

PACIFIC CENTRE FAMILY SERVICES ASSOCIATION



encourage
possibilities

Annual Report
June 2021

“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.”

2021 Board of Directors Chair Report

2020 has been a year of opportunity for PCFSA.

Due to the prevalence of Covid-19 throughout this past year, remote counselling services have persisted, with the addition of in-person services depending on the state of restrictions from the BC Public Health Office. As we transition into fewer Public Health restrictions, some counselling services will continue virtually in order to benefit from maximized use of office space and reduced cancellations and no-shows. This year has given us an opportunity to pilot a model that has proven to reduce barriers to accessing services for many individuals and families that we serve.

During the summer of 2020, the organization re-engaged with community partners in planning activities to implement a Community Health Centre (CHC) in our community. We are pleased to confirm that funding for this CHC has been confirmed by the Ministry of Health and implementation is underway, with a target to open Spring 2022. The CHC will provide much-needed longitudinal primary care targeting those in our community who are experiencing barriers to care. This will complement our existing services and programs, which are continuing to grow.

This growth would not have been possible without our community partners, our Board of Directors, and most especially our staff. Upon the retirement of Deborah Wilson, this year has seen the appointment of our current Executive Director, Liz Nelson, who has been instrumental in this success and will lead us through this next phase. Throughout much of the year this leadership role was shared between Liz Nelson and Jennifer Munro. At the conclusion of this month Jen is transitioning to full-time private practice after 16 years with PCFSA. Jen's absence will be felt by all the staff and Board and we wish her well in all of her adventures!

The Board has also experienced a season of change. At the end of March 2021, Alison Campbell made the difficult decision to leave the Board after 13 years of service. We are grateful to have had the benefit of her participation and experience over these years. Bill McElroy rejoined our Board last Spring and once again concludes his tenure with PCFSA as of the 2021 AGM. I am confident I speak on behalf of all the Board members when I say we will miss the experience and stories that Bill provides as he refocuses his time on his family and leisure activities. Vanessa Schneider and Catherine McDonald joined the Board at last year's AGM. Catherine departed the Board at the end of March and made a considerable impact to the organization during her time. We have benefitted from Vanessa's ongoing support throughout the year, and though she is leaving the Board as of today's meeting, we look forward to working with her in the coming days as opportunity allows.

I am overjoyed to introduce a number of new Board Directors! These people include, ordered by their timely commitment to participate, Philip Bisset-Covaneiro, Adam French, Dalcyce Dixon, Marisa Collins, Janelle Anderson, and Larry Stevenson. Each of these new additions to our Board brings with them an abundance of experience, enthusiasm, and desire to see PCFSA thrive. These new Directors join me, Ashley Bertsch, and Andy Pharo as your stewards for the coming year.

Shawna Adams
Pacific Centre Family Services Association, Board Chair

2021 Board of Directors Treasurer Report

The Past

As of last year's report, the Association's building was listed for sale, with proceeds anticipated to cover all outstanding debts. During the year we had a break-even unit sale resulting in ownership of unit 200 only. Sale of this unit resulted in the loss of the lease revenue, but a significant increase in successful grant proposals brought in approximately \$600,000 over the previous year. The remainder of the building is no longer listed for sale. Covid 19 presented many challenges but also some financial opportunity for the Association, having successfully navigated the transition to a hybrid business model.

Total revenues for the year were \$1.84 million (\$1.86 million in prior year). Total expenditures were \$2.13 million (\$2.31 million in prior year), with a total operating loss of \$164,000 (\$457,000 prior year). This is a significant improvement of the operating loss from the prior year and an even greater improvement over the operating loss in 2019 of \$1.05 million.

After adjustments to account for amortization on capital assets, a total of \$124,000, we had a net loss of approximately \$288,000.

The Present

PCFSA has made a monumental shift toward long term sustainability by securing funding from the Ministry of Health to advance the development of a Westshore Community Health Centre (WSCHC). The addition of this program for the community provides an annual funding increase of \$4.013 million as well as one-time funding of \$1.925 million for its implementation.

This increase to the operating budget will allow PCFSA to address its previous operating losses and its on-going financial obligations.

The Future

The Association is destined for a transformative year ahead and is focused on realizing a balanced operating budget. The WSCHC is an opportunity to transition PCFSA into long-term financial stability. This process will take time and dedicated effort by the staff and Board to ensure this result. A Certified Professional Accountant (CPA) has been hired as the Director of Finance and HR to provide additional expertise and leadership to PCFSA.

A highly skilled Board of Directors has been formed in recent months and is supported by a strong and experience executive team. This group is inspired, experienced, and focused on the long-term financial health of the Association.

A sustainable financial future for PCFSA is an acknowledgement of all those who have participated in the organization's activities this past year.

Bill McElroy
Pacific Centre Family Services Association, Treasurer

Introduction

This past year has been another transitional year for PCFSA. In July 2020, Jen Munro and Liz Nelson were appointed as Transition Co-Executive Directors during the Global Pandemic and a period of financial hardship for the Association. Together, they successfully navigated the shifting of operations to a hybrid model of service delivery to follow the directives of the Provincial Health Office (PHO), secured additional grant funding to ensure programs could continue and, in some cases, expand, and were directly involved in the successful proposal and funding application for a Westshore Community Health Centre. During this time, the staff at PCFSA continued to maintain a commitment to excellence and high international standards.

As PCFSA continues to navigate new ways of providing services that includes in-person and telehealth programming, we are optimistic about a model that will allow us to continue to build upon the quality and capacity of our programs, while creating financial stability for the Association. Once we moved to virtual services during the Covid-19 pandemic, there was a notable increase in engagement and retention from our service participants, as the model removed some barriers to receiving service. This has prompted us to create a hybrid business model that will not only be more cost efficient but will also allow 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, as well as all communities in between. While PCFSA serves the whole of the Capital Regional District, we have a particular 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 will 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. PCFSA served over 2400 individuals this past year, which is a significant increase from last year (1616) and reflective of this 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, the 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, associated violence, and abuse
- Substance abuse and misuse
- Unstable housing/shelter
- Suicidality
- Lack of social and family connection
- Anxiety and depression
- Increased screen time and media use

PCFSA has been working with partners and stakeholders to increase funding so that we can expand our services to best serve the needs of youth in our community and reduce wait times for service. The Municipalities of Langford and Colwood have both increased their contributions to PCFSA's Community Outreach Prevention and Education (COPE) program, for the second year in a row, to allow expansion of the program.

Governance

PCFSA has experienced some transitions with our Board of Directors this year, with a few Directors retiring and several new Directors 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

PCFSA has recently received approval to implement a Westshore Community Health Centre (WSCHC) and is undergoing a period of transition to a new hybrid model of offering existing services both virtually and in person. As such, we are making changes to our strategic goals, while maintaining high operational standards and fulfilling new opportunities. PCFSA continues to reinforce its position as an agency of choice for donors, partners, students, staff, and participants.

We continue to routinely complete reviews of key strategic components, such as our: communications and resource development plan, 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 and make it available to the public on our website. Due to Covid-19 and a recent change in strategic direction, PCFSA's current Strategic Plan is in the process of being adapted to meet the changing needs of the individuals and families we serve.

During this past year we have prioritised the development of 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 works regularly with colleagues and community partners to enhance our collaborative approach to serving families. PCFSA has been an active member of the Healthy Schools, Healthy People Community Leadership Table and has participated in working groups to address significant concerns affecting our community (suicide postvention, reconciliations, integration, delays in service, 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.

Feedback

Across the teams of PCFSA we have continued our methodology of “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 an effective way to hear from people we serve. Some comments we received during our Feedback Weeks include:

“My counsellor helped me so much. I started to be scared to go to school after Covid came and she helped me to understand why and learn new ways to see my friends. She helped my mom feel better too.”

“After Covid 19 happened last year and everything changed, my teenager got very depressed. I had never worried so much about my child as I did when she couldn’t finish her last year of high school with her friends. The youth counsellor helped my daughter grieve all of the losses and find new ways of thinking about what had happened. My daughter now has skills that will help her as an adult. Thank you so much.”

“Thank you to the counsellor at Pacific Centre. My youngest son has learned to draw when he feels so angry and sad instead of damaging his favorite things. His stepbrother died a year ago and I just didn’t know how to help him because the whole family was just devastated. Our counsellor helped us all learn that trying to push the feelings away only made things worse.”

“I stopped trying at school this year because school was so different. It got worse and I got really depressed and worried all the time. So did my friends. I got really good help from my counsellor. I never thought I would talk about thinking I was trans. She helped me talk to my parents about it. I go to the LGPTQ2+ group now with my friend. You helped me a lot.”

“The youth counsellor was excellent for my daughter after I separated from my husband. He was so kind and helped me with my parenting because I was just lost on how to manage. He very encouraging and taught me so much.”

Training and Professional Development

PCFSA continues to provide clinical supervision and training for all our counselling staff. This year PCFSA changed the leadership structure to include a Co-Executive Director who provides clinical consultation across all PCFSA's programs for added professional development and clinical excellence. By providing clinical consultation in-house, the counselling staff can receive more regular clinical support, which is particularly important as we observe increasing complexities in the cases. The staff and the individuals with whom they work benefit from these consultations. "Clinical [consultation] is a primary means of improving workforce retention and job satisfaction" (Roche, Todd, & O'Connor, 2007).

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

Volunteers

PCFSA has always had a volunteer Board of Directors and has occasionally had those members involved in other roles such as fundraising activities. This year volunteers on our Board had a larger role with the Community Health Centre collaborative proposal and other engagement activities.

We also continued our partnership with the Colwood and Westshore branches of the Royal Bank of Canada, whose dedicated volunteers assisted us with providing holiday hampers for some of the families we work with. Because of Covid-19, we were unable to engage in many of our usual fundraising activities, which typically involve an annual golf tournament, 50-50 draws at Victoria Royals hockey games, and other events. We did, however, continue our collaboration with Our Place Society for a successful Coldest Night of the Year walk which, despite being virtual this year, attracted more volunteers, participants and fundraising dollars than the previous year.

PCFSA's Better at Home Program also has 20 dedicated volunteers who have been instrumental during the Covid-19 pandemic in providing needed grocery and meal delivery, and telephone support for isolated and vulnerable seniors in our community.

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. This approach to volunteering has matured and developed over several years, and it is well established that volunteers deserve clear expectations, feedback, and recognition in their roles.

We currently have about 25 volunteers in addition to our Board Directors. 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 valued individuals. Volunteer hours are increasing as our Better at Home program continues to expand.

Students/Interns

PCFSA has always had a great reputation for offering excellent placements for students in the mental health field. We have offered internship opportunities for over 82 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 same manner, we are working at developing a strategy to offer student placements in all our counselling programs; we are committed to maintaining high standards of learning for the students and excellent service for our clients. Through the past year we have supported four students in their learning and professional development.

Health and Safety

PCFSA meets high standards to ensure optimal working conditions and promote 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 Occupational Health and Safety (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, we also attend OHS committee meetings for each location to address common concerns and best practices.

Through the year we attended over a dozen OHS committee meetings. All required drills were completed and recorded. External inspections were completed at all locations and regular safety inspections were completed using standard internal forms.

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. During this time, our counsellors continued to provide essential mental health 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 have been using a secure and encrypted technology platform to ensure privacy.

In the fall of 2020, PCFSA re-opened its doors to provide limited in-person counselling to complement our virtual services. We have continued to operate within this hybrid approach throughout the pandemic.

The OHS committee worked on developing and amending policies and procedures to follow current WorkSafe BC guidelines and regulations, as Provincial Health restrictions and directives changed over the course of the year. In-person services are conducted with all parties wearing masks and socially distanced. We have had enhanced cleaning procedures in place, and staff who are able to work from home have been encouraged to do so.

Critical Incidents

We had no critical incidents this year.

Finance

PCFSA 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 diversity and inclusivity. We have a detailed plan and position statement that is reviewed every year. Each year we build on our commitment and we 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 decolonization in all our activities.
- Students have contributed 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 included in annual reports. We have concentrated on ensuring this is captured in our database.
- Case supervision and discussions include reference 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 the case file audit template.

Our future plans include:

- Review of the Truth and Reconciliation Commission Calls to Action and identification of what PCFSA can do in support.
- More in-depth Indigenous decolonization training for our staff.
- Increase efforts to recruit staff and board members from diverse backgrounds to be more representative of the communities we serve.
- Commitment to ongoing support for Trauma-Informed Practice.

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 to counsellors. This high level of complexity across all programs must again be contextualized in rapid population growth, without the supporting increases in services in the Westshore.

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

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

PCFSA served a total of 2466 individuals with direct service this year. In addition, our intake counsellor responded to 30-100 inquiries for service and information each week.

<i>Municipality</i>	<i>Percentage</i>
<i>Langford</i>	42%
<i>Colwood</i>	20%
<i>Sooke</i>	12%
<i>Victoria</i>	7%
<i>Metchosin</i>	6%
<i>View Royal</i>	4%
<i>Saanich</i>	2%
<i>Highlands</i>	2%
<i>Malahat</i>	1%
<i>Esquimalt</i>	1%
<i>Shawnigan Lake</i>	1%
<i>Shirley</i>	1%
<i>Lake Cowichan</i>	1%
<i>Total</i>	100%

The impact of our services reaches far beyond the individuals we serve, as the benefits extend to 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.

Intake Services

PCFSA receives funding from United Way of Greater Victoria for a part-time Central Intake Counsellor position. This position provides a streamlined intake process and allows the counsellors in all PCFSA programs to focus on individual counselling sessions. Community referral sources have provided feedback about how helpful it has been to have a single point of contact and avoid being passed from program to program, to identify which program is the best fit for the person being referred for service. This position has provided a more efficient intake process while also better responding 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).

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. COPE has the following three overall aims:

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

PCFSA’s COPE program served 145 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 (YFCs) 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 3-6 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 can report on local trends and current issues affecting young people, allowing us to advocate on behalf of youth in our community with legitimacy and authority. Through community advocacy, we have been able to secure additional funding from the Municipalities of Langford and Colwood to expand this program during the next fiscal year to include two additional counselling positions. These additional counsellors will work in partnership with the Westshore RCMP and other community stakeholders.

Crime Reduction and Exploitation Diversion (CRED) Program

This reporting period was the second year of a 3-year funding grant from the Gun and Gang Violence Action Fund (GGVAF), through the Ministry of Public Safety and Solicitor General. This has 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. During this reporting period, CRED provided service for 336 youth and their families. Of those clients, 179 reported their gender to be male, 148 as female, 6 as non-binary, and 3 as 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.
- 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, street engagement, and networking.

Often by the time 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 with at-risk youth and their families over time.

Groups

Groups were put on hold for most of this reporting period due to the Covid-19 pandemic, with the exception of our Lego Group, which was offered outside when weather permitted. The Lego Group is a LGBTQ2S+ group offered in collaboration with Westshore Child and Youth Mental Health and Aboriginal Child and Youth Mental Health. There were anywhere from 4 to 12 individuals who

attended 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 programming for this group.

Parenting Support

During this reporting period, we have continued our family model of providing parent or other caregiver support, as it provides families with counselling and resources which are integral to ensuring better outcomes all around. We had planned an in-person parenting group this year, but social distancing requirements of the pandemic restricted us from doing so. We did not have enough interest for a virtual group.

Sexual Abuse Intervention Program (SAIP)

The Sexual Abuse Intervention Program (SAIP) is a Ministry of Children and Family Development (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. The program is offered to families living in Sooke and the Westshore communities. There was a total of 117 children/youth who participated in the SAIP program during the 2020-21 reporting period, 47 of whom were new referrals to PCFSA.

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.

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>	12	9			20
<i>Colwood</i>	9	4			13
<i>Sooke</i>	5	4		1	10
<i>Metchosin</i>		1			1
<i>View Royal</i>		1			1
<i>Highlands</i>	1				1
Total	27	19		1	47

Through this MCFD contract, PCFSA served a total of 267 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. Of the youth and families supported during this 12-month period, 175 were new to the agency.

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 2579 emails from 287 individual youth during this 12-month period. This represents an increase from the 2270 we received from 283 youth during the same period the previous year, which is reflective of more youth reaching out virtually during the Covid-19 pandemic. Trends continue to indicate that more youth are engaging in multiple email exchanges when using this service. On average, about 17 emails are exchanged with each youth using this service, with the minimum being two and the maximum being 187.

The majority (93%) of referrals to Youth Talk have come through Youth Space, which is operated by NEED2. The remaining 8% access the Youth Talk email service directly.

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, 26 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 access the service to discuss suicidal ideation, reinforcing that this model of service delivery is a safe outlet for youth to address their painful 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 service.

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

Adult Programs

Better at Home

The intent of the Better at Home program is to support seniors to remain in their homes, 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 103 unique individuals registered for service with West Shore Better at Home and 32 unique individuals registered for service with Metchosin Seniors Association, who subcontracts with PCFSA to provide Better at Home Services for Seniors in Metchosin.

This year, due to Covid-19, services were shifted to provide services such as grocery and meal delivery as well as telephone check-ins with isolated and vulnerable seniors. We put a pause on in-person friendly visits, light housekeeping, and transportation services for most of the year to protect the seniors from potential Covid-19 exposure. Light housekeeping resumed in September 2020, with strict Covid Safety plans in place, but we are yet to resume transportation and in-person visits.

Community Counselling

During this 12-month period, in addition to the Fee for Service component of this program, the Community Counselling Program was fortunate to receive a temporary grant from the Community Action Initiative (CAI), which enabled us to provide short-term, low cost, reduced-barrier supports for individuals who were impacted by the effects of isolation as a result of Covid-19. The most significant impact of this funding has been for vulnerable individuals, who do not meet the mandate of other funded programs and cannot afford private counselling fees, to receive much needed mental health supports. We were able to recruit experienced counsellors, who are trained in trauma therapy, to provide vital counselling for those who need it the most and can afford it the least. Though this is a significant, ongoing, and underserved community need, this was particularly salient during this past year of a global pandemic. Mental health crises are continuing to be on the rise, without enough services to support all those in need. This funding has been crucial in providing timely support for many of these individuals.

Through this program, we provided counselling services for a total of 229 unique individuals. Of these, there was a substantial increase in 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, difficulty sleeping, depression, intense feelings of guilt or shame, and avoidant 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.

Employment Services Program (ESP)

The Employment Services Program provides short term individual counselling sessions to individuals who are identified by WorkLink Employment Services as needing personal support as part of their employment readiness plans. The program has evolved from its inception of providing only group workshops, to a flexible model, providing more individualized service to the participants. The service is provided at a capacity of 21 hours per week, based at the WorkLink location, 3179 Jacklin Road, Langford, BC. This year due to Covid-19, much of the service was offered remotely through Telehealth counselling.

Referrals to the program are made solely by WorkLink Employment Services case managers, who prioritize according to the needs of the individuals. The program counsellor works in collaboration with the case managers to provide the best service, at the right time, for each individual who is accessing service. Referrals are made to other PCFSA programs or community agencies as appropriate. This reporting period, PCFSA providing counselling for 99 individuals through this service.

PCFSA continues to work with the WorkLink Executive Director, as well as the case managers, to ensure the service remains relevant and beneficial for the participants.

Stopping the Violence (STV)

Gender-based violence is violence 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, addressed 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.

In this reporting period 258 individuals received counselling and support in the STV program. Of those, 98 were new referrals. Referral sources are listed below.

<i>Referral Source</i>	<i>Total</i>
<i>Self</i>	52
<i>Social Worker</i>	16
<i>Internal Program</i>	7
<i>Victoria Child Abuse Prevention and Counselling Centre</i>	3
<i>Family/Parent/Guardian</i>	1
<i>Community Agency</i>	7
<i>Health Unit - PHN</i>	8
<i>Friend</i>	1
<i>Police</i>	3
<i>Victim Services</i>	6
<i>Victoria Women's Transition House</i>	1
	98

STV Drop-In Group

In collaboration with our Community Counselling Internship program, the STV program has in the past offered a weekly drop-in group to provide support, education, and resource development for women, trans women, and gender fluid individuals throughout the Capital Regional District. This group is immediately accessible to women while they are awaiting individual counselling. Due to Covid-19, we put a pause on in-person groups this year but were able to shift to a virtual model in September 2020. Though the attendance varied, as not all were able to attend due to safety concerns, there was a total of 62 individuals registered in the group program. There were anywhere from 2–10 participants at any given time. They were from municipalities throughout the CRD, including Victoria, Sooke, Shawnigan Lake, and Esquimalt as well as Langford and Colwood.

Safer Families – Family Violence Prevention (FVP) Program

PCFSA 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 134 individuals this 12-month period, which included 25 female partners, who received services as part of the accountable model of intervention. Of these, 48 were new referrals, and 12 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. Participants 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.

During this reporting period, the program continued to be enhanced by group services funded by the Ministry of Public Safety and Solicitor General. Though Covid-19 Provincial Health restrictions delayed the group from starting and limited the number of participants, we were still able to offer 2 in-person groups with 8 participants each. Individuals who were not able to participate in group were offered individualized programming with the same curriculum.

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 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 289 individuals during this 12-month reporting period. Of those, 238 were new to the agency. The average length of time that individuals spent in the program was 15 weeks, with the actual number of sessions ranging from 1 to 30. Approximately 75% of individuals received a maximum of 12 sessions with 25% requiring more sessions for stabilization of more complex situations. There was a 7% no-show rate this reporting period, which includes individuals who did not attend any sessions and whose referrals were closed due to not engaging in service. This is lower than the usual no-show rate of 15%, which can likely be attributed to most sessions being offered through Telehealth, reducing the barrier of individuals needing to get to their counselling appointments. Counsellors maximize their efficiency by using this pattern of attendance to provide 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 operational business plan.

General themes that emerge across programs 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 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 impact of Covid-19 is still 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.

Through partnership with the Western Communities Primary Care Network (PCN), AVI Health Services – Westshore, and Helmcken Cove Family Practice, PCFSA will be implementing a new Ministry of Health funded Community Health Centre (CHC). The CHC will be designed to bring low-barrier, trauma-informed, coordinated care to the underserved populations of the Westshore and their families. Focus populations for the Westshore CHC will be people with moderate to severe mental health conditions; people with substance use disorders; seniors; people with multiple chronic health conditions; people with diversabilities; people who identify as Indigenous; and gender diverse/LGBTQ2S people. The care team practicing at the Westshore CHC will include Family Physicians, Nurse Practitioners, a Primary Care Nurse, Community Health Workers, an Elder in Residence, Medical Office Administrators, Registered Clinical Counsellors, Social Workers, a Clinical Pharmacist, and the AVI Substance-Use Team. Though the CHC will ultimately fall under PCFSA’s array of services and governance, its inception and implementation are a partnership among several organizations and community members. The anticipated opening date is the Spring of 2022.

Friends and Support

Thank you to our supportive partners and funders:

AVI Community and Health Services
BarterPay and Associates
BC Association for Charitable Gaming
BC Association of Community Health Centres
Bell Canada
Blue Sea Foundation
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United Way of Greater Victoria
United Way of Lower Mainland
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Vancity
Vancouver Island Health Authority
Victoria Chamber of Commerce
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Westshore and Sooke RCMP
Westshore Chamber of Commerce
Westshore Lions Club
Westshore Rotary
Westshore Women's Business Network
WorkLink Employment Services
Each and every individual donor, volunteer and member of PCFSA

Respectfully submitted,

Liz Nelson
Executive Director, June 2021