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PACIFIC CENTRE FAMILY SERVICES ASSOCIATION

Board Chair Report

The past year was one of transition and change, culminating with the onset of the global Covid-19 pandemic. We are truly living in unprecedented times. Nevertheless, our staff and board have risen to meet the challenges. During the year, we directly served a total of 2,268 individuals who required our services. In addition, our intake counsellor responded to 30-100 weekly inquiries for service and information (1,560 to 5,200 annually). Since the onset of the Covid-19 pandemic, our counsellors now assist our clients remotely via Telehealth - using laptops, cellphones, and videoconferencing facilities.

Financially, we ended the year with a \$457,000 operating loss. A few non-core programs were discontinued. Building ownership has had some negative consequences – we incurred a loss of \$431,000 on sale of strata units, and an impairment of \$1.24 million to write down the building to net realizable value. The building is being marketed for sale.

One of the positives of the Covid-19 pandemic has been a reassessment of the PCFSA business model. We now operate successful remote counselling services, with the ability to continue serving our clients both virtually and in person. Our OHS team is preparing a WorkSafe BC compliant return to work plan, to offer limited in-person sessions. This “hybrid” business model not only enhances social distancing compliance, but also reduces the amount of office space required. As a result, PCFSA is on track to a more sustainable financial future.

There were a number of changes in both staff and board during the year. I would like to thank all of the individuals who have contributed, and are continuing to contribute, to ensure the ongoing success of Pacific Centre Family Services Association.

Alison Campbell, PCFSA Board Chair
June 2020

Annual Report

June 2020

“By encouraging healthy patterns of living, Pacific Centre Family Services enhances and promotes the quality and dignity of life of individuals and families within our diverse community.”

Encourage possibilities

Introduction

This past year has been one of transitions and change for PCFSA. Due to retirements, restructuring, and some new opportunities, we have had several transitions within our leadership and front-line staff teams. As well, we were forced to move to a new virtual way of providing service for the public due to the global pandemic of Covid-19. During this time, we have continued to maintain our commitment to excellence and high international standards.

‘Pacific Centre Family Service Association (PCFSA) is highly respected in the community and is seen as a vital part of the services available for persons served. The organization has recently occupied its new building which meets the needs of the community, persons served and families. Great emphasis has been placed on cultural collaboration. Persons served, families, and referral and funding sources express appreciation for the services and state that staff are compassionate, kind, professional, and dedicated to providing quality services’ (CARF, 2018).

As PCFSA continues to navigate a new way of providing services, that includes in person and virtual counselling, we are optimistic about a model that will allow us to continue to build upon the quality and capacity of our programs. In creating a hybrid model for our programs, we have been able to build a business model that not only is more cost efficient but allows us to increase accessibility and effectiveness of our services.

Community Context

PCFSA serves communities across and beyond the Capital Regional District, including residents from Port Renfrew to Mill Bay, Shawnigan Lake and Port Alberni, and all between, with a focus on the Westshore and Sooke communities. The Canada Census report (2016, reported February 2017) highlights the rapid growth in the communities we serve. Langford continues to be one of the fastest growing communities in Canada, with a 20.9% increase in population since the last census in 2011, compared with a national average of 5.8% growth. Statistics Canada projects this growth to continue over the next 10 years. It is not surprising that we continue to experience significant pressure on our community services, even though there has been very little increase in funding for our sector. These projections suggest that this growth trend will continue. PCFSA served over 2250 individuals in the past year, which is a significant increase from last year (1616) and reflects the growing pressure and need in the community.

Within our community there is an increasing need for services for youth. “Youth represent 18% of the Westshore population, and if these trends continue, Westshore Youth population will be about 20,000 in 2026.

Youth between the ages of 15-19 will account for 46% of the Westshore population by 2026” (Elliott Urban Planning, 2012).

Key issues facing young people in the Westshore communities include:

- A reduction in provision of services for youth in Westshore communities over the past several years.
- Limited community resources or healthy options for disadvantaged youth.
- Barriers to opportunities due to transit issues, including safety issues.
- Childhood exposure to domestic violence.
- Sexual exploitation, and associated violence, drug use, and abuse.
- Substance abuse and misuse.
- Unstable housing/shelter.

PCFSA has continued to work with partners to best serve the needs of youth in our community.

Governance

PCFSA has had some transitions with our Board of Directors this year and has been fortunate to have three previous Directors re-join our Board. The experience and expertise of the Board has been instrumental to the Association as we navigate a period of transition and change. Additionally, we have recruited three new Directors who will be joining our board for this coming year. We are fortunate to be supported by dedicated community leaders from both the non-profit and for-profit sectors.

Strategy

As PCFSA undergoes a period of transition to a new hybrid model of offering services both virtually and in person, we are also making changes to our strategic goals; while adapting to the restrictions of Covid-19, we are maintaining high operational standards and fulfilling new opportunities. PCFSA continues to reinforce its position as an agency of choice for donors, partners, students, staff as well as service participants.

We continue to routinely complete reviews of key strategic components which include: our communications and resource development plans, IT and database systems, diversity plan, Occupational Health and Safety committee, risk management plan, volunteer plan, youth engagement plan, Business and Operations plan, succession plans, as well as our ‘funders and stakeholders’ table. We annually prepare a summary of our Strategic Plan which is typically available to members of the public on our website. Due to Covid-19, PCFSA’s current Strategic Plan is in the process of being adapted to meet the needs of the individuals and families we serve, while following the directives of the Provincial Health Office. During this past year we have prioritised building a sustainable business model that will allow us to continue to provide service excellence for the communities we serve.

Program and Community Developments

PCFSA continues to demonstrate its commitment to community developments and collaborative activities across Greater Victoria. The staff regularly works with colleagues to enhance our collaborative approach to serving families. PCFSA has been an active member of the Healthy Schools, Healthy People Community Table and has participated in the working groups to address significant concerns affecting our community (integration, delays in service, youth violence, etc.). We continue to attend the regional Violence Against Women in

Relationships Committee, the CRD Family Court Youth Justice Committee, and the Langford Protective Services Committee.

Quality Assurance

We are in our third year of a three-year accreditation with the Commission on Accreditation of Rehabilitation Facilities (CARF). As we prepare for our next CARF survey in early 2021, we continue to identify quality improvements for programs through analysis of the performance of each program in our quarterly reports. We review targets for performance regularly and as a result have identified specific action plans.

Feedback

All of the counsellors at PCFSA have continued to participate in “Feedback Week”. This entails identifying a set period (1-2 weeks) where everyone who receives service is asked to participate in providing feedback. We use standard questionnaires and offer alternative ways for individuals to provide their responses. This has been a more effective way to hear from people we serve. Some comments we received during our Feedback Weeks include:

“She was the best! We worked on some things from my history, in very small bits. When I am hard on myself, my counsellor’s voice pops into my head and kindly reminds me to try self-compassion. We worked hard together. I felt she was with me every step of the way.”

“I appreciate how peaceful it feels to come to Pacific Centre. I always feel welcome. I have never in my life had the experience of being able to make changes in my patterns of behaviour. Now I have! I am not ashamed anymore about things that were not my fault.”

“My son’s behavior towards authority has improved. He is so much nicer to my wife and his bio-mom. Building a good relationship with both and knows it’s okay to criticize if something is unsafe, drink and driving, etc. and will tell me about it rather than being scared to get his mom in trouble”

“Talking about my problems, reasons why I self-harm and things I can do instead was very helpful and I use them a lot. Expressing how I feel to someone who can give me their opinion on what I could do is also very helpful.”

“I was so very afraid to reach out. My counsellor helped me to build trust slowly and this is the approach that I needed. I am very grateful.”

Training and professional development

PCFSA continues to provide clinical supervision and training for all of our counselling staff. This year PCFSA changed the leadership structure to include an internal Clinical Director who provides consultation for all PCFSA counsellors for added professional development and clinical excellence. By providing clinical consultation in house, the counselling staff can receive more consistent support, which is particularly important as we observe increasing complexities in the cases. “Clinical [consultation] is a primary means of improving workforce retention and job satisfaction” (Roche, Todd, & O’Connor, 2007).

In addition, PCFSA supported additional professional development for staff. Some events are attended by one or two program staff and may address specialist content. Other trainings are provided for most staff to attend and include transferable knowledge and skills content.

Volunteers

PCFSA has always had a volunteer Board and has occasionally had volunteers involved in other roles, mostly committee members and in fundraising activities. This year we developed a partnership with the Royal Bank, whose dedicated volunteers assisted us with numerous fundraising activities, including our annual golf tournament, 50-50 draws at Victoria Royals hockey game, and the Coldest Night of the Year. Our capacity and retention of volunteers is steadily increasing.

Volunteers are known to bring vitality, motivation, wisdom and ideas into agencies and can take on roles that paid staff are not able to accomplish. The approach to volunteering has matured and developed over years, and it is well established that volunteers deserve clear expectations, feedback, and recognition in their roles. We currently have 20-25 volunteers in addition to our six volunteers on the Board. The profile of our volunteers is broad and diverse across dimensions of age, gender, culture, geographical locality of residence, and ethnic origin. We now benefit from over 3000 hours of volunteer time each year from these valuable individuals. This number is increasing as our Better at Home program continues to expand.

Students/interns

PCFSA has always had a great reputation for offering placements of excellence for students in the field. We have offered internship opportunities for over 86 master's level students over the past nine years. Though our new business model does not allow for the continuation of the internship program in the manner it had been offered previously, we are working at developing a strategy to offer intern placements in our new Telehealth Hybrid Model of service delivery.

Health and Safety

PCFSA meets high standards to ensure optimal working conditions, and promotes health and safety in all aspects of our work. PCFSA adheres to CARF standards, requirements of the Collective Agreement as well as BC legislation.

PCFSA has an OHS committee, comprised of staff and management that meets monthly. We have an annual plan of drills and inspections that are completed and recorded. In addition, items that arise during the year are addressed as needed. Items raised by staff members are collated by the committee and responded to. As tenants in multiple locations, PCFSA staff members also attend OHS committee meetings for each building to address common concerns and best practices.

Covid-19 Response

PCFSA temporarily closed our physical doors on March 18, 2020 and moved to a remote model of service delivery to enable our staff and clients to follow the directives of the Provincial Health Officer for physical distancing. Our counsellors all continued to provide essential mental health support services through Telehealth. Telehealth is a form of counselling that takes place over the telephone, text, or video conferencing. Counselling provided through Telehealth is being delivered with the same level of confidentiality, ethics, professionalism,

and quality of care that individuals would receive through in-person sessions. For video conferencing sessions, counsellors are using a secure and encrypted technology platform to ensure privacy.

PCFSA's OHS committee is working on developing policies and procedures in order to follow WorkSafeBC guidelines and regulations as we plan for a gradual and safe return to the office in early summer. This includes securing Personal Protective Equipment (PPE) for our staff and our clients, as well as ensuring that we will have enhanced cleaning protocols, physical barriers where distancing is not possible, and sick policies in place for staff and clients.

Critical Incidents

We had no critical incidents this year.

Finance

PCFSA's finances are audited professionally and independently on an annual basis. Financial Statements are published and made available to the public and stakeholders.

Diversity – inclusivity – trauma-informed practice – decolonization

PCFSA is committed to highest standards of promoting diversity and inclusivity. We have a detailed plan and position statement that is reviewed every year. We build each year on our commitment and are leaders in the community promoting these values.

Recent indicators of our commitment to diversity:

- We acknowledge traditional territories at the beginning of our meetings and remind ourselves of how we take responsibility for de-colonization in all our activities.
- We have added the traditional territories acknowledgement to the main page of our website
- Students have contributed from and to their own learning by sharing with us specific insights and completing tasks to inform our evaluation of our successful planning towards accessibility and inclusivity.
- Recording of self-identified ethnicity across all programs is reported in annual reports. We have concentrated on ensuring this is captured in our database.
- Case supervision and discussions include references to individualized planning.
- Access to PCFSA programs has been increased through creative programming.
- Reviews of feedback are completed annually.
- Inclusion of diversity is incorporated as a dimension of assessment in recruitment processes.
- Inclusivity is included as a standard agenda item at internal meetings, and external meetings where appropriate.
- Diversity is included as a mandatory dimension in PCFSA's case file audit template.
- We reviewed our logo and updated communications/branding products from a Trauma Informed and inclusive perspective.
- We keep First Nations information posted through our offices.
- We are working to strengthen our connection with Indigenous service providers and health authorities, and provide significantly more services to Indigenous Peoples.
- We have secured PCFSA as a First Nation's Health Authority Mental Wellness Program provider.

Our future plans include:

- Review of the Truth and Reconciliation Commission Calls to Action and identify what PCFSA can do in response.
- More in-depth Indigenous training for our staff.
- Commitment to ongoing support for Trauma Informed Practice.
- Commitment to hire Indigenous staff.

Program Highlights

Annual reports are prepared for all programs and are available to all stakeholders. This report presents a summary across all PCFSA programs. The trend of increasing need and complexity continues and has resulted in increased pressure on our programs as well as delays between referral and allocation of counsellor. This high level of complexity across all programs must again be contextualized by both the high level of population growth in the Westshore as well as the reduction in services.

As a response to the high level of demand, we have implemented some new models for providing service and working to reduce wait times. We have also continued to secure funding from United Way of Greater Victoria for a dedicated intake counsellor position worker, and continue to collaborate and triage with partner organizations and services.

Most of our services are free, with our Community Counselling program being a fee-based enterprise, offering clinical counselling services on a sliding scale. The funding sources and support for each program is different and those details are available in our financial statements. While many of our programs target Westshore and Sooke communities (our locations are based in Westshore and Sooke) we serve families and individuals across Greater Victoria.

PCFSA served a total of 2268 individuals with direct service this year. In addition, our intake counsellor responded to 30-100 inquiries for service and information each week (1560 to 5200 annually).

<i>Municipality</i>	<i>Total</i>
<i>Langford</i>	836
<i>Colwood</i>	462
<i>Sooke</i>	238
<i>Victoria</i>	162
<i>Metchosin</i>	108
<i>View Royal</i>	86
<i>Saanich</i>	43
<i>Highlands</i>	17
<i>Malahat</i>	11
<i>Esquimalt</i>	10
<i>Shawnigan Lake</i>	7
<i>Shirley</i>	3
<i>Lake Cowichan</i>	1
<i>Duncan</i>	1

<i>Youthtalk Email</i>	284
<i>Total</i>	2268

The impact of our services is far broader than individuals served as the benefits impact families and communities across our region. Highlights of these programs and outcomes will be presented by program, below. More details are available to the public and stakeholders on request and throughout the year.

Intake Services

PCFSA receives funding from the United Way of Greater Victoria to fund a part-time central intake counsellor position. This position provides a more streamlined intake process and allows the counsellors in all PCFSA's programs to spend more time in individual counselling sessions. Community referral sources have provided feedback about how helpful it has been to be able to talk to only one person and not be passed from program to program, while trying to figure out which program is the best fit for the person being referred for service. This position has proven to provide a more efficient intake process, while responding better to the need of the individuals served.

Child, Youth and Family Programs

“Collaborating to build developmental assets among all students, caregivers, schools and communities will not only attenuate high-risk behaviours, but will also nurture a generation of competent, caring and resilient young people” (Edwards, et al., 2007, p, 37).

Child and Youth Clinical Counselling

In July 2014 PCFSA began offering fee for service child therapy (funded by individual Crime Victim Assistance claims, Extended Health programs, or similar). These services provide therapy to children and youth who have experienced other types of trauma that are not in the current SAIP mandate. This program served 12 children during the 2019-20 year, four of whom were new referrals. Four children were discharged from the program, two were referred to other services and two completed their goals.

Community Outreach Prevention and Education (COPE)

PCFSA's COPE program is funded primarily by the municipalities of Langford and Colwood. It is also supported by PCFSA fundraising and other grants including the Island Health Stop AIDS Community Grant. COPE has the following three overall aims:

1. To provide individual and group counselling to youth, who are living in the Westshore, and their families.
2. To offer outreach services to youth in the community.
3. To refer youth to other services, as appropriate to their needs.

PCFSA's COPE program served 133 youth during this 12-month period, through individual and/or group programming, with additional youth receiving services from our Youth Talk email counselling program (see below). The COPE Youth and Family Counsellors (YFC's) are responsible for individual case management,

group work programming and community engagement activities. The youth who are referred to the program have individual plans designed to address their unique needs. The average length of time youth engage in this service is approximately three-six months. We continually assess and respond to common trends identified by the youth, delivering creative group programming based on need and feedback from the youth themselves.

PCFSA has been instrumental in building community capacity to respond to emerging needs for youth in the Westshore community. This has included participation in the Healthy Schools, Healthy People Community Table, the Youth Matters sub-committee of the CRD Family Court Youth Justice Committee, and Langford City Protective Services Committee. Through the service we provide to families, we are able to report on local trends and the current issues affecting young people, allowing us to advocate on behalf of youth in our community with legitimacy and authority.

Crime Reduction and Exploitation Diversion (CRED) Program

This reporting period, PCFSA was successful in receiving three-year funding from the Gang Violence Action Fund (GGVAF), through the Ministry of Public Safety and Solicitor General. This allowed us to expand the program to hire an additional part-time counsellor to work with our coordinator to better meet the needs of high-risk youth in the Capital Regional District (CRD). The CRED Coordinator and Youth and Family Counsellor provide targeted intervention and support for youth at high risk of gang involvement, youth displaying gang-related behaviours, and youth who are gang-entrenched. This reporting period, CRED provided service for 206 youth and their families. Of those, 116 identified as male, 86 female, three non-binary, and one transgender.

The youth who were served by the program were distributed throughout the capital region as highlighted below:

<i># of Individuals by Municipality</i>	<i>Percentage</i>
<i>Colwood</i>	25 %
<i>Langford</i>	24 %
<i>Victoria</i>	20 %
<i>Saanich</i>	13 %
<i>Metchosin</i>	10 %
<i>Esquimalt</i>	8%
<i>Total</i>	100 %

Core strategies of the program include:

- One-on-one support plans and assessment.
- Providing information, resources and pro-social opportunities and choices for youth participants, including a boys' group.
- Providing support, resources and information to families and communities.
- Coordinating and collaborating with other youth-serving agencies in the community.
- Engaging in ongoing information-gathering through online media, walking the streets and networking.

Often when youth come to the attention of law enforcement, they are more deeply entrenched in substance use and criminal activity. As the CRED program creates community relationships with families, schools, health

providers and other helping agencies, youth are often referred for support earlier in their trajectory. This enables CRED to spearhead wrap around care at a time when it is most likely to be effective before youth become fully entrenched. The project has made it clear that to support early intervention, CRED needs to focus on relationship building in the community and with at risk youth and their families over time.

Groups

Our COPE program, in collaboration with our Crime Reduction and Education (CRED) program, offered drop in boys’ and girls’ groups for youth who are attending Westshore Learning Centre. Both groups focussed on crime reduction and exploitation prevention, including empathy, emotion management, identity, and forward thinking and the impact of choices. Eight boys regularly attended the boys’ group, with between 8-10 girls attending the girls’ group.

Our Lego Group, a LGBTQ2S+ group that is offered in collaboration with Westshore Child and Youth Mental Health and Aboriginal Child and Youth Mental Health, continues to be popular, with anywhere from 6 to 20 individuals attending each week, ranging in age from 13-18. We are also continuing to explore partnerships with Westshore Parks and Recreation and Youth Pride to expand upon the programming for this group.

Toward the end of this reporting period, due to the Covid-19 pandemic, groups were put on hold temporarily, while we continued to offer individual sessions through virtual means.

Parenting Support

During this reporting period, we have continued our family model of parenting support. Parent or other caregiver support is an integral component of the work with youth, as it provides caregivers with the support and resources to support the youth, which provides better outcomes all around.

Sexual Abuse Intervention Program (SAIP)

The Sexual Abuse Intervention Program (SAIP) is an MCFD funded community-based program providing specialized services to children and youth up to age 19, and their families. Service participants include children and youth who have been sexually abused, and children under 12 who exhibit sexually intrusive behaviours. Families living throughout the Capital Regional District are referred to the program, though most participants reside in the West Shore and Sooke Communities. There was a total of 95 children/youth who participated in the SAIP program during the 2019-20 reporting period, 61 of whom were new referrals to PCFSA.

Referrals by Municipality

<i>Region</i>	<i>Female</i>	<i>Male</i>	<i>Transgender</i>	<i>Non-binary</i>	<i>Total</i>
<i>Langford</i>	22	5	1	1	29
<i>Colwood</i>	12	3		1	16
<i>Sooke</i>	8	4			12
<i>Metchosin</i>	3	1	0	0	4
<i>Total</i>	45	13	1	2	61

Skookum Skills 2.0

Though PCFSA closed our social enterprise Skookum Food and Coffee in early 2019, through a grant received from the Horner Foundation, PCFSA offered a modified version of the Skookum Skills program for a cohort of youth in the fall and winter of 2019. Skookum 2.0 was focused on offering employment and job readiness skills for youth in our community who may be facing barriers to employment. While we were unable to offer work experience as with our original program, our goals continued to be offering a safe, inclusive, and supportive environment for youth to develop self-esteem, confidence, employment potential, and receive assistance navigating to other support services as required. Skookum 2.0 placed an emphasis on offering mentorship and support in the job seeking process and addressing any barriers youth may be experiencing. While we had hoped for a larger cohort, the 7 youth that completed the program developed positive peer relationships and expressed an increase in confidence in applying for employment.

The program offered eight workshops that included:

- Orientation
- FoodSafe Level 1
- Introduction to Barista Skills
- Farm tour and food security workshop
- Mindfulness and calming techniques workshop
- Interview skills and job readiness workshop
- Employment standards/worker's rights workshop
- Hands-on baking day that included knife skills and kitchen safety

The youth participants expressed that the workshops were useful, that they enjoyed the program, and that they felt more confident in seeking employment. Most youth noted the farm tour to North Organics Farm and the baking day as the highlights of the program. Of the seven participants, four were attending high school on a modified schedule, one attended high school full time and two had accessed post secondary education prior to participating in Skookum 2.0. Two participants were actively searching for employment, one participant had secured employment and the other four were preparing to apply for jobs. Six youth were referred by youth counsellors and one was previously waiting to participate in Skookum prior to the closure.

West Shore Community Prevention and Youth Services

This MCFD funded contract addresses the continuum of needs in the community from early years through youth to young parenthood. PCFSA's Youth Services are designed to provide a continuum of early intervention and prevention services, with individual, family, and community outreach models. Services are provided on a universal basis to the public within the community in the West Shore with priority being determined according to assessed need. Our community-based youth services are intended to promote healthy development, increase resilience and family harmony, reduce high risk behaviours and maintain youth's connections with their community.

Through this MCFD contract, PCFSA served a total of 294 youth and their families, during this 12-month period, with individual and/or group programming. Additional youth received support through telephone contact, texting, and email counselling. This is an increase from the 264 youth that received services through this contract the previous 12-month period. This is in part due to adding more group programming, as well as increased efficiency among the counselling staff in capping the number of sessions each youth and family

member receives and spreading out counselling appointments to accommodate more youth being served at any given time. Of the youth and families serviced during this 12-month period, 186 were new to the agency.

During this reporting period, Sooke Family Resource Society was sub-contracted to deliver the early years programs within this contract. They provided face to face service with 437 participants in total in this period.

Youth Talk

The Youth Talk email counselling program continues to grow and remains an extremely popular service. In addition to the youth we served face to face, we responded to 2270 emails from 284 individual youth during this 12-month period. Trends continue to indicate that more youth are engaging in multiple email exchanges using this service. On average, approximately 16 emails are exchanged with each individual youth using this service, with the minimum being two and the maximum being 155.

Although many individuals do not identify where they reside, there has been a trend in more youth identifying as being from local communities. Of the individuals served through this service, 48 were referred to in person supports in their communities.

Common issues among the youth were depression, suicidal ideation, self-injury, anxiety, gender identity, family conflict, school issues (academic success and transition to college/university), relationship issues and sexual abuse.

There continues to be a significant number of youth who have accessed the service to discuss suicidal ideation, commonly with no active plans, but indicates that this continues to be a safe outlet for youth to address these feelings. It appears that some youth have an easier time expressing their issues through this media, as opposed to face to face, indicating the high need to continue and perhaps expand upon this low barrier service.

We continue to work in collaboration with Youth Space to ensure the forum is working without issue and that we collaborate to provide the best possible service to youth, and to promote and grow the services we provide.

Adult Programs

Better at Home

The intent of the Better at Home program is to support seniors to remain in their homes through offering support in the form of friendly visits and transportation to appointments, offered by volunteers, as well as subsidies for professional services such as light housekeeping. During this 12-month reporting period there were 108 unique individuals registered for service with West Shore Better at Home and 28 unique individuals registered for service with Metchosin Seniors Association, who subcontracts with PCFSA to provide Better at Home Services for Seniors in Metchosin.

Service Requested	Number of Unique Seniors Accessing Service	Service Usage Count	Time Spent (M)
Light Housekeeping	36	308	36,210
Transport to Appointments	36	333	37,160
Friendly Visiting	65	147	4,606
Grocery Shopping	1	12	630

Community Counselling

This 12-month period, the Community Counselling Program provided an internship opportunity for nine master’s level graduate students and provided counselling service to 428 unique individuals. During this reporting period, we have noted high numbers in the complexity of presenting issues, including moderate to high mental health concerns, including severe depression, anxiety, dissociative disorders, and psychosis. Approximately 75% of individuals served through the program have reported historical trauma, including sexual, physical and emotional abuse. About 25% have reported symptoms related to Post Traumatic Stress Disorder (PTSD), such as hyperarousal, dissociation, depression, nightmares, intense feelings of guilt or shame, and self-destructive behaviours. As there is still no dedicated community based mental health resource in the Westshore, it has been noted that PCFSA’s Community Counselling Program receives many referrals from individuals with significant mental health needs. These individuals often require intensive intervention that requires longer support. This is reinforced in the RCMP statistics, which reveal a 50% increase in incidents they respond to having a Mental Health issue.

Stopping the Violence (STV)

Gender-based violence is criminal behaviour that is committed against someone based on their gender identity, gender expression, or perceived gender. It can be physical, emotional, psychological, or sexual in nature. Gender-based violence disproportionately impacts women and girls, Indigenous peoples, and other diverse populations. The Stopping the Violence Program at Pacific Centre provides counselling for women, trans women and gender fluid individuals who currently experience or have previously experienced abuse in an intimate adult relationship and/or who were sexually abused as children.

As the demand for STV counselling services continues to increase at an exponential rate, the main challenge has been to provide service in a timely manner for the number of referrals we receive. Prompt service is particularly crucial when a high level of safety risk is identified, especially when children are also at risk. Approximately 50 % of our STV referrals are rated as priority 1, high safety risk.

While managing the waitlist and supporting program participants to transition out of service is an important component of effective service delivery, which we address through regular review, people coming to see us are often seeking services for long term counselling regarding complex trauma. While we address these service requests within the context of the STV mandate of medium range counselling, it is of concern that there are no funded resources that will support women and trans persons on limited income who require long term counselling for complex trauma. There is nowhere to refer persons who cannot cover private fees for longer term counselling.

This reporting period 228 individuals received counselling and support in the STV program. Of those, 120 were new referrals. Referral sources are listed below.

<i>Referral Source</i>	<i>Total</i>
<i>Self</i>	56
<i>Social Worker</i>	17
<i>Internal Program</i>	14
<i>Victoria Child Abuse Prevention and Counselling Centre</i>	1
<i>Family/Parent/Guardian</i>	1
<i>Internal Team Meeting</i>	2
<i>Community Agency</i>	7
<i>Health Unit - PHN</i>	10
<i>Friend</i>	1
<i>Police</i>	3
<i>Victim Services</i>	6
<i>Victoria Women's Transition House</i>	1
<i>MCFD - Sooke/Saanich</i>	1
	120

Women's Collaborative Drop-In Group

In collaboration with our Community Counselling internship program, the STV program offers a weekly drop in group to provide support, education, and resource development for women throughout the Capital Regional District. This group is immediately accessible to women, while they are awaiting individual counselling.

During this reporting period 42 individuals utilized the drop-in group services. They were from municipalities throughout the CRD, including, Victoria, Sooke, Shawnigan Lake and Esquimalt as well as Langford and Colwood.

Toward the end of this reporting period, due to the Covid-19 pandemic, groups were put on hold temporarily, while we continued to offer additional individual sessions through virtual means. We will resume our STV drop-in group through telehealth counselling in late July.

Safer Families – Family Violence Prevention (FVP) Program

PCFSA’s Safer Families - FVP program supports the delivery of individual and group counselling for adults, within and outside of the criminal justice system, to address their abusive or violent behaviour within intimate relationships. To enhance assessment of the program participants and to prioritize safety, we also provide services for intimate partners. Partner services aim to increase safety through education on the dynamics of abuse and offer support for safe and healthy choices. Partners are contacted as part of the assessment and may receive ongoing support or intervention if required.

The program enables program participants to understand the nature of domestic violence, to take responsibility for their actions and to develop alternatives to abusive behavior. We work from a variety of perspectives (including feminist, cognitive, narrative, solution-focused, trauma-informed, polyvagal and trans-theoretical), recognizing past traumas as influencing current behaviour, while still maintaining accountability as a primary focus. The persons served are expected to take responsibility for their behaviour and develop tools for building healthy relationships.

This program served 104 individuals this 12-month period, which included 23 female partners, who received services as part of the accountable model of intervention. Of these, 52 were new referrals, 15 were discharged from the program.

Individuals attending counselling for family violence need to feel that they are not going to be judged and that they can be given respectful unbiased feedback regarding the choices they are making. Counselling services encourage individuals who use violence to develop the ability to reflect on the situations they find themselves in and their responses to these situations. Individuals develop healthy coping skills that in turn assist them in developing a more reflective stance. Ninety-three percent of respondents agreed or strongly agreed that they were making better choices because of their participation in the Safer Families FVP program.

Group participants were given the option to participate in additional group cycles. Those who returned served as role models and informal mentors, while continuing to receive ongoing support from the groups which deepened understanding of their own patterns. Combining new participants with returning participants proved to be an effective approach, as evidenced by feedback on this from all participants. New participants were pleased to hear from and felt understood by those who had “walked a mile in their shoes” and made beneficial changes. Returning participants also “set the bar” on taking responsibility for their own actions in a way that had more weight than if it came from the facilitators.

This program is truly a regional service and is unique in its model of holding individuals accountable for their violence and engaging the whole family safely and with care.

Substance Use (SU) Program

The SU program’s goal is to improve the health and functioning of individuals affected by substance use in the community, thereby enhancing well-being and public health and reducing the impact on the health service. It is understood that heavy substance use and/or dependence frequently co-occur with mental health problems, physical illness and a range of psychosocial needs. According to the Review of the Island Health Substance Use Services System (Virgo Consultants and Island Health, 2014), substance use consists of three inter-related dimensions: acuity, chronicity and complexity. Acuity refers to short duration and/or urgent risks or adverse

consequences (e.g., violence or accidents) that are associated with use. Chronicity refers to the development or worsening of physical or mental health concerns. Complexity refers to the degree of co-occurrence of acute or chronic problems with health and social factors such as homelessness and unemployment that complicate the process of addressing the problem (Rush, 2010; Reist & Brown 2008). All of these aspects can be presenting issues for individuals who access the SU service.

The SU team also recognizes the prevalence of past traumas and early attachment issues for the individuals served and acknowledges the need to be informed about how the effects of the trauma(s) influence capacity for recovery. “Trauma-Informed Care” is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment” (Hopper, Bassuk, & Olivet, 2010). The SU counsellors recognize the links between the experience of violence and trauma, mental health problems and substance use issues and are committed to following the principles of Trauma Informed Care. Priority is placed on individual safety, providing choice and control in treatment planning, welcoming trauma survivors, minimizing the possibility of re-victimization and supporting individual empowerment and skill development.

The SU program served 307 individuals during this 12-month reporting period, compared with 256 during the same period the previous year and 228 two years ago. Of those, 251 were new to the agency. The average length of time that individuals spent in the program was 15 weeks, with the actual number of session ranging from 1 to 30. Approximately 75% of individuals received a maximum of 12 sessions to date, with 25% requiring more sessions for stabilization of more complex situations. There was an 18% no show rate this reporting period, which includes individuals that did not attend any sessions and whose referrals were closed due to not engaging in service. This is consistent with trends we typically see in the program. Counsellors maximize their efficiency by using this pattern of attendance to provide for time for administrative tasks.

Quality improvement planning

All program reports include quality improvement plans. In addition, we prepare a regular review of our table of performance indicators. We create an annual quality improvement plan in our business operational plan.

General themes that emerge across programs in plans for improvement are:

- ✚ Effectiveness - maintain commitment to high quality standards.
- ✚ Accessibility - continue to collaborate and triage demands for service while looking at creative ways to increase the capacity of our services, including adding groups and engaging practicum students.
- ✚ Efficiency – continue to secure funding to maintain PCFSA’s central intake position which is providing a more streamlined intake process and allowing the counsellors in all PCFSA programs to spend more time in individual counselling sessions
- ✚ Satisfaction – continue to implement the ‘Feedback Week’ model as well as further build a ‘culture of feedback’.

Strategic Objectives – the year ahead

Though the continued impacts of Covid-19 are uncertain, we are moving forward with plans to create a new Hybrid Model of service delivery, which will include both virtual and in person counselling and programming.

This will allow us to not only create a more sustainable business model, but to also be able to provide a continuum of service delivery options for vulnerable individuals and families. PCFSA will continue to maintain and create new collaborative partnerships, to provide the best service possible for the communities we serve. We will continue to try to find ways to raise funds to maintain and increase the capacity of our services.

Friends and support

Thanks to our supportive funders:

- ◇ Ministry for Children and Family Development
- ◇ Ministry of Public Safety and Solicitor General
- ◇ Island Health Authority
- ◇ The Cridge Centre
- ◇ United Way of Greater Victoria
- ◇ United Way of Lower Mainland
- ◇ City of Colwood
- ◇ City of Langford
- ◇ District of Highlands
- ◇ District of Metchosin
- ◇ District of View Royal
- ◇ The Horner Foundation
- ◇ The Victoria Foundation
- ◇ The Chen Foundation
- ◇ Intact Insurance
- ◇ Children’s Health Foundation of Vancouver Island
- ◇ Westshore Chamber of Commerce
- ◇ Westshore Rotary
- ◇ Worklink Employment Services
- ◇ Westshore Women’s Business Network
- ◇ Westcorp
- ◇ Island Savings Credit Union
- ◇ Vancity
- ◇ Coast Capital Savings Credit Union
- ◇ Royal Bank-Colwood
- ◇ Decoda
- ◇ The Dupuis Lange Group
- ◇ Maxx Furniture
- ◇ The Taphouse, Holiday Inn Express, Coastal Offices
- ◇ BarterPay and Associates
- ◇ Brink Events
- ◇ Each and every individual donor, volunteer and member of PCFSA

Liz Nelson and Jennifer Munro, Interim Co-Executive Directors

June 2020

TREASURER'S REPORT

The Past

In a year of transition and change, the Association increased funding for several programs, resulting in total revenues of \$1.86 million (\$1.66 million in prior year). Total expenditures were \$2.31 million (\$2.71 million in prior year). Operating loss was \$457,000 (\$1.048 million operating loss in prior year).

During the year, several building strata units were sold, resulting in a loss on sale of \$431,000 (\$235,000 profit on sale in prior year). The building was also listed for sale, and has been classified on the balance sheet as a property held for sale at \$3.98 million net realizable value. The impact of this has been an impairment to the value of this asset of \$1.24 million.

After adjusting for property related transactions, the total deficiency of revenues over expenditures was \$2.1 million (\$0.8 million in prior year).

The Present

The Covid-19 pandemic has forced an overdue restructuring of the Association's business model. Staff have successfully transitioned to a fully remote counselling model, using laptops, cell phones and Zoom to continue assisting clients. The Association was able to obtain incremental short-term funding from several agencies to cover most of these technology costs, as well as to increase service in some programs.

Our Occupational Health & Safety team is working on a WorkSafe BC compliant partial return to work program, which will commence this summer. Staff will continue to assist clients remotely, in person in a limited form, and in the community in future (subject to pandemic restrictions).

This "hybrid" service delivery model is financially sustainable. Our teams can now operate remotely (all data is cloud based), and from reduced office space (limited in person counselling sessions). We have transitioned the finance function to an outsourced Virtual CFO and reduced overhead wherever possible.

The Future

The Association's building is listed for sale. Depending on the final selling price, the net sale proceeds will cover all debts and result in financial sustainability. Given the negative impact of Covid-19 on the commercial real estate market, the Association is simultaneously investigating leasing unused office space in the building to increase rental revenues. It has been a challenging time, but we believe the Association is well on the way to a more financially sustainable future.

Andy Pharo, PCFSA Board Treasurer
June 2020