

NORTH ISLAND CRISIS & COUNSELLING CENTRE SOCIETY



*Annual General
Meeting*

October 17, 2016

Our Mission

‘Empowering People’

Our Mandate

The North Island Crisis & Counselling Centre Society provides services to help children and youth, women, men, and families achieve identified goals whether simple or complex, short or long term. Using best practice, service delivery will be timely, appropriate, and provide effective assistance that respects and promotes clients’ independence and self-determination within the limits of available resources.

Who Are We: NICCCS History

The North Island Crisis & Counselling Centre began in 1981 as the Port Hardy Crisis Intervention Society. The Society was formed almost entirely as the result efforts of Gillian Rippingale and Sally How, who recognized a crying need for counselling and support services in the community. They worked together to lobby for funding while at the same time, providing many of these services on a volunteer basis.

Today, the agency is a not-for-profit; charitable Society that offers services to all age groups in the Mt. Waddington region. Although our main offices are in Port Hardy, we regularly provide service in Port McNeill, Alert Bay, and less regularly in Port Alice, Quatsino and Sointula. The Society owns the main office and the Crisis Stabilization House outright, and runs a Women’s Safe Shelter, and operates two infant - youth programs in Robert Scott School With the exception of Better at Home, which has a sliding scale fee for service, our services are provided free of charge. Collaboration with other service agencies is important to the Society; staff participate in inter-agency meetings at both the leadership and frontline levels to make the most efficient use of resources and to address service gaps in the region.

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Message from the Board

As your Board Chair, it is my pleasure to report that the North Island Crisis and Counselling Centre Society continues to be a fiscally responsible and accredited service provider to the communities of the North Island.

I would like to acknowledge the contributions of my fellow board members: Ann Hory, Okumu Lomudak, Ken Bedard, Silena George and Arlene Clair over the past year. The board of NICCCS has breadth of experience and passion to ensure that our society continues to provide high quality programs to the clients we serve.

Thank you to all who have presented and given an overview of their programs to the board over the past year. Our society is certainly diverse in the programs we provide to the communities of the North Island and it is great to experience the enthusiasm and commitment provided by our various Program staff.

As with many community organizations we are constantly evolving and meeting new challenges in providing services to the people of the North Island. The board of NICCCS has been discussing how much our society has changed since it was first formed in the early 1980's. We have been debating how to best reflect and project the diverse programs our society offers to the communities of the North Island.

On behalf of the board, would like to thank and acknowledge our hard working staff and dedicated Volunteers. I would also thank our funders in supporting the work that we do.

Respectfully Submitted

Tim Deadman

NICCCS Board Chair

Our Esteemed Board

2015 - 2016

Board Members

Tim Deadman, Chair
Ann Hory
Arlene Clair
Ken Bedard
Okum Lombudak
Silena George

Board Members that have left: Brenda Loerke, Kelly Amodeo, Gord Brownridge

Executive Director - Althea Vermaas

Admin/New Beginnings Manager - Sandy Tamburini

Thank You!

To all our Funders and Donors

Donors don't give to institutions. They invest in ideas and people in whom they believe.
-G.T. Smith

New Staff

Anna Marchand, Family Support Worker

Pita Rosback, Victim Service Worker

Denise Roberge, House Parent

Tim McLeod, Addictions Worker

Departing Staff Maggie Cox, Kim Kisyel

Annual Message from the Executive Director

Dear Friends,

There is something inspiring about helping people empower themselves, helping themselves to be the best they can be. That is the mission of the dedicated volunteers and employees who work for the Society: to assist without judgment.

This year the Society branched into a new programming area to assist people with the opening of a five bed non-medical withdrawal management (detox) program in November 2015. With the funding and partnership of Island Health Mental Health and Substance Use Services, and renovation funding from the Mt. Waddington Health Network, this program has had significant support from Mt. Waddington municipalities and First Nations communities both on and off reserve. In the five months since the Withdrawal Management Program opened, the beds were occupied 407 times for a usage rate of 54%. The occupancy goal is 65%, this should be realized as the program becomes more well known.

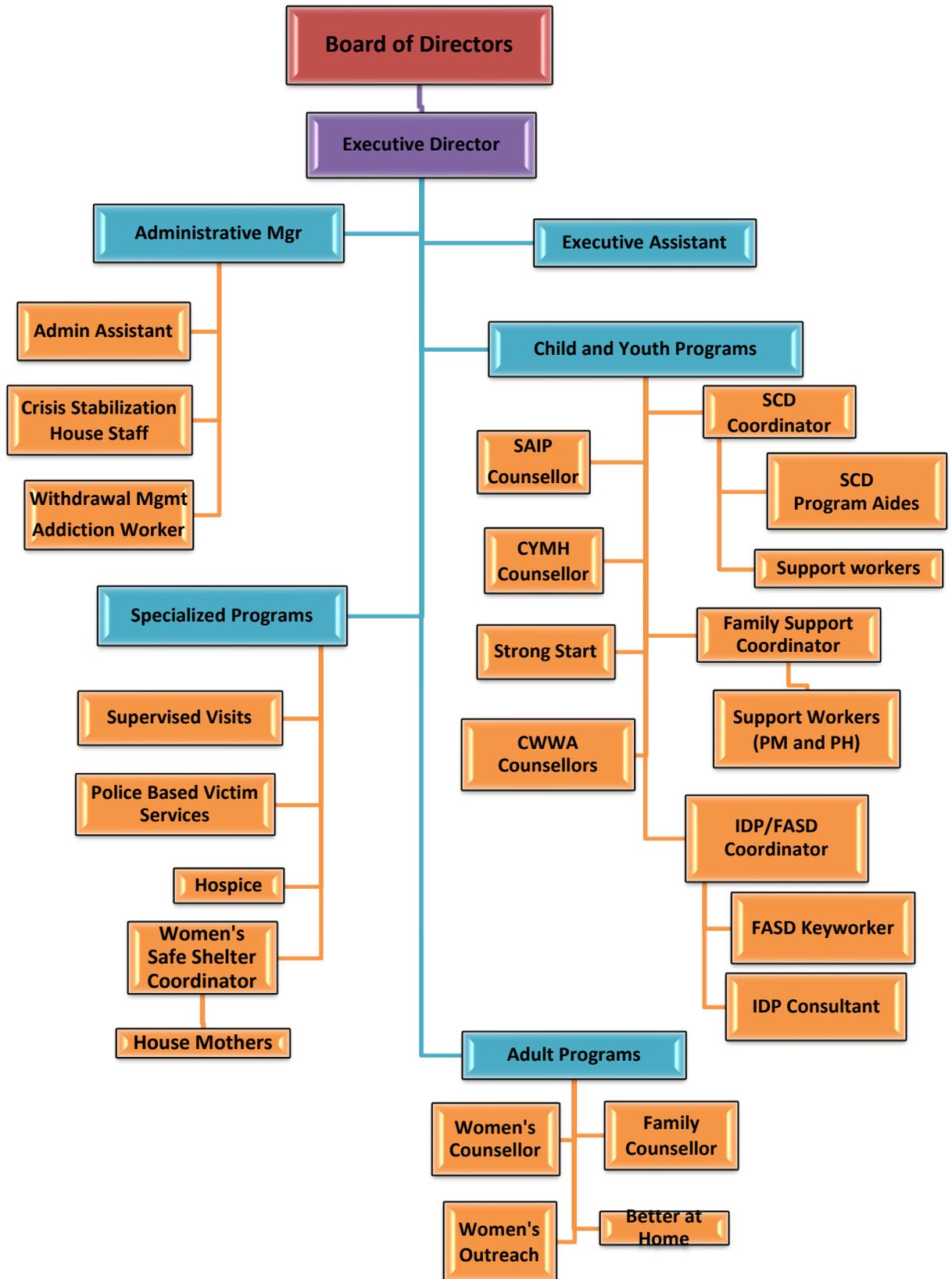
This year also saw the responsibilities for Crisis Line services, one of the Society's flagship programs, go to the Vancouver Island Crisis Society. The challenge of recruiting volunteers, the significant percentage of calls (80%) that weren't from the North Island, and the increasing pressure on the employees to cover the line overnight, in addition to their regular jobs, were all factors in making this difficult decision. While the decision made our lives easier in some ways, the loss of this central hub created challenges in others, such as communication between Women's Safe Shelter staff.

These significant changes caused us to question our identity. Over the years, the Society has taken on so many more programs outside of the scope of Crisis and Counselling, and with the loss of the Crisis Line we are left to wonder who the Society is and what the region wants of us. In the next year, we will be exploring those issues through community and stakeholder engagement to identify what they see as emerging social service needs and to determine our Mission, values and direction.

Respectfully,

A handwritten signature in blue ink, appearing to read "Arthur Kerma". The signature is fluid and cursive, with a large loop at the end.

Our Programs and Services:



Child and Youth Programs

Child and Youth Mental Health

Services and Responsibilities

The CYMH Counselor's services and responsibilities are:

- To enhance and promote children & youth learning and well-being.
- Children, youth & their families/caregivers have access to a flexible continuum of timely & appropriate services and supports within their own cultural, environmental and community context.
- The provision of intake services as a team to the community-based, multi-agency child and youth mental health team.
- All CYMH services rely on a team approach through consultation & collaboration and the Counselor organizes and/or participates in case conferences.

Counseling /Therapy Sessions

- With the increase demand during the school year, the caseload of approximately forty five to fifty clients has been maintained throughout the work year.
- Individual and/or small group outreach services are provided to students in Port McNeill. These services are held at NISS, and Sunset Elementary
- In Port Hardy the individual and small group services are held out at NICCCS office and/or at the schools. Occasionally they are held at other locations in the community. Individual and/or small group sessions are provided for students from PHSS, G & N School, Eagle View Elementary, Avalon School, Ek Mei Xi School and Fort Rupert School.
- All Parents and Counselor's consultation and collaboration services are organized and provided for at the CYMH office.
- Case management conferences are organized at the respective schools with the administrators, parents and teachers when requested.
- CYMH counselor consults and collaborates with teachers on assisting in the development of

effective classroom interventions when requested

- Monthly child & youth case management team including the parents' meet with the pediatric psychiatrist to consult, collaborate and discuss progress made by several clients the counselor works with.

Successes/Achievements

- During visit by Dr. Bruce Perry, I had the privilege to be introduced to Dr Perry by Jenn Ferrin (Phd) from Comox as one of the best CYMH therapist in the North Island.
- Completed two post graduate courses, Clinical Counselor Supervision and Ethics and Law with City University of Seattle.
- Took the initiative to organize the Lunch & Learn talks with Kirie for High School Students, Parents and Professionals. Being well received by all.
- Success in preventing and intervening with four clients referred as suicidal. One ten years old had suicide ideation verbally. Three youth between ages of thirteen to eighteen years attempted or planned to die from suicide. With our professional interventions these three students are now functioning normally in school and community.

Trainings Attended

- Strengthening Attachment Relationships by Dr. Sonya Vellet (Psychologist-Child Clinical).
- Child and Youth Suicide Assessment by Dr. Kirsteen Moore
- Clinical Counseling Supervision – City University of Seattle.
- Ethics and Law –City University of Seattle.
- Born of Love-Bringing relational richness back into the lives of children – Dr. Bruce Perry.

Findings -Trends

- From January to March 2016 there were four suicidal cases. One is a child and three are youth. Two were assessed for loneliness, one boy-girl relationship and one gender identity issue.
- Overall the main issues identified with clients are self-esteem/self-worth,

Relationship issues with Parents (Divorce & Separation), Anger, Anxiety, Depression, Loneliness, and Bullying.

- One case of suicide ideation and three of suicide attempt. All are safe and functioning in school and community.

CYMH Survey Feedback from Stake holders

- Teachers and Administrators in Schools agree that they have observed improvements in their students' classroom and schools behaviors.

- Teachers and Administrators agree that their views and feedback are being acted upon.
 - Parents strongly agree that their children issues are acted upon within the first two weeks.
 - Mental Health Workers in Port McNeill and Port Hardy strongly agree that there is positive teamwork and advocacy between all for children & youth in the region.
- Prepared by: Ajapaul Dhot

**"Children are great imitators. So give them something great to imitate."
— Anonymous**

Children Who Witness Abuse Program

Statistics:

- The majority of referrals came from MCFD (43%) and self/parents (39%), with schools sending 14% of referrals and Victims Services sending 4%
- Clients were served in the following communities:
 - 34% were from Port Hardy
 - 33% were from Gwasala Nakwakdaxw
 - 19% were from Quatsino
 - 8% were from Port McNeill
 - 5% were from Port Alice

Achievements:

- Summer-time group in partnership with Building Blocks
- Two different school-based groups at Eagle View, one with primary students and the other with intermediate students
- Bus tickets were provided to clients to reduce staff travel costs for clients from outlying communities to access services

Challenges:

- The CWWA program became fully staffed in May of 2015 after a 8 month vacancy which had been preceded by a period of high staff turnover and service interruption)
- One CWWA counsellor transitioned into the Family Counsellor role in February of 2016

- while the other CWWA counsellor began preparing to transition out in preparation for maternity leave

Engaging the North Island Communities:

- A new CWWA counsellor starting in May of 2015 provided the team with an opportunity to go around to community agencies such as Mental Health, Public Health, MCFD, etc. to remind other service providers of the services offered
- 10 Days of Activism Against Gender-Based Violence
- Poster contest – the most submissions came in the Elementary School categories, followed by the teen category
- Rack cards were placed around the community

Prepared by: Kirie McMurchy

Sexual Abuse Intervention Program

The SAIP program provides one on one, sibling group, and family counselling sessions using a client-centered approach. The counsellor works collaboratively with parents/caregivers, school staff, consulting pediatric psychiatrist, physicians, pediatricians, health nurses and other professionals involved in the clients' lives.

Trends

Most of the children referred to the SAIP program have experienced complex trauma. In addition to the sexual abuse SAIP clients have experienced, the

majority of them have also suffered a multitude of interpersonal traumas including physical, emotional, and spiritual abuse; grief and loss due to recent and historical deaths; attachment disruptions; foster care placements; frequent moves from one foster family to the other; and hardships related to poverty, addictions, food scarcity, and difficulty accessing health care.

SAIP referrals increase during the school year and are greatly reduced during the summer months. This is most likely because school counsellors make the majority of SAIP referrals. Another trend is that client visits reduce during the summer. This is most likely because families are away on summer vacation and out of their regular routines.

Strengths of the Program

The SAIP program is successful at engaging and retaining clients because its central focus is on establishing a trusting, safe, comfortable therapeutic alliance with each client and attending to each individual's unique therapeutic needs. While the SAIP counsellor's work is grounded in strength-based trauma-informed expressive arts therapy and trauma-focused cognitive behavioural therapy, she is flexible in her approach and adapts her techniques to suit each client. As a result, the SAIP counsellor has incorporated cultural healing, play therapy, outdoor therapy, baking, mindfulness, positive psychology, and dialectical behavioural therapy into her work with many clients. The SAIP counsellor's flexible and creative approach has proven to help bolster and strengthen the therapeutic bond between her and her clients, which in turn helps to increase clients' therapeutic healing.

The SAIP counsellor participates in regular clinical consultation with Nancy Bock, Registered Clinical Counsellor, who previously worked for many years as a SAIP counsellor on the North Island. This relationship has proven to be an excellent source of support and guidance for the SAIP counsellor in terms of case conceptualization and treatment planning. The SAIP Counsellor has also met with

the other North Island SAIP Counsellors from Courtenay and Campbell River to discuss resources, techniques, and effective strategies used with SAIP clients.

The SAIP counsellor is also currently completing the Trauma-Informed Art Therapy and Trauma-Informed Expressive Arts Therapy Level One Certificate through the Trauma-Informed Practices and Expressive Arts Therapy Institute. Courses include Resilience, Posttraumatic Growth and Trauma-Informed Practices; Art Therapy and Positive Psychology; and Ethics of Art and Play Therapy in Trauma Intervention.

The SAIP counsellor has learnt (and continues to learn) a great deal about trauma-informed expressive arts therapy through this educational program and has incorporated this into her work with clients.

Challenges

Most of the families have text-only phones and their phone numbers change frequently. As a result, it is sometimes difficult to get ahold of clients and/or their parents. Also, the majority of families do not have vehicles and therefore the SAIP counsellor provides outreach service by picking up clients at school or home.

During the summer months, it was also difficult to get in touch with parents to set up regular appointments and/or often when the SAIP counsellor went to pick clients up for their appointments, they wouldn't be home or had forgotten about the appointment. This issue is usually resolved during the school year, when the SAIP counsellor can pick clients up from school or see them during school hours.

Prepared by: Maggie Cox

Fetal Alcohol Spectrum Disorder

Keyworker

Statistics:

- Referrals: MCFD (52%) Band Workers (6%) Community Agencies (10%) Schools (23%) Healthcare/Medical (3%) Self-Referrals (6%)
- Locations: Port Hardy (41%) Gwa'sala-Nakwaxda'xw (22%) Port McNeill (15%) Alert Bay (15%) Sointula (7%)

Achievements:

- Collaboration with Allison Pooley from The Asante Assessment Centre in Maple Ridge to host an interactive workshop here in Port Hardy that took place on February 9th, for Professionals and community partners only and February 10th, open to the general public. Topics included, but weren't limited to; recognizing complex behaviors associated to FASD and strategies to support them as well as some interesting new diagnostic criteria established December 2015 regarding the FASD assessment process.
- Collaborated with Campbell River FASD Keyworkers, RCMP & MCFD.
- Discussed Bill C-583 with the local RCMP; this Bill seeks to address key issues for people with FASD who are involved with the justice system. I offered education and training in FASD for all the members.
- My program purchased child, youth and adult pool passes for a Parent Support Group (Pool Party) I intend on hosting for my clients and families at the Port Hardy pool in June 2016
- Enrolled in an online FASD course through the Douglas College

Challenges:

- Telephone numbers and home addresses of some clients changing frequently makes it

difficult to connect with them on a regular basis

- Doctors continue to tell pregnant women that drinking in moderation during pregnancy is OK. This can be interpreted differently by all women depending on age, social standing, and prior knowledge of FASD
- Aging grandparents raising grandchildren with little or limited knowledge of FASD
- The stigma that still surrounds FASD. I have observed that it can lead to prejudice and discrimination and/or impact self-esteem for individuals with FASD and their families.
- Navigating through MCFD's system with clients that are in foster homes. Completing Intake and forms like Individual plans can sometimes be complicated and time consuming.

Engaging the North Island Communities:

- Visits to programs in the area as well as outreach locally and to the surrounding communities. I mailed resources and FASD information to Deata Dawson (PHN) in Kingcome Inlet after being contacted by her.
- Have FASD program posters and brochures in many communities, at various venues
- Developed a Facebook page and update it with recent study findings and useful FASD strategies and information
- Attend multi agency meetings with updates about my program
- Offer information sessions and resources to local foster parents

Prepared by: Shannon Servatius

Family Support

Statistics

- There was a drop to a low of 8 clients around the middle of the fiscal year, followed by a trend of referrals resulting in 10 active clients and 1 Intake in progress
- Substantial increase in referrals starting in November
 - a result of fostering a relationship with the Intermediate Learning Assistance Resource Teacher at Eagle View Elementary
 - by pre-screening potential clients and forwarding requests to review eligibility to the Ministry of Children and Family Development(MCFD) in the absence of a designated Child and Youth Special Needs(CYSN) Social Worker
- Currently we have an even split of 5 Clients in the Children's Program and 5 Clients in the Teen Program, which historically has been plagued with lower numbers

Achievements

- We had the addition of Anna Marchand as a Support Worker who joined the team seamlessly
- P&E events continued once a month
 - Family friendly gatherings, meals, and/or community activities
 - Community Partners invited and welcome fostering connections or providing information/education
- Exploration of rental options in Port McNeill to expand service delivery

Challenges

- Lack of a designated CYSN Social Worker at MCFD
- Received few referrals in the first half of the fiscal year

- Developing programming for such a broad spectrum that meets the individual client goals and the funders mandate
- Age appropriate teen programming options which engage the entire group with a vast spectrum of cognitive and physical abilities

Community Engagement

- Having monthly family and community partners dinners and events
- Getting community businesses to provide tours for clients
- Providing programming outside of the centre throughout the month to promote inclusion and community involvement

Prepared by: Dustin Swain

Infant Development

Statistics

- There were 56 active clients on Infant Development Program caseload
- 79.5% of clients are from Port Hardy
- 10.2% of clients are from Port McNeill
- 4.8% of clients are from Port Alice
- 42 new intakes over the past year
- 51% of new referrals came from Public Health Nurses
- 2.2% of new referrals came from other community agencies
- 44% of new referrals were self-referred (word of mouth/playgroup)

Achievements

- Continued regular updates and information posted on IDP/SCDP Facebook page
- Partnerships with Namgis Early Intervention Therapy Team & Aboriginal Infant Development
- Continued collaboration with VIHA Public Health and Building Blocks

- Continued outreach to all North Island communities and visits to infant programs in the Mount Waddington Region
- Adjusted IDP intake flow chart to better reflect waitlisted families and clarify service refused procedures
- Intake and case management meetings held weekly and facilitated by Coordinator
- Both consultants completed SPARK Communication training from the Hanen Centre, Indigenous Cultural Safety Training, and numerous Relias training components
- One consultant completed the Child Passenger Safety Technician Training
- Clarified consultant/coordinators roles
- New consultant hired and completed year-long training
- Assisted in creating a Mother's Mental Health Committee (NAMIMA), actively participated in regularly scheduled meetings, coordinated, created and distributed the NAMIMA quarterly newsletter
- Purchased mobile technology equipment now consultants are able to access forms and information and are generally better equipped to conduct home visits and outreach
- Community partners visit IDP playgroup (Discovery Youth Addictions/Seat Belt Technician/SLP)
- Stakeholders state IDP Playgroup is an integral part of their service delivery and ability to connect clients personally with an IDP consultant
- Families have shared how important is for them to have IDP playgroup: 'safe and welcoming', 'knowledgeable, approachable staff'

Challenges

- Training and building a caseload for new IDP consultant
- Limited, inconsistent or no Pediatric Physiotherapy, Occupation Therapy and Speech & Language Pathology services
- Complex scheduling when Therapy Team is able to visit community
- Increase of children needing physiotherapy and no physiotherapy service available
- Travelling distances within the Mount Waddington Region
- Complex cases and families

Engaging in the Community

- Continued regular IDP updates and developmental information shared on Facebook page
- Surveyed families – Agency Service Evaluation, workshop participants, playgroup participants
- Visits/outreach to infant/child programs in the Tri-Port region
- Placed posters in all communities at various venues
- Continued regular IDP updates and developmental information shared on Facebook page
- Christmas potluck with playgroup families
- Created poster boards with relevant information on a variety of topics to present to groups, at workshops etc.
- Partnered with Public Health to administer developmental screening during the spring Healthy Kids Fair. (Mt. Waddington Region)
- "Bubbles in the Park" event held in the summer at Carrot Park
- Hosted parent workshop – "Why Do They Act That Way?"

- Collaborated with Success By Six to facilitate parent workshop – “Music and Movement”
- Guest presenters at Lunch and Learn

Prepared by: Aaron Miller

Supported Child Development Program

Statistics

- 45 clients receiving supported child development services
- 62% of the clients are from Port Hardy
- 16% of the clients are from Alert Bay
- 22% of the clients are from Port McNeill
- 7612.5 hours (1-1, group or consult /monitoring support)
- 15 new intakes from April 2015-March 2016
- Close on 50 / 50 for male – female clients
- Referrals came from MCFD , schools/daycares , public health , self-referrals and the Healthy Kids Fairs

Achievements

- Facilitated the Hanen SPARK training coming to Port Hardy in May 2016 – first location offered for BC
- Co facilitated a sensory workshop for parents and care providers with Robyn Altimiks –Occupational Therapist in Port McNeill
- Partnering with public health to administer the developmental screenings at the Healthy Kids Fairs on the North Island
- Although the program officially services 45 clients the ripple effect having program

aides in designated child care centers benefits all the children attending that center.

- Increased the number of services hours in Alert Bay and Port McNeill by moving a program aide to Port McNeill and having local support workers hired in the Alert Bay community
- Continued regular updates and information posted on IDP/SCDP Facebook page
- numerous Relias training components

Challenges

- It has been a difficult year with Early Intervention Therapies the contract moved from NAMGIS to MCFD , in the transition some already referred clients were lost in the shuffle , resulting in a delay of already stretched services to the North Island. We currently have one local therapist and two travelling therapists that come from down island approximately every 8 weeks.

Engaging in the Community

- Continued regular SCD updates and developmental information shared on Facebook page
- Partnered with local OT to hold workshop on sensory processing concerns

Sharing from a parent: “we were sad when we left the program , but thankful for the people who have assist our child along the way ...and appreciate the check in , time to time in town or on the phone”

Prepared by: Sheila Walsh

“Everybody can be great. Because anybody can serve. You don’t have to have a college degree to serve. You don’t have to make your subject and your verb agree to serve.... You don’t have to know the second theory of thermodynamics in physics to serve. You only need a heart full of grace. A soul generated by love.”

~Martin Luther King, Jr.

Adult Programs

Stop the Violence Program

Statistics:

- 72% of referrals were self-referrals

Achievements:

- Service was consistently provided in both Port Hardy and Port McNeill – bus tickets were provided to clients in outlying communities, if needed
- Trauma-treatment training was provided for the STV counsellors
- A trauma-treatment group curriculum, trauma assessment tool, and group supplies were purchased for the program

Challenges:

- The STV program became fully staffed in May of 2015 after a 8 month vacancy
- One STV counsellor transitioned into the Family Counsellor role in February of 2016 while the other STV counsellor began preparing to transition out in preparation for maternity leave
- A trauma-treatment group curriculum was purchased, however the counsellors were occupied with providing individual service and were not able to coordinate and plan a group

Engaging the North Island Communities:

- A new STV counsellor starting in May of 2015 provided the team with an opportunity to go around to community agencies such as Mental Health, Public Health, MCFD, etc. to remind other service providers of the services offered
- 10 Days of Activism Against Gender-Based Violence
 - Poster contest
 - Rack cards were placed around the community
 - New promotional material for the Women's Team was distributed

- A Facebook page was consistently maintained, with articles and items being posted daily

Prepared by: Kirie McMurchy

Women's Outreach

I have worked with quite a number of women this year especially the women who have gone through the Safe Shelter.

- Accompanying the women medical appointments; income assistance; attending court cases; legal aid; meeting with mental health;
- Accompanying them to and from other appointments because it was unsafe for the woman to be on her own out in public;

The regular women on my list come and go but connect especially when they are in a crisis. Because of their history with living in domestic violent situations I have had the opportunity to letting them know they can access our Stopping the Violence counsellors. So far they are in agreement, but the challenge is getting them to continue on with their healing journey and accessing the services.

I have worked with quite a number of the women who have accessed our services through the safe shelter in visiting them hearing what their concerns are. I let them know that I am available to accompany them in accessing the services in the community to help set them up if they are leaving their partners. We do start out in accessing the services but in the end they eventually leave the shelter to either live with a friend and return or just return to their situation.

For the most, they feel quite independent about getting their business done by themselves.

I am currently working at setting up with the different community services to go and talk to them about how women can access the women's outreach program.

Prepared by: Barbara Johnson

The new women I have connected with this year were mostly involved in the court process - many dealing with no contact orders against either their (ex)partners or against them. Much of my outreach work in community is referring women to the most appropriate services for their presenting issue. Not many continue to access regular outreach services - it seems more ad hoc.

Some of the women who access outreach services have applied to the extraordinary funding – money donated to the Women's Team by the North Island Dragon Boat Society. These funds were used for start-up costs after a woman has left her abusive partner and starts over (i.e. furniture, household items, clothing, etc.).

Our larger Women's Team has experienced many transitions – new staff, shuffling staff, interim staff. This may have contributed to women not continuing to access services on a more regular basis but I'm pleased to now have a counsellor to refer women to again.

Prepared by: Cathie Wilson

Everyday Heroes



Here's to the everyday heroes,
The volunteers who do what they can,
To ease the suffering of others,
And be of service to their fellow man.

May they know the true satisfaction
That comes from helping others
Less fortunate than themselves,
But no less their sisters and brothers.

May they feel the gratitude in our hearts
For all of the good that they've done.
The appreciation that we all feel for them
Is truly second to none.

Specialized Programs

New Beginnings

Crisis Stabilization Program

New Beginnings Crisis Stabilization Program has had a successful and challenging year. The facility had a major renovation which makes it both safer and more welcoming. It has also seen the addition of a new and exciting program which replaces the Bridge Housing program. This new program is in social detox and is known as the Withdrawal Management Program. This program, which provides five beds, has a full time thirty seven hours per week staff comprising of an addictions specialist along with an Island Health supported nurse.

The NICCCS supported staff have managed the transition from six to eleven beds in a professional manner and dealt with the new and more complex needs of these additional beds for the most part in a seamless manner. The logistical needs of caring for the meals, cleaning, comforting and general support of these residents is proving to be both a challenge and rewarding experience. The staffs of these programs have built on and work hard to improve already good relationships with outside agencies.

The integration of these sometimes divergent programs has met with few bumps in the road but will with time prove to be both ancillary and complimentary to the health and wellbeing of our target populations. C.S.P has seen a higher degree of utilization over the last year and many residents have benefited from our service, the increase in usage is a result of the good communication that is now in place between the different levels and teams supported by Island Health. This, along with the transitioning of residents from W.M. is showing the wisdom of the partnering of these programs.

Prepared by: Anthony Sutton

Withdrawal Management Program

Let me introduce myself and my program. I am Tim McLeod, an Addictions and Recovery Specialist. I was

very lucky to land the Addictions Worker position for the new Withdrawal Management Program through NICCCS. I grew up on the North Island here, so it has been like coming home. Our program is a Social Withdrawal Management Program that services the Mount Waddington Region. We work in partnership with VIHA/MHSU Port Hardy, which is the single point of access for the program. We have 5 beds available to folks that are looking to make a change for the better by overcoming their substance misuse, or to folks that are just looking to take a break from their misuse. The program last 5 to 10 days, but residents may stay longer based on their needs. The program is supported by a Withdrawal Management Nurse who is employed by our program partner VIHA/ MHSU.

Since our program has started in November 2015 the program has grown and we are getting more steady number. We have had a change in the Withdrawal Management Nursing position and our new nurse comes in with a lot of passion and experience in working with First Nations. We have started to advertise throughout the community of Port Hardy, as well as in other areas of the Mount Waddington Region. We are hoping in the coming months to have brochures made up and to get them distributed throughout the region.

Stats:

-In this calendar year so far, we have served 42 residents. Of those 42, 9 have already gone into a treatment program and 2 are currently still waiting to get in.

-Out of 42 residents we have had to date this calendar year, 32 of them were First Nations. Of the 32 First Nations, 24 of them represented Bands here in the Mount Waddington Region.

- Out of 42 residents we have had to date this calendar year; 37 residents have completed the program.

Prepared by: Tim McLeod

Victim Services

The RCMP Victim Service Program is now in its 18th year of operation on the North Island. The Port McNeill and Port Hardy programs continue to work together to provide services to the entire North Island. Pita Rosback has joined the programs as our caseworker. Pita comes with years of community awareness regarding the North Island, some victim services experience and is enthusiastic regarding training. We continue to coordinate the North Island Domestic Violence Committee Meetings including Crown Counsel, RCMP, Mental Health, MCFD, Probation, and Victim Services.

The RCMP E Division has implemented a new computer program VSIS (Victim Services Information System). This new system enables us to access client files from all the North Island communities to one location. VSIS has proved

beneficial for time management, monitoring files and managing work load.

During the last year the Port Hardy Victim Service Program provided services to 267 new clients, worked with 302 ongoing clients, and concluded 211 client files. 199 of the clients served were female and 68 were male. We assisted 220 adults, 18 children, 21 youth and 7 seniors. There were 85 clients resulting from family violence and 40 victims from sexual assault or abuse.

The Port McNeill Victim Service Program provided services to 74 new clients last year, worked with 91 on going clients, and concluded 44 client files. 50 of these clients were female and 24 were male. We assisted 63 adults, 9 youth, 1 child, and 1 senior. There were 16 clients resulting from family violence and 10 clients resulting from sexual assault or abuse.

Prepared by: Debbie Klaric

We have had a couple of training sessions with our housemothers, online and in person. They have been quite successful, at times a bit stressful but we have gotten through them.

Right now with the low count in our housemothers, I have been recruiting new housemothers for the next while. The applications are coming and looking hopefully for a good crew.

When the women do leave our safe shelter I continue to let them know that they are always welcome back if they find themselves in unsafe situation. I also let them know that I am available to meet with them and give them support of any kind.

I am currently working at setting up with the different community services to go and talk to them about how women can access the safe shelter.

Prepared by: Barbara Johnson

Women's Safe Shelter

The Woman's Safe Shelter has been a bit busier this year 2016, to the point of having an extra housemother on in the evenings in a different location than the safe shelter. This is with the women in their stays while they are getting their income assistance and housing set up.

We did run into a few no shows and I do understand that we as workers know that this would be the best place for the women. But in the end it's what the women feel they need to do for themselves is what is best.

Better at Home

North Island Better at Home is a regionally focused program providing non medical support services to seniors and elders in the Mount Waddington Regional District on Vancouver Island. The program facilitator (lead agency) is a non profit agency known as North Island Crisis and Counselling Services

The Mount Waddington Regional District consists of approximately 13 000 residents of which approximately 2 000 are age 60 and over. These people reside in the four municipalities of Port McNeill, Port Hardy, Port Alice, and Alert Bay. As well, one unincorporated area on Malcolm Island - Sointula. The MWRD also includes nine First Nations Bands living on four reserves within the region.

Program/ Better At Home service(s) to be offered:

- Friendly Visits
- Transportation to Appointments
- Snow Shoveling
- Home Repairs
- Grocery Shopping
- Housekeeping
- Yard Work
- Other

I have learned is that many of the needs initially identified in the community consultation process, specifically the "Friendly Home Visits" as priority - has not been the case in this region. Why? Seniors view a friendly visit from a stranger as a labourious situation - they become the host(ess) and have to entertain the guest. Tea and cookies, clean house and getting dressed are a part of the prep. All seniors I have spoken with DO NOT wish friendly home visits.

So, I wanted to establish a telephone check in service provided by volunteers, phoning seniors on a regular basis to see or check in on how they are doing. My agency hired a volunteer coordinator with funds from the B@H program to engage volunteers. This was unproductive as in the last year, the volunteer coordinator did not identify a single volunteer.

I have taken on the role of finding volunteers again, and to date have four volunteers willing to conduct my telephone canvass.

Another learning curve, was that housekeeping was the most desirable service for seniors as it became increasingly difficult for them to maintain their homes. So, in reality, the housekeepers that I have hired have become the "friendly home visitors" while they support the senior in assisting with the light housekeeping.

I am a member of each of the seniors' organizations throughout the region. As such, I am in weekly contact with most of the seniors in the region and am readily accessible to them. For example, today I was at the Port Hardy Seniors group and gave a quick update to the new paramedic/homecare service pilot project - funded through BC Ambulance.

Last month there was a six-week pilot of a seniors day program in Port Hardy and I participated weekly assisting the recreational therapist that was hired to provide the service to the PH seniors. This is where we identified the need for a family caregivers support group.

Key Activities <i>E.g.: Identify and recruit potential Advisory Committee members</i>	Key Milestones <i>E.g.: Better at Home Advisory Committee is established</i>	Date (month/yr)
Offering all services to all five communities	regular and new client intakes will be a gauge of how successful the program expansion will be With statistics 1 in 5 seniors could benefit from one or more services = 250 clients is the measure	On-going
Continue to connect to Fort Rupert First Nations Reserve	I plan to continue to engage with the First Nations communities in an effort to develop a program that meets their needs.	On-going
Volunteer recruitment role established	Define the responsibility of the recruitment & retention of volunteers within organization	Feb 2016
Continue partnership with Lifeline Services	I will continue to encourage clients to access lifeline. This partnership becomes one more avenue for referrals to the BAH program because of the focus of Lifeline being on vulnerable and isolated seniors.	On-going
My advisory committee chair, Gail Neely, has been appointed to Seniors Advocate Provincial committee	I am in monthly contact with Gail Neely, so as to inform her of current concerns. I have been invited to participate in the Seniors Advocate's teleconference at the end of January 2016.	Monthly
Reducing light yard work resources and putting more housekeeping.	I intend to take the funds budgeted for yardwork and to the light housekeeping budget as seniors engage more with the workers that come inside to support them.	March 2016
Recruit volunteers for a quality assurance survey	Initiate the telephone survey to determine program effectiveness	On-going
Organize seniors' travel to regional events (Health Network Forums, SEBLAC lunches, Seniors to Seniors Get togethers)	In an effort to address the isolation seniors experience, I have organized travel between communities for specific seniors' events	March 2016
Submit bi annual report	I will submit bi yearly reports	October 21, 2016
Submit 9 month progress report	I will submit 9 month progress report	January 2016
Submit 12 month Annual Report and Financials	I will submit the financial actuals of the North Island BAH program 2016-17	May 12, 2017