of funding from a grant from the Women's Center of Ontario. This was a \$25,000 grant applied for to support clients of Domestic Violence due to COVID restrictions and was to be used up by March 31, 2021. There was surplus of funding, and Holly continued to work 5 of 6 days until the end of April with this funding. Other funding opportunities were sought for 2021/22 fiscal year for another CBVS worker, however the grant(s) applied for were not successful in our application.

As a result, this left Penny Stavast, Program Manager, and Hannah Chorney, Facilitator of Educational Programming as the only employees of CBVS as of May 2021.

As a result, due to high caseloads, vicarious trauma and burnout, Penny Stavast was placed on medical leave from mid November 2021 until the middle of February 2022. While she was absent, there was no back fill for her position, and no other workers who were trained and available to assist while she was away. Client files were supported by the Williams Lake RCMP Victim Services and/or Axis Family Resources Stopping the Violence Worker for court support as a required. All new clients during this time, normally forwarded to CBVS were retained at this time by WL RCMP Victim Services.

In December 2021 two grants were re-submitted by CBVS for funding by Hannah Chorney. 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.

Become the Change is a non-mandated proactive approach to stopping domestic violence for individuals, male and female, 18 years and older. It is a psycho-educational program, delivered in a group environment that creates awareness by challenging systemic social issues that contribute to intimate partner violence, and providing participants with actionable tools to change harmful behaviors. The program helps individuals develop healthy relationship skills while creating a community of support while improving community responsiveness. We have been successfully running concurrent men's and women's groups since April 2021.

Over the course of the year, we were able to deliver six sessions of eight-week programs, and two condensed two-day workshops. We had a total of 42 individuals register for the programs and 24 people participate in Become the Change to completion. We delivered programming both in person and virtually. Upon completion of the program, participants reported an improvement in communication and boundaries with intimate partners, and an improved ability to resolve conflicts and demonstrate accountability for their actions with intimate partners. Participants also reported to have developed healthier coping skills, improved mental health, increased knowledge and understanding of domestic violence and the impact it has on the entire family, and an increased likelihood to reach out to professional and social support systems.

Not only was the program successfully delivered multiple times in Williams Lake, but it was also delivered in surrounding Indigenous communities twice. Become the Change has been steadily gaining recognition amongst Indigenous communities as a valuable resource that addresses many of the intergenerational impacts of colonization and supports the healing process from a trauma informed and strength-based approach.



It Matters is a preventative intervention designed to reduce the vulnerability of at-risk youths in our community by addressing human trafficking, sexual exploitation, and related gender-based violence. In addition to providing Human Trafficking Awareness education to youths in School District 27, we were able to provide education to community professionals, parents, and families in Williams Lake. 'It Matters' provided education to the Social Planning Counsel of Williams Lake, the LPN nursing program at Thompson Rivers University Williams Lake campus, public events at the Women's Contact Society and Northern Shuswap Tribal Counsel, and to the hospital staff at Cariboo Memorial Hospital in Williams Lake.

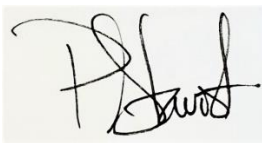
Penny Stavast returned to her regular functions and duties on February 18, 2022. At that time, it was announced WL CBVS was successfully awarded a grant for \$262,500 to establish and set up the Williams Lake Sexual Assault Center. As a result of this additional funding, Holly Stirling commenced working as a CBVS Support worker on March 3, 2022. Sunnie Dickinson started working for the WL Sexual Assault Center on March 28, 2022, as a Sexual Assault Support Worker. Penny Stavast at this time transferred her remaining cases both to Sunny and Holly as she would no longer be providing direct client delivery functions. She would now be taking on the primary role of Program Manager, which entails full time administrative needs as well as to hire and manage personnel, train new staff, create and/or update existing protocols etc. With the funding from the Sexual Assault Center, there is another full-time position to be filled for a Support Worker and a clinical counsellor for 72 hours at \$110.00 per hour. It is anticipated these positions will be filled asap in the 2022-23 fiscal year.

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 three Aboriginal Victim Support Workers: two part-time (1.5 fte) RCMP Victim Support Workers and three employees of WL Community Based Victim Services and Sexual Assault Center 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 read 'Penny Stavast', is placed on a light gray rectangular background.

**Penny Stavast  
Program Manager,  
WL Community Based Victim Services & Sexual Assault Center**

## Residential and Rehab Program:

### REHABILITATION PROGRAMS APRIL 2021-MARCH 2022

The 2021/22 year was another challenging year for our rehabilitation programs. It was an immense relief for many when immunization against Covid 19 became available to the staff, residents and participants of the rehabilitation programs early in the year but this change in the fight against Covid definitely came with a new set of problems. Provincial Health Orders that impacted our programming changed frequently and it was challenging to adjust our protocols and service delivery models to keep up with the changing recommendations. In the fall of 2021, the Ministry of Health introduced a mandate requiring all health care employees to be immunized in order to report to work which created a significant amount of stress and disruption to the workforce at Jubilee House.

Caregiver fatigue and staff turnover definitely took its toll over the course of the year. JH had many months where no casual employees were available to provide relief which resulted in a record amount of overtime and bank time accumulation. For large parts of the year, we had long standing vacancies in both the ABI and SOP programs.

this entire year was very challenging for me for a number of reasons for sure, but the last quarter was definitely a very difficult time. From December through March there were a number of factors that made it extraordinarily challenging to maintain effective operations for my programs as well as all other programs within the agency. Although I am always happy to step up and help out as acting ED when needed, the combination of the Executive Director taking a significant amount of medical leave time, the implementation of the agency's vaccine mandate policy and the addition of the Hamilton Hotel program on top of all the other challenges the leadership team at CMHA was facing created a workload for me personally that was overwhelming. Thankfully, in the Rehab programs, we had the foresight to implement a Residential Coordinator position. Sean Hoffman took on the role in January of 2021 and has been an incredible asset to our programs. Sean was happy to step up as Acting Manager while I was acting ED and allowed me to be available to offer a great deal of support to both the ED while she was on leave and the development and oversight of the Hamilton project that also did not have an available manager.

Even though pandemic stress continued to take a heavy toll during this reporting period, I am happy to say that by the end of the reporting period most of the most challenging restrictions had been removed and things are definitely looking up for the rehabilitation department. We were able to recruit some new employees, Clubhouse returned to their original operation model and Jubilee House was able to remove the Covid barriers and reinstate group activities and visitation.

## **Psychosocial Rehabilitation Programs**

### **Clubhouse**

Clubhouse struggled through the year to get members back to the program following the long Covid closure. For most of the year occupancy levels were capped, activities were limited and meal programs were reduced. Despite all the barriers Catherine did an amazing job of creating a safe, stable, fun and welcoming atmosphere for our members that continued to attend. In the summer of 2021, they put a few months of insurance on the old bus and it was a delight to see the clients getting out in the community again.

In March of 2022, After 21 years of service with CMHA, Catherine decided it was time to retire. Catherine was such an asset to our programs. Her quiet authority, calm personality and her love of a good time was the perfect mix for her program and the Clubhouse flourished under her supervision. She will be missed. The new program coordinator is Debbie Hassan.

### **Supported Opportunities**

Supported Opportunities was operational during 2021/22 but in a reduced capacity. With all the restrictions in place at most volunteer placement locations combined with significant staffing shortages, we struggled to get clients placed outside of our organization. This fiscal year we had 5 participants in the programs doing volunteer placements with CMHA programs.

### **Acquired Brain Injury**

This program also struggled with staffing shortages. In December of 2021 CMHA learned they were in contravention of PHO by operating the ABI program out of a care location where staff were not immunized against Covid 19. The program was removed from the Jubilee Place portfolio and return to Rehabilitation which created staffing shortages and increased the workload for both Sean and I as we struggled to keep this program going. We continued to provide essential services as best as possible throughout the year to clients receiving service from this program.

### **Semi- Independent Living**

This program provided subsidies to 19 independently housed individuals over the 2020-2021 fiscal year. The housing committee continued to use zoom to host monthly meetings to determine eligibility of clients for subsidies.

## **Residential Programs**

### **Tertiary Bed**

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

### **Fee for Service Beds**

The respite bed remained closed during this reporting period. The procedures required to comply with Covid protocols make it challenging to operate this bed for short term placements. In addition, the room used for respite services at Jubilee House has inadequate heating making it unavailable for a great deal of the year.

### **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 three-year term in September of 2021.

### **Secondary Care beds**

Our secondary care beds were fully occupied for the 2021-2022 fiscal year. This program was significantly impacted by staffing shortages during this reporting period. As covid restrictions eased we made many attempts to add auxiliary programming like recreation and life skills but for the majority of the year the positions were either vacant or we were using those staff to cover essential service programs.

All contracts for Residential and Rehabilitation Programs were renewed for a three-year term in March of 2022. The Collective Agreement between HEU and HEABC expired on March 31, 2022 and they were unable to come to an agreement before the contract ended. The employees in all our unionized programs are currently working without a contract. I have negotiated an essential service plan with HEU in the event there is a labor disruption.

Respectfully Submitted,

Tereena Donahue RN  
Manager Residential and Rehabilitation Programs

## CMHA-CCB Program Managers:



**Janice Breck**  
Executive Director  
April 2021-May 2022



**Tereena Donahue, RN**  
Acting Executive Director  
Manager Residential &  
Rehabilitation Program



**Dawn Maillot**  
Finance



**Heather Silvester**  
Crisis & Counselling  
Program



**Penny Stavast**  
Community Based  
Victim Services &  
Sexual Assault Centre



**Dana Hamblin**  
Family Solutions  
Program



**Leah Martin**  
Community Bridge  
to Housing First



**Wayne Lucier**  
Homeless Outreach Program



**Marnie Sellars**



**Roxanne Abbott-Brown**  
Jubilee Place/Hamilton  
Emergency Shelter

## CMHA-CCB Staff:

### CMHA MAIN OFFICE

- Executive Director
- Sarah Landry
- Laurie Haller
- Dawn Maillot
- Leah Martin
- Wayne Lucier
- Marnie Sellars
- Dana Hamblin
- Jen Charters
- Evan Pantanetti
- Penny Stavast
- Ashley Coleman
- Dana Sarauer
- Jim Smith
- Heather Silvester
- Tina Campbell
- Holly Stirling
- Evelyn Forster
- Sunnie Dickinson
- Hannah Chorney

### JUBILEE HOUSE

- Tereena Donahue
- Carly Carignan
- Daniela Calzavacca
- Debbie Hassan
- Sean Hoffman
- Ida Knapp
- Patricia MacDonald
- Jodie Sellars
- Angela Tate
- Randi Chappell
- Janna Erickson
- Sheila Kalelest
- Audrey Harry
- Jenna Hicks
- Deserae Wycotte
- Carrie Zowty

### JUBILEE PLACE/HAMILTON

- Roxanne Abbott-Brown
- Justeen Code
- Misty Ellis
- Dallas Ginther-Jewell
- Ruby Lulua
- Joyce Morpaw
- Tina Rogers
- Chiara Stoneman
- Melanie Laycock
- Yvonne Bassie
- Justin Code
- Jeannie Leduc

## **CMHA-CCB Board of Directors:**

- Gay Sanders
- Bob McNie
- Linda Goodrich
- Bev Lillico
- Al Giddens
- Ollie Martens
- Micheal Moses