

# FRASER HEALTH AUTHORITY MENTAL HEALTH & SUBSTANCE USE SERVICES

MATSQUI-ABBOTSFORD IMPACT SOCIETY (AKA IMPACT YOUTH SUBSTANCE USE SERVICES)

## SEMI-ANNUAL CONTRACT REVIEW

DATE: April through September 2014  
FISCAL YEAR: 2014-2015  
CONTRACT NAME: MATSQUI-ABBOTSFORD IMPACT SOCIETY  
CONTRACT #: 15/01114

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## Program Description

### 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.

### 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.
- **Outreach** counselling that occurs at schools, at the Abbotsford Youth Health Centre and in the community – wherever is best for our clients, to the extent we are able
- **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 continued to use the Client Satisfaction

Questionnaire 4, 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 (GAIN, GAF, HoNOS) 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.

## Areas of Significant Achievement

Trauma Informed Practice has provided a lens and framework from which to work and our focus on this has highlighted the need for us to be more intentionally and consistently creating choice and safety in our work with youth. We have therefore been focusing on:

- Creating safety for clients to change their mind, plans, goals, ect... holding things loosely
- Investing ourselves in the process, not necessarily in specific outcomes
- Being intentional and explicit in questioning our own authority
- Striving to reflect this in our documentation

Impact continues to develop, maintain, manage and collaborate on various committees and initiatives with the goal of addressing substance use directly, addressing the social determinants of health that influence substance use patterns, and addressing health equity concerns, particularly among cohorts of youth and parents who may be more-disadvantaged by their living conditions and social capital. Chief among these initiatives and committees are:

- Abbotsford Youth Health Centre (and working with Mission and Chilliwack as they work toward developing their youth health centres, adapted from the model in Abbotsford)
- YAKE (Youth Addiction Knowledge Exchange – FH-region-wide)
- YESH (Youth Engaged to STOP HIV, Funded through FH STOP HIV funds – Abbotsford, Mission, Chilliwack)
- VYPER (Valley Youth Partnership for Engagement and Respect, Funded through Health Canada – FH-region-wide)
- Child and Youth Committees (Abbotsford, Mission, FE Regional)
- SAFE (Suicide Awareness Fraser East – FE Regional)
- FVCAT (Fraser Valley Community Action Team – Abbotsford)
- UFV Practicum Cohorts (3 Public Health Nursing Students in Fall and Winter; 3 3<sup>rd</sup> Year BSW Students in Winter, 4<sup>th</sup> Year CYC Students throughout the year)

Likewise, Impact continues to partner with other local agencies (particularly Abbotsford Community Services' Sentinel House and Youth Resource Centre, as well as Fraser House Society) on prevention/engagement programs with youth during school breaks. For the second year in a row, we ran 3 days of weekly engagement activities during the scheduled school summer break, and added some activities even after school was delayed in returning. (See photo: Visiting Pipsqueak Paddocks in Yarrow to tend to abandoned or neglected miniature horses was a popular activity both this summer and last.)



We are exploring, especially through VYPER, ways to partner more-fully with youth on identifying and enhancing our available prevention resources (20% of our FHA contract, plus some client recreation funds and a growing pot of ongoing cash and in-kind donations) and what the most evidence-informed and local-conditions-informed manner might be for us to apply these resources for their identified purpose.

## Areas to be Improved/Enhanced

### Reduced Intake Stats

As evidenced in the statistics provided later in this report, our intakes continued to trend downward (while our non-admits continued to stay high). The number of one-to-one sessions was also lower than historical statistics. This is likely attributable to three main factors:

1. The **job action** by the teacher's union, which **likely significantly affected the number of referrals we received from the school district**. (It is likely our number of non-admits would have been even higher without the job action.) This likely accounts for much of the 15 fewer Substance-Involved Youth intakes, as well as the 16 fewer adult affected intakes – as we had to cancel one of the iterations of our Parent Group due to low enrollment, due in large part to not being able to market the availability of the program to parents through our usual channels in the school district in June and September. We also had to push what was supposed to be a September Parent Group start date into October, which means those adult intakes will be reflected in the second half of the year.
2. Continuing effects of the **new approach to third-party referrals**, which we began to institute over the last two years. This approach is designed to provide a basic introduction to our services, dispel any myths about accessing substance use services, and provide an opportunity to think critically about current substance use patterns, as well as supporting youth to identify levels/frequency/circumstances of substance use that they might identify as being problematic, should they experience these in the future.

3. Executive Director, Brian Gross, was practically seconded in the process of both continuing to work toward **finishing his MA in clinical counselling** (including his practicum hours) and **getting the VYPER project off the ground since February**, so was less-available over this time period to explore these developing issues. Now that the VYPER project is firing on most of its intended cylinders, he has been able to redirect attention to the continual evolution of Impact's position in the Abbotsford and Mission communities (as evidenced by the 5 strategic approaches outlined below).

## Strategic Responses

While there is nothing we were in a position to do about the job action and its potential effects on our intakes (which are, at this half-way point, below half of our contract deliverables for the year), we feel, low intake stats or not, that ongoing adjustments to our practices are indicated, along 5 main new approaches:

1. We are working toward adapting PCRS's EASY 5 approach, utilized by ASTRA workers, in our work with youth. While this will not fundamentally change the more-client-centred approach we have adopted, we wonder if we have swung too far in the direction of a non-directive approach. **By providing newly referred clients a menu of possible topics (including blank spaces, where they might add their own) that they might identify as having salience in their lives, we wonder if we might see better outcomes**, not only in the number of referrals that become intaked clients, but, more importantly, **in terms of our clients having more explicit opportunities to explore issues that raise concerns for them that may be having an effect on substance use patterns.**
2. Starting in November 2014, we will have an **Impact counsellor on-site at the Abbotsford Youth Health Centre** at least one day every other week for 3+ hours per day. Staff at the AYHC have indicated that they have numerous patients who would likely seek support for substance use-related issues, were they able to do so on-site and during clinic hours. Up to now, we have been receiving numerous referrals from the AYHC, but not many have resulted in actual meetings with counsellors or intakes. Frankly, when we lighted upon this idea, we wondered why we hadn't thought of it a long time ago.
3. Our YESH program is a partnership with the Fraser Valley Youth Society, which runs drop-in programs for **LGBTQ+ and allied youth weekly for 3 hours** each in Abbotsford, Mission and Chilliwack. The Abbotsford group averages engagement with 100+ youth per quarter, with around 25 new youth engaging per quarter. LGBTQ+ youth represent significant vulnerability to potentially-problematic substance use, and we already see many clients who engage regularly with the drop-ins. Now that we have been partnering formally with FVYS for nearly a year and they have gotten through the growing pains resulting from their partnership with us (which has allowed them to expand their long-standing Abbotsford drop-in group now to Mission and Chilliwack), we want to start looking, like with the AYHC, at **how us being present as part of some of the drop-ins might provide opportunities for youth who might not otherwise seek us out, but who might be appropriate for our services, to get involved with our services.**
4. While the VYPER project that we are managing has already resulted in some non-admit service clients for our Executive Director, as Manager of the project, we are now, along with various other youth-serving agencies in Abbotsford, looking at how we might work along with the concepts that guide VYPER (as well as possibly a VYPER grant) to see if we can work with Abbotsford youth to identify gaps they see in substance use-related prevention, early-intervention and other services

and supports. Specifically, our parent programs, youth-parent Connection Point events, and our past-and-current client focus groups have identified some consensus around unmet needs in the community, and youth vulnerabilities that are not being adequately addressed. Of particular interest may be that **multiple youth who have felt some struggle with substance use indicate not feeling they have an appropriate venue in Abbotsford (or Mission) for engaging in adequately-facilitated peer support opportunities.** For example, they almost universally identify that 12-step meetings that are available in the community aren't particularly youth-friendly or of interest to youth, but they would like some kind of on-going facilitated peer support opportunities. Perhaps we will be able to use our parent group as a model – where there is a set curriculum program, followed by a monthly facilitated peer support meeting for alumni of the curriculum-based program. A youth-adult-partnership committee has already been formed to explore these options.

5. Continuing to adjust our approach at the local alternative school, Bakerview Centre for Learning, and its two satellite programs (Reach – for youth not attending school on a school campus, and New Beginnings – for young parents or parents-to-be), where there have been a preponderance of non-admit clients, mostly attending our weekly DIG Group. At the main campus, we will now be **not only connecting one-to-one with youth as they consider becoming involved with Impact services** (and utilizing something like the EASY 5 approach noted above), **but also checking in periodically with each youth one-to-one as they continue to participate in group programming on a non-admit basis.** And, while we have been involved to some level in both of the satellite programs – the Reach program having been delivered in our back room for a period time, and running periodic workshops and groups at New Beginnings – we are **looking into ways to have a presence that might be more consistent and conducive to youth becoming comfortable with and then engaging with our services.** This might be in conjunction with the Reach program looking for a set and permanent location, and with the Abbotsford Youth Health Centre starting to have a satellite primary care clinic at New Beginnings.

## Changes in Operation and/or Staff

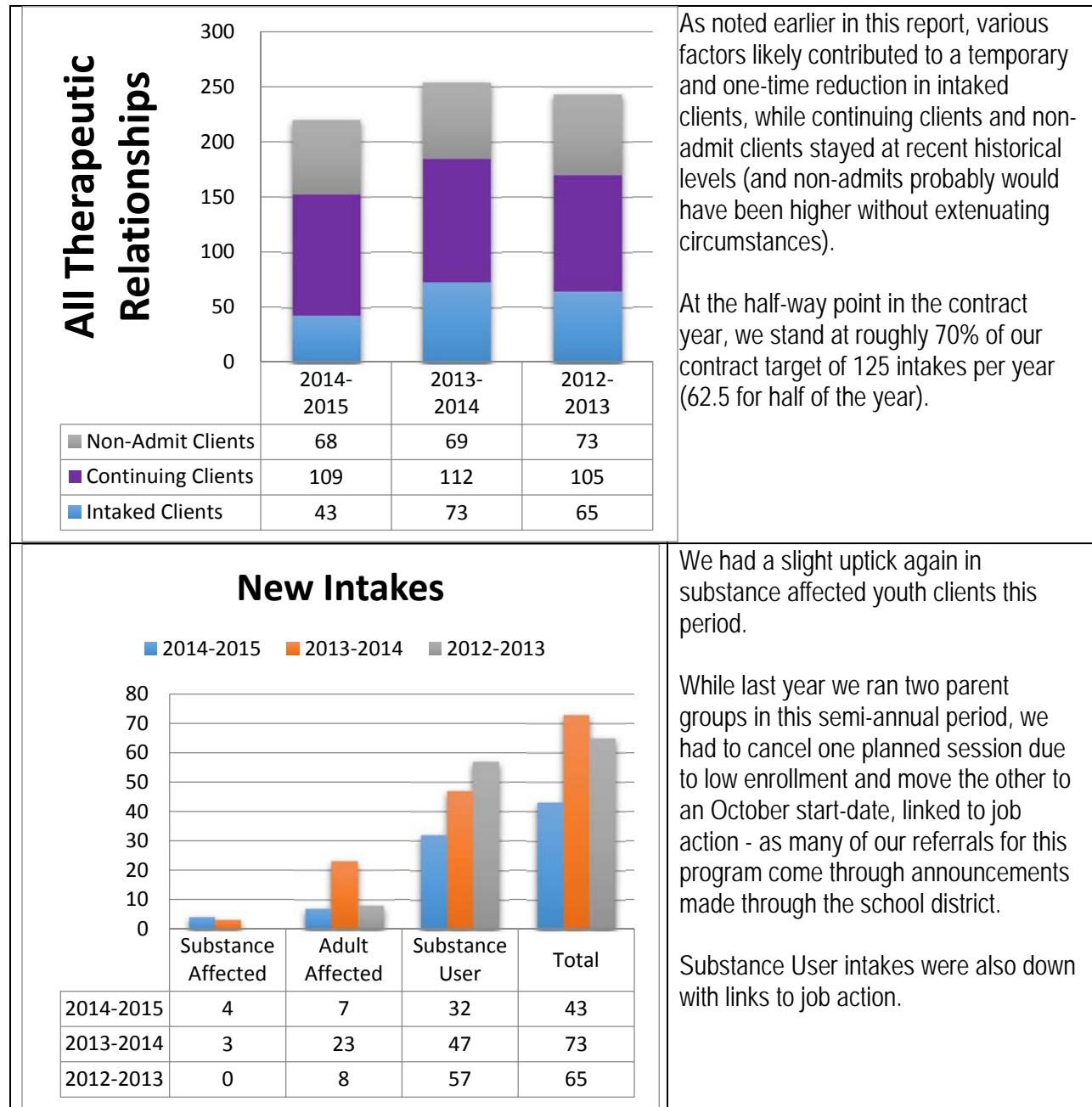
While, as stated above, Executive Director, Brian Gross, has been engaged in the startup of the VYPER project (and, to a lesser extent, finishing up his studies – which he had to mostly put off during this busy period), his position is currently funded almost completely through other funding sources than the Fraser Health Substance Use Services contract. The funding in this contract for direct client services for that position is being applied to our Clinical Supervisor/Counsellor, Laurie Schulz.

As also noted above, Brian has also been starting to see some non-admit clients, mostly through his involvement with the VYPER project.

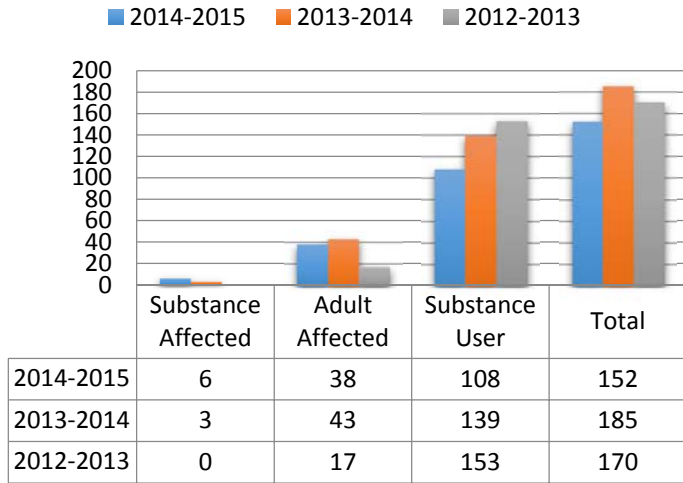
Possibly also contributing marginally to the dip in intakes and client interactions – in addition to regular vacation time off (which was a little more-weighted toward the summer this year), we also had some staff medical leave periods.

## Semi-Annual Statistical Summary

### Intakes, Active Clients and Non-Admits



## Active Clients



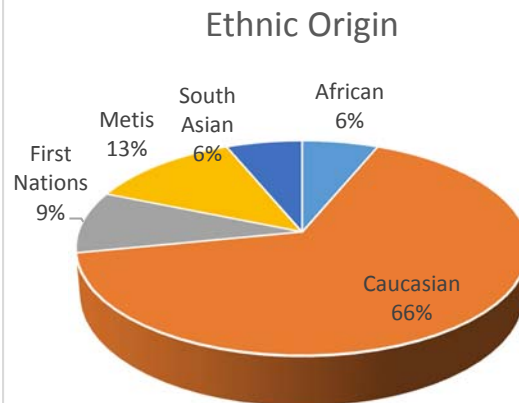
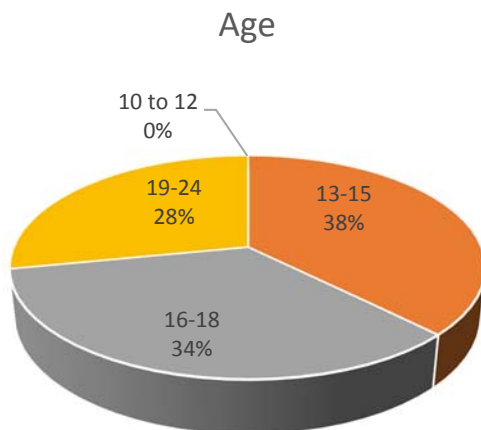
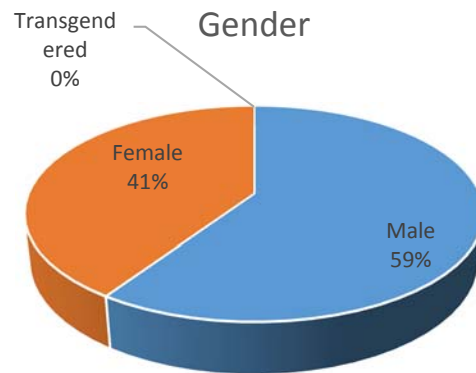
Active clients were lower this semi-annual period, but not to the historical ratio evidenced in intakes.

During the job action period, our counsellors had more time than they usually do for looking after, and especially closing files, which may have also contributed to the lower number of active clients with open files.

## Client Demographics (Substance-Involved Newly-Intaked Youth Only)

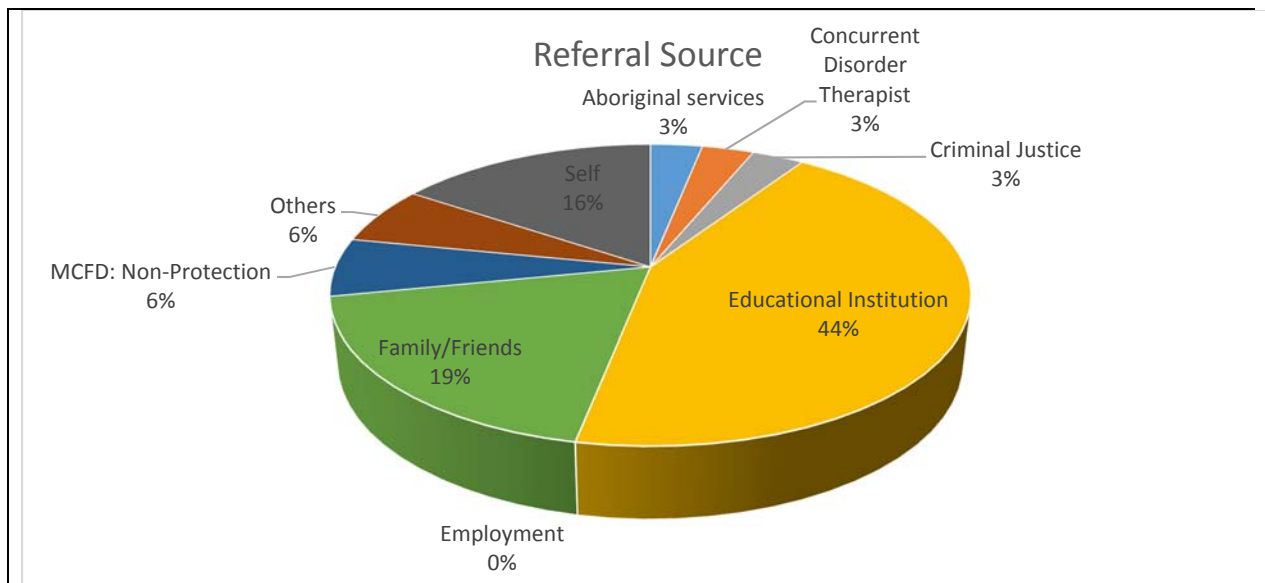
Our ratio of male-identifying to female-identifying clients has stayed pretty steady at around 3:2.

Our percentage of Caucasian clients has also stayed relatively steady relative to earlier years, however this year saw a significant uptick in First Nations and Metis-Identified youth, which comprised 22% of our intakes during this reporting period.





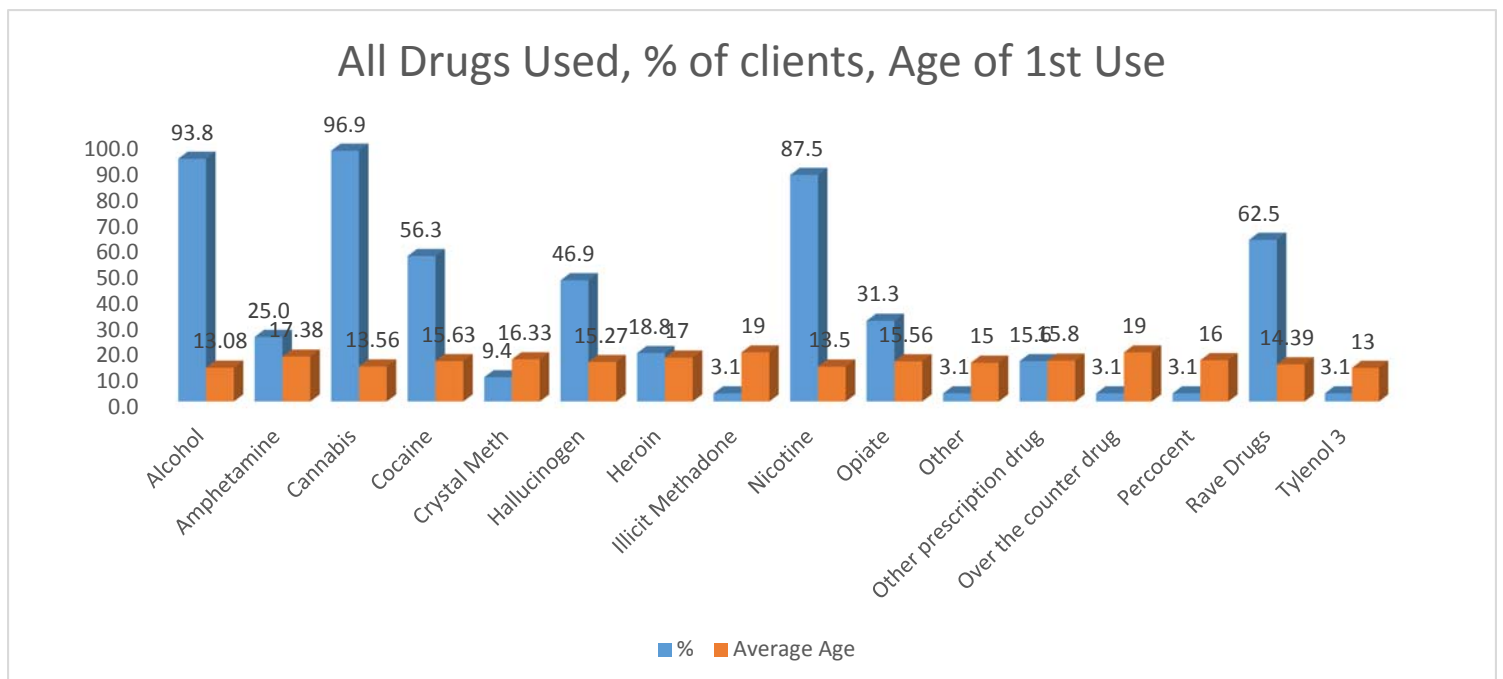
## Referral Sources

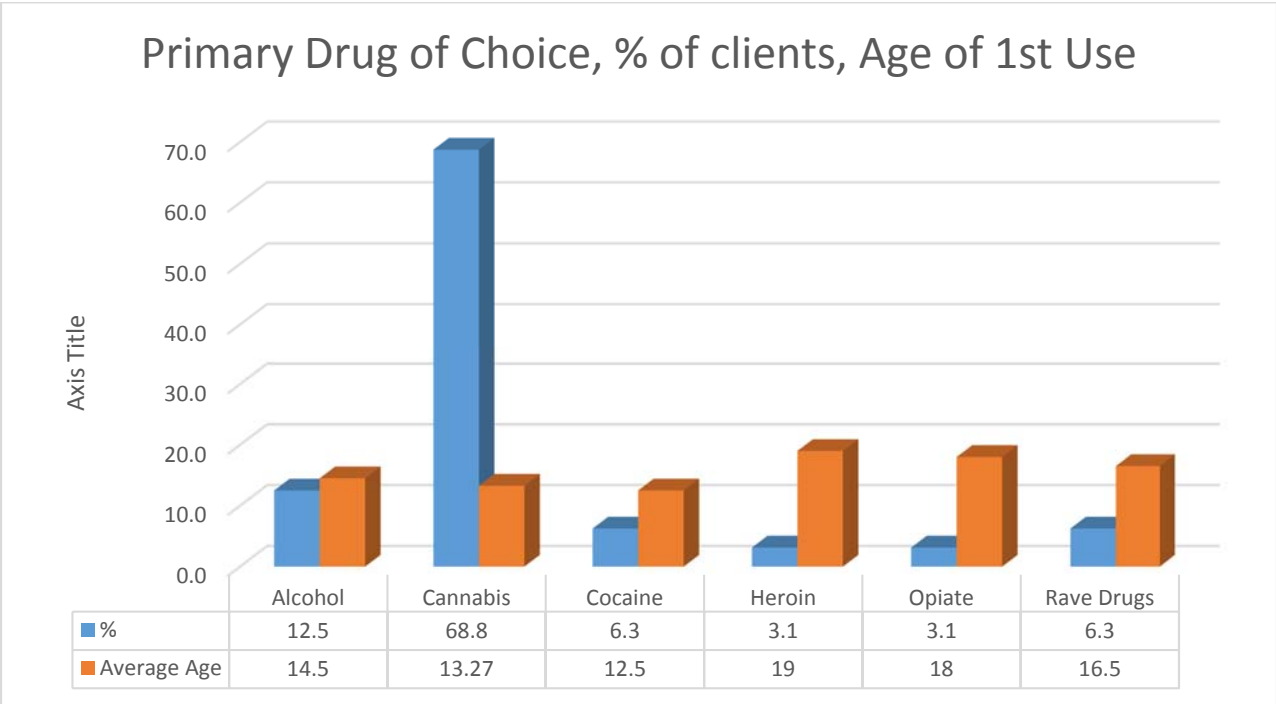


Our referral sources continue to diversify. With the job action, the percentage of new clients referred through the school district is probably artificially low.

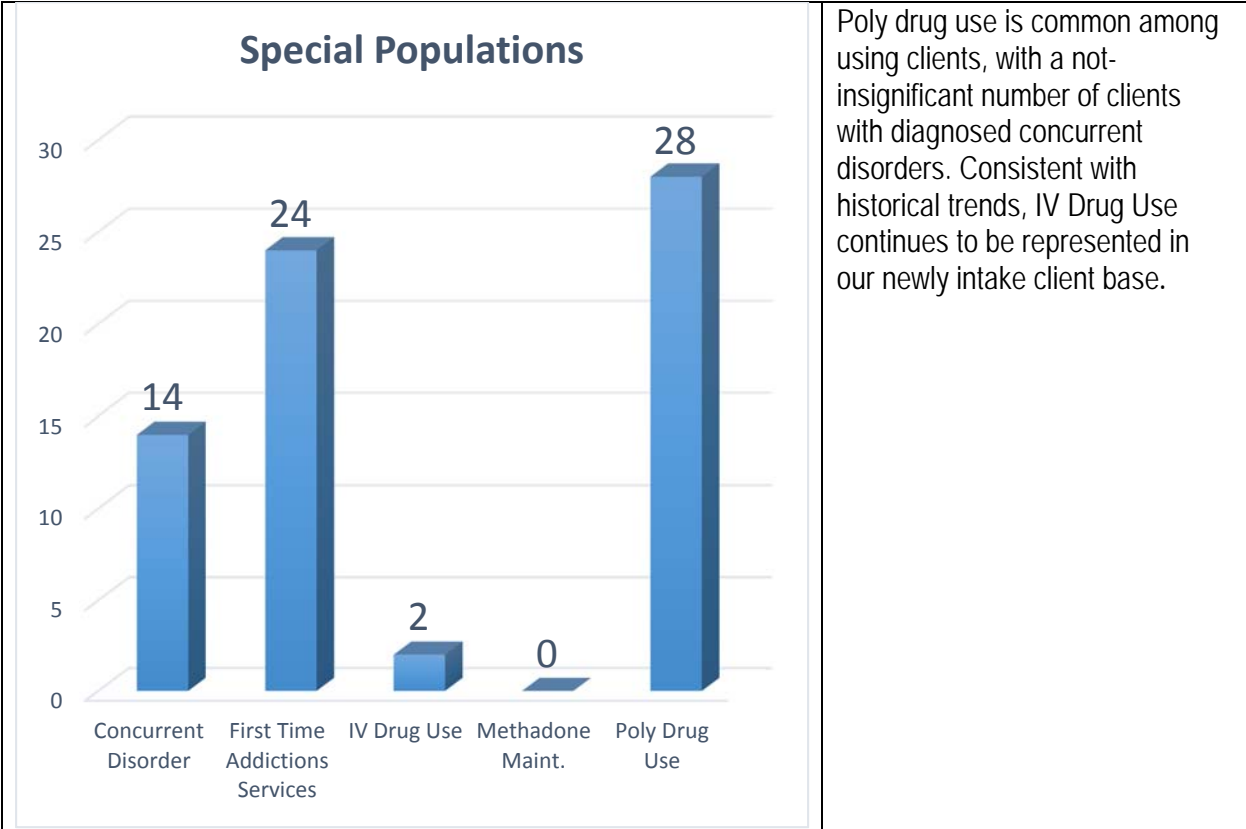
## Substance Use Profiles

The drugs with the highest lifetime use rates of our clients are generally in-line with provincial and national rankings. Average age of initiation ranges from around 13 (Alcohol, Nicotine and Cannabis) to 19 (mainly with less-frequently used drugs).





Clients indicate that, far and away, Cannabis is their primary drug of choice, with alcohol identified as a not-too-close second.



Poly drug use is common among using clients, with a not-insignificant number of clients with diagnosed concurrent disorders. Consistent with historical trends, IV Drug Use continues to be represented in our newly intake client base.

## Sessions

Sessions:	Substance Affected	Substance User	Adult Affected	Total
Aftercare Session	2	78	0	<b>80</b>
Community Consultation	0	63	0	<b>63</b>
Family Session	0	5	2	<b>7</b>
Group	0	47	8	<b>55</b>
Indirect Service Session	0	67	0	<b>67</b>
No Show Client Sessions	1	36	0	<b>37</b>
Non-admitted service clients	1	66	1	<b>68</b>
One to One	16	289	35	<b>340</b>
Prevention	0	1	0	<b>1</b>
<b>Total</b>	<b>20</b>	<b>652</b>	<b>46</b>	<b>718</b>

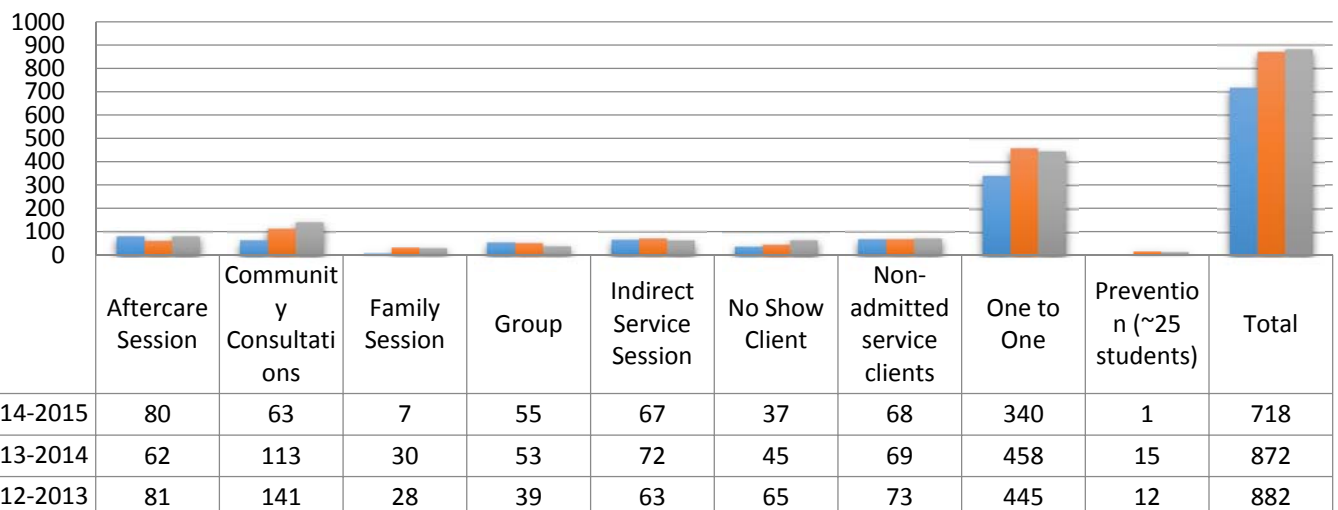
While one-to-one counselling sessions were down this reporting period for youth substance users (relative to last year), youth affected and adult affected sessions increased. Non-admits also increased this year over last in the youth substance user cohort. The non-admit number only indicates the number of non-admit clients we came into contact with, where that contact had some therapeutic content. It does not indicate how many times we may have made contact with that individual. So number of sessions with non-admit service clients will be higher than this number indicates.

## Past Year Comparisons

Significantly lower this reporting period (relative to last year) are one-to-one sessions (attributable in some measure to the factors indicated earlier in this report) and community consultations (which have taken a hit mostly due to our Executive Director actually doing many more and much broader community consultations, but reporting these related to other-than substance use services contracts (specifically YESH and VYPER)).

## Client & Community Interventions

■ 2014-2015 ■ 2013-2014 ■ 2012-2013



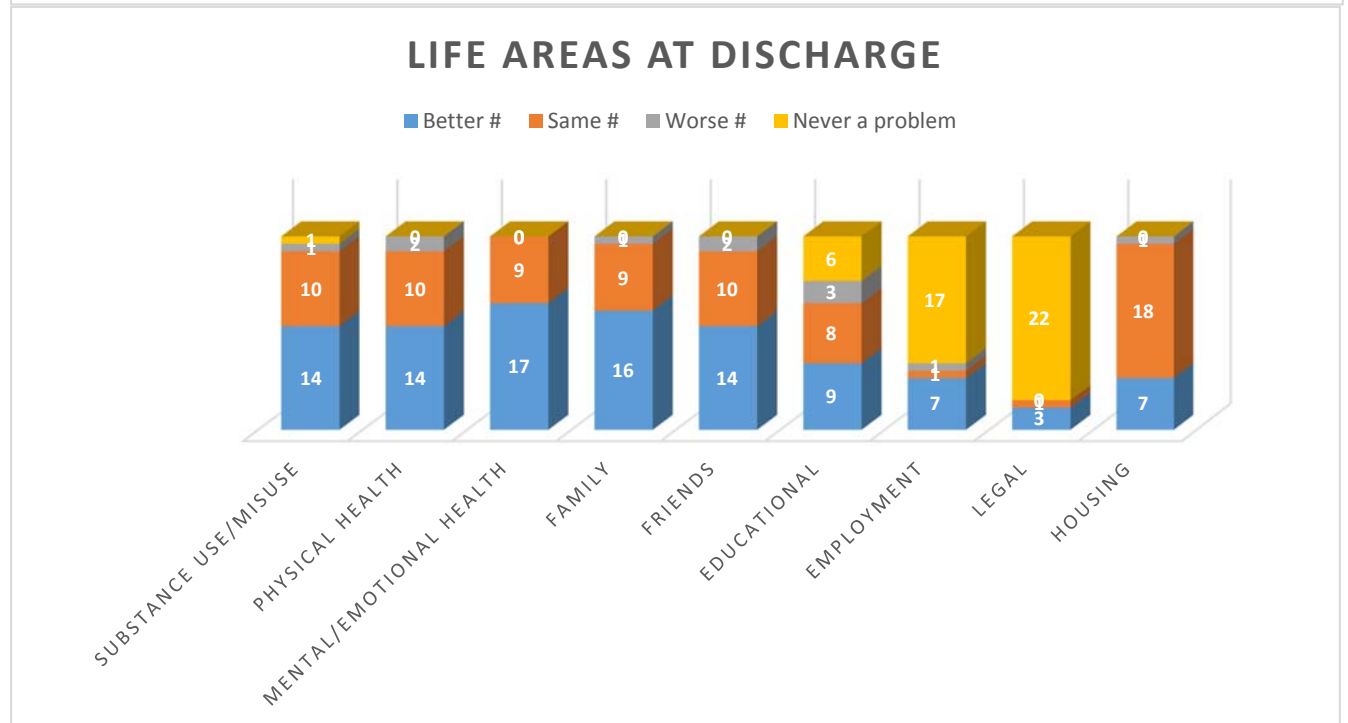
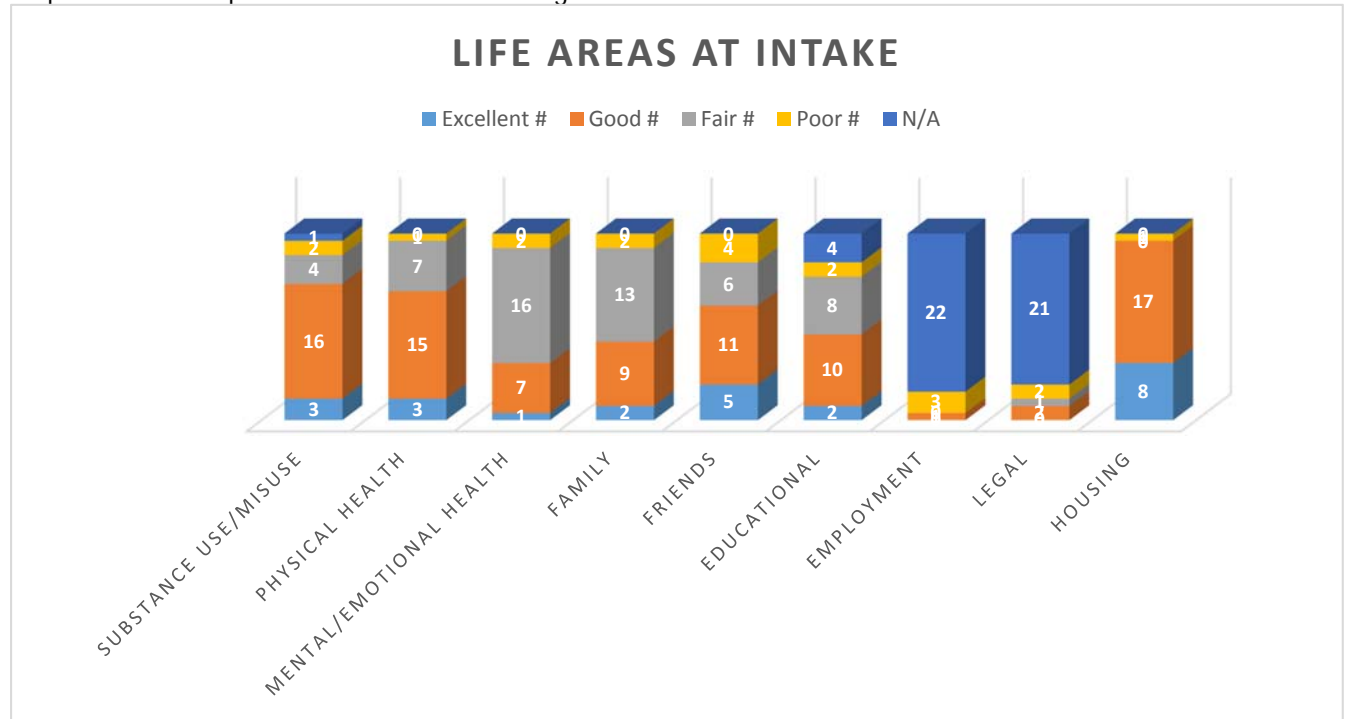
<h3 style="text-align: center;">Counselling Sessions</h3> <table border="1"> <thead> <tr> <th>Period</th> <th>Counselling Sessions</th> </tr> </thead> <tbody> <tr> <td>2014-2015</td> <td>550</td> </tr> <tr> <td>2013-2014</td> <td>673</td> </tr> <tr> <td>2012-2013</td> <td>667</td> </tr> </tbody> </table>	Period	Counselling Sessions	2014-2015	550	2013-2014	673	2012-2013	667	<p>Counselling Sessions (Aftercare, Family, Group, and One-to-One) stood at 82% of last year's stats.</p>
Period	Counselling Sessions								
2014-2015	550								
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<h3 style="text-align: center;">Counselling Sessions Per Active Client</h3> <table border="1"> <thead> <tr> <th>Period</th> <th>Counselling Sessions Per Active Client</th> </tr> </thead> <tbody> <tr> <td>2014-2015</td> <td>3.62</td> </tr> <tr> <td>2013-2014</td> <td>3.64</td> </tr> <tr> <td>2012-2013</td> <td>3.92</td> </tr> </tbody> </table>	Period	Counselling Sessions Per Active Client	2014-2015	3.62	2013-2014	3.64	2012-2013	3.92	<p>Counselling sessions per active client decreased almost imperceptibly.</p>
Period	Counselling Sessions Per Active Client								
2014-2015	3.62								
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<h3 style="text-align: center;">% No-Shows</h3> <table border="1"> <thead> <tr> <th>Period</th> <th>% No-Shows</th> </tr> </thead> <tbody> <tr> <td>2014-2015</td> <td>7%</td> </tr> <tr> <td>2013-2014</td> <td>7%</td> </tr> <tr> <td>2012-2013</td> <td>10%</td> </tr> </tbody> </table>	Period	% No-Shows	2014-2015	7%	2013-2014	7%	2012-2013	10%	<p>No Shows stayed at historically low rates.</p>
Period	% No-Shows								
2014-2015	7%								
2013-2014	7%								
2012-2013	10%								

**Referrals**

We operated mostly outpatient with clients, facilitating only a few referrals to residential treatment (3). We also had some referrals to Creekside Youth Withdrawal Management (4).

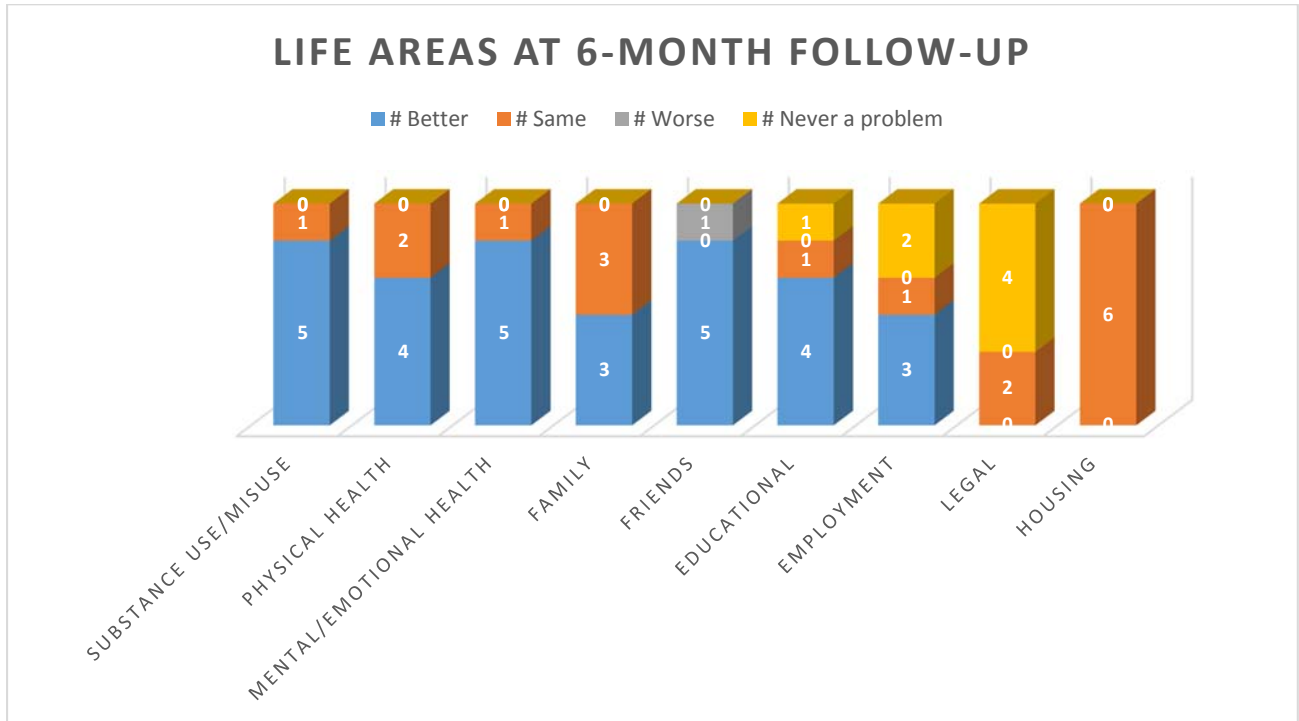
## Life Areas

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 first two charts below reflect the same clients at intake and at discharge. This data only reflects clients who were discharged during the reporting period, whereas most of the data represented earlier in the report is related to client intake during this reporting period. We discharged 59 clients during the reporting period, from which we were able to collect 26 discharge responses – or responses from 44% of discharged clients.



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. Again, the individuals represented in this data will not correlate with any of the other client data in this report, as it represents clients who were discharged from October 2013 to March 2014.

Due to various factors (changing contact information, households moving, or other reasons that past clients may be unreachable), the number of 6-month follow-ups we are able to complete is typically much lower than the number we are able to collect at discharge. In some cases a past client may elect to re-engage in services at this time.



### Client Satisfaction (n=7)

