Annual General Report

2017/2018

September 18, 2018

 

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**Our Esteemed Board 2017-2018**

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**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 participates 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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To all of our Funders, Donors and Volunteers.

**Child and Youth Mental Health Program**

**1. Services and Responsibilities**

Child and youth mental health counseling services provides specialized services to children and adolescents. Counselor worked with children experiencing problems with family and peer relationships, self-esteem, behavior and/or school attendance and progress, and with their families and caregivers.

The services include interventions, outreach, linking and brokerage, and training and education.

With the increase demand during the school year, the caseload of an average of forty clients has been maintained throughout the year. This did not include family counseling services where adults are involved in the sessions.

**2. Counseling /Therapy Sessions**

The main target population is Families. These include children, adolescents in the care of parents or care-takers. Young adults from 19 years to 21 years of age are occasionally referred during the transition to adulthood. Priority may be given to MCFD referred clients.

Family sessions included from both traditional and blended families.

**3. Successes/Achievements**

1. Eight clients from the High School were successful prevented from killing themselves by suicide. This happened in July of 2017. Total for the year in preventing youth killing themselves by suicide was ten clients from the elementary and High Schools.

2. One student from PHSS prevented from harming others through his Homicidal ideations.

3. No other counseling program or organization was able to be the First Responder in preventions of suicides in our community at Port Hardy.

4. The clientele for CYMH served 59% Aboriginal and 41% Caucasian and/or others.

 5. Of these 10% are females and 90% males.

6. The age range is 7 – 10yrs = 33.3%, 11 – 14yrs – 33.7%, 15 – 18yrs = 33.0%.

7. Served clients from Port McNeill, Port Hardy, Fort Rupert, Alert Bay, Quatsino and Coal Harbor.

**The following group work and talks organized by CYMH Program:**

1. December 20, 2017 – Lunch & Learn Talks: Facilitated talk for twelve parents and students from PHSS at NICCCS Conference Room, “Healthy Relationships in Families.”

2. January 17, 2018 – Team Building workshop “Negotiating the Nonnegotiable” for ten staff of Sacred Wolf, another community agency.

3. February 8, 2018 – Two groups of students from Eagle View Elementary

4. February 12, 2018: Facilitated Parenting and caregivers group of ten parents, talk on ***Loss & Grief –“How to engage children in the event of a youth death by suicide,”*** in the community; Requested by Sacred Wolf; Organized at Kwa’lilas Hotel.

**Schools**

i. Social Emotional Learning Group for six to eight boys from Eagle View Elementary School; Five sessions offered over five weeks, two hours per session.

ii. One group of six students’ psycho-education training on Healthy Life styles; four sessions at Port Hardy Secondary School.

iii. Transition Talk to High School, “Overcoming My Concerns” for 30 Grade 7 students from Eagle View.

**4. Trainings Attended**

* Couples therapy – Dr. Jacqueline Walters
* Family Therapy – Dr. Jacqueline Walters
* Supporting Parents and Caregivers in managing Children – Dr. Vanessa Lapoint
* Trauma Informed Workshop – Susan Bridal

**5. Findings -Trends**

* From March 2017 to March 2018 there were ten suicide ideation and planned cases.
* All are safe and functioning in school and community.
* Substance abuse is growing trend in the schools in District 85, especially High schools. Preventions to provide talks and community work for students to be involved in Leadership Roles.

**6. 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. Their children function confidently at home, school & community.
* 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.

**SAIP**

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 and/or neglect; 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 increased significantly year over year by about 50%. Client visits reduced greatly again over the summer, due to family vacations and/or other plans.

***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 relationship with each client and their family. While the SAIP counsellor’s work is grounded in expressive play therapy and trauma-focused somatic 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, art, storytelling, outdoor therapy, mindfulness, and positive psychology into her work with many clients.

The SAIP counsellor participates in regular clinical supervision with approved clinical supervisors in Somatic Experiencing, in order to increase her effectiveness in working with trauma, with a goal of increasing ability to self-regulate. This has helped in improving outcomes for a number of clients. The SAIP Counsellor has also met with other Counsellors from across the Island to discuss resources, techniques, and effective strategies used with children and families.

The SAIP counsellor completed the 3 year program in Somatic Experiencing (founded by Dr. Peter Levine). As it became known that the counsellor had this trauma training, more requests came in for presentations or debriefings when community tragedies occurred. The number of presentations/group debriefs went from three in 2016-17 to twelve in 2017-18.

The Counsellor continues to participate numerous First Nations Cultural activities as a volunteer or observer, increasing her presence in the community and building her knowledge of the local culture.

***Challenges***

While the increase in presentations/group debriefs was a welcome opportunity to make inroads into the community, and was definitely seen as positive, it created some challenges juggling caseloads.

Contacting clients/families continues to be a major challenge. Most of the families have text-only phones and their phone numbers change frequently. 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.

Travel allows for many children to be served that may not make it in for counselling. This, however, adds considerable time to each client session.

Being without an Executive Director from October to April has created some challenges around who to ask for approval of projects or expenditures, as well as not having anyone to manage staff problems. The Board tried to fill in the gaps, but there were a lot of gaps, not the least of which was hiring a new E.D. In spite of being determined not to let this affect the work, I believe it did make it more difficult to do the job effectively, with a lot of energy going into just managing the day to day.

***Summary***

The year has been very successful in many areas. The increase in requests for community participation has been the largest success of the program, and puts the agency out there in a positive light, based on feedback from community participants.

 **FASD Keyworker Program**

Statistics:

* There were 28 active files on my caseload
* 4 were from Alert Bay
* 3 from Gwa'sala-'Nakwaxda'xw FN
* 14 from Port Hardy
* 5 from Port McNeill
* 2 from Sointula

I served 41 Individuals, not on my caseload.

I hosted 10 FASD Information Training sessions with a total of 144 attendees.

I received 8 referrals throughout the year; from Community agencies, MCFD, schools and self-referrals.

Achievements:

* I am learning a lot about our agencies Accreditation Standards and how to implement my program to reflect this.
* I connected with the CYSN program coordinator at mcfd and learned a lot more about the program and how children and families can access it.
* I investigated programs for recreational programs funding such as Jumpstart and Kidsport
* Myself and a couple clients joined in on a hiking groups organized by Discovery Youth and Family Substance use Services here in Port Hardy on some of the local hiking trails.
* I attended several IEP (Individual Education Plans) and Case Management Meetings for clients within their schools
* I attended a Health Fair at the school in Zeballos, BC. I set up an FASD information booth and answered many questions from teachers as well as children and families.
* I began hosting FASD mini info sessions for parents, foster parents and other service providers.
* I met with the new social worker at VICAN Ananda and explained my role and how I support families in the Mount Waddington region.
* I nominated a family on my case load and they were chosen to receive extra financial support at Christmas time from Pacific Coastal Airlines.
* I attended and participated in several Professional Development, training and networking oppourtunities such as:
* I attended a FASD Island Keyworker conference call
* I participated in several FASD webinars online
* I helped the Infant Development Program organize a Vanessa LaPointe workshop in October 2017. The topic was Mental Health in Children.
* I was on the FASD Island Keyworker planning committee for our annual In- Service training held in Nanaimo. I approached Tina Antrobus, a clinical counsellor from Vancouver to speak for us. I have been collaborating with 3 other Island Keyworkers to develop this useful and relevant training.
* I attended the annual FASD Keyworker training in Vancouver, with my Supervisor. It was a 2 day workshop that consisted of multiple training and information opportunities
* Attended a Vanessa LaPointe workshop in Victoria – Discipline Without Damage
* Early Years Conference
* Attended a Youth Action & Crisis Intervention Seminar in Alert Bay, BC – hosted by the Namgis Band
* Attended Pediatrician follow up appointments with families.

Challenges:

* I need to set clear limits with families who want me to work exclusively with their child. I remind them that my role is to support the entire family, including the child who is suspected of having FASD, has been diagnosed or experiences other similar complex developmental behaviours.
* Telephone numbers and home addresses of some clients changing frequently makes it difficult to connect with them on a regular basis.
* Grandparents (some single) raising their grandchildren. Them aging and experiencing health concerns of their own cause a lot of extra stress within their family dynamic.
* Navigating between MCFD Legal Guardian’s, foster parents and sometimes birthparents has proven to be quite challenging at times. Open and clear communication between all parties involved with a child has been effective as well as ensuring everyone involved with the child(ren) has their best interest in mind and maintains consistency.
* A laptop for my program to use during presentations. This would also give me immediate access at client visits to FASD resource materials, interactive FASD websites and videos. I would also like to start taking digital case notes during school and home visits.
* I am only 25 hours per week, 28 hours would allow me to better service my clients as well as maintain the internal agency requirements.
* I tried to take the POPFASD online course through the FASD outreach program. It is only offered to employees of a school district, not FASD Keyworkers.
* Finding a balance between Client Service Delivery hours and my agency related requirements such as Accreditation and Internal committees.

Community Engagement:

* I regularly update my programs Facebook page with FASD facts, information, other local service providers events and information as well as any related articles.
* My FASD Keyworker Program posters and brochures are placed in several locations in the Mount Waddington Regional District.
* Ongoing collaboration and meetings with other service providers, schools, community partners and inter-agency colleagues - Multi Agency Meetings, NAMIMA, Circle Meetings, MCFD staff Meetings, NICCCS Lunch & Learn, Cultural celebrations, Pregnancy Outreach, Promising Babies, Building Blocks programs,
* I set up an interactive information booth at the Thunderbird Mall in Port Hardy on September 9th/2017 (International FASD Awareness Day) I collaborated with Michele Keys from the Youth Withdrawal and Supportive Recovery Program to join me there.

**PEACE Counselling Program** (Formerly Children who Witness Abuse)

**`P**revention**; E**ducation**, A**dvocacy**, C**ounselling**, E**mpowerment`

* The greatest challenge within the PEACE program has been hiring and maintaining qualified staff
* Clients have expressed that it is discouraging to have to start over with new counsellors
* As of September 2018, new counsellor Jessica Frederick is working as the permanent PEACE counsellor
* NICCCS brought PEACE counselling support to Port Alice-Seaview Elementary School; five students received weekly one-on-one counselling support winter and spring 2018. Agency received positive feedback from school staff, parents, and students.
* Three main referral sources have been parents, school counsellor, and MCFD child protection social workers
* Counsellors consistently provide snacks
* Feedback from counsellors is that PEACE toolkit publication is valuable resource
* Due to understaffing, groups have not happened but goal for next year is to create PEACE groups within schools

**Infant Development Program**

**Statistics**

* There were 54 active clients on Infant Development Program caseload over the past year.
* 45 individuals severed that did not sign on to the program as clients.
* We had clients residing in Port Hardy, Port McNeill, Port Alice and Woss
* 29 new referrals
* 13 new intakes over the past year
* New referrals were received from Public Health Nurses, Dr./Hospital outside Mt. Waddington, MCFD, Self-Referrals and other Community Agencies.

**Achievements**

* Continued regular updates and information posted on IDP/SCDP Facebook page
* Partnerships with Success by 6 to secure funding for a 2 day workshop ($12,000)
* Jeanette was trained in Infant Massage and lead a series for Infant Massage Sessions in Port Hardy
* Increase client service hours.
* Continued collaboration with VIHA Public Health and Building Blocks, Strong Start and Promising Babies, Success by Six.
* Established a partnership with the Port McNeill Kids in Motion Society – hosting a playgroup 1 morning per week.
* Established a good working relationship with the EIT team, participate in quarterly case consultation meetings.
* Continued outreach to all North Island communities and visits to infant programs in the Mount Waddington Region
* Visited Zebellos and attended the School Health Fair.
* Intake and case management meetings held weekly and facilitated by Coordinator
* Program Planning and Goal Development Implemented
* Both consultants attended The Early Years training in Vancouver that included several workshops over 3 days, including sessions on Autism, ECERS, Motivational Interviewing, FASD and more (see training logs).
* Relias training components
* Consultant have completed 2 Child Passenger Safety Training sessions for Parents
* Active on the Mother’s Mental Health Committee (NAMIMA) , actively participated in regularly scheduled meetings, coordinated, created and distributed the NAMIMA quarterly newsletter.
* Hosted BC Family Hearing in October and in February for consultation with clients and their families.
* Active on the Council for Success by 6
* Planned and facilitated 1 information workshops for care providers.
* Community partners visit IDP playgroup (dental, mother goose)
* Stakeholders state IDP Playgroup is an integral part of their service delivery and ability to connect clients personally with an IDP consultant
* Added an additional day to the Port Hardy Play group.
* Hosted a community workshop in Port Hardy with over 160 community participants.
* Families have shared how important is for them to have IDP playgroup: ‘safe and welcoming’, ‘knowledgeable, approachable staff’
* Secured funding of $12,000.00 to host another Community Workshop in October 2018 from success by 6
* Held a play group on Monday mornings in Port McNeill to create a presence for our program in Port McNeill.

**Challenges**

* Training and building a caseload for new IDP Coordinator
* Limited, inconsistent or no Pediatric Physiotherapy, Occupation Therapy and Speech & Language Pathology services, shift in contract holder has left services in a state of rebuilding. Each therapist holds contract directly with MCFD
* Complex scheduling with Therapy Team therapists do not seem to have a consistent schedule for visits. Often appointments overlap or we are not given notice as to when they are seeing our clients.
* Travelling distances within the Mount Waddington Region
* Complex cases and families
* Balancing Client Service Delivery with other Agency related activities such as Accreditation
* Absence of an ED to approve programming exploration.

**Engaging in the Community**

* Continued regular IDP updates and developmental information shared on Facebook page
* Visits/outreach to infant/child programs in the Tri-Port region
* Placed posters in all communities at various venues
* 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)
* Community Partners workshop – Talking to Parents/Behaviour

Collaborated with Success By Six to facilitate parent workshop

**Supported Child Development Program**

Statistics

48 Clients receiving supported child development services

62.5. % of clients from Port Hardy

.5 % of clients from Port McNeill

6% of clients from Alert Bay

9% of clients from Port Alice

13% of clients from Gwa’sala-Nakwaxda’wx

9 % of clients from Quatsino

8669.75 (1-1, group, consult/monitoring support)

17 intakes from April 2017-March 2018

58% of male

42% of female

Referrals came from MCFD, schools/ daycares, self-referrals, Healthy Kids Fairs and Public Health

Achievements

* Attended Provincial In-service in Richmond along with Infant Development –there was a fantastic workshop presented by Dr. Linda O’Neill on Trauma Informed Practice
* The IDP/SCD Facebook page has be mentioned and accessed by new people moving to town to query what the area has to offer
* Early Intervention Team have revisited the 15 case conferences for complex children
* Relias training ongoing
* Namima meeting attended
* Was successful in placing support in the new daycare in Quatsino

Challenges

* Early Intervention Therapies continue to be a challenge all three therapies now work in isolation with three separate contacts – we are hopeful once a local speech language pathologist is hired ad in place on the North Island the transition and information sharing will be easier and smoother
* Scheduling with Therapy Team therapists not a consistent schedule for visits. appointments overlap or we are not given notice as to when they are seeing our clients.
* Travelling distances
* Complex cases and families
* Client Service Delivery with other Agency related activities such as Accreditation

Engaging the Community

* our personal work Facebook pages and IDP/SCD Facebook page –updated regularly with developmental ideas, interesting posts that spark conversation

Sharing from a parent:

“you have been there for me, thanks “ – child was going thru a VICAN assessment

**Stop the Violence Counselling Program**

**Agency Challenges:**

Specific agency challenges have impacted STV counselling service

* Program has been understaffed—having been short one 15 hour/weekly counselling position
* Lack of agency leadership and a general lack of support for counselling staff

**Challenges Expressed by women who engage in service:**

* Lack of childcare to consistently participate in counselling, especially during summer when school is not in session
* Lack of support from partners/families to engage in service—including an increase in behavioral expression of anger
* Lack of telephone/minutes to make/cancel appointments
* Difficulties following through with counselling when food and shelter are ongoing challenges

**Themes within women’s Stories:**

* Partners use of violence increases when using a substance
* Women feel shame/guilt for staying within relationship and for leaving relationship
* Women who experience violence more likely to have disabling mental health diagnoses, symptoms of physical illness, MCFD involvement, relationship with substance use, lack of social support
* Women express losing selves and identity over time

**Positive feedback from women who access STV counselling support:**

* Women have felt heard and validated within their experience of gendered violence
* Women appreciate having a safe space to share their stories
* Women have enjoyed expressing themselves non-verbally and in non-conventional ways; i.e. Art based therapeutic interventions, sand tray work, metaphor/storytelling
* Women appreciate psychoeducational aspects of counselling; such as learning about: cycle of abuse, impact of trauma on whole person, types of abuse, safety planning strategies, information about shelter and other supports

**Women’s Outreach Services**

The Women’s Services Outreach Program has been busy this year. Our Women’s Services Program has been operating with one counsellor short for most of the year and currently both counsellor positions are vacant. It has been very challenging to provide a broader scope of service to women in our community but we endeavor to provide practical assistance for their immediate needs.

The services provided are as follows:

* Emotional support.
* Women needing support when sponsors not available to support them
* Releasing troubling past traumas; then referrals to STV counsellors when available.
* Support at court:
	+ Women being charged with assault.
	+ Women charging their partner with assault.
	+ Support for family matters:
		- Child protection
		- Child custody
		- Child access
* Safe Shelter clients:
* Support when accessing safe shelter with coordinator and in the evenings when with the housemother, having more support sharing with housemothers.
* Supporting; providing women who are being charged in assisting them via housing them keeping them safe from their ex-partners.
	+ Referrals to other resources.
		- Food bank or resources via special programs when in dire straits for food for their children and themselves.
		- Victim Services
		- Mental Health & Substance Use
		- Access to Sobering Assessment Program
		- Access to New Beginnings
		- Legal Aid Representative
	+ Search for housing.
	+ Applications for income assistance.
	+ Medical appointments.
	+ Transportation to family supports in another town.
	+ Transportation to access resources in another community.
* Assistance with errands/transportation.
	+ Due to physical limitations.
	+ Due to mental health challenges.
	+ Mobility challenges.
	+ Lack of transportation.

Our goal is to provide these supports with the goal of empowering our women to be able to navigate these functions on their own in the future – with the understanding that our team is available to support as needed.

**Family Counsellor**

Service Challenges

The main challenge of this period was keeping up to new referrals with an already full caseload. Rather than starting a waitlist, we booked several weeks in advance to allow time for some clients to close or stop coming in to accommodate the new clients. This worked fairly well but a waitlist may be necessary in the future.

Highlighted Demographics/Statistics for Family Counselling

This year was once again maxed out with referrals.

Groups

There were no groups offered this year, as the program has been inundated with individual and couples referrals. We did collaborate with Building Blocks however, to do a couple groups nights.

Trends

There seemed to be a trend this year of separations/divorces in which one partner was done and the other was not or in which they wanted help with co-parenting. There were several women who needed to be given resources for legal aid and/or mediation services.

There were also a lot of referrals for grief counselling, some of which were passed on to Hospice.

Anger management is another often requested issue, especially with men, but with women also.

***Better at Home***

**Statistics**

* 56 Clients receiving Better at Home services

52% of clients receiving 100% subsidy

35% of clients receiving 70% subsidy

5% of clients receiving 30% subsidy

7% of clients receiving 0% subsidy

* Providing services in 5 different North Island Communities

37% of clients from Port Hardy

27% of clients from Sointula

22% of clients from Port McNeill

10% of clients from Alert Bay

2% of clients from Port Alice

* 15 New client intakes from April 2016-March 2017

39% of clients male

61% of clients female

**Achievements**

* No waitlist, still accepting new clients
* Increase services from just housekeeping to yard care, friendly visits, light home repairs, limited transportation and grocery shopping
* Have active volunteers

 **Challenges**

* Limited budget, no increase in funding
* Broad geographic region, and the travelling distances within it
* Limited local Contract Business or Contractors to hire for light housekeeping, light home repairs and yard work.

**Engaging in the Community**

* Continue to regularly attend community senior/elder program to inform, engage and hear from community residents
* Host information sessions at all the communities including health forums, agency
* Advertisements in Port Alice Rumble Sheet, Sointula Ripple, Port McNeill Town Log
* Host Volunteer recruitment and information Fairs to increase services available

**Supervised Visits Programs**

I began the Supervised Visit program in May 2016 as a new program of 14 hours. As of April 1017 my hours have been increased to 17.5. All referrals come from MCFD. The supervised Visits program provides opportunities for children to safely visit their families and provides direct outreach family support to reduce risk. The service also assist children in transitioning from one placement to another, as well as providing parents with transportation, behavior management strategies and life skills.

I do regular weekly or bi-weekly visits with families as per social workers request. I create an environment and choose visit locations where children can maintain safe, positive, and child friendly contact with their families. Typically the visits take place at Building Blocks Sacred Wolf, Fort Rupert Health Center or on nice days at the park or beach. I have also done visits at the museum and the library. Recently I have been given permission to do visits at the MCFD room at Robert Scott School.

Since April 2017 I have received 10 new referrals:

* 4 clients have been referred twice as their files were closed and they no longer needed services
* I was unable to make contact with 2 of those families
* All but 1 of the families were aboriginal
* At the moment I have 9 open files

I was subpoenaed again to appear in court but did not have to appear as the case has been postponed.

I have been very happy with the rapport I have established with the Social Workers, the foster parents and the biological parents and look forward to working with more families in the future.

**Crisis Stabilization Program**

This was a year for the New Beginnings and the CSP staff to absorb and grow with the changes. The long term sustainability of the CSP program and its complimentary partner, the Withdrawal Management Program, seems to be assured by documented and anecdotally successful outcomes. The building and staff are now functioning well and can service both programs at the full capacity of eleven residents providing warm safe accommodations and wholesome meals. We are doing this without sacrificing the home like character which has been built up over many years of operation.

Occupancy stats show a small but consistent increase in utilization through most of the fiscal year partly a result of the natural flow which occurs from the WMB program residents continuing their journey towards a substance free life.

There is a notable change in the direction that the CSP programs participants process is taking, as Island health is now insuring that all new intakes are case manager assigned. Residents are now attending ERP and following their individually created care plans. In collaboration with MHSU, we have updated the resident guidelines and for the first time we have the consequences as per policy, read to residents at intake, helping people focus and work towards a successful outcome.

There was a changeover in staff this year with Tim McLeod from WMB moving on to a new job in Campbell River and welcoming Mathew Conklin as his replacement. We have also hired a couple of great new casuals to fill in when needed.

**Withdrawal Management Program**

Let me introduce myself. My name is Matthew Conklin I am the Addictions and Recovery worker. I was very lucky to land the Addictions Worker position for Withdrawal Management Program through NICCCS. I have just moved to the North Island, to be closer to family. The program is a Social Withdrawal Management Program that services the diverse populations off the Mount Waddington Region. We work in partnership with Island health/MHSU Port Hardy, which is the single point of access for the program. We have 5 beds available people looking to access our service: and make a change for the better by overcoming their substance misuse, or are just looking to take a break from their addiction. The program last 5 to 10 days, but residents may stay longer based upon on their assessed needs. The program is supported by a Withdrawal Management Nurse who is employed by our program partner Island health /MHSU. The nurse provides up to 35 hours support a week and deals with medical appointments and the medical needs of the residents. The nurse in collaboration with myself work with the resident to complete treatment applications.

I have in conjunction with MHSU team lead Shane Thomas MSW, RSW started to put in place a new WMB process. We will have a calendar that can update information on the participants from the addictions worker as well as the WMD nurse and the resident’s case worker. With this process put in place all the stake holders will be able to have the necessary information to best serve the residents. Giving the support from island health, addictions workers, case managers and counselors. With This process in place it will stream line the way our client centered care is carried out between both North Island crisis and counselling and Island Health/MHSU.

**VICTIM SERVICES**

The Port Hardy and Port McNeill RCMP Victim Service Programs operates under the Victims of Crime Act and The Canadian Victim's Bill of Rights. We provide information and assistance to victims of crime and trauma within the Port Hardy, Port McNeill and Port Alice detachment areas. The detachment areas we cover do not have any other victim service programs therefore we provide victim services in all three capacities-police based, specialized and crown based. We operated with two staff one full time and once part time.

The Port Hardy detachment renovation has been completed providing our program with a superb work space as well as a spacious board room for meetings.

Last fiscal year the Port Hardy and Port Alice detachments have had 231 new clients, 141 clients files concluded leaving 449 ongoing clients. 162 of the new clients are female and 69 male.51 files resulting from domestic violence. We responded to 14 after hours call-outs. There were 7116 volunteer hours. There were 203 referrals to other resources.

The Port McNeill detachment had 72 new clients with 8 files concluded. 45 clients were female and 27 were male. There were 6 domestic violence files. 9 after hour's call-outs were responded to. There were 7854 volunteer on-call hours. There were 57 referrals to other resources.

**Women’s Safe Shelter**

The Women’s Shelter has had a busy year, there have been a number of Women come through the shelter, some were new and some were returning Women.

I would like to see the housemother’s receive training to be able to provide support through detoxing; this has been an issue for women accessing our shelter.

