

*North Island
Crisis and Counselling Centre Society
Annual General Meeting
November 14, 2017*



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.

Our Esteemed Board 2016-2017

Board Members

Tim Deadman, Board Chair
Ann Hory
Ken Bedard
Silena George
Okumu Lombudak

Board Members that have left:

Arlene Clair

Executive Director:

Althea Vermaas

Admin/New Beginnings Manager:

Sandy Tamburini

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CREDIBILITY • INTEGRITY • ACHIEVEMENT

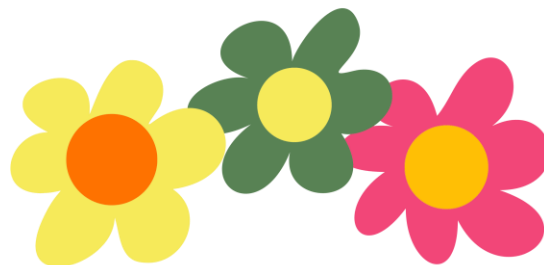
Who Are We: NICCCS History

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.

To all of our Funders and Donors

Thank You



for your Kindness

Message from the Board

As your Board Chair, it is my pleasure to report that the North Island Crisis and Counselling 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, Silena George, Ken Bedard, and Okumu Lombudak. As with a dynamic organization we are in constant search for new board members who can represent the various communities and program areas that we serve.

Our Society began in 1981, and over the past 36 years we have evolved from an organization which had a primary focus on crisis intervention and women's services to one which provides services to infants, children and families, to youth, seniors and to those struggling with addictions issues. We currently employ 30+staff and have many volunteers. We are very dependent on our hard working and committed staff. I would like to take this opportunity to express to you all, our heartfelt thanks.

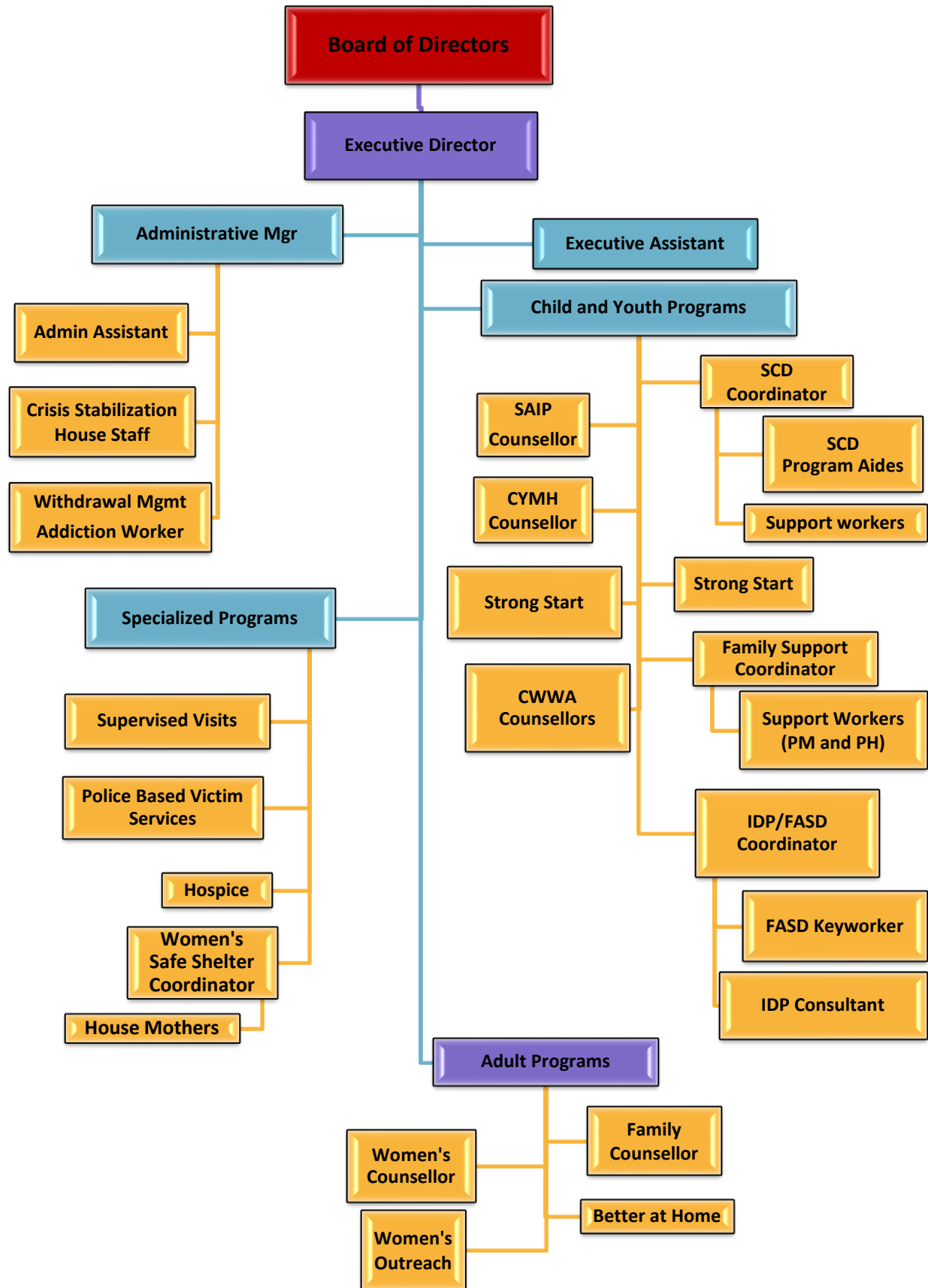
As a society, we will continue to evolve, and meet the challenges of providing services to the people of the North Island. We will continue to review our existing programs and evaluate their relevance to our changing communities.

On behalf of the Board, I would like to again thank and acknowledge our staff and dedicated volunteers. I would also like to thank the agencies that fund our endeavors'.

Respectfully Submitted

Tim Deadman

NICCCS Board Chair.



Child and Youth Programs

Child and Youth Mental Health Counselling Program

Service and Responsibilities:

- To provide structured, planned and empirically supported therapy/treatment
- Provide specialized assessment and counselling services to children and adolescents
- To maintain a planned change in the behavior, condition or functioning of children, youth and/or family
- For outreach, to have direct contact with children, youth, families or communities for the purpose of engaging them in one or more of the services provided
- To enhance a community's ability to plan, coordinate, and/or manage initiatives on behalf of children, youth and families
- Crisis Response: Unscheduled, immediate service that may include assessment, stabilizing treatment, and/or referral, often but not always provided outside business hours.
- Provision of information about and referral to other services and programs that maybe useful to the child, youth and/or family

Activities:

- Individual or group therapy for non-offending parents'/caregivers
- Family Counselling
- Individual treatment for child or youth
- Group therapy for children and youth
- Training, problem solving and decision making skills
- Ongoing education and support to families
- Development of service plans
- Blended family concerns
- Parent-Child conflict
- Assistance with transitions to adult services for older youth
- Participation within schools that involve both group and individual intervention as requested, and to provide education to the community in general

Success/Achievements:

Ongoing Education and support to families

- Planned, organized, delivered and evaluated Solution Focused Chat cafe' talks to parents in collaboration with Eagle View Elementary. The topics included are:
 - Interventions on how to manage Anxiety, Stress, Worries and Trauma
 - Labels and Virtues-How they may change behaviors in children and youth
 - How we build and maintain relationships
 - Preventing violence in the home
 - Trauma informed interventions for children and youth
- The feedback from parents; they felt safe, learned and obtained new knowledge to better manage themselves, children and youth
- Planned and organized talks at Port Hardy High School, Eagle View Elementary and Avalon School, the topics covered were:
 - Compassion and Leadership in Youth –The Poverty of the Spirit
 - Perceptions on Substance use
 - Transition from Elementary to High School
- Total Attendance for these 3 talks -92 students, 25 parents
- These talks enhance our Community's ability to plan, coordinate, and/or manage initiatives on behalf of children, youth and families
- Success in preventing and intervening with nine clients referred as suicidal. With our professional interventions these students are now functioning normally in school and the community

Self-Development:

City University of Seattle, Victoria (selected courses)

- Couples Therapy, July 2016
- Family System Therapy, January 2017
- Psychological Trauma, PTSD & Healing In Military and Veteran Populations, Dr, Tim Black, University of Victoria, Sept 2016

Trends:

- From January to September 2016 there were nine suicidal cases. These cases increased after one student took his own life
- Overall the main issues identified with clients are self-esteem/self-worth, relationship issues with Parents,(divorce & separation), anger, anxiety, depression, loneliness, and bullying

CYMH Survey Feedback from Stakeholders:

- Teachers and Administrators in our School District 85 agree that they have observed improvements in their classroom and school behaviors through our interventions, talks and case management meetings
- Teachers and Administrators agree that their views and feedback are being acted upon
- Teachers agree that they are provided with workable interventions for children in their classroom
- Parents strongly agree that their child's issues are acted upon within the first two weeks
- We at NICCCS strive to collaborate and work with mental health agencies and MCFD to provide the best mental health services to our children, youth and families in our communities of Port Hardy, Port McNeill and the Mount Waddington Region

Statistics:

- Total number for year in counselling 76
- Total number of successful closed cases 27
- First Nations children and youth have access to high quality mental health services that are responsive to their needs, and are engaged through their real world to build resiliency and promote wellness
- Healthy development for children and youth is marked by the attainment of the following outcomes through the CYMH programs:
 - Promoting social, emotional, cognitive, behavioral, and moral competencies
 - Understanding and applying problem solving and decision making skills
 - Encouraging Self-determination
 - Fostering culture and spirituality
 - Nurturing a clear and positive identity
 - Recognizing and encouraging positive behaviors
 - Building beliefs in the future
 - Building character and social –emotional intelligence
 - Strength based leadership
 - Collaborative and contributing relationships

Children Who Witness Abuse Program

Strengths:

- CWWA Counselling program had at least one counsellor majority of the time
- CWWA Counselling program provided consistent service within Port Hardy majority of time (with exception of two months when both counselling positions were vacant)
- When fully staffed, one STV counsellor travelled to Port McNeill, in order to ensure service
- Both CWWA Counsellors travelled to EVA convention in Vancouver in Jan, 2017
- One CWWA Counsellor completed foundational training in Narrative Therapy Certification
- Counsellors visited community stakeholders in order to provide program information
- CWWA Counsellors consistently evaluated various aspects of the program in order to meet accreditation standards

Trends:

- Trends were challenging to monitor due to high staff turnover/low retention rate and the program being split between two staff

Challenges:

- Providing consistent service, considering counsellor turnover
- Managing high caseload, considering counsellor turnover
- Providing service within large geographical area, considering limited resources
- Managing counsellor self-care considering challenges and trends between both the CWWA and STV programs
- Managing time due to the 20 CWWA hours being split between two staff

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 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 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/or 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 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, food preparation, mindfulness, and positive psychology 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 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 Port Hardy, Courtenay and Nanaimo to discuss resources, techniques, and effective strategies used with clients.

The SAIP counsellor is also currently completing the last of 3 years of training in Somatic Experiencing (founded by Dr. Peter Levine). This therapy works with the body and nervous system to help clients release trauma held in the nervous system, assisting them to become more present and self-regulated.

The Counsellor has also participated in a number of First Nations Cultural Activities, increasing her presence in the community and building her knowledge of the local culture. She has also volunteered at some of the potlatches, helping with food preparation and serving.

Challenges:

The current SAIP Counsellor began work in April 2016. She quickly had a fairly full caseload until summer, when it dropped off by about 60%. It was 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.

Because she had just started, she used this time to introduce herself to local agency staff and to become more familiar with the area. She also piloted a project for a month in Port Alice which proved ineffective –only 1 existing client took advantage of the service.

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.

Fetal Alcohol Spectrum Disorder Keyworker Program

Statistics:

- There were 27.5 active files on my caseload
- 13.45% were from Alert Bay
- 5.45% were from Gwa'sala-'Nakwaxda'xw FN
- 55.6% were from Port Hardy
- 18.2% were from Port McNeill
- 7.3% were from Sointula

Average Age:

- 0-36 Months 0%
- 3-6 Years 3.7%
- 7-12 Years 63.6%
- 13-19 Years 32.7%

Achievements:

- I worked closely with a CLBL representative, Caroline Sanderson and connected 4 clients to the support program.
- I participated in several Healthy Kids Fairs by attending different locations and setting up a fun interactive information booth.
- I contributed a great deal in a VICAN FASD Assessment with a client and their family. One child was diagnosed with FASD and the other with DCD-Developmental Coordination Disorder. I offered realistic and emotional support to the family during the process as well as information and education on both diagnoses after the assessment.
- I attended NAMIMA Maternal Health Services meetings - NAMIMA means 'We are One Family' in Kwakwaka. NAMIMA group meets 3-4 times per year. The group aims to create a safe space to share insight into the current maternal health and early childhood services in Mt. Waddington. Through collaboration, the group tries to create strategies to better support families.
- I was invited to a foster parent luncheon at Heather Walkus' house on the Tsulquate Reserve in Port Hardy. I met a lot of foster parents in our area and informed them about my program.
- I attended the Promising Babies Program in Port Hardy and discussed contemplating pregnancy and avoiding alcohol while trying to conceive and how to avoid it once pregnant; i.e. avoiding certain people or places.
- I attended a Barbara Coloroso Bullying Workshop in Fort Rupert (<http://www.kidsareworthit.com/>).
- I attended a 2 day Vancouver Island FASD Keyworker conference in Nanaimo. The VICAN Assessment team presented the new diagnostic guidelines to us, which were established December 2015. We also looked at useful applications for children with FASD with Brenda Fawcett. I collaborated and networked with the other FASD Keyworkers which was very supportive to me.
- I Learned a bit about the Grandparents Raising Grandkids program, http://parentsupportbc.ca/grandparents_raising_grandchildren
- I hosted a small foster parent/caregiver only workshop with Marsha Wilson from the Douglas College called Family Matters.
- Attended an agency info session called "An Aboriginal Context to Human Services Work" with Dean Wilson.
- Provincial In-service training in Vancouver on February 15th and 16th. Included were several workshops over the 2 days and a variety of speakers and networking opportunities.

- Attended Making Tomorrow workshop featuring Vanessa LaPointe; Discipline Without Damage.
- I regularly participate in FASD Webinars.

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 behaviors.
- Telephone numbers and home addresses of some clients changing frequently make it difficult to connect with them on a regular basis.
- I have a few families on my caseload that are Grandparents (some single) raising their grandchildren. With them aging and experiencing health concerns of their own it causes a lot of extra strain for the family.
- 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 somewhat effective.
- A laptop for my program to use during presentations and to be able to have access to forms and FASD resources while at home visits or out of the office would be useful (I borrowed IDP's for my last Power Point Presentation).
- Balancing Client Service Delivery with other Agency related requirements such as Accreditation and committees.
- Still have not obtained the POPFASD training. I can attend as a member of a client's team through SD85. I will watch for the next training opportunity.

Community Engagement:

- Regularly updated my programs Facebook page with FASD facts, information and related articles.
- Placed Posters and brochures at different locations throughout Mount Waddington.
- Set up an interactive information booth at several Healthy Kids Fair Locations.
- Ongoing collaboration with other service providers to connect families to their services.
- Set up an info booth for National FASD awareness day on September 9th 2016, at the Thunderbird Mall in Port Hardy.

Family Support Program

Statistics:

- Total number of individuals served ranged from 10 to 13 throughout the fiscal year
- All referrals came through MCFD CYSN worker; 11 referrals during the year
- There were slightly more clients in the younger age group; ranging from 5-8
- Teen group numbers ranged from 4 to 5
- Currently, we are only serving clients in Port Hardy

Achievements:

- Family events were hosted throughout the year with good attendance
- Potential for Port McNeill site fully explored and licence obtained
- Efforts were made to involve clients in the activity planning

Challenges:

- Port McNeill site damaged and unusable before first session
- Teen attendance and interest low
- Staffing issues: interpersonal conflict between workers and resignation of one support worker (due to working climate) and coordinator (left to take another position)
- Communication challenges with new CYSN worker

Infant Development Program

Statistics:

- There were 64 active clients on the Infant Development Program caseload
- 49.9% of clients are from Port Hardy
- 24.4% of clients are from Port McNeill
- 25.7% of clients are from Port Alice/Woss/Sointula
- 21 new referrals
- 15 new intakes over the past year
- 28% of new referrals came from Public Health Nurses
- 28% of new referrals came from Self Referrals
- 25% of new referrals came from Dr./Hospital's outside Mt. Waddington
- 14% of new referrals came from local Dr.'s

- 5% of new referrals were made from MCFD

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 with Dr. Vanessa Lapointe (to be held on Oct. 20/21 2017)
- Lead a series for infant Massage Sessions in Port McNeill, Port Hardy and Fort Rupert
- Continued collaboration with VIHA Public Health and Building Blocks, Strong Start and Promising Babies
- 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
- Program Planning and Goal Development Implemented
- Both consultants attended Provincial In-Service training in Vancouver that included several workshops over 3 days, including sessions on Autism, ECERS, Motivational Interviewing, FASD and more
- Indigenous Cultural Safety Training, and numerous Relias training components
- Consultant have completed 2 child Passenger Safety Training Sessions for Parents/MCFD
- Clarified consultant/coordinators roles
- Active on the Mother's Mental Health Committee (NAMIMA), actively participated in regularly scheduled meetings, coordinated, created and distributed NAMIMA quarterly newsletter
- Active on Council for Success by 6
- Planned and facilitated 2 information workshops for the 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
- Families have shared how important it is for them to have IDP playgroup: 'safe and welcoming', 'knowledgeable, approachable staff'

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

Engaging in the Community:

- Continued regular IDP updates and developmental information shared on the Facebook page
- Visits/outreach to infant/child programs in the Tri-port region
- Placed 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:

- 40 Clients receiving supported child development services
- 47.5% of clients from Port Hardy
- 20% of clients from Port McNeill
- 12.5% of clients from Alert Bay
- 2.5% of clients from Port Alice
- 10% of clients from Gwa'sala-Nakwaxda'wx
- 7.5% of clients from Quatsino
- 7556.5 hours(1-1, group, consult/monitoring support)
- 9 intakes from April 2016 –March 2017
- 57.5% of male

- 42.5% 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 SCD Program Coordinator moved to the Robert Scott location in April
- Was successful in placing support in the new daycare in Quatsino
- Was successful in acquiring a multitude of resources from MCFD when they moved the Early Intervention office from their present location

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 and is placed on the North Island the transition and information sharing will be easier and smoother
- The healthy kids fairs were not attended as well as other years, we as a group of professional will be weighing out the purpose for them and if they will still be happening

Engaging the Community:

- The writer attended and was part of the challenging behaviors workshop IDP presented

Sharing from a parent:

“You have been there for me, thanks” –Child was going through a VICAN assessment

Adult Programs

Stop the Violence (STV) Program

Strengths:

- STV Counselling program received a high number of referrals, a lot were self-referrals
- STV Counselling program also received referrals from various stakeholders and agencies
- STV Counselling program had at least one counsellor majority of the time
- STV Counselling program provided consistent service within Port Hardy (majority of the time)with the exception of two months when both counselling positions were vacant
- When fully staffed, one STV counsellor travelled to Port McNeill, BC in order to ensure service
- STV Counselling program provided biweekly service within the North Island Community of Alert Bay, BC
- Both STV Counsellors travelled to Vancouver to attend the EVA Convention in Jan, 2017
- One STV Counsellor completed foundational training in narrative therapy certification
- Counsellors visited community stakeholders in order to provide program information
- STV Counsellors consistently evaluated various aspects of the program to meet accreditation standards

Trends:

- High rate of suicidal ideation amongst STV clients
- High correlation of mental and addiction issues amongst STV clients
- High rate of clients lacking access to telephone and transportation

Challenges:

- Providing consistent service, considering counsellor turnover
- Managing high caseload, considering counsellor turnover
- Providing service with large a geographical area, considering limited resources
- Managing trends of some clients' high level of suicidal ideation during winter months (ie. Meeting in hospital, safety planning, consistently assessing risk factors)

Women's Outreach

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. 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 evenings then 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:

There was a client who attended counselling a few times then the man was charged for assaulting the woman. The woman came in afterward and said that counselling has been a shame because they were not honest. She said she did not feel safe to challenge her partner's behavior and downplayed it. After meeting with the ED we decided each individual would be seen separately at first to determine whether or not couples counselling would be appropriate. This has been helpful in finding the right solutions for people but does add some extra effort and time to work with each couple.

There continues to be a high number of “no-shows” this year. Many people make an appointment and never attend, or even make several, cancelling and rebooking.

Highlighted Demographics/Statistics for Family Counselling:

This year has proved to be a busy one, with an average of 10.5 referrals per month, and 126 total referrals in the calendar year. This is over three times more than any other counselling program. Stats were gathered from the client intake database.

Groups:

There were no groups offered this year, as the program has been inundated with individual and couples referrals. Considered doing a “Calm Parenting” group and talked to a client who wanted a parenting group to be held at Wakas Hall. There are, however, regular parenting groups in Port Hardy already.

Trends:

There seemed to be a trend this year of conflict between parents and teens. Several parents said their teens refused to follow house rules and threatened to leave home. Parents were frustrated that there seemed to be nothing they could do. RCMP will not make teens go home if they run away and parents do not know what to do.

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

Better at Home

Statistics:

- 41 Clients receiving Better at Home Services
 - 60% of Clients receiving 100% subsidy
 - 26% of Clients receiving 70% subsidy
 - 7% of Clients receiving 30% subsidy
 - 7% of Clients receiving 0% subsidy
- Providing services in 5 different North Island Communities
 - 34% of Clients are from Port Hardy
 - 32% of Clients are from Sointula
 - 22% of Clients are from Port McNeill
 - 10% of Clients are from Alert Bay
 - 2% of Clients are from Port Alice
- 4 New Client intakes from April 2016-March 2017
 - 61% of Clients are Male
 - 39% of Clients are Female

Achievements:

- Continue to provide Housekeeping services to clients in the North Island Communities, despite program coordinator illness and turn over
- Updated data spread sheet for client and contractor information
- Attended COP-Mid Northern Vancouver Island BAH-Coordinator Meet ups
- Able to offer 31 existing and non-existing Clients seasonal Spring Clean for Seniors in all communities

Challenges:

- Limited budget
- Broad geographic region, and the travelling distances within it
- Program Coordinator turnover-New Coordinator to be hired
- Recruiting volunteers to be able to provide more services to clients, such as transportation friendly visits, lawn care, and grocery shopping

Engaging in the Community:

- Continue to contact community groups
- Continue to meet weekly with Port Hardy Seniors and Port McNeill Happy Gang
- Advertisements in the Port Alice Rumble Sheet and the Sointula Ripple

Specialized Programs

Supervised Visit Program

I began the Supervised Visit Program in May of 2016 as a new program of 14 hours. All the referrals come from MCFD. This program provides opportunities for children to safely visit their families and provides direct outreach family support to reduce risk. Services also assist children in transitioning from one placement to another, as well as providing child care, behavior management, and life skills, Children can maintain safe, positive, and child friendly contact with their families. This program also offers mentoring, skill building, transportation, practical assistance, and information and education. I do regular weekly or bi-weekly visits with families as per social workers request. Typically the visits take place at Building Blocks or Sacred Wolf. Weather permitting we may go to the park or the beach, I have also done visits at the museum and library.

Since the program began I have received 28 referrals:

- 5 clients have been referred twice as their files were closed and they no longer needed the services and then re-opened a few months later
- I was unable to make contact with 4 families
- All but 4 of the families were aboriginal
- At the moment I have 7 open files
- I have had 2 mothers that have passed away due to medical issues associated with their lifestyle

I have been very happy with the rapport I have established with the Social Workers, the Foster Parents and the Biological Parents and I look forward to working with more families in the future.

New Beginnings

The New Beginnings Facility of the North Island Crisis & Counselling Centre Society is fast approaching its second anniversary as home to the Withdrawal Management Program. Prior to the opening of this much needed service the facility received a wonderful renovation which will extend the viability off the building off the building way into the future.

The existing 13 year old Crisis Stabilization Program greatly benefited from the upgrades to the building. We received a new kitchen along with upgraded bathrooms, general facelift, and the internal staircase giving access to the new program accommodations. The WMB has become a mutually integrated support for CSP residents waiting to go to treatment or reintegrate in to the wider community.

Both programs have matured over the last two years and run well. The staff has managed the major changes in logistics around meal prep and housekeeping from six to eleven residents. The house has managed to retain its basic home like feel which greatly contributes to its successful outcomes.

Having a full time addiction person on site especially one with Tim McLeod's back ground who is available not only to the WMB residents but for CSP residents also contributes greatly to the seamless nature of the service at the facility as a whole.

This along with the invaluable help the residents and staff receive from the Island Health Team and most especially the onsite nursing support is greatly appreciated. As the nurses do not limit themselves to just the WMB program but are willing to help all residents.

Some of the ongoing challenges that we are faced with at New Beginnings are around support in the evening and weekends, as we only have one person on site covering both programs. On the rare occasion it is not always possible for staff to service and support our residents but this is usually a medical problem where we air on the side of caution.

One of the most important issues that need to be resolved is making our partners fully aware of the structural limitations of the facility. For safety reasons we cannot support residents who are unsteady or disabled physically as we are a multi-leveled building, with many staircases.

Crisis Stabilization Program

The CSP is a longstanding Program. This is a six bed fully staffed and serviced residential support program that provides high quality nutritious meals and snacks in a safe clean friendly environment and as such, is highly utilized by its gatekeeper partner Island Health. Below are the actual bed night stats for fiscal year 2016/17.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	year
73.33%	77.42%	51.67%	77.96%	72.04%	60.00%	45.16%	71.11%	36.56%	27.42%	94.64%	88.17%	64.38%

This program is often the only resource available to service the needs of residents of this region and such as we have a divergent population of residents. We get transfers from Hospitals and Psychiatric units, referrals from the many first nation bands in our catchment area, plus walk in clients from intake workers at the two local MHSU offices.

Withdrawal Management Program

We are nearing the two year anniversary of the Withdrawal Management Program. In the two years since the program has started, the program has been steadily growing and we are now at a point where we have had to start a waitlist. We have seen a turnover in WMB Nursing staff in this time, but we now have Ms. Brandy Martin as the program nurse and she has been with us since November 2016. Since she has come she has brought a great level of professionalism and has worked hard networking with community partners. Due to this we have seen a steady rise in our numbers and a higher level of satisfaction across the board.

Even though our numbers have gone up, we have seen some challenges in regards to support for evening and weekend staff. There has been a number of times that we have had clients with complex needs come into the house, which has been tough on single staff that work on the evenings and week. On evenings and weekends, staff has called ICMT for support, but they only work until 7:00PM and they do not work holidays. Also, there has been a change over the past year, where some ICMT members feel it is not their job to support clients that are not theirs and due to this the staff has felt unsupported at times.

As the program continues to grow, we are constantly looking for ways to improve our service. Recently Brandy & I have started the SMART Recovery Facilitator's training and look to provide this service to the clients in the WMB Program, as well as the Crisis Stabilization Program, in the near future.

Police Victim Services

The Port Hardy & Port McNeill RCMP Victim Service Programs provide assistance to victims of crime and trauma. These programs operate under the victims of Crime Act and The Canadian Victim's Bill of Rights. The Port Hardy RCMP Victim Service program began operation in 1998 covering the Port Hardy, Port McNeill, and Port Alice detachment areas. The programs are operated with a manager and one case worker.

Port Hardy and Port McNeill have new detachment commanders. S/Sgt. Wes Olsen for the Port Hardy detachment and Sgt. Andy Phillips for the Port McNeill detachment. The Port Hardy detachment has been under renovations since April and completion is expected for November. This has been very challenging trying to find work space, but exciting to see an end in sight. Victim Services will have a new spacious office with its own entrance!

Port Hardy and Port Alice statistics are combined; these programs provided services to 293 new clients. 210 of these clients are females and 83 are male. We assisted 80 clients resulting from family violence. We have provided court orientation, accompaniment and facilitated accompaniment to 494 clients. We responded to 27 after hour call-outs. There were 7243 volunteer on-call hours within the last fiscal year.

The Port McNeill Program provided services to 58 new clients, 11 client files were concluded, leaving an average of 125 ongoing clients. 43 of these clients are female and 15 are male. We assisted 19 clients resulting from family violence. Court Orientation and accompaniment was provided to 58 clients. We responded to 7 after hours call-outs. There were 7844 volunteer on-call hours with the last fiscal year.

Women's Safe Shelter

Within the last year we have had some success stories, where some of the women utilizing the Safe Shelter were able to move forward and successfully leave their abusive partners. We have also had some women return for the second time. As a woman leaves the shelter I always encourage them to return if they ever find themselves in an unsafe situation. I let them know that the Safe Shelter is open at all times, 24/7. I also offer the women the services of the Women's Outreach Program.

One of our challenges over the last year has been not consistently having a Stop the Violence Counsellor on hand. But I am happy to say that we have had a few new house mothers join our

team. I am thankful for their hard work and dedication to the women that come through the Safe Shelter.

We are getting more and more women that have moved into the vicinity of the North Island that end up using the shelter as a safe place as they become homeless for different reasons. We are still in need of services to help the women that need detoxification before they enter the Safe Shelter. As our house mothers are not trained to manage a person going through the detox process and we do not have medical staff on hand at the Safe Shelter.