



Annual Report: 2013-2014

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DATE: April 1, 2013 through March 31, 2014

FISCAL YEAR: 2013-2014

CONTRACT NAME: MATSQUI-ABBOTSFORD IMPACT SOCIETY

CONTRACT #: 14/01114

Program Description

About Us

- All of our services are free.
- Our services are confidential, but we may involve other supports if someone is in danger.
- We acknowledge that the majority of people use some substances to some level.
- We acknowledge that experiences with substance use are varied.
- Youth don't have to want to stop using any or all substances in order to be involved with Impact services.
- Our goal is to help youth understand and pursue what is important to them.
- We don't assume we know what would be best for anyone.

Who We Serve

- Youth age 12-24 with concerns or questions about their own or someone else's substance use.
- Friends and family who are concerned about the substance use of a youth (12-24).
- We also present to community groups about issues related to youth substance use.

What We Offer

- **Individual Counselling** that may focus on anything associated with substance use, such as difficult feelings, thoughts, experiences, relationships, or other issues.
- **New Direction** group that introduces Impact's services and encourages critical thinking around substance use.
- **DIG (Drop In Group)** weekly group for digging into concerns, goals and questions in life and looking at how substance use might connect to these.
- **Activities**, including weekly recreational programs, special programs on Pro-D days and during summer, winter and spring breaks.
- **Referrals** to other services in the community.
- **Parent and caregiver support** and educational group with monthly follow-up meetings.
- **Family and couples counselling** around substance use related issues.

Evaluation of Program Objectives

Impact has continued to move toward collecting richer and more-useful and practical client feedback on individual interactions and on our programs as a whole. We have instituted the Client Satisfaction Questionnaire 4, an empirically tested tool, and we continue to increase overall use of Feedback Informed Treatment tools, such as the Outcome Rating Scale, the Session Rating Scale and the Group Session Rating Scale. Finding ways to use these tools, as well as to do the required assessment tools (Global Assessment of Individual Needs, Global Assessment of Functioning, Health of the Nation Outcome Scales, Life Areas) in an increasingly efficient, meaningful and client-centred manner is an ongoing process of trial and error and group discussion. This is particularly challenging given the large proportion of client interactions that occur outside of our office or in an unscheduled manner.

Moving our clinical supervision from a contracted third-party to in-house supervision over the last couple years has allowed all counselling staff to have increased supervision and to specifically work toward more theoretically-informed practice, including more-consistent case formulations, more meaningful and useful assessments, more fleshed-out client goals for treatment and related treatment plans collaboratively developed with clients.

Recognizing that client challenges are typically composed of a combination of internal and external factors, we are working toward more and more opportunities for clients to deal with both these internal and external issues, as detailed in the following section with regard to YESH and especially VYPER.

Areas of Significant Achievement

Impact continues to develop and manage initiatives in line with its mission of “Working 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,” with the goal of advancing its vision of “A community where all youth are healthy, safe, engaged, have meaningful opportunities, and feel like they belong.” Behind our mission and vision is a theory that counselling services and supports on their own, no matter how capably they are delivered, may be inadequate to address the multiple factors that may be influencing immediate and/or long-term harmful youth substance use behaviours.

For example, a youth whose social and/or family supports may be unsupportive of substance use changes, or whose behaviours may represent significant triggers, will likely have pronounced difficulties changing substance use patterns without access to new or changed social and family supports and behaviours. Or a youth who, due to financial challenges, is unable to gain access to adequate medical supplies and medication to support recovery from an illness or injury may be more prone to substance use to cope with the situation (as well as with any resulting short or long-term consequences, such as pain, fatigue, or depression).

Moving to in-house clinical supervision over the last couple years has allowed all counselling staff to have increased supervision and to specifically work toward more theoretically-informed practice, including more-consistent case formulations, more meaningful and useful assessments, more fleshed-out client goals for treatment and related treatment plans collaboratively developed with clients.

Continuing Initiatives

Continuing initiatives include the Youth Addiction Knowledge Exchange community of practice, the Abbotsford Youth Health Centre (see our 2012-2013 Annual Report for details), and our community collaborations particularly with Fraser House and Abbotsford Community Services' Youth Resource Centre on youth programming on school Pro-D days, and during spring, summer and winter breaks. On this final point, this year was the first year that the community collaboration scheduled programming throughout the summer – three days a week – that included many local volunteering opportunities, connections with a growing number of community agencies (most prominently with the Reach Gallery and Dragonlily Gardens), and some bigger events (camping, water slides, PNE) and increasing opportunities for participating youth to guide decisions about activities.

New Initiatives

Impact also developed some major new programs this year, along with a huge roster of community partners from Burnaby to Boston Bar. The most significant developments are two new programs – YESH and VYPER.

YESH and VYPER approach youth substance use and other potentially health-compromising behaviours through the lens of the social determinants of health. In so doing, they acknowledge that these behaviours and especially their related harm requires a response that considers the complex interplay between environmental conditions, cultural and historical contexts, and personal and interpersonal factors.

These programs fall into the broad umbrella of prevention and health promotion, acknowledging that research has shown that “educational” approaches to prevention and health promotion, while making youth more aware of what will prevent harm and promote health in their lives, don't have a significant or durable effect on behaviour change.

Instead of an educational approach, YESH and VYPER approach youth substance use and other potentially health-compromising behaviours through the lens of the social determinants of health. In so doing, they acknowledge that these behaviours and especially their related harm requires a response that considers the complex interplay between environmental conditions, cultural and historical contexts, and personal and interpersonal factors.

Youth Engaged to STOP HIV (YESH)

Youth Engaged to STOP HIV (YESH) is a program that started in September 2013, funded through Seek-and-Treat-for-Optimal-Prevention of HIV (STOP HIV) funds provided by Fraser Health Public Health. The program is run in collaboration primarily with the Fraser Valley Youth Society (www.fraseryouth.com), also with major participation and in-kind support from the Ministry of Children and

Family Development (Abbotsford, Mission and Chilliwack) and Fraser House (www.fraserhouse.org).

Project Mission

Helping Fraser Valley youth develop the lifelong habit of being engaged and engaging others in protecting and enhancing all aspects of their health.

Project Vision

Youth leading the way to an AIDS free future.

The project is composed of two interrelated programs, a community outreach program carried out in the form of a drop-in group in three communities, and a youth peer navigator program composed of youth gathered from the drop-in groups and other programs that engage youth in the three communities.

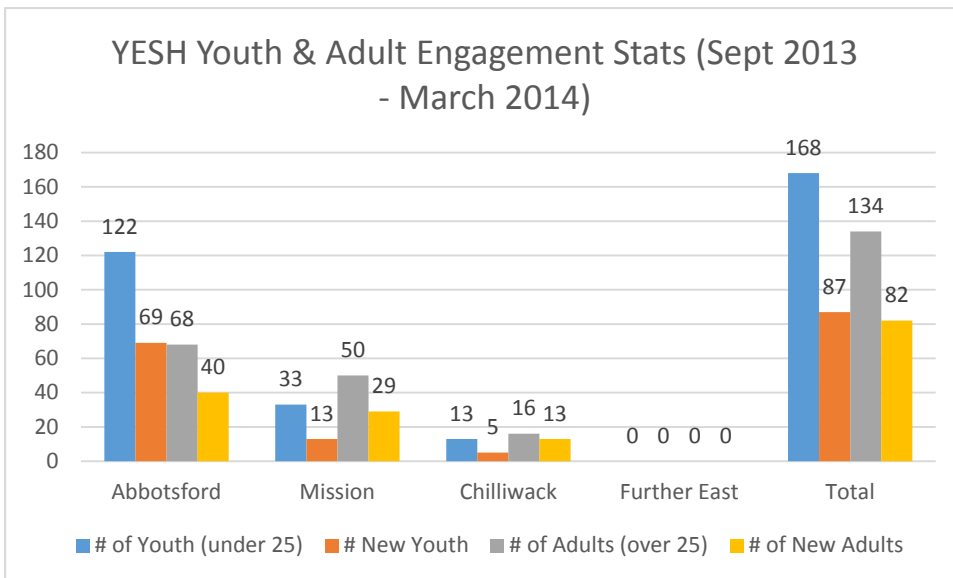
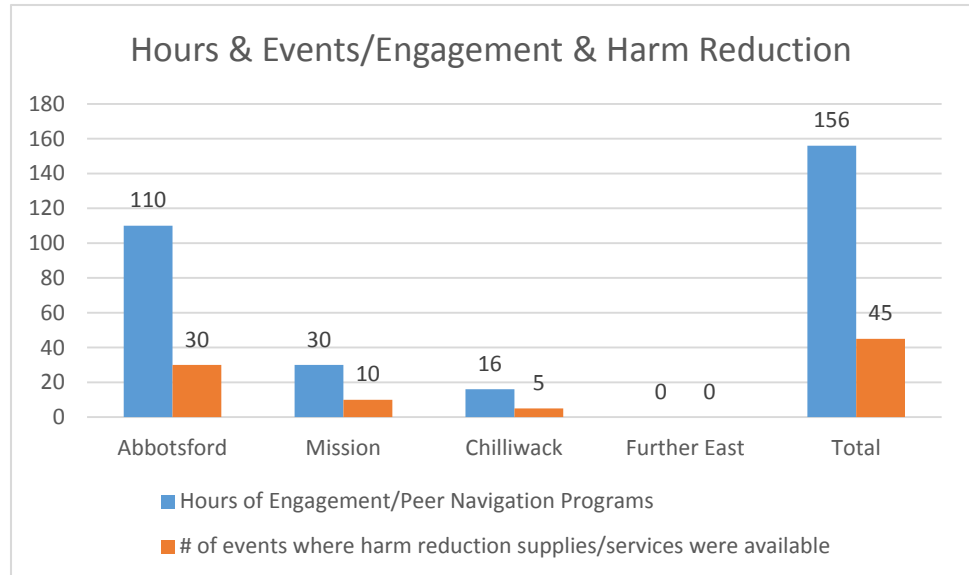
Both programs not only focus on improving health outcomes and access to harm reduction supplies and services among youth, but also on engaging with the served communities to improve health outcomes for those in need of harm reduction services and supplies generally.

With the current economic conditions and demographics placing ever-growing strain on our health system, it is clear we need to do all we can to reduce

the burden of preventable, chronic illness in our communities. YESH acknowledges that the current generation of youth, who face the possibility of inheriting a health and support system that may have seriously limited resources due in part to preventable chronic illness, is probably the most credible voice to advocate for assertive measures that will help to sustain the viability of Fraser Health's vision: "Better Health. Best in health care."

Community Outreach (Drop-In)

Operate, in cooperation with the Fraser Valley Youth Society and other partners, three weekly drop-in engagement/activity programs for youth – in Abbotsford, Mission and Chilliwack



Goals:

- Serve as an initial connection point for youth who are lost to care or at risk of becoming lost to care.
- Conduct activities that promote health through the lens of the determinants of health.
- Facilitate youth-driven initiatives aimed at increasing compassion, inclusiveness and engagement in the community, among youth, and between youth and adults.
- Engage youth in an Outcome Mapping-based iterative

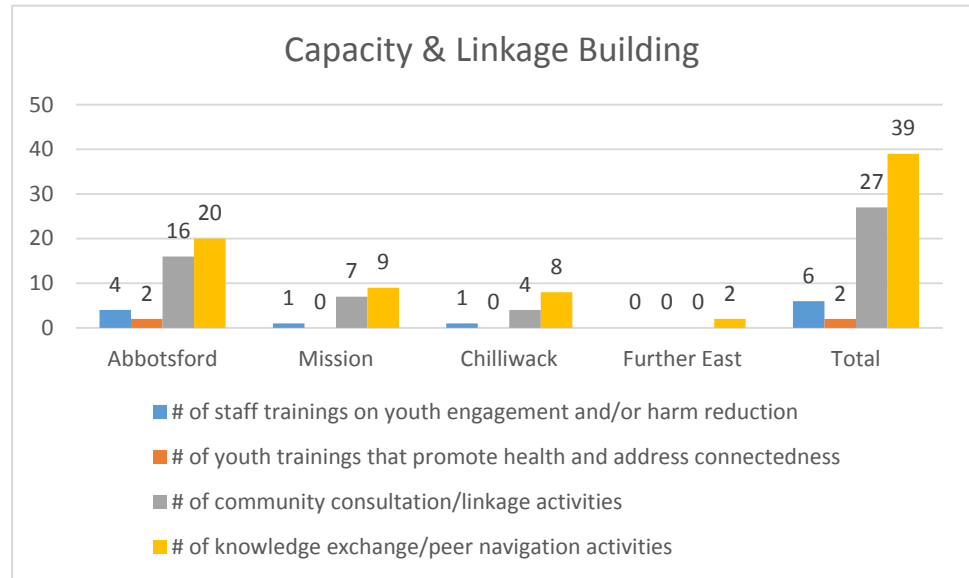
- process of critical thinking, action and evaluation around what they can do to lead the way to an AIDS free future.
- Facilitate and provide access to health services, testing and harm reduction supplies.
- Identify and engage youth to become youth peer navigators (see section on Peer Navigators).

Youth Peer Navigators:

Develop, build capacity in, and activate an on-going cohort of youth peer navigators representing and active in the cities of Abbotsford, Mission and Chilliwack.

Goals:

- Provide meaningful opportunities for personal development and adult-facilitated action for youth who are motivated to make a difference in their communities.
- Bring the voice and actions of youth to matters affecting youth and their futures, through the lens of the determinants of health.
- Develop youth leadership based on evidence-based change management tools (such as Outcome Mapping) that can be applied to influencing population health outcomes, and specifically to the challenge of youth leading the way to an AIDS free future through:



Valley Youth Partnership for Engagement and Respect (VYPER)

Valley Youth Partnership for Engagement and Respect (VYPER) is a Health Canada-funded 2.5 year project that began in February 2014 that is managed by Impact and administered by Abbotsford Community Services. Having started just before the end of the 2013-2014 reporting year, there isn't a lot to report from that period, however we share the project's theory of change and supporting evidence below:

Theory of Change:

"By supporting community entities to more consistently and intentionally collaborate with each other and with rural youth and youth who are disadvantaged by their living conditions on the initiation, development, delivery and evaluation of programs that affect and aim to engage youth, programs will be more effective, and youth will be more resilient, develop more strength-based identities, have increased self-efficacy and reduced fatalism, which will consequently prevent, delay and/or reduce youth substance use and abuse."

This theory is supported by evidence compiled by the Canadian Centre on Substance Abuse in "Stronger Together: Canadian Standards for Community-based Youth Substance Abuse Prevention."

The standards state: "The potential rewards of community-based prevention activity are enormous, but preventing youth

substance abuse isn't easy. Research shows community-based initiatives can work but in real-world situations often don't work. The reasons why this is so are not completely clear, but research and practice suggest two possibilities:"

1. "Mounting a community-based prevention initiative is not a trivial undertaking." On this point CCSA identifies that, "Only by monitoring efforts to keep the initiative on track and evaluating activities to see if they work will a team know for sure whether its efforts are worthwhile. Standards can guide a team's process, increase the likelihood that it reaches its destination and help the team demonstrate success."
2. "Community-based teams often do not use all of the tools at their disposal." On this point CCSA identifies that, "Too often, community-based teams or coalitions overlook the most powerful tool at their disposal—young people themselves. Initiatives that 'target' youth or are 'directed to' youth, rather than 'partnering with' youth will likely have a muted effect. Committing to partner with youth is not necessarily the easiest route for a team to take, but it's undoubtedly more likely to be a dynamic and effective initiative. It is this point that adult team members must come to fully appreciate—encouraging participation, leadership and decision-making among youth partners isn't just good for the youth themselves (although it certainly is), it's vitally important for the outcome of the initiative."

YYPER aims to address these two CCSA-identified possible impediments to successful community-based prevention activity by providing:

CCSA identifies the use of alcohol and other drugs among youth as, "complex [and] influenced by legislation, policy, media, corporate interests, societal structures and community values."

1. A multi-modal systems-based change management and monitoring framework (Outcome Mapping), designed and tested for addressing socially embedded issues such as problematic substance use. CCSA identifies the use of alcohol and other drugs among youth as, "complex [and] influenced by legislation, policy, media, corporate interests, societal structures and community values."
2. A focus on supporting youth-adult-partnership activities and behaviours. This strategy is aimed, not just at change in the

present, but at creating a legacy of capability and competence at a community level.

Areas to be Improved/Enhanced

Impact staff have been working toward more theoretically-informed practice, including more-consistent case formulations, more meaningful and useful assessments, more fleshed-out client goals for treatment and related treatment plans collaboratively developed with clients, with feedback from clinical supervision.

"Initiatives that 'target' youth or are 'directed to' youth, rather than 'partnering with' youth will likely have a muted effect. Committing to partner with youth is not necessarily the easiest route for a team to take, but it's undoubtedly more likely to be a dynamic and effective initiative. It is this point that adult team members must come to fully appreciate—encouraging participation, leadership and decision-making among youth partners isn't just good for the youth themselves (although it certainly is), it's vitally important for the outcome of the initiative."

- Canadian Centre on Substance Abuse: "Stronger Together: Canadian Standards for Community-based Youth Substance Abuse Prevention"

With higher numbers of non-admit clients, some of whom we may nonetheless see more than once, we will continue to work with clients to better identify reasons for clients to be intaked, as well as reasons to close non-admit involvement. We are looking at the EASY-5 model developed by Pacific Community Resource Society, and shared at YAKE, which might provide more structure to this process.

We are also finding that our adult affected clients (mostly parents) are sometimes engaging with our services long-term through the sometimes volatile and frequent changes that youth experience in these developmental years. Some engage in one-to-one counselling services, and many more may just attend our monthly facilitated peer support meetings for alumni of our Parent Merge group. So it may be indicated to take a look at how long we keep these adult-affected client files open, and the balance of resources devoted to adult-affected clients, as opposed to youth using clients. This is reflective of how it might warrant looking at how we balance services that are more secondary or tertiary prevention with non-admit youth clients, as opposed to the more therapeutic interventions with intaked clients.

With the addition of YESH and VYPER, we feel we are making significant strides toward more holistic and bio-psycho-social interventions aimed not just at individuals, but also at extratherapeutic factors and social/family/community/societal systems that influence client outcomes.

Changes in Operation and/or Staff

Increased Capacity

Executive director, Brian Gross has completed the core courses of his Masters in Clinical Counselling at City University of Seattle, Vancouver – as well as passing his comprehensive exams and being engaged in his practicum at another Fraser Health-funded substance use program (Fraser House in Mission). He is thus available to start to take on a small client load, as other responsibilities allow. Given the intensive needs of the startup of the YESH and VYPER programs, he expects to complete his studies (including his thesis) and be a Registered Clinical Counsellor with the BCACC sometime in 2015.

All three of Impact's regular counsellors, Dwayne Tremblay, Dave Bahre and Michelle Gilbert, completed the Justice Institute's Level 1 Motivational Interviewing course, and are working together and with continuing supervision to further develop their approach in line with Motivational Interviewing concepts.

Impact's Clinical Supervisor, Laurie Schulz, continues her intensive study of Narrative Therapy.

Impact also hosted its first 3-student cohort of University of the Fraser Valley Bachelor of Social Work 3rd year students, who not only worked on projects and programs internal to Impact, but also worked, with Impact supervision, in various other programs in the community, including with the 5 and 2 Ministries, Fraser Valley Youth Society, Abbotsford Youth Health Centre, the Abbotsford Child and Youth Committee, and other organizations. We look forward to hosting another cohort in 2015, and we are also hosting, through the VYPER program, a Child and Youth Care practicum over the summer, as well as supervising two youth Canada Summer Jobs over the summer in Abbotsford and Chilliwack.

Increased Regional Involvement

With the addition of the YESH and VYPER projects, and the continuation of YAKE and Impact's leadership in efforts to adapt the successful collaborative model behind the development of the Abbotsford Youth Health Centre to adjacent communities (Mission and Abbotsford – the AYHC was also selected as a finalist for the 2014 B.C. Premier's Award), Impact is capitalizing upon the collaborative relationships it has been developing over the last 5 years.

Impact has also been active regionally and provincially in the following initiatives:

- Fraser Health LGBTQ Working Group
- Fraser Health Trauma-Informed Practice Working Group
- Fraser Health Outcome Mapping Community
- Suicide Awareness Fraser East
- Fraser Valley Community Action Team
- The Provincial Sexually Transmitted Infection Working Group
- In It Together – Anti-Gang Program
- Abbotsford Child and Youth Committee
- Mission Child and Youth Committee
- Chilliwack Child and Youth Committee
- Fraser East Regional Child and Youth Committee
- First Nations Health Authority
- Abbotsford Integrated Aboriginal Committee
- Mission Integrated Aboriginal Committee
- Chilliwack Integrated Aboriginal Committee

School-Based Prevention Adjustments

School demand for Impact's longstanding prevention workshops has continued to grow, but with the demands of increasing referrals (resulting in more overall contacts - intakes and non-admits), as well as the fact that we don't receive funding earmarked for this school-based prevention work, we are moving toward phasing out some of this work. Other factors involved in this decision include wanting to encourage the school district's A&D youth workers to take a more active role in the delivery of this kind of programming.

To this end, the school district has brought in Dan Reist from CARBC to provide some training to school staff on the iMinds constructivist-based drug education curriculum, and on Motivational Interviewing. It is unclear to what extent the school district will be able to devote resources to move these initiatives forward, particularly because the iMinds curriculum, in particular, is not seen as uncontroversial by the district's administration and trustees. It is possible that Impact will present a fee-for-service proposal to the school district to support this process.

We also recognize that the manner in which we have been delivering much of our prevention programming has not been in line with best practices. While it has been highly interactive and has created space for critical thinking in a social constructivist mode, we see a need to move to a more-sustained approach, rather than single-day programming that doesn't allow time for youth to reflect and then continue discussion after reflection.

The combination of over-strapped resources and staff time with wanting to provide more intensive prevention programming, if we are to continue offering this programming, leaves us in an obvious dilemma.

Board Addition

Kevin Sutherland, a youth parole officer and social worker has joined our Board of Directors, bringing us back up to 9 active board members.

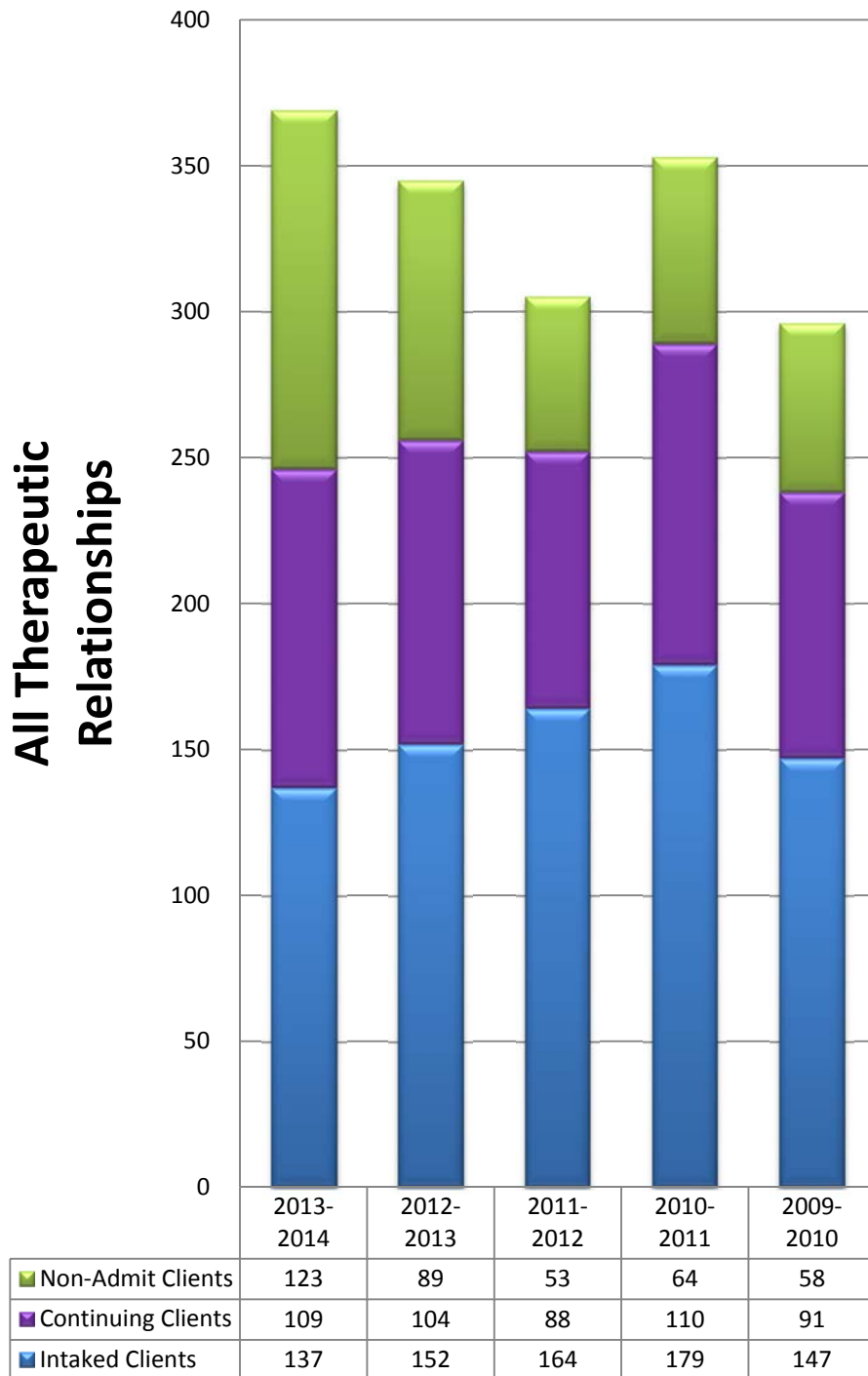
While our school-based prevention programming has been highly interactive and has created space for critical thinking in a social constructivist mode, we see a need to move to a more-sustained approach, rather than single-day programming that doesn't allow time for youth to reflect and then continue discussion after reflection.

The combination of over-strapped resources and staff time with wanting to provide more intensive prevention programming, if we are to continue offering this programming, leaves us in an obvious dilemma.

Annual Statistical Summary

An accumulation of monthly/quarterly statistics for the fiscal year.

Intakes, Active Clients and Non-Admits:

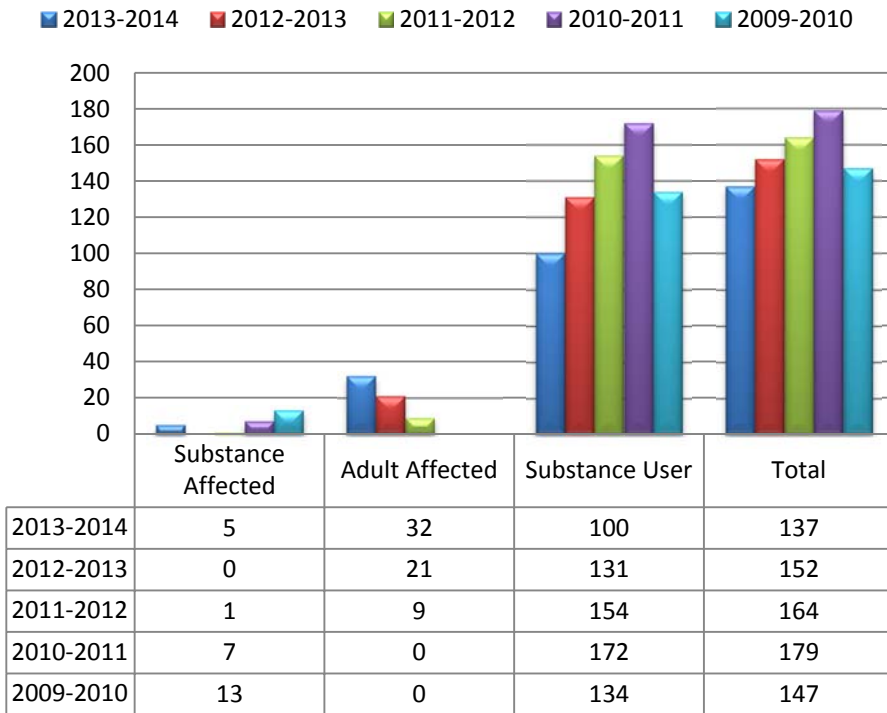


2013-2014 continued the trend of decreasing intaked clients and increasing non-admit clients. This trend is accounted for by new initial assessment practices instituted in 2012-2013 that provide more client choice for youth referred to Impact (especially from the school district, for substance-related issues) about level of involvement with our services.

Non-admit clients (with whom our counsellors have at least one one-to-one session to introduce Impact's services, assess client needs, and especially client desires) were nearly double (123) the average of the last four years (66).

Overall, our total therapeutic contacts, at 369, were higher than at any point in the last 5 years, and 7% higher than in 2012-2013 (345).

New Intakes



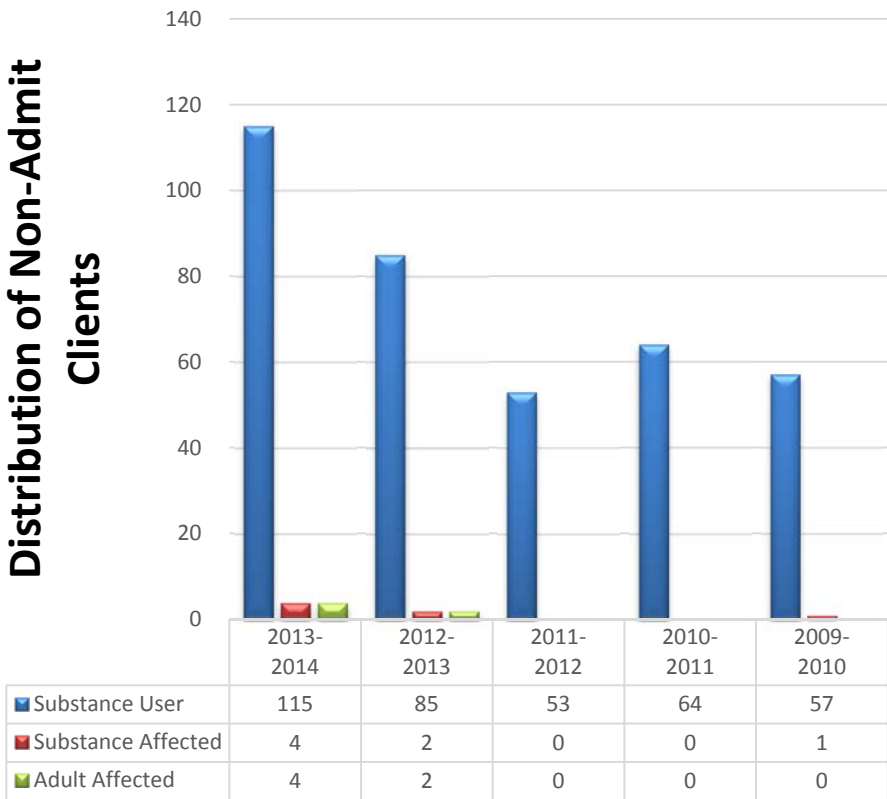
Our distribution of new intakes continues its trend of rising adult affected intakes, 52% higher (32) than in 2012-2013 (21).

We also saw youth affected by substance use this year again, after a lapse in youth-affected clients in 2012-2013.

Total intakes were 90% of 2012-2013, accounted for by a greater number of referred youth being seen as non-admit clients (usually because drug and alcohol counselling wasn't seen as relevant at the time of referral).

At 137 intakes for the year we still stand at 110% of our contract target of 125.

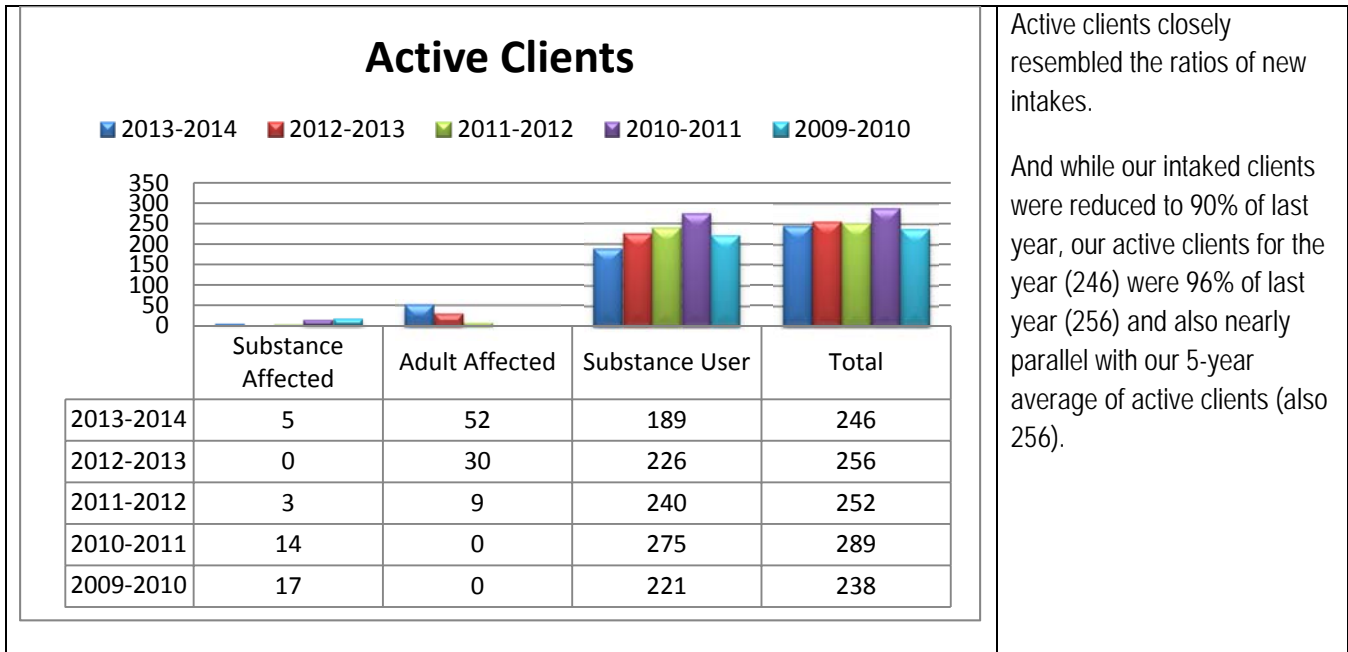
Distribution of Non-Admit Clients



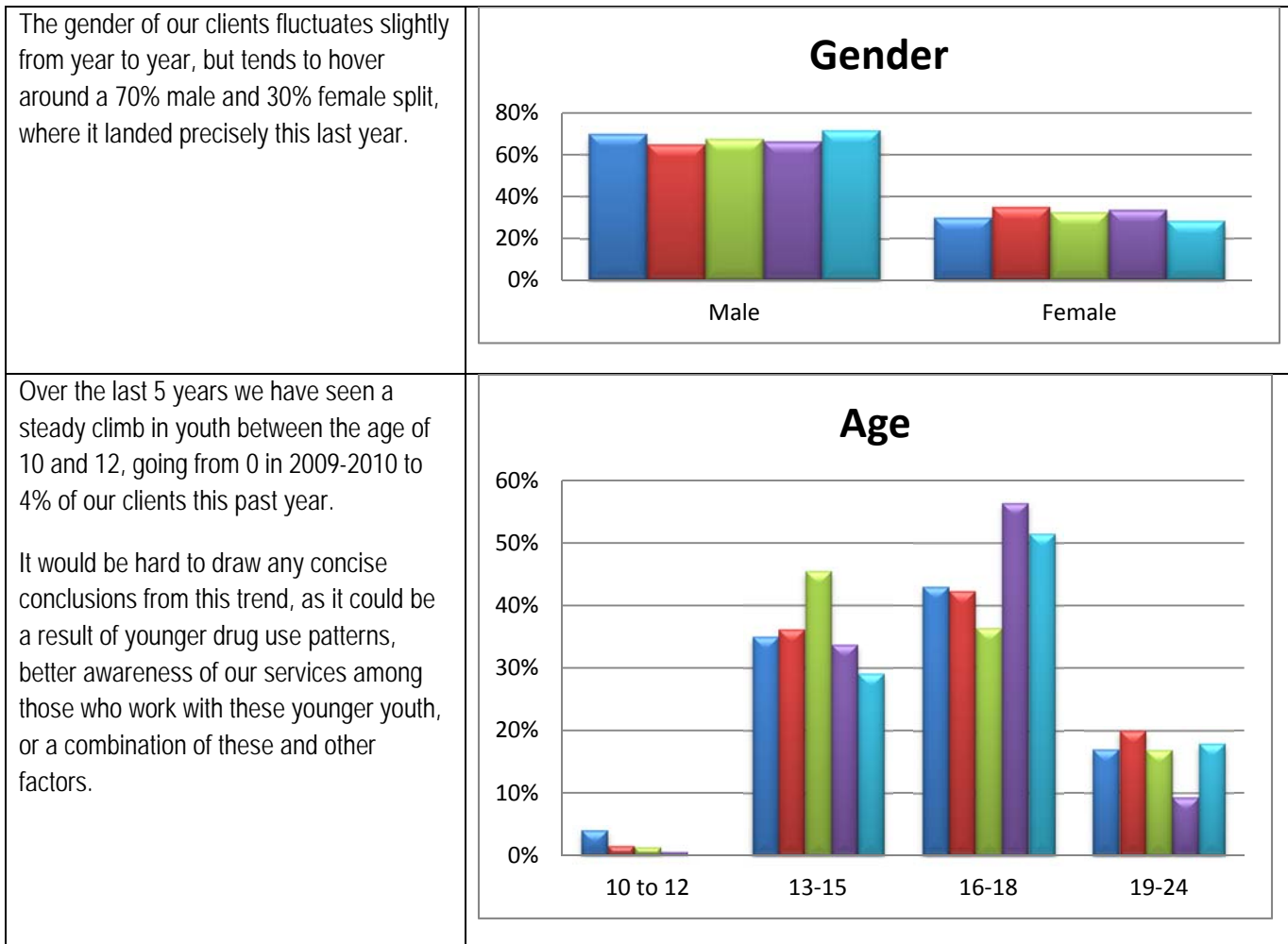
Non-admit youth substance users represent the lion's share of our non-admit clients and rose by 35% in 2013-2014.

Our hope and belief, now supported by anecdotal client feedback, is that a positive and low-pressure initial contact after being referred to Impact will allow youth to see us in a less-adversarial, and more-supportive light.

As a result, should youth perceive themselves to encounter substance use-related challenges in the future, they may be more likely to seek our help on their own.



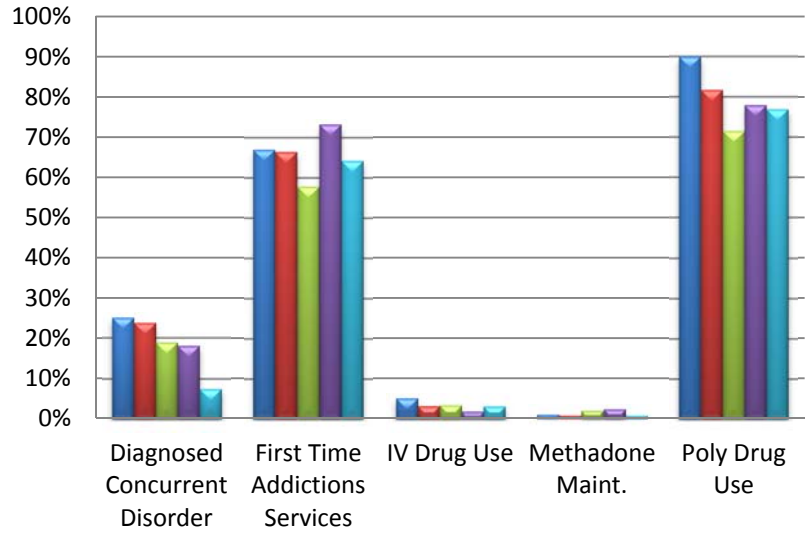
Client Demographics (newly intaked youth using substances only):



Concurrent disorder (substance use and mental health) diagnoses, poly drug use and IV drug use all were at higher percentages this past year than in any time in the last five years, while first-time addictions services saw a slight uptick over last year, and methadone maintenance was consistently low, but never not present over the last five years.

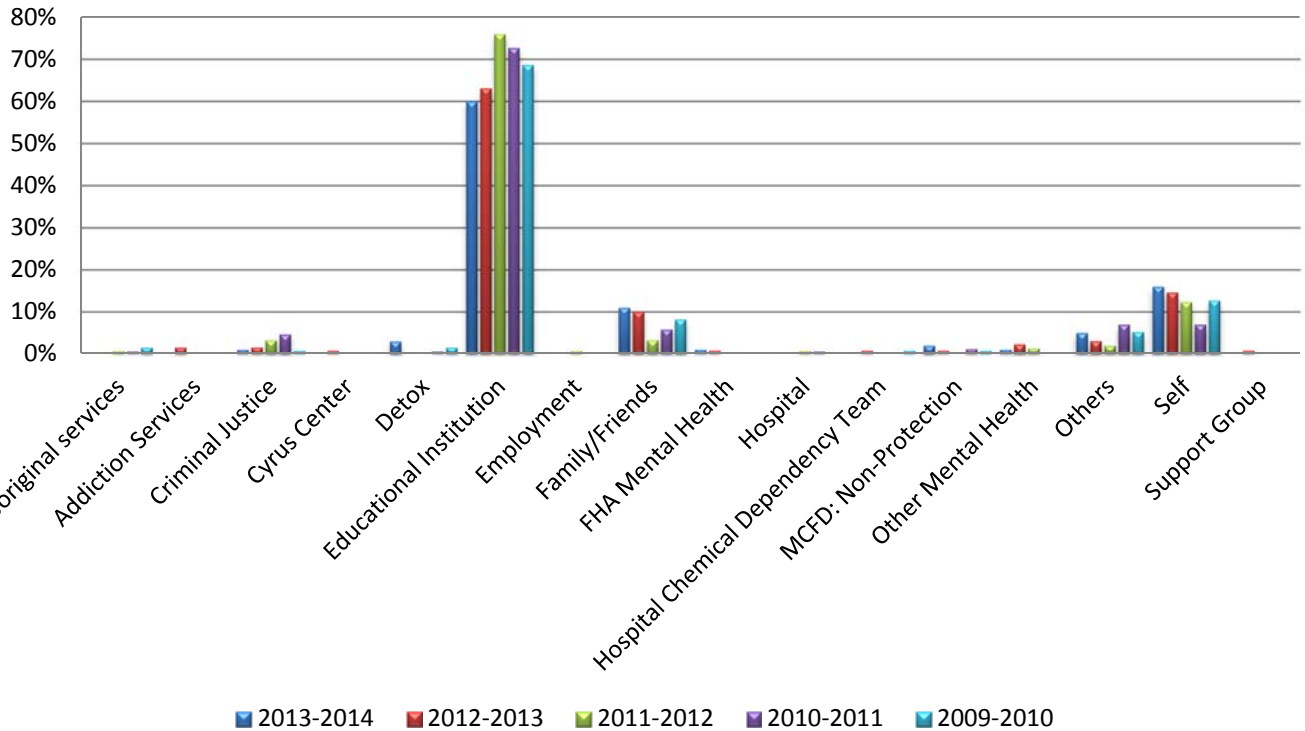
With 5% of our clients engaging in IV drug use over their lifetimes, we were glad to see the City of Abbotsford change its zoning bylaw to allow harm reduction supplies, including clean needles, to be more openly available in the community.

Special Populations



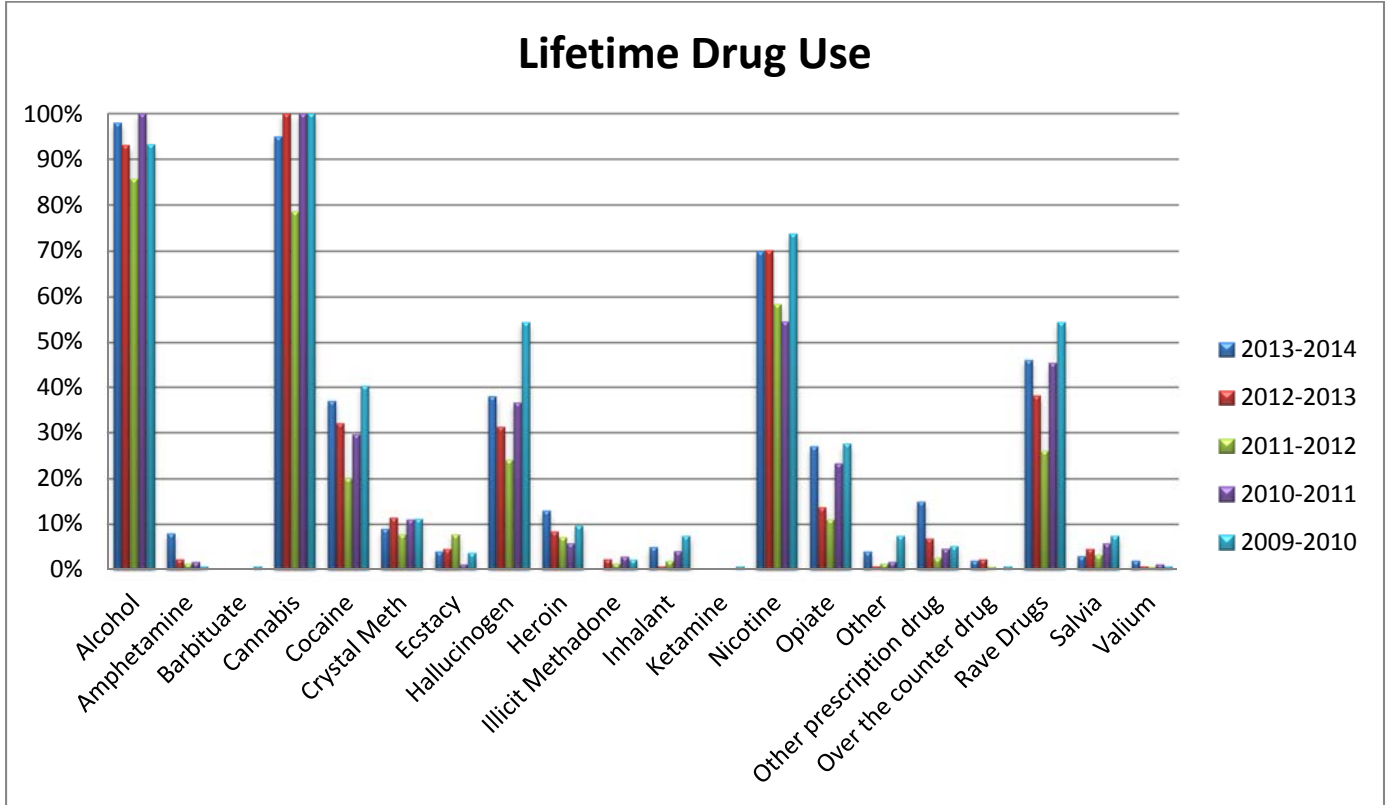
Referral Sources:

Referral Sources

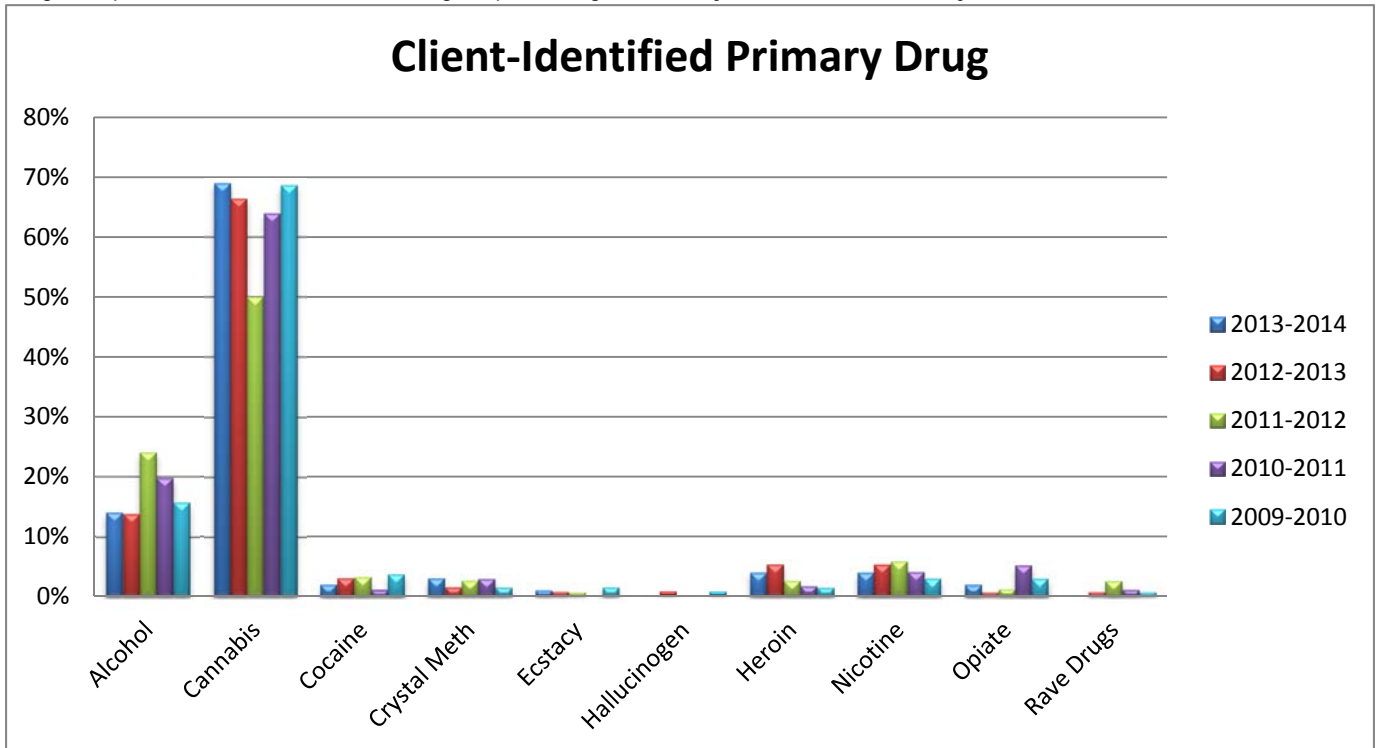


Our referral sources continued to diversify, with a lower percentage from schools and higher from friends/family and self.

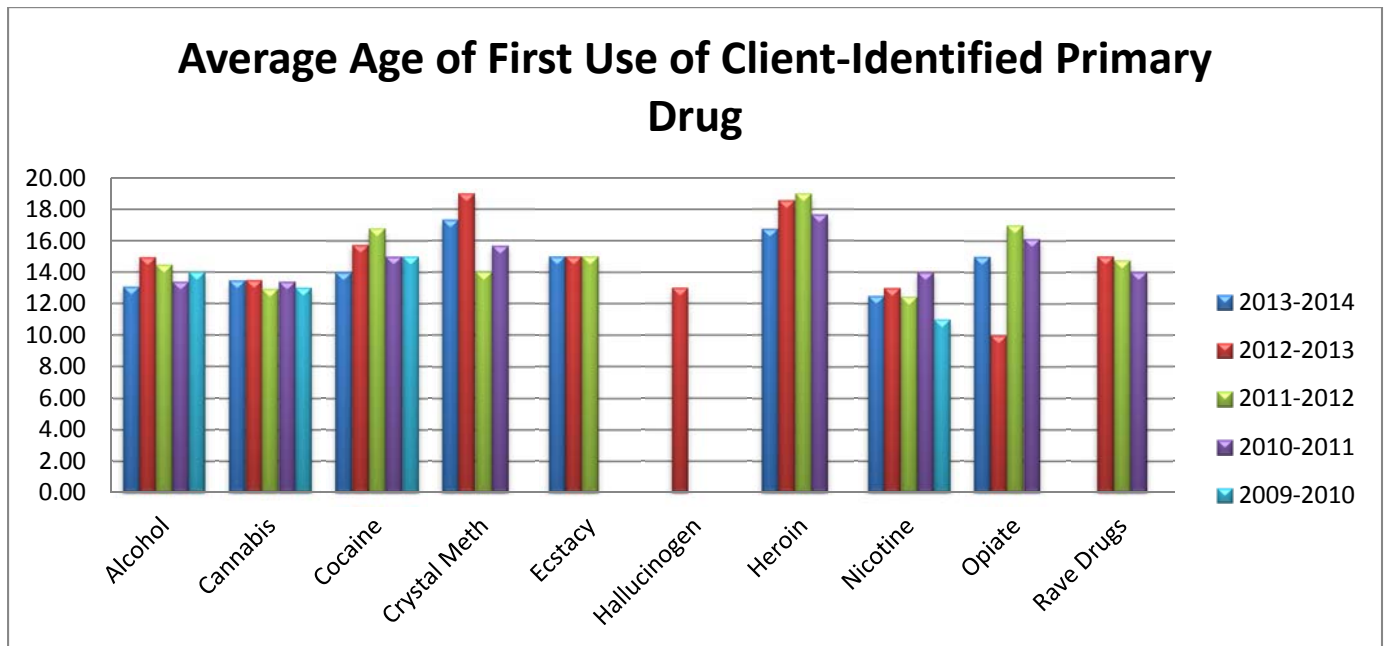
Substance Use Profiles:



Alcohol, cannabis and nicotine remained the three highest drugs that newly intaked clients had tried, with use of prescription drugs, amphetamines and heroin all at higher percentages than any time within the last 5 years.



The great majority (69%) of clients continued to identify cannabis as their primary drug, not closely followed by alcohol (14%), nicotine (4%), heroin (4%), crystal meth (3%), opiates (2%) and cocaine (2%).

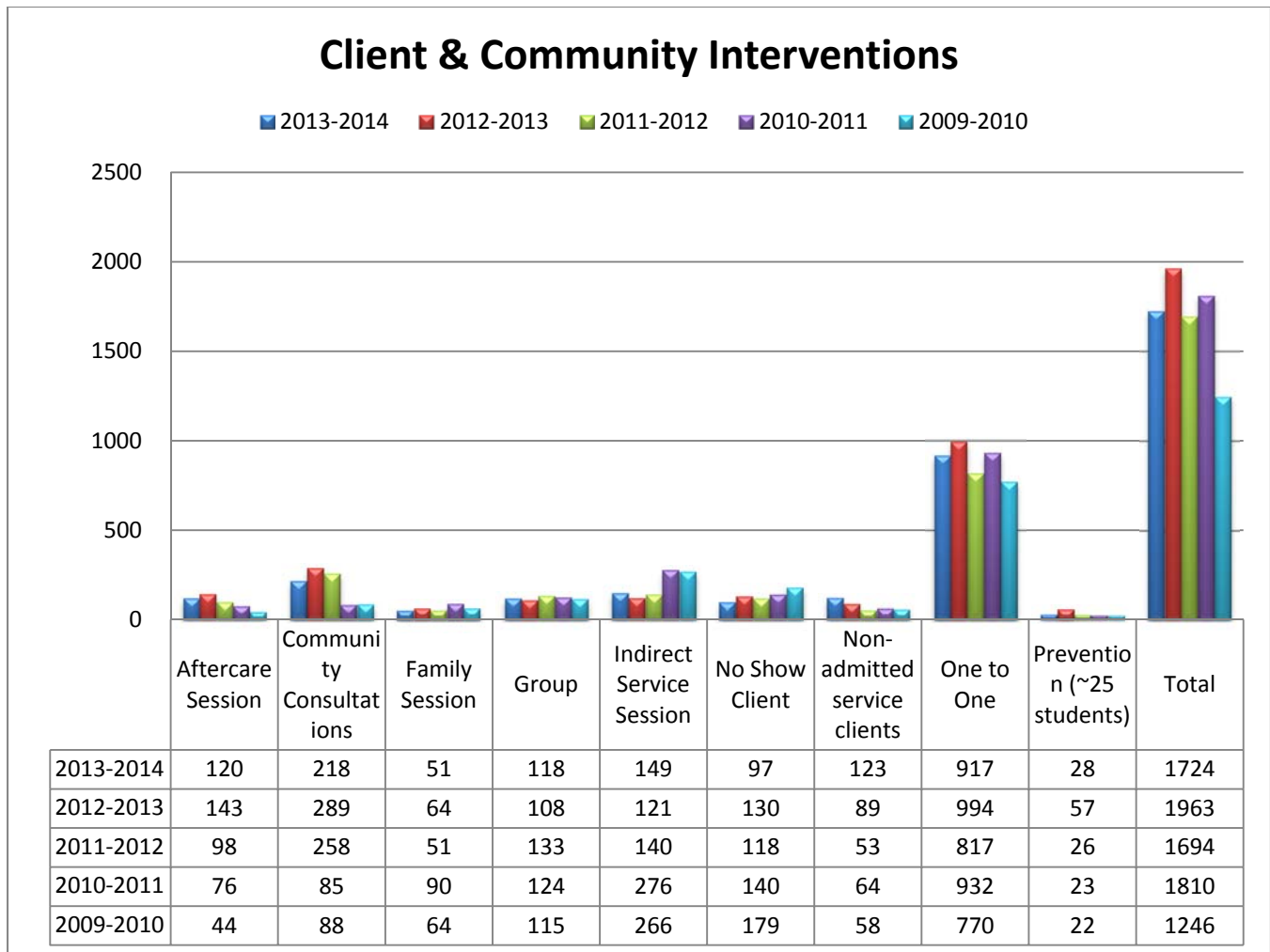


Average age of first use of newly-intaked client-identified primary drugs has hovered around age 14 for most drugs over the last 5 years, though this year saw some average initiation ages that were slightly lower than at any time in the last five years, in the case of alcohol (13.07), cocaine (14) and heroin (16.75).

Sessions:

Sessions:	Substance Affected	Substance User	Adult Affected	Total
Aftercare Session	0	118	2	120
Community Consultation	0	218	0	218
Family Session	1	41	9	51
Group	1	93	24	118
Indirect Service Session	0	148	1	149
No Show Client Sessions	2	94	1	97
Non-admitted service clients	4	115	4	123
One to One	9	844	64	917
Prevention	0	28	0	28
Total	17	1699	105	1821

Impact has continued its recent trend of increasing engagement with affected adults (parents and caregivers). Involvement with caregivers has mostly centred around our 7-week Parent Merge Group, but we have seen significant growth in one-to-one sessions and family sessions related to these clients as well.

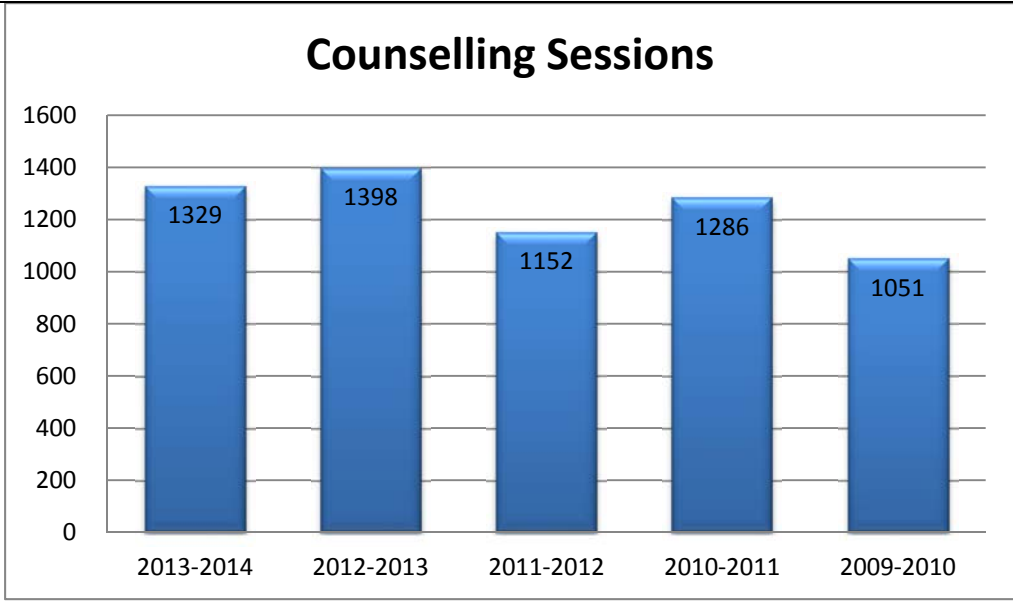


Our total client and community sessions in 2013-2014 was 88% (1724) of the total for 2012-2013 (1963 – significantly higher than any other of the last 5 years), again mostly attributable to our increase in non-admit clients, due to revised, more client-centred initial assessment procedures, which unquestionably reduced one-to-one sessions.

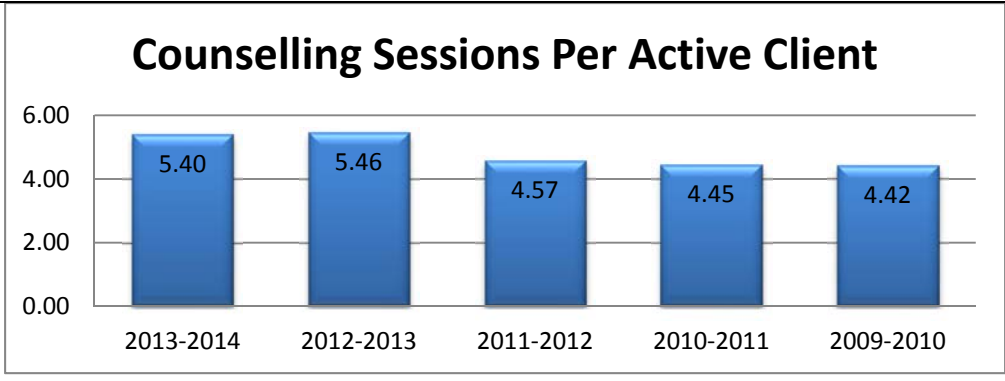
Other significant reductions were as a result of some statistics and efforts being transferred to our new YESH and VYPER projects. Community consultations, for example, have dipped from 289 to 218 in the realm of substance use-related consultations, but there were 92 capacity and linkage building consultations associated with YESH from September to March, and several dozen additional community consultations associated with VYPER from February to March, which bring these total numbers up significantly.

Prevention stats were also down significantly as a result of our shift away from one-shot prevention workshops, which aren't strongly supported by research evidence. Instead, our prevention efforts are now more-focused on our new VYPER project, which moves almost completely away from old "educational" forms of prevention that are not supported by evidence, and toward approaches that seek to ameliorate the biological, psychological, and social conditions that correlate with increased risk of substance use-related harm. NOTE: No Show Clients are not included in the Sessions Total.

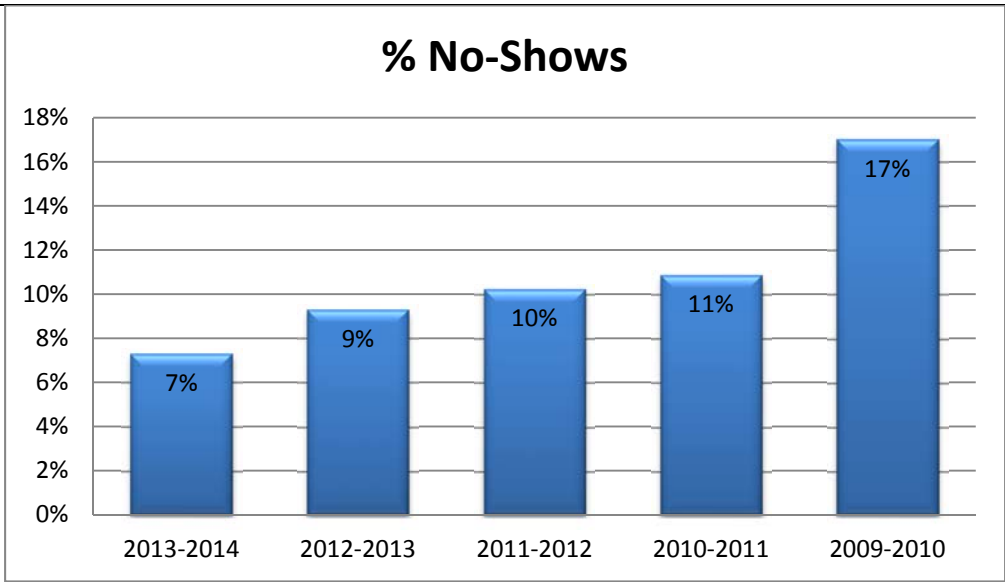
Counselling Sessions:



Counselling Sessions (Aftercare, Family, Group, and One-to-One, and one stat for each non-admit service client) decreased slightly to 95% of 2012-2013 stats, but are still at historic highs, and are likely affected by the increase in non-admit clients, with whom counsellors may meet for one-to-one and other sessions more than once without these additional sessions being reflected in the stats.



Counselling sessions per active client was roughly parallel with last year and remains at historically high levels.



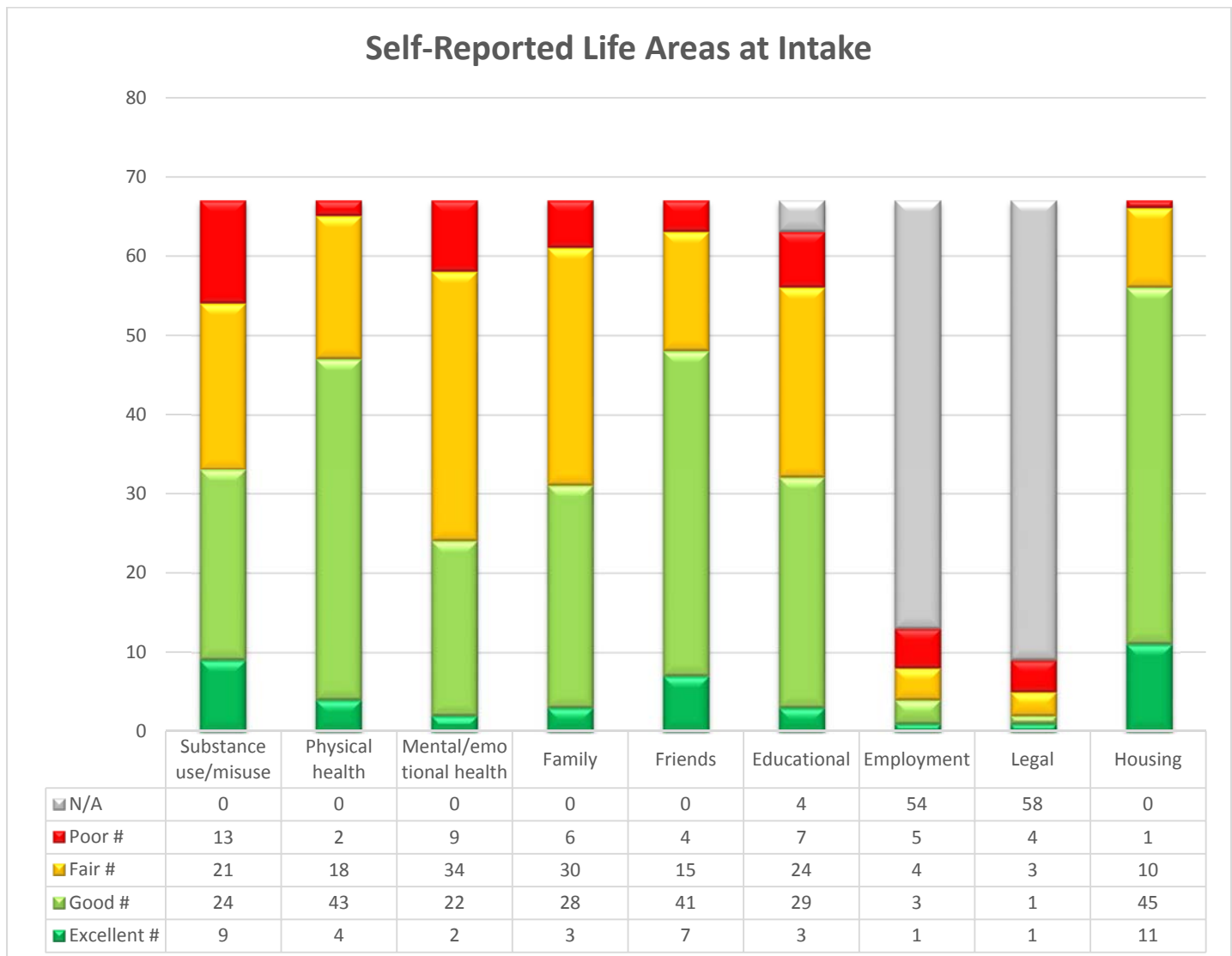
No Shows continued to decrease, likely due to a number of factors, including more client-centred approaches and the increased communication options allowed through cell and smart phones.

Referrals:

We operated mostly outpatient with clients, facilitating only a few referrals to residential treatment, including:

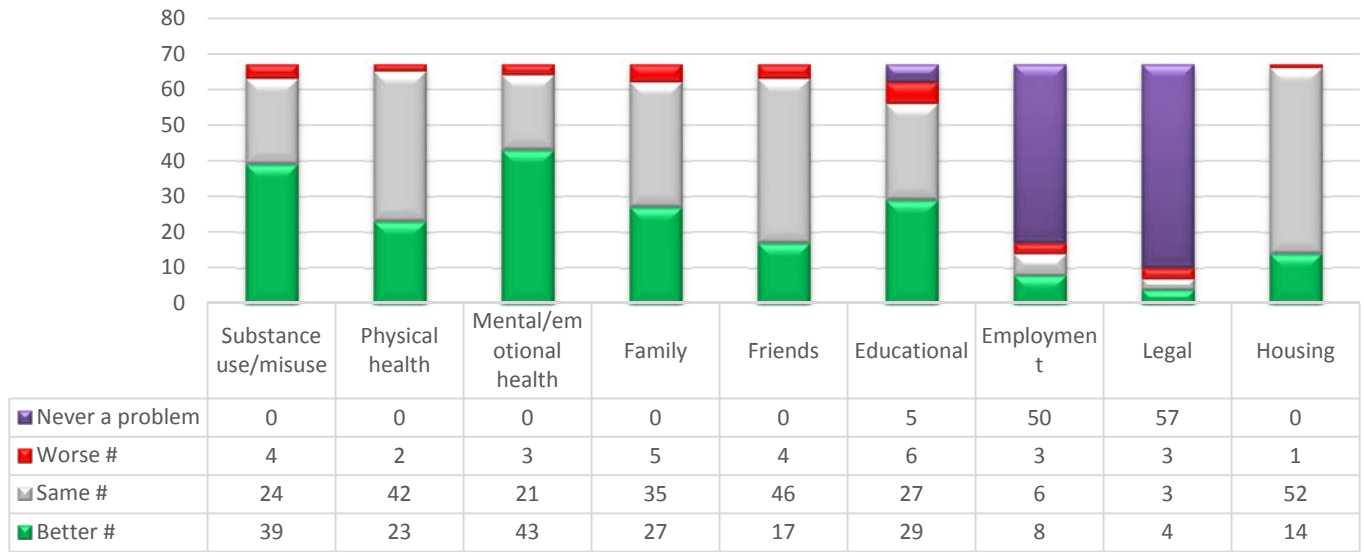
- The Crossing at Keremeos/Portage: 4
- Kinghaven: 2
- Maple Ridge Treatment Centre: 1
- Family Services Detox: 2
- Creekside Withdrawal Management - Youth: 1
- Westminster House: 1
- Together We Can: 1

Life Areas



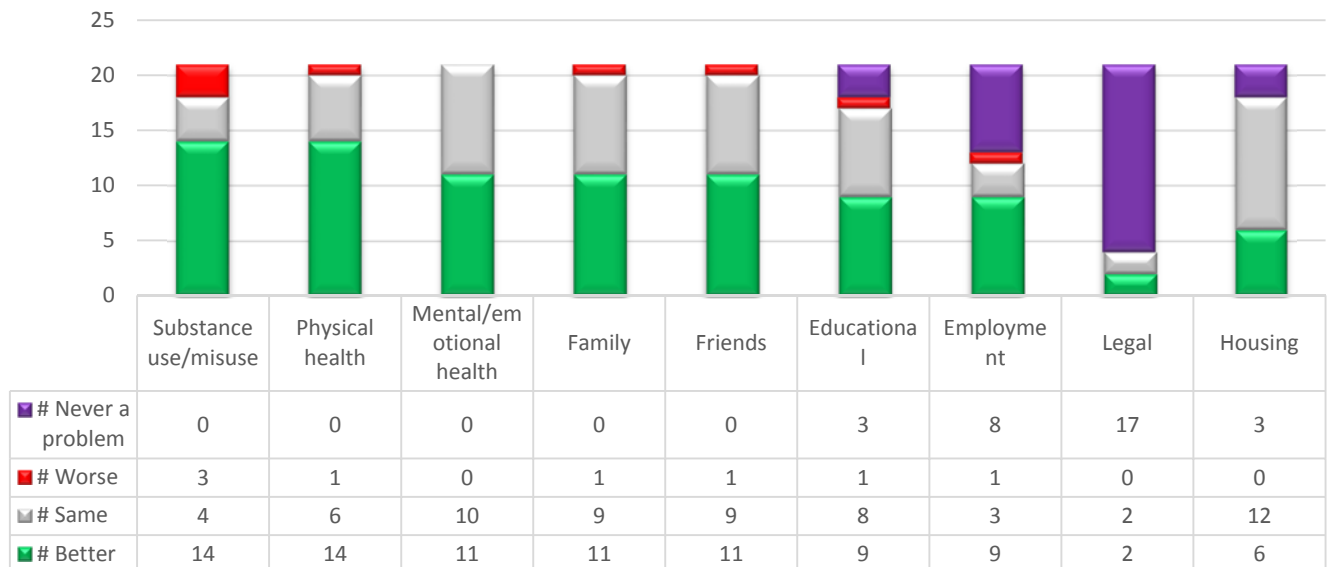
While we collect this data from every client we intake, we only list those for whom we were able to also collect data at discharge, so that the data in the chart above reflects the same clients in the data below. We had 114 discharges in 2013-2014, so this data represents 59% of the clients we discharged this year. When clients cannot be reached, we are not able to collect discharge data.

Self-Reported Life Areas at Discharge



One potentially significant thing to note when comparing the intake and discharge data is that a large proportion of clients indicate “excellent” or “good” at intake for substance use, physical health, mental/emotional health, family, and friends – which could indicate that they see little or no problem. However, at discharge not one of these same clients indicates that any of these areas was “Never a problem.”

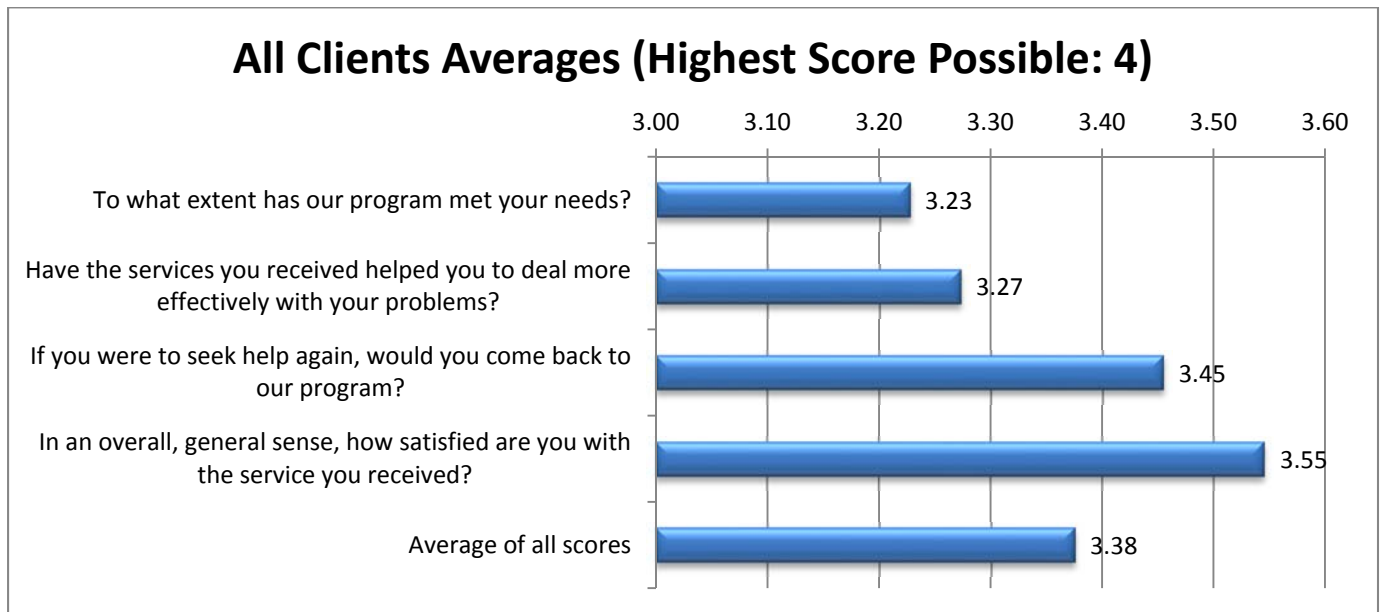
Self-Reported Life Areas 6 Months after Discharge



At 6 months after the discharge date, we attempt to contact past clients both to check in with them and to perform this 6-month Life Areas follow-up. In some cases a past client may elect to re-engage in services at this time.

Client Satisfaction Questionnaire

We instituted a new, validated client satisfaction questionnaire this year. Of the 22 clients who elected to complete the 4-question CSQ, which scores from 0 (worst) to 4 (best), our average score was 3.38. Details below:



Referral Source Feedback

Total Number of Surveys Completed: 15	Yes	Somewhat	No	Don't Know
Statement:	#	#	#	#
I/We are satisfied with the referral procedure to the outpatient service.	15			
I/We are satisfied with the quality of services at the outpatient service.	11	3		1
I/We are satisfied that outpatient staff are approachable and professional.	13	2		
I/We are satisfied that outpatient staff have responded satisfactorily to requests for information and consultation.	12	2	1	
I/We are satisfied that services provided by outpatient services have led to positive changes for clients.	8	2	2	3
Clients have expressed satisfaction with the services they have received from the outpatient services.	9	3	1	2

We send out an electronic survey once a year to those people and organizations that we are aware of having received referrals from to gather feedback on impressions of and satisfaction with our services. We aim to utilize this feedback to improve our services and to identify areas where we might have the opportunity to communicate better about the opportunities and limits of our services.

Please tell us your organization name or type of organization (i.e. School, Doctor, Church), and feel free to leave any other comments about our services (Optional – and some edited for privacy):

- Secondary School. Thanks to you and your awesome staff.

- Youth Concurrent disorders Program
- Alternative School - it is great to have you on site working in a variety of ways with our students.
- Community Agency
- Secondary School
- School Principal. Some concerns with staff willingness to share information about students in care team meetings, though we understand there are issues where confidentiality applies.
- School Youth Worker
- Secondary School---good work---very valuable resource
- Middle school. Appointments are often missed by staff, very short, and sporadic. Satisfied with services when they are received. Would be valuable if there was someone dedicated to more prevention/the kids "just" smoking weed as we understand that the more serious drug use gets priority.
- Community Agency. I recently referred a young person who moved to Abbotsford. I don't know how the service from IMPACT was received, but I was happy with the quick response and the feedback I got from the person who made contact.
- Students at our school did not engage with Impact support workers and most cases were closed as a result.
- CYMH

Financial Statement

Attached.