



2011-2012 Overview

Date: June 1, 2012

Fiscal Year: 2011- 2012

IMPACT Youth Substance Use Services

This report will provide a brief overview of the past year activities as per schedule A:

PROGRAM DESCRIPTION

IMPACT is a youth specific outpatient treatment program providing individual, group and family substance use counselling. IMPACT partners with the community, schools, justice system and other agencies to educate, inform and apply preventative measure for drug/alcohol use. IMPACT is fully staffed with one full time executive director, two full time counsellors, one full time specialized youth outreach worker and one part time office manager.

EVALUATION OF PROGRAM OBJECTIVES

Services provided as follows:

CLINICAL OUTPATIENT COUNSELLING/TREATMENT SERVICES

IMPACT has provided screening, assessment, treatment planning and referral, individual, family and group counselling, case management functions, integrated case planning and aftercare, consultations and case reviews.

Clients are screened to make sure services are appropriate, and assessed using the GAIN Screener, HONOS, and GAF.

CASE MANAGEMENT

Counsellors collaborated with other professionals in the community for case management purposes. This includes written treatment plans and goals and aftercare. Clients are assessed to make sure they are an appropriate referral and appropriate treatment matching is done. This past year, clinical supervision was provided to all staff on a monthly basis by Janit Doyle. This included individual sessions, case presentations, file review and education sessions. Case consultations were also provided by Tracy Michalkow/Marvin Bravo for concurrent disordered clients.

PREVENTION

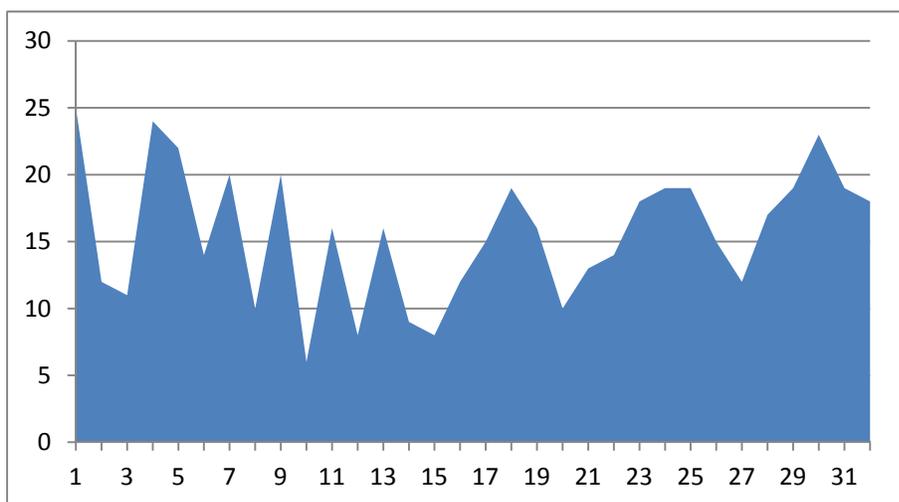
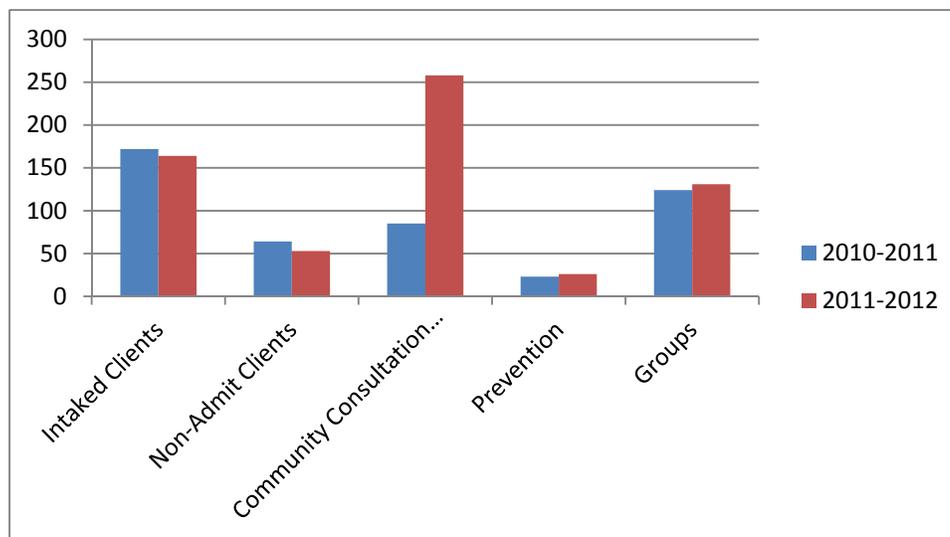
Prevention is provided to different populations in the community, largely the middle and secondary schools. IIMPACT provided 26 school based prevention presentations for grades 7, 8, 9, and 10 students.

PROGRAM CAPACITY

Services are provided to Abbotsford and the surrounding area. IMPACT had 164 intakes in the past year, which was 7 fewer clients than the previous year. The decrease was likely due to having one counsellor off on medical leave for

over a month during the year. 154 of intakes were youth substance users. We had one youth substance affected intake, and 9 adult substance affected clients. We had 53 non-admit clients.

40% of counsellor's time was spent on counselling, 15% on group, 25% on drop in and 20% on prevention.



A representative sample of Drop-In participants (Average: 15.6 per day)

The number of groups we ran continued to grow, from 110 in 2009-2010 to 124 in 2010-2011 to 131 in the last year. This included many iterations of our 2-day "New Direction" program that introduces youth to our services, dispels some common

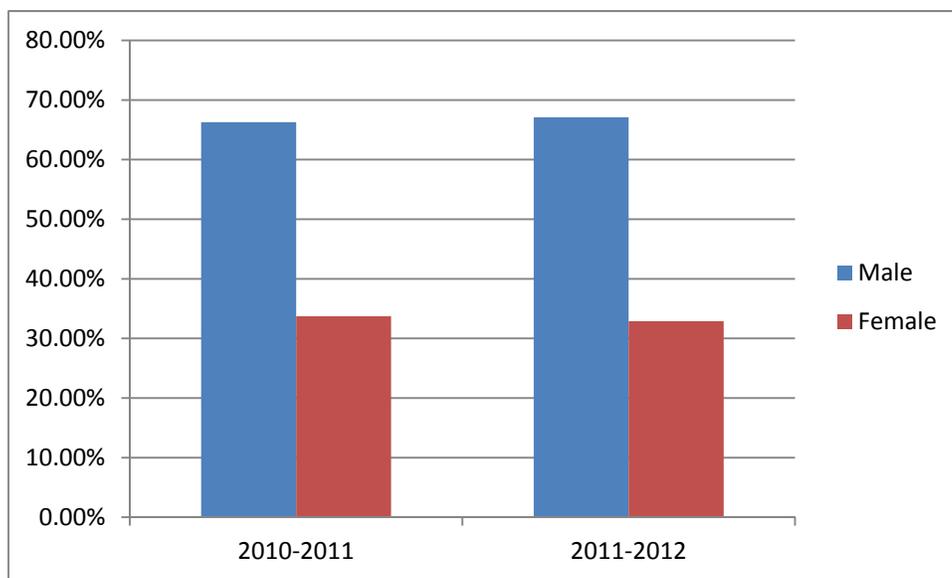
misconceptions about substance use services, and serves as an opportunity to develop critical thinking around drug use. Our SMART Recovery group continued through part of the year, but morphed into a Drop-In Group (DIG), which we have run on a weekly basis both at our facility and at the local alternative school – Bakerview Learning Centre. We also continued our 7-week parent group, started last year. This is where most of our adult affected intakes originated from.

Additionally, we collaborated with other community partners to put together various activity and therapeutic groups and events during school breaks, including a 6-day activity program and a 3-day camping trip during the summer; a 3-day holiday program; and a 4-day spring break program. Every Thursday we took from 2 to 8 youth for boxing or to work out at the Abbotsford Recreation Centre. We also hosted a pool tournament the last Thursday of many months with an average of 10 youth attending. Clients are given the opportunity to attend NA/AA meetings with a counsellor if they choose.

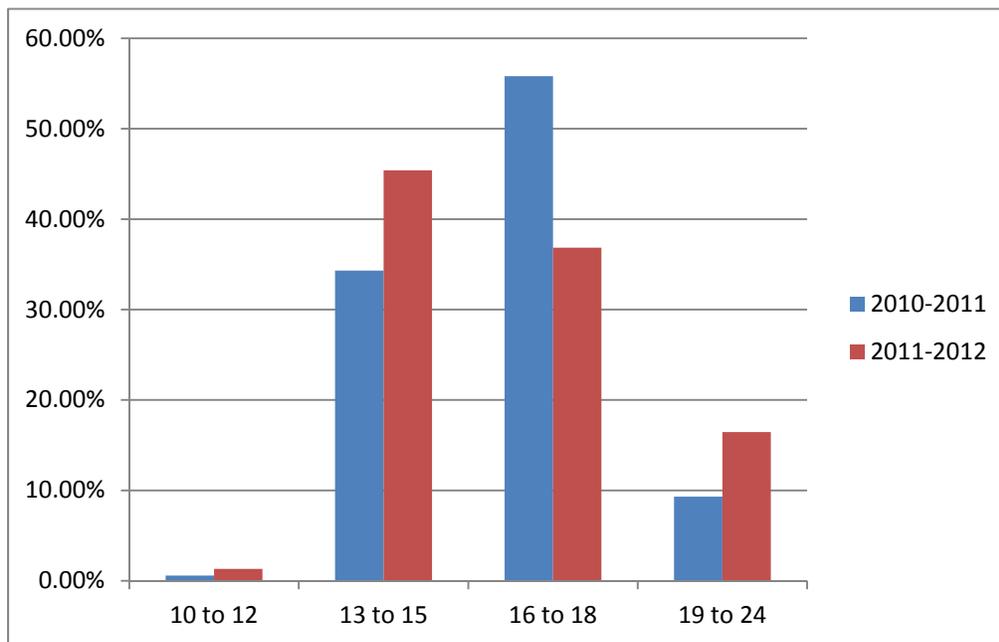
Impact's Program Director (Marnee Dejong, who was on maternity leave starting in June 2011) and Acting Executive Director (Brian Gross, who served while Marnee was on leave) participated and contributed to various community consultations and initiatives over the course of the year. The number of Community Consultation Sessions rose from under 100 in 2010-2011 to over 250 in 2011-2012, reflecting a significant increase in community collaborative activities, most of which had a direct connection to services that impact our clients, others of which were directed at general community capacity building and relationship formation and strengthening. (See below for list of activities along these lines.)

TARGET POPULATIONS

IMPACT provided clinical services to individuals regarding their substance use, including substance misuse and substance affected. These individuals are aged 12 to 24 years old.

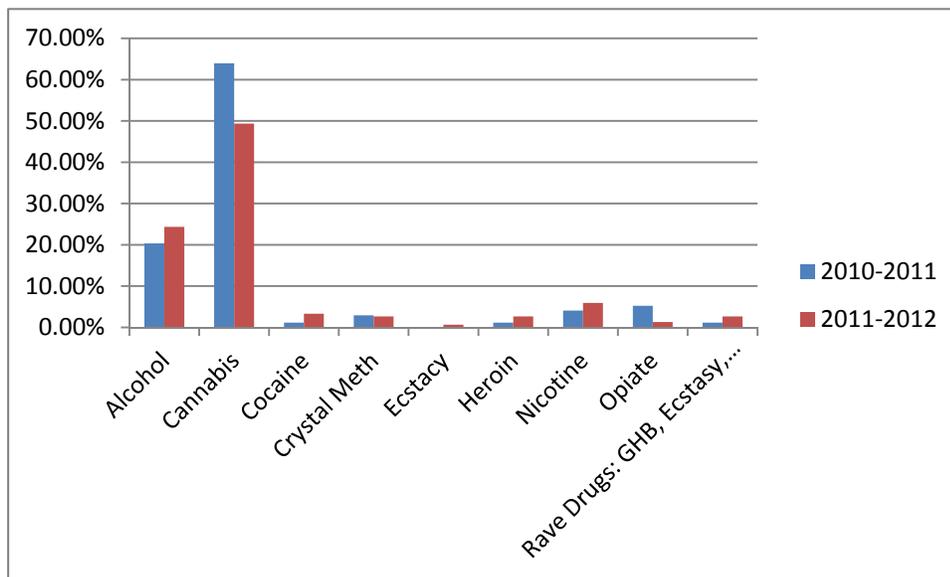


The gender mix of clients has stayed relatively consistent over the last two years, however we saw a marked change in the age range of youth clients, shifting



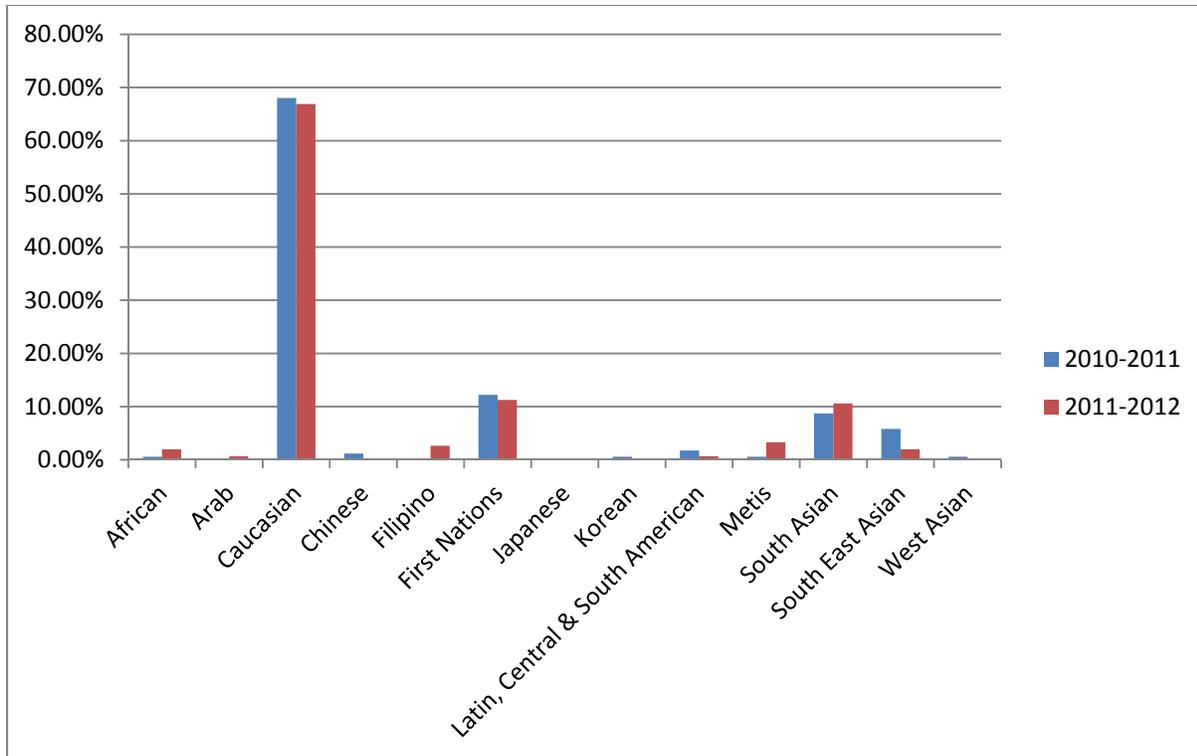
significantly toward middle school-aged clients. This is reflective of forming stronger relationships with middle school administrators and other staff and our community education

efforts aimed at the benefits of early intervention. We also saw a higher proportion of 19-24 year-old clients, many of whom were returning clients or connections made through referrals from Abbotsford Regional Hospital or the University of the Fraser Valley.



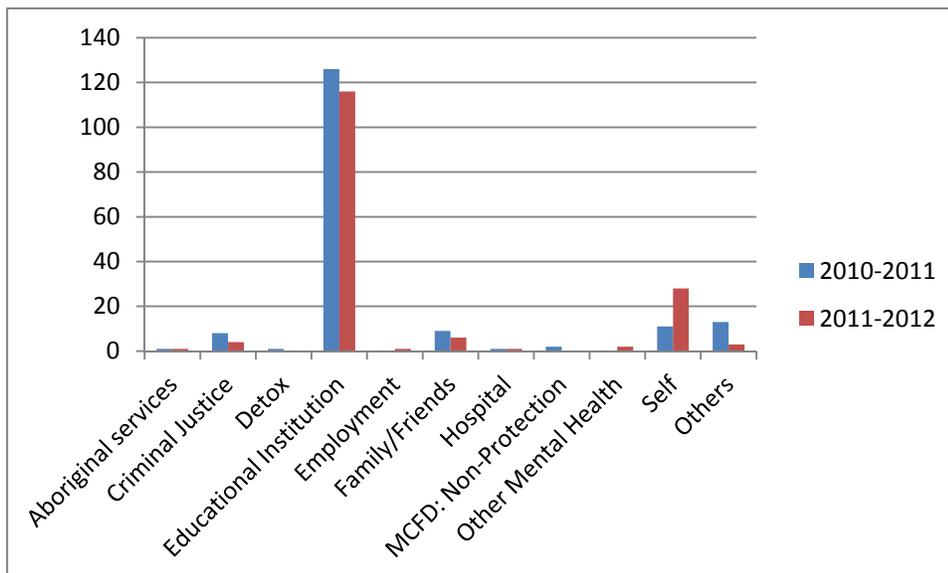
The larger proportion of younger youth intaked into our program may be the reason we also saw a significant adjustment in primary drug choice in intaked youth this year – skewing away from cannabis and toward alcohol and

nicotine. And the larger proportion of 19-24 year-olds probably accounts from the higher proportion of clients using heroin and administering drugs through injection.



We also saw a slight uptick in our progress connecting with South Asian and First Nations/Metis youth, which was gratifying and hopefully indicative of future growth and penetration into these significant minority populations in the local community. These efforts have mostly been spear-headed by our counsellors Dwayne Trembley (First Nations/Metis) and Dave Bahre (South Asian), who have interfaced with numerous existing cultural programs and groups in the community to raise Impact's profile.

REFERRALS



Referrals are accepted from self, family, social services and community agencies, criminal justice and others.

This past year, IMPACT saw a significant uptick in self-referrals, mostly related to

adult affected clients. Though we rolled out a new referral process and a new relationship to the school district's alternative to suspension program this year, this didn't significantly affect referrals from the schools.

We had two outbound referrals to other substance use services – one to Kinghaven and another to Maple Ridge Treatment Centre. However, we had many referrals to Child and Youth Mental Health, Child and Youth Crisis Program and Early Psychosis Intervention, as appropriate.

OBJECTIVES

Mission: To work at the community level to identify and fill gaps in the well-being of all youth, with an emphasis on advocating for and working with substance-involved and substance-affected youth.

Vision: A community where all youth are healthy, safe, engaged, have meaningful opportunities, and feel like they belong.

Individuals who access services have the opportunity to work on:

- reduce substance misuse;
- improve physical and psychological health;
- improve family and social functioning;
- improve educational/vocational functioning;
- reduced involvement with the criminal justice system.

CHANGES IN OPERATION AND/OR STAFF

Marnee Dejong, Program Director/Counsellor was on maternity leave starting in June 2011 and Brian Gross returned to fill her position, as he did during Marnee's 2009-2010 maternity leave.

We hosted four practicum students this year, a third-year BSW student who helped with group programming and collaborative community endeavours, a fourth-year BSW student who started with group work and progressed to seeing clients one-to-one with supervision, and two vocational school students who contributed to and received experience in community-based endeavours.

One of our staff neared completion of an MSW and went to half-time during her practicum, during which time we were able to keep our capacity up by contracting with a former practicum student who had carried out her fourth-year BSW practicum with us, gaining significant supervised experience with group work, activities and one-to-one counselling (she also completed Core Addictions Practice).

Janit Doyle continues to work with Impact as our clinical supervisor. She is contracted to provide 6-10 hours of clinical supervision to the team every month. She also provides supervision via email and phone consultations when necessary.

There were no changes to our Board of Directors this year, which currently consists of nine board members representing various segments of the community, including community living, school district, police, corrections, law, accounting, the non-profit and private sectors, parents and service providers.

We made some adjustments to our referral and initial assessment process this year, as well as developed new ways of handling and tracking referrals, in response to some confusion experienced by new and existing referral sources (see areas for improvement). The main goal of these adjustments was to work from a more client-centred and on a more individual basis. Where before we might have placed most referrals from the school district resulting from a substance use suspension into the same program, our “New Direction” program, this is no longer the case. Instead, counsellors meet with a referral and do an individual assessment of what programs or services might be appropriate for each youth – whether that is just a non-admit session, enrollment in our “New Direction” program, an offer of one-to-one counselling, and/or for participation in our activity groups. As with all clients, if matters arise in the assessment process that warrant referral to CYMH, the CDT, CYCP or other services, this is done.

AREAS OF SIGNIFICANT ACHIEVEMENT

In accordance with our stated mission and vision, Impact continued with a strong emphasis on working at the community level, conscious that the influence we have in our clients' lives only contributes to their life trajectories; it is not the determining factor. Along with providing direct services one-to-one and in groups, our staff participated in numerous indirect service sessions, public forums and served on many community-based committees (see list below), often in leadership roles.

Group Programming

Impact continued, piloted and adjusted various group programming offerings this year, both on its own and in collaboration with other youth-serving agencies.

Continued offerings included our New Direction program aimed at introducing our services to new clients, dispelling common misperceptions about the orientation of our services, and opening space for critical thinking around drug use. The curriculum for this program was developed in 2009-2010 after an extensive literature review, and, while constantly re-evaluated and adjusted, as well as approached differently in different circumstances – elements of it have become engrained into most of our early interactions with clients. So, while it is still delivered in group formats, it, or appropriate parts, can be run through in relatively short order with individual clients or in public presentations.

Another continuing program that is entering into the DNA of Impact's offerings is our 7-week Parent MERGE Group, which got off to a successful start last year and saw two

more iterations run this year at capacity. Due to interest, we also started a monthly facilitated peer support group for alumni of the program. The program got significant attention, especially in the school district, and became a centerpiece in the proposals put forward by the school district's drug task force (which Impact was invited to sit on), as an example of effective ways that parents can be supported into feeling more confident about the manner in which they are interacting with their children who may be using substances. Moreover, we saw and testimonials gave voice to the unexpected relief parents gained in knowing that they were not alone in their struggles and confusion with this complex issue. On the strength of the reputation of the parent group, our counsellors were invited to various school district sponsored parent events to talk about our programs both for youth and their natural supports.

In 2010-2011, one of our counsellors went through the SMART Recovery facilitator training program and started to facilitate meetings weekly at our facility for youth. For a period of time there was a cohort of clients attending the SMART meeting, but over last summer numbers dropped off and never were regained. An all-age SMART Recovery meeting was started at another location in the community, however, so we are now able to make clients aware of that meeting, if they are interested in attending. When numbers dropped off, we converted the SMART Meeting into a more free-flowing drop-in group, to which we appropriately assigned the acronym "DIG" ("Drop-In Group" where "Discussion Is Good"). We not only started the DIG group at our location weekly (with monthly, well-attended, pizza, movie and discussion nights) but also weekly at the local alternative school, Bakerview Learning Centre. Bakerview DIG runs during school hours and has received strong support from administrators and staff, who allow students who want to attend out of class to do so. Attendance is consistently good, with 4 to 10 students per session. Topics for discussion generally come from the youth themselves, with facilitation provided by Impact counsellors to ensure everyone who wants to share on the topic has the chance to do so and that contributions to the discussion are received in a respectful manner.

Another continuing but adjusted program is our Thursday activity groups. Because Mission City Boxing changed its location and hours, it was not available anymore for us to visit, though it had been consistently popular with various clients. For a time we took youth to a new mixed martial arts program, but costs ended up being prohibitive, especially given the fact that we had to book and pay to use their services in advance. Since we never know how many youth will show up on any given day, we had to look for more value with fewer restrictions. Through our strong relationship with the school district we were able to get passes to the local recreation centre for free, so now we are able to use their gym facilities to do work outs with clients and bring our own boxing equipment to add to the activities available at the recreation centre.

We also started two drop-in activity groups at off-site locations. The first, the “Young Adult Drop-In” (YADI) was started in partnership with EPI and Oriole Lodge for clients 18 to 30 – held twice monthly at the Aboriginal Education Centre. We had numerous clients attend and enjoy the drop-in program and activities, but we found that clients were not returning after coming a first time. Identified reasons were some significant age differences and some significant real or perceived differences between our clients and the more mental health-related clients of the other programs, which didn’t lend themselves easily to mixing between the clients from the other programs and ours. We’re glad to report that YADI continues for clients of EPI and Oriole Lodge, though we moved on to develop a drop-in program after school at Bakerview Centre for the Learning. We saw some youth attend the group regularly, but numbers didn’t grow from there and then the youth who were coming started coming more sporadically. Other agencies had tried to start after school programs at Bakerview in the past, with similar results. It seems, perhaps not surprisingly, that youth want to leave school as soon as the bell rings. But we figured it wouldn’t be harmful to try again, though we shut it down after a couple months. Some of the youth who started at Bakerview have now continued with us in our Thursday activities.

Community Engagement and Partnership

As referenced earlier, community engagement and partnership has been a core and growing practice at Impact this last year. Highlights in the Abbotsford, Mission and Fraser East Region include a leadership role on the Fraser East Suicide Prevention committee, helping to rewrite the committee’s terms of reference and delivering training on Outcome Mapping, and well as hosting and facilitating Outcome Mapping working meetings. This work has been especially relevant this year, with numerous youth suicides throughout the valley.

Impact staff has also Co-Chaired (with Abbotsford Community Services, Abbotsford Division of Family Practice, and the Ministry of Children and Family Development) the Abbotsford Youth Health Centre and helped to move along and expand its presence in the community, as well as its broader goal to see an evidence-based one-stop shop for youth in Abbotsford – housing both a wide array of youth services and adult-facilitated, youth-directed activities. The AYHC executive committee has also been exploring ways that the AYHC’s services could become easier to access for youth in Mission – through transportation options or a regular satellite clinic. Alerted to the fact that 30% of youth attending the AYHC attended Bakerview Learning Centre (though the school accounts for only 1.4% of the district’s students), the school district invited the AYHC to begin operating a satellite clinic at the Bakerview hub starting in September 2012.

A full list of community involvement over the last year is below:

- Fraser East Suicide Prevention Committee

- Abbotsford Suicide Prevention and Awareness Committee
- Fraser Valley Community Action Team
- Abbotsford Mental Health and Substance Use Advisory Committee
- Abbotsford Child and Youth Committee
- School District Drug Task Force
- Abbotsford Police Department – Operation X, Lodestar, etc.
- Community Presentations/Info Fairs: Restorative Justice, Youth Unlimited, CYC Forum, APD Events, ACS Events, Adolescent Day Treatment Program, Mission Challenge Day
- Abbotsford Youth Health Centre
- Abbotsford Community Services (Abbotsford Addictions Centre and Youth Resource Centre)
- SMART Recovery
- Fraser Valley Youth Society (LGBTQ2S)
- Mission Friendship Centre
- Fraser House
- Mission Healthy Community Council
- Abbotsford and Mission Divisions of Family Practice
- Abbotsford Social Development Advisory Committee - Shelter Working Group
- Supporting Wellness and Reducing Harm in Abbotsford Coalition
- Positive Living Fraser Valley

Impact has also been involved with and played a role in various Fraser Health-related committees and initiatives. The most significant highlight in these activities has been Impact's convening role with the Youth Addiction Knowledge Exchange community of practice, which grew to over 60 members this year. Meetings are held every other month throughout the year at Impact, and were expanded from two to three hours, now running from 10:00 a.m. to 1:00 p.m. Attendance is pretty consistent at around 25 people per meeting, up from an average of 15 people last year. YAKE also put on a full-day event that focused on the topics of trauma, mindfulness, and narrative theory. YAKE also now has a nascent web portal and has made the beginnings of connections to similar groups in three other BC health authorities.

A full list of Fraser Health-related involvement over the year (not including training events) is below:

- Regional Addictions Committee
- Youth Addiction Knowledge Exchange – in-person and on-line
- Outcome Mapping
- Motivational Dialogue Summit
- Regional HIV/AIDS/Hep-C Round Table
- Public Health Harm Reduction Implementation Plan Committee

Areas that need to be Improved or Enhanced

Feedback Informed Treatment

We continue the process of implementing FIT in all of our client interactions, and understand that there are further implementation plans afoot in Fraser Health. All of our counsellors check in, either formally or informally in most sessions, and some counsellors use the ORS and SRS most of the time. Because a fair proportion of our work is carried out on an outreach basis – in schools and in the community – finding a way to capture and utilize longitudinal FIT data in a way that is mobile seems as if it would have advantages over a system tied to paper files or our existing internet-based database. We are aware of MyOutcomes and understand that some other contracted agencies have utilized this program, and also that some who started to use it are no longer using it for various reasons. We are hoping to have a better understanding of best practices so that we can move forward with a promising model, without incurring additional expense and learning curves for our staff – especially if we were to head in a direction that may not be an identified best practice and therefore need to backtrack.

Adjusting to higher client loads, better utilization of services, and new referral sources

Our outreach and profile-raising efforts in the community have netted new frequent referral sources (especially in the middle schools), higher client loads and more counseling appointments and requests for other programming, such as for groups, providing training and information about our services to other organizations, and presenting at public forums. This growing demand has meant that we have needed to not only adjust to this level of demand, but also to manage expectations of new and existing collaborators, clients and referral sources. While we still have not seen it necessary to institute an official waitlist, we are experiencing difficulty maintaining our

previous level of aggressive follow up to “hunt down” youth who may be referred to us, for example, or to make numerous attempts in a short period of time to connect with a youth. And we have occasionally encountered situations where referral sources have expressed disappointment in our level of responsiveness (See referral feedback comments).

In response to some of these concerns, we have instituted additional controls to our database so that we may better keep track of “first contact” (those for whom we only have contact information but who have not yet met with a counsellor, such as from emails or referral sources) individuals and subsequent attempts to connect with these first contacts. We have done the same for our non-admit clients. Our hope in creating these new measures is that we will have better information with which to evaluate and track our level of responsiveness, and thereby have the means to improve this responsiveness, where indicated, and better manage expectations in situations where this is appropriate.

Workforce Development and Performance Planning

We plan to utilize the CCSA technical and behavioural competencies guide to develop more robust performance evaluation and planning practices for Impact's staff – from administration to counsellors to executive director. This will be carried out over the coming year.

ANNUAL STATISTICAL SUMMARY

Gender

	Youth User	Youth Affected	Adult Affected
Male	104	1	3
Female	50	0	6
Transgendered	0	0	0
Total	154	1	9

Age

	Youth User	Youth Affected	Adult Affected
10 to 12	2	0	0
13-15	71	1	0
16-18	56	0	0
19-24	25	0	0
25+	0	0	9
Total	154	1	9

Special Populations

Youth User Youth Affected Adult Affected

Concurrent Disorder	28	0	0
First Time Addictions Services	90	0	1
IV Drug Use	5	0	1
Methadone Maint.	3	0	0
Poly Drug Use	109	0	1
Total	235	0	3

Referral Source

	Youth User	Youth Affected	Adult Affected
Aboriginal services	1	0	0
Criminal Justice	5	0	1
Cyrus Center	0	0	0
Detox	0	0	0
Educational Institution	117	0	3
Employment	1	0	0
Family/Friends	5	1	0
Hospital	1	0	0
Other Mental Health	2	0	0
Other: Physician	0	0	0
Others: (List):	3	0	1
Physician	0	0	0
Self	19	0	3
Support Group	0	0	0
Total	154	1	8

Ethnic Origin

	Youth User	Youth Affected	Adult Affected
African	3	0	0
Arab	1	0	0
Caucasian	103	0	9
Chinese	0	0	0
Filipino	4	0	0
First Nations	17	1	0
Japanese	0	0	0
Korean	0	0	0
Latin, Central & South American	1	0	0
Metis	5	0	0
South Asian	16	0	0
South East Asian	3	0	0
West Asian	0	0	0
Total	153	1	9

Employment Status

	Youth User	Youth Affected	Adult Affected
Employed	9	0	9
Homemaker	2	0	0
Not in labour force	2	0	0
Retired	0	0	0
Student	126	1	0
Unemployed	14	0	0
Total	153	1	9

Marital Status

	Youth User	Youth Affected	Adult Affected
Common-law	2	0	0
Divorced	0	0	3
Married	1	0	2
Separated	1	0	2
Single	149	1	2
Widowed	0	0	0
Total	153	1	9

Age of First Use for Primary Drug of Choice

	Youth User	Youth Affected	Adult Affected
<i>Drug</i>	<i>Average Age</i>	<i>Average Age</i>	<i>Average Age</i>
Alcohol	14.46	14	14.5
Amphetamine	None	None	None
Barbituate	None	None	None
Benzodiazepine	None	None	None
Cannabis	12.91	None	None
Cocaine	16.8	None	None
Crystal Meth	14	None	None
Ecstasy	15	None	None
Hallucinogen	None	None	None
Heroin	19	None	None
Illicit Methadone	None	None	None
Inhalant	None	None	None
Ketamine	None	None	None
Nicotine	12.44	None	None
Opiate	17	None	None
Other	None	None	None
Other prescription drug	None	None	None
Over the counter drug	None	None	None

Rave Drugs: GHB, Ecstasy, Rohypnol	14.75	None	None
Salvia	None	None	None
Valium	None	None	None
Whip it	None	None	None

Age of First Use for Secondary Drugs of Choice

	Youth User	Youth Affected	Adult Affected
<i>Drug</i>	<i>Average Age</i>	<i>Average Age</i>	<i>Average Age</i>
Alcohol	13.37	None	15
Amphetamine	15	None	None
Barbituate	None	None	None
Benzodiazepine	None	None	None
Cannabis	13.41	None	15.67
Cocaine	15.71	None	None
Crystal Meth	16.63	None	None
Ecstasy	15	None	None
Hallucinogen	15.22	None	16
Heroin	19.83	None	21
Illicit Methadone	20.5	None	None
Inhalant	14.67	None	None
Ketamine	None	None	None
Nicotine	13.68	None	16
Opiate	16.67	None	None
Other	17	None	None
Other prescription drug	18.33	None	None
Over the counter drug	16	None	None
Rave Drugs: GHB, Ecstasy, Rohypnol	15.54	None	None
Salvia	16	None	None
Valium	18	None	None
Whip it	None	None	None

All Drugs Used

	Youth User	Youth Affected	Adult Affected
Alcohol	132	1	5
Amphetamine	2	0	0
Barbituate	0	0	0
Benzodiazepine	0	0	0
Cannabis	121	0	3
Cocaine	29	0	1
Crystal Meth	12	0	0
Ecstasy	11	0	0

Hallucinogen	36	0	1
Heroin	10	0	1
Illicit Methadone	2	0	0
Inhalant	3	0	0
Ketamine	0	0	0
Nicotine	88	0	1
Opiate	17	0	0
Other	2	0	1
Other prescription drug	3	0	0
Over the counter drug	1	0	0
Rave Drugs: GHB, Ecstasy, Rohypnol	40	0	0
Salvia	5	0	0
Valium	1	0	0
Whip it	0	0	0
Total	515	1	13

Primary Drug

	Youth User	Youth Affected	Adult Affected
Alcohol	37	1	4
Amphetamine	0	0	0
Barbituate	0	0	0
Benzodiazepine	0	0	0
Cannabis	77	0	0
Cocaine	5	0	1
Crystal Meth	4	0	0
Ecstasy	1	0	0
Hallucinogen	0	0	0
Heroin	4	0	0
Illicit Methadone	0	0	0
Inhalant	0	0	0
Ketamine	0	0	0
Nicotine	9	0	0
Opiate	2	0	0
Other	0	0	0
Other prescription drug	0	0	0
Over the counter drug	0	0	0
Rave Drugs: GHB, Ecstasy, Rohypnol	4	0	0
Salvia	0	0	0
Valium	0	0	0
Whip it	0	0	0
Total	143	1	5

Referrals Provided

	Youth User	Youth Affected	Adult Affected
Aurora	0	0	0
Kinghaven	1	0	0
Last Door Adult	0	0	0
Liz's House	0	0	0
Maple Ridge Treatment Centre	1	0	0
Total	2	0	0

SESSIONS

	Youth User	Youth Affected	Adult Affected	Total
Aftercare Session	94	0	0	94
Community Consultation Session	258	0	0	258
Family Session	51	0	0	51
Group	117	2	14	133
Indirect Service Session	140	0	0	140
No Show Client Sessions	118	0	0	118
Non-admitted service clients	53	0	0	53
One on One	810	7	0	817
Past Clients	5	0	0	5
Prevention	26	0	0	26
Total	1672	9	14	1695

Along with the yearly stats already presented in the report, feedback was provided from various stakeholders in the community. A total of 6 forms were received.

I/We are satisfied with the referral procedure to IMPACT.	Yes	Yes	Yes	Yes	Somewhat
I/We are satisfied with the quality of services at IMPACT.	Yes	Yes	Yes	Yes	Somewhat
I/We are satisfied that IMPACT staff is approachable and professional.	Yes	Yes	Yes	Yes	Yes
I/We are satisfied that IMPACT staff has responded satisfactorily to requests for information and consultation.	Somewhat	Yes	Yes	Yes	No
I/We are satisfied that services provided by IMPACT have led to positive changes for clients.	Somewhat	Somewhat	Yes	Yes	Somewhat
Clients have expressed satisfaction with the services they have received from IMPACT.	Somewhat	Yes	Yes	Yes	Don't Know

Comments

- We are happy with the intake procedure and referral process. However, when doing our follow ups on participants from our program, there have been several

students who were expecting someone from Impact to contact them once they are back at school and there has been no contact. The students who have received contact report that they felt it was worthwhile.

- Very timely responses & Very helpful!
- Referrals seem to have changed this year, and schools were not notified? Schools did not seem to be aware of changes and did not have correct forms.
- Hard to gauge quality of service as communication between school and organization can often be difficult. Response times can be lengthy, emails are often not responded to, and phone calls lead to leaving messages that are not always returned.
- Clients seem to be very responsive to Impact staff.
- Impact is a valuable service our community needs, however meeting the needs of many schools seems to be challenging. I would love to see this organization grow!

Internet Marketing

IMPACT saw a continuing significant improvement in traffic to its website at www.impactabby.com. Year on year gains have been made ever since we started keeping track in 2009.

Visits (times that the site was visited): up 10.91%
2,134 in 2011-2012 vs 1,924 in 2010-2011

Unique Visitors (number of unique computers that were used to visit): up 27.90%
1,655 vs 1,294

Pageviews (number of pages that visitors looked at): up 7.12%
8,993 vs 8,395

Pages / Visit (number of pages people looked at per visit): down 3.42%
4.21 vs 4.36

Avg. Visit Duration: down 3.25%
00:02:28 vs 00:02:33

Bounce Rate (people who only visit one page and leave): down 4.90%
37.91% vs 39.86%

% New Visits (people who have never visited before): up 14.54%
75.73% vs 66.11%

Visits to our Contact information page: up 16.81%
834 vs 714