



**Pacific Centre**  
Family Services Association

Annual Report  
September 2022

*“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.”*

## 2022 Board of Directors Chair Report

2021 has been a year of renewal for PCFSA. Expanded services and the security of sustainable operations has seen this theme of renewal throughout a busy and productive year.

Covid-19 isn't quite done with us yet, and remote counselling services have persisted in addition to in-person services when possible. Having identified benefits from remote sessions, PCFSA will continue to operate in a hybrid model to improve access to services, space utilization, and as an opportunity for work/life balance for staff.

During the spring of 2021, the Ministry of Health confirmed funding to implement a Community Health Centre (CHC) in our community. As of June 1, 2022 the Westshore CHC opened to provide much-needed longitudinal primary care for those in our community who have experienced barriers to care. This complements our existing services and programs, which continue to grow. This expansion to services has resulted in major renovations to our building on Goldstream Avenue, another aspect of our renewal this past year. The clinical spaces have been created to provide space for CHC operations to integrate with the existing counselling and social services. An Indigenous healing space has been developed to provide opportunity for cultural support to clients and patients as we continue to collaborate with the community to provide trauma-informed space to promote wellness.

Along with everything else, this renewal would not have been possible without our community partners, our Board of Directors, and most especially our staff. Our Executive Director, Liz Nelson, continues to be instrumental in this renewal phase and to mentor our leadership team to be of stellar competence and dedication. Nothing less would have seen PCFSA through this phase of renewal and expansion of staff and structure!

There are no words to adequately commend the staff who have seen us through this past year, and those who have newly joined us. To have continued to demonstrate excellent skill and heart within our existing programming and also support the many changes to structure and the implementation of an entirely new service area, we can absolutely boast about the way this staff have come together and supported all the changes and seem to have flourished in the experience.

The Board of Directors has also continued to develop. As of the AGM from 2021, we welcomed many additions to the Board who have undergone a year of learning and development to embrace the complexities of the many programs of PCFSA as well as ongoing governance training. It has been a rewarding year to see our success, and also share it with such a dedicated team of volunteers.

As of this Annual General Meeting (AGM), we will reluctantly see the end of Marisa Collins' term. Marissa has provided great insight and experience through the year and has been drawn away by devotion to her work in mental health where there is such critical need. I am excited to introduce a new member to our Board Directors this year: Maria Weaver! Maria works as the Regional Suicide Prevention Manager for the Canadian Mental Health Association, BC Division, and brings with her experience and enthusiasm in governance and non-profit management.

Shawna Adams  
Pacific Centre Family Services Association, Board Chair  
Annual Report PCFSA September 2022

# 2022 Board of Directors Treasurer Report

## The Past

Over the past several years, PCFSA has been recovering from financial insecurity due to costs incurred from developing and owning a new building. In fiscal year 2021, PCFSA had net revenues of \$1.84 million, while net expenses exceeded \$2.1million resulting in an operating loss of \$288,000. While this was an improvement from the 3 previous years, this was still of concern for the financial security of the Association.

In April 2021, PCFSA 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 budget secured last year allows PCFSA to address previous operating losses, and ongoing financial obligations.

## Present

The main objective going into this year was the implementation and successful opening of the new Westshore Community Health Centre as well as operating within a more balanced budget than previous years.

A key note in the financial statements, is that the association incurred a net excess of revenue over expenditures of \$84,213 during the year ending in March 31<sup>st</sup>, 2022. Net revenues for the year being \$2.7 million and operating expenses just over \$2.6 million. This is a drastic improvement from an operating loss of \$288,000 the prior year. This is a result of sound financial management and governance of the executive and board.

The launch of the WSCHC is noted to be quite successful thus far, and future budgetary remarks will be inclusive of its financial management.

## Future

The association is building off of sound fiscal policies of 2021-22, with a balanced operating budget ahead. The opening of the WSCHC is setting the pace for a new chapter in PCFSA's story. One that includes a new highly skilled board and a qualified executive team poised to lead PCFSA into the coming years as a leader in the community.

More proactive strategic discussions are commonplace, inclusive of treasury planning, growth milestone planning, and strategic financial planning to ensure we open ourselves to all opportunities financially from our creditors and donors alike. The future is bright and exciting at PCFSA, and I look forward to sharing our next inspiring chapter as the story unfolds!

Adam French, Treasurer

## **Introduction**

This past year has been transformational for Pacific Centre Family Services Association (PCFSA), with a substantial focus on adding primary medical services to the existing array of counselling and social services programs. In May 2021, PCFSA received confirmation of funding to open a Community Health Centre (CHC), which will provide much needed longitudinal healthcare for individuals who have experienced inequities in care due to social determinants of health.

In June 2021, Jen Munro left PCFSA to focus on her private counselling practice and Liz Nelson was appointed as permanent Executive Director. After several Directors of PCFSA's Board left to pursue other opportunities, PCFSA had eight new Directors voted onto the Board in June 2021. All of these Directors have brought unique skillsets which have benefited PCFSA during this transformational period.

Throughout the year, as we navigated our way through a second year of a global pandemic and renovations to our space to include the Community Health Centre, PCFSA continued to provide professional services that include in-person and telehealth programming. Once we moved to virtual services at the start of the Covid-19 pandemic, there was a notable increase in engagement and retention from many of our service participants, as the model removed some barriers to access. This has prompted us to create a hybrid business model which not only allows us to increase accessibility and effectiveness of our services, but to also increase work/life balance for our staff and overall job satisfaction.

Throughout the many transitions over the past three years, the staff at PCFSA continue to maintain a commitment to excellence and high international standards.

## **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 South Vancouver Island, we have a particular focus on the Westshore and Sooke communities, which are among the fastest growing communities in Canada. The Canada Census report (2021, reported February 2022) highlights this rapid growth, with Langford seeing a whopping 31.8% increase in population since the last census in 2016, compared with a national average of 5.2% growth. Sooke saw a 16% growth in population, and other Westshore municipalities also had higher than average increases with Colwood at 12.5%, View Royal 11.2%, and Metchosin at 7.6%. Statistics Canada projects this growth trend 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.

As a growing community with less costly housing than Victoria and Saanich, the Westshore comprises a largely younger demographic. This means more working families with children and the accompanying stressors such as childcare concerns, finances, job stability, healthcare, housing, etc. An increased population of young families in the Westshore represents an increased population that are vulnerable to mental health, domestic violence, parenting and family dynamic challenges, and other concerns.

Support services in the Westshore are continually challenged to respond in a timely manner to the demand for service. Due to the population growth, this demand will continue to grow in future years.

As a direct and indirect result of COVID-19, PCFSA has seen a 200% increase in requests for service since the pandemic began. Individuals requesting service are reporting higher levels of mental health symptoms such as depression and anxiety, more harmful substance use, and increased family violence, leading to trauma symptoms. Individuals and families are feeling a higher financial burden, in addition to loneliness and isolation. Previous mental health concerns have escalated, leading to higher than ever reports of suicidal ideation. The need for mental health support in our community is much greater than the services available.

PCFSA served 2,759 individuals this past year, which is an increase from the approximately 2,400 individuals we served last year and a substantial increase from 2 years ago, where we served 1,616 individuals. This again reflects the growing pressure on the social services sector and the need in the community.

PCFSA has been working with partners and stakeholders to increase funding so that we can expand our services to best serve the needs of individuals and families in our community and reduce wait times for service. In addition to the funding from the Ministry of Health to open a Community Health Centre, we have received additional funding from United Way Southern Vancouver Island, the Community Action Initiative (CAI), Victoria Foundation, Island Health, and others, to expand our programming. In addition, the Municipalities of Langford and Colwood have both increased their contributions to PCFSA's Community Outreach Prevention and Education (COPE) program, for the third year in a row, to allow expansion of the program.

## **Governance**

PCFSA experienced some transitions with our Board of Directors at the start of this year, with several new Directors joining our board for the coming year. We are fortunate to be supported by dedicated, enthusiastic community leaders from both the non-profit and for-profit sectors.

## **Strategy**

With the addition of the Community Health Centre to PCFSA's array of services, PCFSA is working on adapting our strategic goals, while continuing to maintain high operational standards and fulfilling new opportunities. PCFSA continues to reinforce its position as an agency of choice for donors, partners, students, staff, and the community members we serve.

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 implementation of the new Westshore Community Health Centre and 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 Development**

PCFSA continues to demonstrate its commitment to community development 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 Village Initiative (formerly the Healthy Schools, Healthy People Community Leadership Table) and has participated in working groups to address significant concerns affecting our community (mental health and substance use, suicide prevention, 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.

### **Training and Professional Development**

PCFSA continues to provide clinical supervision and training for all our staff. This year PCFSA began to offer external clinical consultation across all programs for added professional development and clinical excellence. By providing clinical consultation, the counselling staff can receive additional 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).

PCFSA also supports trauma informed practices for staff by hosting staff wellness days and Community of Practice (COP) meetings for staff to have opportunities for a safe space to “unpack their backpacks”. By providing opportunities for COP meetings, staff are able to feel supported so they can better support the community.

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 sessions 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 implementation 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 and other events. We did, however, continue our collaboration with Our Place Society for a successful Westshore Coldest Night of the Year walk which attracted more volunteers, participants and fundraising dollars than ever before.

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 3,000 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 85 Master's level students over the past ten years. Due to Covid-19 and renovations to our space, we couldn't support as many interns as is typical this past year. Through the past year we have supported three students in their learning and professional development.

We are, however, expanding our student model to become a learning site for not only counselling interns, but social work students and medical residents. We are looking forward to welcoming counselling and social work students, and medical residents in both physician and nurse practitioner programs in the fall of 2022. We are committed to maintaining high standards of learning for all students and excellent service for our clients and patients.

### **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.

Throughout the year we held 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 has continued to offer a hybrid approach to delivering services over this past year, with in person counselling sessions being complemented with Telehealth. In the fall of 2020, PCFSA re-opened its doors to provide limited in-person counselling to complement our virtual services.

The OHS committee worked on adapting 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 were 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. We are focused on building long lasting meaningful relationships with local Indigenous communities by inviting them to special events and attending and participating in Indigenous events.

Recent indicators of our commitment to diversity:

- All staff and Board Directors have taken the Cultural Perspectives Training through the Indigenous Perspective Society
- 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.
- We have advocated for and secured funding to hire and Indigenous Elder in Residence for the new Westshore Community Health Centre.

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 Southern Vancouver Island 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 Southern Vancouver Island.

PCFSA served a total of 2,759 individuals with direct service this year. In addition, our intake counsellor responded to 30-120 inquiries for service and information each week.

<b><i>Municipality</i></b>	<b><i>Percentage</i></b>
<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 Southern Vancouver Island for a part-time Central Intake Counsellor position. This position provides a streamlined intake process and allows the counsellors in all PCFSA counselling 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 Counselling and Social Services 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 293 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) and through prevention and intervention collaboration with Westshore RCMP. This is a significant increase from the 145 youth that were served during the same 12-month period the previous year. This was due to an increase in funding from the Cities of Langford and Colwood that allowed us to hire additional counselling staff in the program. Both Municipalities have committed to further increases in funding next fiscal year to further our partnership with the RCMP and other community stakeholders.

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.

## **Crime Reduction and Exploitation Diversion (CRED) Program**

This reporting period was the third 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. Toward the end of this reporting period, we received confirmation that this funding will continue for an additional year.

The CRED Coordinator and Youth and Family Counsellor, in this program, 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 438 youth and their families. Of those clients, 288 reported their gender to be male, 186 as female, 14 as non-binary or other.

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

<b><i># Of Individuals by Municipality</i></b>	<b><i>Percentage</i></b>
<i>Colwood</i>	23 %
<i>Langford</i>	29 %
<i>Victoria</i>	20 %
<i>Saanich</i>	10 %
<i>Metchosin</i>	8 %
<i>Esquimalt</i>	10 %
<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 still on hold for most of this reporting period due to the Covid-19 pandemic, with the exception of our Lego Group, which was offered in collaboration with Westshore Parks and

Recreation. The Lego Group provides a safe place for LGBTQIA2S+ youth to receive support and resources. There were anywhere from 4 to 12 individuals who attended each week ranging in age from 13-18.

### **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 enrollment was too low. We are exploring parenting presentations based on community interest.

### **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 112 children/youth who participated in the SAIP program during the 2020-21 reporting period, 68 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.

Through this MCFD contract, PCFSA served a total of 252 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, 189 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 2083 emails from 265 individual youth during this 12-month period. This represents a decrease from the 2579 we received from 287 youth during the same period the previous year, which is reflective of more youth reaching out in person following the lifting of restrictions from the Covid-19 pandemic. Trends continue to indicate that more youth are engaging in multiple email exchanges when using this service. On average, about 15 emails are exchanged with each youth using this service, with the minimum being two and the maximum being 210.

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 Counselling and Social Services 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 127 unique individuals registered for service with West Shore Better at Home and Metchosin Seniors Association, who subcontracts with PCFSA to provide Better at Home Services for Seniors in Metchosin.

This year, due to Covid-19, while still offering meal delivery and telephone check-ins with isolated and vulnerable seniors, we resumed some in-person friendly visits, while maintaining Covid protocols such as masks wearing and socially distancing. We also resumed light housekeeping and some transportation services.

### **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 an extension of a temporary grant from the Community Action Initiative (CAI), which enabled us to continue 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 436 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. Referrals to the program are made solely by Worklink Employment Services Case Managers, who prioritize according to the needs of the individuals served. 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 the need arises. This reporting period, PCFSA providing counselling for 91 individuals through this service.

Though the contract for this service came to an end in December 2021, PCFSA continues to accept referrals from the Worklink case managers into our Community Counselling Program.

### **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 PCFSA 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 60% 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 262 individuals received counselling and support in the STV program. Of those, 87 were new referrals. Referral sources are listed below.

<i>Referral Source</i>	<i>Total</i>
<i>Self</i>	<b>44</b>
<i>Social Worker</i>	<b>19</b>
<i>Internal Program</i>	<b>4</b>
<i>Victoria Child Abuse Prevention and Counselling Centre</i>	<b>2</b>
<i>Community Agency</i>	<b>5</b>
<i>Health Unit - PHN</i>	<b>4</b>
<i>Friend</i>	<b>1</b>
<i>Police</i>	<b>2</b>
<i>Victim Services</i>	<b>5</b>
<i>Victoria Women's Transition House</i>	<b>1</b>
	<b>87</b>

### **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 continued our pause on in-person groups this year, but continued a virtual model. Though the attendance varied, as not all were able to attend due to safety concerns, there was a total of 59 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 133 individuals this 12-month period, which included 42 female partners, who received services as part of the accountable model of intervention. Of these, 17 were new referrals, and 18 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 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 291 individuals during this 12-month reporting period. Of those, 236 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 10% 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 similar to last year (7%) and lower than 2 years ago (15%), which can likely be attributed to a choice of counselling sessions being offered through Telehealth or in person. Telehealth sessions reduce the barrier of individuals needing to get to their counselling appointments, often providing a higher rate of engagement. Counsellors maximize their efficiency by using this pattern of attendance to provide time for administrative tasks.

## Westshore Community Health Centre

In May 2021, PCFSA received confirmation of funding from the Ministry of Health to open a Community Health Centre (CHC). This past year has been focused on the implementation of the CHC, which included tenant improvements to our existing space, hiring staff, creating workflows, and working with Island Health on a Master Service Agreement for the new health centre.

The Westshore Community Centre opened its doors on June 1<sup>st</sup>, 2022, and is focussed on bringing low-barrier, trauma-informed, coordinated team-based health care to underserved populations in the Westshore and their families. Over the next 2 years and beyond, more than 6,000 patients will be attached to a primary care provider for longitudinal health care. Focus population are 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/LGBTQIA2S+ people.

When fully operational, the Westshore CHC will have an ongoing annual budget of \$4,013,000 and will consist of a team of 6.26 Full-Time Equivalent (FTE) Family Physicians, 3 FTE Nurse Practitioners, .2 FTE Medical Director, 4 FTE Registered Nurses, 3 FTE Community Health Workers, 1 FTE Social Worker, 1 FTE Elder in Residence, and 1 FTE Operations Manager.

## **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 seek feedback from clients, as we work toward further building a ‘culture of feedback’.

## **Strategic Objectives – the year ahead**

As PCFSA continues to grow and solidify itself as the largest community social services and healthcare agency in the Westshore, we will continue to offer and expand upon our growing range of services that respond to the priority needs of the community. In addition to continuing to develop our model of team-based care and attaching patients to a primary care provider, the year ahead will be focussed on collaborating with partner agencies in continued dialogue with current funders and all levels of government to advocate for additional resources to serve our rapidly growing community.

As we continue to recover from the impacts of Covid-19, we will be proactive in supporting the health and wellness of our board, management, staff, and volunteers. Through professional development and leadership opportunities, we will make possible the development of skills and capacity to support the delivery of services and achievement of our vision.

With a positive vision for PCFSA’s many successes and continued growth, I remain thankful for the generosity of our extended community, and grateful for the growth experience and leadership opportunity afforded to me as Executive Director.

## Friends and Support

**Thank you** to our supportive partners and funders:

AVI Community and Health Services  
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BC Association for Charitable Gaming  
BC Association of Community Health Centres  
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The Victoria Foundation  
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United Way of British Columbia  
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University of Victoria  
Vancity

Victoria Police Department  
Westshore and Sooke RCMP  
Westshore Chamber of Commerce  
Westshore Lions Club  
Westshore Rotary  
WorkLink Employment Services

Each and every individual donor, volunteer and member of PCFSA

**Respectfully submitted,**  
**Liz Nelson**  
**Executive Director, September 2022**