



# **ANNUAL REPORT AND ORGANIZATIONAL PLAN**

**PACIFIC YOUTH AND FAMILY SERVICES SOCIETY  
PEAK HOUSE PROGRAM  
APRIL 1, 2008 – MARCH 31, 2009**

**Prepared by: Janelle Kelly, Executive Director**

**Pacific Youth and Family Services Society  
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2008-2009**

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## Peak House Staff & Consultants 2008-2009

<b><u>Management Team</u></b>	
Lorraine Grieves, Outgoing Co-Director Janelle Kelly, Incoming Executive Director	Wendy Wittmack, Outgoing Co-Director/ Incoming Program Manager
<b><u>Administration</u></b> Lisa Balabuk, Office Manager	<b><u>Accountant</u></b> Maureen Carbo
<b><u>Teacher</u></b> Janet Eviston	<b><u>Repairs</u></b> Bernie Teng
<b><u>Medical Consultant</u></b> Dr. N. Baria	<b><u>Intake &amp; Assessment Counsellor</u></b> Tania La Salle
<b><u>Youth Counsellors</u></b> Ryan Murphy* Myriam Parent* Bree Tominaga Matty Devenish Amanda Repetowski Kinga Robinson Steve Sorrenti Hillary Murfitt*	<b><u>Family Therapists</u></b> Dennis Dion Allison Rice
<b><u>Night Attendants</u></b> Laila Biergans Kathy Miller	<b><u>Cook</u></b> Yan Ho
<b><u>Practicum</u></b> Kathleen Folka Celia Laval	<b><u>Kitchen Coordinator</u></b> Tara Taylor* Maria Hardy
<b>Consultants:</b> <b><u>Clinical Supervisors</u></b> Vikki Reynolds	<b><u>Summer Life Skills Coordinators</u></b> Candice Lander*
<b><u>Acupuncturist</u></b> Rose Siemans Darcy Carroll	<b><u>On-Call Relief</u></b> Lindsay Boudreau Roisin Donnelly Lara Ellison Angela Hamre Joe Pingitore Wynne Pruden Courtenay Sheldon Jaime Wittmack Valerie Edelman Warren Whyte Candice Lander
<b><u>Nutritionist</u></b> Linda Watts Debbie Scallion	
<b><u>Yoga Instructor</u></b> Christina Taylor	

\* Staff who have moved on to other positions and/or other workplaces over the course of 08/09

## President's Report

Over the course of the past year Peak House has witnessed some significant changes. In late October 2008 we received notice from Lorraine Grieves that she would be resigning from her position as Co-Director of Peak House, thus ending her 18-year tenure as a valued member of the Peak House team. Lorraine had accepted a position with the Vancouver Coastal Health Authority as the Manager of Youth Addictions Services. Over the course of a decade, initially in a consultative relationship, and eight years of direct client service, Lorraine has been committed to all that Peak House represents, working tirelessly in a variety of roles. Initially Lorraine was hired into a position as a Youth Counsellor, but went on to fill positions such as the Intake Assessment Coordinator, Family Therapist and finally, as a Co-Director with a focus on the business side of the shared directorship. Lorraine engaged in a collaborative practice with the Peak House Youth, the Team and the Community with humor, compassion and outstanding professionalism, she will be greatly missed.

In the spirit of enacting proactive change, the Management and Board of Directors of Pacific Youth and Family Services Society conducted a structural review in order to assure that a strong client focus and a strategic vision will be maintained in the face of current VCH fiscal restraints and changes.

As a result of this review, the Peak House Management Team was restructured to reflect a singular Executive Directorship and revisited a Program Manager role to provide ongoing leadership and supervision to the program team.

Pacific Youth and family Services was fortunate, following Lorraine's departure, to have found someone with exemplary qualifications and experience to join the Peak House Team. In late January 2009, Janelle Kelly joined the Peak House team bringing a wealth of varied experience from working front line with youth; supervision, training and hiring of staff involved in front-line work; management positions with opportunities to be involved in grant writing and fundraising for non-profit.

As part of the restructuring of the Management Team, Wendy Wittmack was appointed to the position of Program Manager, providing ongoing leadership and supervision to the program team. Wendy has weathered many changes and challenges at Peak House over the years with

a peaceful, calm and optimistic perspective. We are grateful for all her hard work and contributions as Co-Director, the 20 + years of commitment to assisting in sustaining a vision of hopefulness in the challenging and difficult work in assisting youth and their families struggling against substance misuse. We rest assured that Wendy will continue to inspire and foment a collaborative practice amongst the team.

Additional changes have included, but are not limited to a new location of the Peak House School, additions of new Youth Counsellors, and soon a replacement of our Intake Coordinator. Thank you to all the staff who have come and gone and to those who continue persevere in inspiring, respecting and standing along side the youth for whom we do this work.

I would like to extend gratitude to two board members who stepped down from their positions of the Board of Directors of Peak House. Both Margaret Humphries and Sarah Topham were dedicated Board members who gave of their personal time and energies in assisting and supporting the Peak House Team. As well, I would like to say thanks to the current Board of Directors for all their dedicated time, support and generosity of ideas and expertise. The restructuring of Peak House Executive Directorship resulted in additional time and efforts put forward by the Peak House Board and for this I am truly grateful.

Finally, upon serious consideration and reflection, I find myself having made a decision to leave the Board of directors of Pacific Youth and family services. I have found that I am unable to juggle additional responsibilities in a new position I have assumed with the Vancouver Coastal Health authority, while maintaining the focus required in being a contributing member to this board. I will have fond memories of my experience of being a part of this Board of Directors and I leave knowing that the work that the Board does with the Peak House Team is beneficial and... I wish all Board Members the best of luck in their role in supporting the Peak House Team.

*Gail Boivin, M.A.*  
President  
Board of Directors  
Pacific Youth and Family Services Society

## Outgoing Co-Director's Report

It is with great tenderness that I write this outgoing Co-Director Report. At the beginning of 2008, I couldn't have imagined the level of transition that would be occurring near year-end as I move on to my new role at Vancouver Coastal Health. Leaving was not an easy decision but my hope is to be able to make a meaningful contribution to the larger spectrum of related youth services in my new work as Manager for Youth Addictions and Prevention Services for Vancouver Community.

2008/09 was a busy year with the celebration of the 20<sup>th</sup> Anniversary of Peak House. Celebrating this event with a community gathering at the Heritage Hall, we heard from alumni, families and community partners about the difference that Peak House has made in their lives. Thank you to all our community members for your participation in this heartwarming event.

During 2008/2009, the Peak House therapists worked with support of Julie Tilsen, one of ten certified trainers in Client-Directed, Outcome Informed, (CDOI) Therapy Approaches. Julie worked with Peak House to train the staff team in implementing the use of CDOI tools in our therapeutic work. These tools will enable us to be sure that we are practicing client-directed work and will provide us with statistically valid data regarding the effectiveness of our practice and assisting clients with the attainment of their therapeutic goals. By year-end CDOI was in regular usage and we look forward to utilizing the feedback and data collected through this practice.

The summer Lifeskills program was a huge success with youth engaged in activities and outings focused on a range of opportunities- budgeting, interview skills, nutrition workshops, sleep hygiene, environmental education and fitness outings were just some of the offerings. I was lucky to accompany the group on a camping trip to Galliano Island where the youth engaged in an ocean education program with the Galliano Conservancy Association. For all of the youth in the group, this trip built confidence that camping and spending time with friends could truly be fun without the use of drugs and alcohol. We also saw a Nunebrach and Phosphorescence – both equally awe-inspiring!

There were many transitions over the year as staff moved on to other endeavours and new team members were welcomed. Thank you to Wendy Wittmack for providing constancy in leadership and continued dedication to the work – providing twenty years of service is an incredible feat!

Thank you to the Board of Directors for your stewardship and for our work-in-common during my time as Co-Director. Your volunteer contributions are valued and crucial to the sustainability of the agency. Lastly, welcome and congratulations to Janelle Kelly who was hired as the new Executive Director at Peak House. Janelle has had an ongoing connection to the work at Peak House and has a long history in providing service and leadership to youth programming in Vancouver. She will undoubtedly provide the program with a strong focus on accountable and effective youth service.

After almost a decade of working with Peak House, in various capacities, the learnings have been vast. Thank you to all of those who have been a part of the team throughout my time with the program. As I move on to my new role as a Manager for Youth Addictions & Prevention Services with Vancouver Coastal Health, the teachings of the youth and team associated with Peak House will continue to guide me in my work.

*Lorraine Grieves*

Outgoing Co-Director

## **Incoming Executive Director's Report**

In late January of 2009 I was welcomed into the role of Executive Director. A recent structural shift moved the program away from a Co-Directorship into an Executive Director and Program Manager model. It is with great pleasure and enthusiasm that I step into this new role with the Peak House program.

I would like to thank Lorraine Grieves, former Co-Director for all the amazing work she participated in with both young people and staff over the many years she was involved with Peak House. Lorraine has moved to a management position within the Health Authority where she will continue to work to improve the lives of young people in our community. I wish her much success in her new role and truly appreciate her mentorship and encouragement during my transition into the Executive Director role.

With the mentorship of Program Manager Wendy Wittmack, the administrative support of our office manager Lisa Balabuk and the strength and dedication of our wonderful staff team, I look forward to 2009-10 with excitement, optimism and enthusiasm.

Thank you to the peak house community for all of your hard work commitment and for welcoming of me into my new position.

*Janelle Kelly*

Incoming Executive Director

## Co-Director/Program Manager's Report

Our year began with preparations for our 20-year anniversary which was held on May 8<sup>th</sup> 2008. It was very exciting to see youth who were in our program 15 or more years ago, now young adults doing extremely well in there lives, some working in this field.

Peak House has been part of my life for over 20 years, I have witnessed many youth come through our program. It continues to amaze me the incredible courage of each young person that walks through our doors and with great determination get their lives back from drugs and alcohol.

Each year brings new challenges in our community and with confidence I believe our team is up to the challenge and will continue to move forward with assisting youth and their families in regaining their lives from drugs and alcohol.

### **Staff Comings and Goings**

This past year there has been a transition in our youth counselor team, Ryan Murphy has moved on to further his education, Myriam Parent is pursuing her music career, Richard Haines has moved on to new opportunities. I would like to welcome Kinga Robinson to our team as of May 2008, shortly into her time at Peak House she announced she was having a baby this would be our first from staff at Peak house, Kinga went on maternity leave in January she has been missed. Her position has been filled with on-call staff who have been committed to Peak House for many years.

Welcome back to Vikki Reynolds former Family Therapist at Peak House. Vikki is our Clinical Supervisor the team has been very excited with what Vikki brings to our program with her many years of experience working with youth and their families.

A warm welcome to Kathy Miller, who joined our team April 2008, as our fulltime night attendant.

It is with sadness that our long time Family Therapist Christine Dennstedt has made the decision to leave and focus on her PhD and private practice. Christine I know will continue to stay connected to Peak House.

Lorraine Grieves (Co-Director) announced in the fall she would be taking a position with Vancouver Coastal Health. Working with Lorraine for almost 10 years in different positions at Peak house she brought much experience in many areas. A special thanks to Lorraine for all you have contributed to the Peak House program, you will be missed.

A warm welcome to Janelle Kelly who is our new Executive Director, Janelle has been with Peak house for several years working in many different positions. I look forward to the coming year with all that I believe Janelle will bring to our program.

As we move into the coming year I look forward to many exciting adventures at Peak House. I would like to thank our team for their continued commitment and wonderful work with young people and their families.

*Wendy Wittmack*

Program Manager

## School Report 2008/09

The best news from this year is that every student leaving the school gave only positive feedback. The Peak House classroom seems to have a reputation for being a good place to be! I believe a part of this can be attributed to referring schools being willing to give students credit for a variety of assignments. A number of students have received credit for Planning Ten because they have been willing to share their Orientation Modules and After Care Plan with a Counsellor.

The new classroom setting has generated some Internet challenges but we are working through these. It is wonderful to be in a maintained building. One of our professional neighbors is a well-established photographer who opened his studio and did an information session with our group because one young woman had expressed an interest in a career in photography. I also purchased a high quality digital camera for her and it has been used by other students who expressed the same career interest.

We continue to purchase new literature for the classroom that is often taken to the residence. I encourage this! The residence has new spacious bookshelves and students are sharing "Peak House Appropriate" material. My favorite staff observation this year is that students are reading more now than at any time in the twenty years of Peak House! When I started teaching in 2005, I did two "Big" Chapters buying trips, allowing the students \$80 each to purchase reading material. At this year end, I only had \$10 per student. The trip was just as enjoyable for them. As a result, I will be doing more \$10 Chapters trips.

After discussion with Peak House Staff, I have begun an enlarged World Religion unit that includes visits to ethnic neighborhoods, worship places and participation in the celebration. We celebrated Baishaki with a visit to the Punjabi market and the Akali Gurdwara Temple. This September, we will celebrate Rosh Hoshannah and look at Judaism in our community.

Students are enjoying Peak House School and I continue to enjoy teaching here!

*Janet Eviston*

Peak House teacher

## Staff Team's Comments 2008/09

Looking back over the past year, the staff team stayed true to Peak House's therapeutic treatment philosophy and collaborated with the young people in their quest to find freedom from drugs and alcohol. We watched with pride as they began to discover themselves and learn to walk in their preferred ways of being in the world. We took pleasure in helping our youth recognize their full capabilities and found inspiration in assisting them to rediscover and remember stories about their lives that contradicted the story that they had defective identities and that it would be impossible to make changes in their lives.

After being asked to put together some comments for the Annual General Meeting Report, some of us got together to highlight the amazing work that has happened at Peak House over the past year. We happily carved out some time to reflect on all of the triumphs the young people experienced. It was difficult to accurately convey our emotions that came up with all the loving memories...but managed to put forth the following 'Year in Review' of sorts. There are so many beautiful moments to share ...

*Families reunited, laughter erupted where there was none before, countless tears of joy were shed, sisters and brothers got their sisters and brothers back, empathy and care showed back up in people's lives, freedom was felt from the pain and despair that alcohol and drugs brought on, did we mention the laughter? Poetry was written and published, raps were written and performed, songs created, musical instruments played, faith was fostered, self-respect was cultivated, and many sweet friendships developed.*

*We could think of at least four youth who announced that they had finished reading their first book ever and how proud they were of themselves, given the fact that they thought they did not know how to read. One young man, who struggled in his past with academics, left Janet's classroom and declared that he felt smart for the first time in school ever!*

*Over the Christmas holidays the young people built forts in the backyard as a way to contend with the snowstorm. Bree (Youth Counsellor) and the youth made an awesome turkey dinner with all of the trimmings! The New Year was rung in with Rock Band and karaoke. A garden was planted for all young people to enjoy reaping the fruits and vegetables of their labour. Peak House took an adventure trip to Galliano Island where the youth were offered the opportunity to explore the wonders of nature.*

*An Alumni Group got rolling and many Peak House Alumni have been frequenting the monthly meetings as a way to stay connected to the Peak House community and support each other along in life.*

We thought we would end our address with a quote from one of the recent Alumni who recently came to do an inspirational talk to the current residents at Peak. She said gratefully and emphatically, "Peak House gave me my life back... the best way to stay sober is to have fun and enjoy your life!"

Thank-you to all of the Board Members, to the Youth's professional support networks, partners in the community, to all of the families and friends of Peak House staff and residents for making 2008-2009 another successful year for the Peak House program!

*The Peak House Staff Team*

## Clinical Supervisor's Comments 2008/09

As the Clinical Supervisor, I continued to meet with the Youth Counsellor Team and the Therapist Team independently on a monthly basis. As well, I continued to meet with each of the Therapists on an individual basis monthly. I also invited the Peak House Youth Counsellor team to present in an Addictions Counseling Program at Vancouver Community College alongside the youth. I invited the Therapist Team to co-teach my Group Counselling class at Vancouver Community Counselling. I was also involved in a program wide training for the entire Peak House team regarding collective boundaries and ethics.

The Youth Counsellor training meetings, which occur monthly as part of the team meeting, continue to be of use. These Youth Counsellors bring much energy, commitment, and an orientation to learn to these conversations. The focus this year has been weaving together the work of the Youth Counsellors and the therapy work, as Youth Counsellors are an integral part of the youth's treatment plans. Our aim is for work in all aspects of the program to be tied closer together. We have used practice based training exercises, which invite Youth Counsellors into counselling roles, and engaging in therapeutic practice together. The practice of collaboration between Therapists and Youth Counsellors of Peak House has also been the focus, and on several occasions, we have invited the Therapy Team to the Youth Counsellor Meeting to serve the purposes of collaboration.

The clinical supervision of the Therapists is practice based also. Work with the Therapist Team has taken on several practice-based threads. Therapists share videos of individual sessions with youth and Youth Counsellors, or group sessions, particularly the Re-Authoring Group. I have also participated in supervision witnessing interviews in which I attend as the Clinical Supervisor, alongside the Therapist and the youth. I've also attended Re-Authoring Groups and served as a reflecting witness, and at times, participated in some co-therapeutic conversations with Therapists and youth. The amount of live supervision that occurs speaks to the levels of trust within the team, commitments to the ethic of transparency and making public the work. Collectively, the Therapeutic Team, including myself, believes the practice-based supervision is of most use to resourcing Peak House to serve clients.

I continue to share articles of interest and theoretical knowledge as both teams have a voracious desire to learn and bring great acumen and knowing to work. The focus, which has been collectively agreed upon, is the work in practice.

*Vikki Reynolds, MA RCC*  
Peak House Clinical Supervisor

# ANNUAL REPORT AND ORGANIZATIONAL PLAN

## PACIFIC YOUTH AND FAMILY SERVICES SOCIETY PEAK HOUSE PROGRAM APRIL 1, 2008 – MARCH 31, 2009

### I. Introduction to the Peak House Program

#### **Mission Statement:**

*Within a residential setting, we assist adolescents and their families in emancipation from substance misusing, problem lifestyles.*

Peak House is a ten-week residential treatment program for substance misusing adolescents. Established in 1988 by Pacific Youth and Family Services Society, the program serves youth from all parts of British Columbia who, due to the serious nature of their substance misuse, require a more intensive level of service than can be provided in their home community.

The first 2 weeks of the program has been designed to provide a safe, less intensive environment where youth and staff can assess the youth's readiness to participate fully in the highly structured, eight-week treatment and aftercare phases of the program.

#### **Program Philosophy**

While we do not think that any one model, theory, or framework holds a monopoly on what is effective for young persons struggling with the problem of substance misuse, we make the assumption that all young persons would like to be "the authors" of their own lives. Furthermore, we assume that young persons are able to do so because of the knowledge they have in regards to healing patterns and solution wisdoms that work for them. In concert with utilizing this philosophy in our therapeutic work, we provide young people with a part-time school program, life skills education, drug and alcohol relapse prevention planning, fitness and wellness programming, acupuncture, medical support, mental health support (when necessary), community resource education, creative arts programming and the opportunity for family therapy.

We think of our work within the context of collaboration- we collaborate with clients in opening space for their discovery of new (or forgotten about) stories and ways of being. We believe that all young persons are capable of rediscovering and remembering their preferred qualities, strengths and resources given a safe-enough environment and the support of their community members both at home and within our program.

#### **Family and Community Cooperation**

We believe that the problem of substance misuse can retreat or disappear when young persons, together with their families/caregivers and other concerned community members stand with clients against factors and situations that greatly contribute to the problematic use of drugs and alcohol. Peak House takes the position that we all share the responsibility of creating opportunities for youth, whose lives have been taken over by drugs and/or alcohol, to thrive in a healthy, supportive community. In this spirit, we continue to provide a standard of service that honors and matches the courage, commitment, and determination of our youth.

Our primary funding source, the Vancouver Coastal Health Authority, is very supportive of our efforts to find new ways to provide service that best serves the needs of youth and the communities in which they live.

The Pacific Youth and Family Services Board of Directors encourage and support the efforts of the Management Team to find inventive ways to meet the increasingly complex needs of our clients.

## II. Peak House Program Evaluation

The reporting period for the following statistical analysis is April 1, 2008 to March 31, 2009.

<b>Table 1: Overview of 2008/09 data regarding occupancy and program completion</b>	
<b>Total Number of Intakes</b>	<b>53 (19-male, 34-female)</b>
<b>Average Days on wait list</b>	<b>56</b>
<b>Average age of first use</b>	<b>12.75</b>
<b>Average age entering treatment</b>	<b>16.9</b>
<b>Occupancy Rate</b>	<b>81%</b>
<b>Completion Rate</b>	<b>70%</b>

### Discussion of data:

**Number of Intakes:** The number of intakes this reporting period was 53.

**Wait List:** The average number of days a young person waited for treatment has decreased from last year (from 73 days 2007/2008 to 56 days in 2008-2009). This remains a longer wait time than in 2004-2005 when the average wait to access a treatment bed was 36 days.

In 2004, the Peak House program length increased from eight weeks to ten weeks directly impacting the availability of the program beds. There is always a waitlist for Peak House program beds indicating the urgent need for more treatment beds for B.C youth.

**Average Age of First Use:** Youth accessing the Peak House program in 2008/09 reported, on average, 12.75 years as their age of first drug use. This an increase compared to the 2007/08 average of 11.5 years of age. Table 1.1 below details the history of Peak House young people's, self-reported, age of first use.

<b>Table 1.1: Historical Average Age of First Use</b>	
2002/03	12.1 years
2003/04	11.9 years
2004/05	11.3 years
2005/06	11.4 years
2006/07	12.4 years
2007/08	11.5 years
2008/09	<b>12.75 years</b>

**Average Age of Clients:** The average age of clients accessing the Peak House program has decreased slightly in the 2008/09 reporting period.

<b>Average age:</b>	2005/06	16.8 years
	2006/07	17.3 years
	2007/08	17.2 years
	2008/09	<b>16.9 years</b>

The average time elapsed between client’s age of first use and entering Peak House is, on average, 4.15 years. Youth accessing our program are involved in drug/alcohol use and a lifestyle that involves associated risks for an average 4.15 years before entering to the Peak House program. This presents myriad challenges to clients who enter the program often struggling with serious medical concerns, associated mental health problems and little more than one week free from using.

**Occupancy Rate:**

Our occupancy rate remained consistent with the last reporting period (81%). Because it takes a great deal of preparation for clients to enter the Peak House program, we focused on meeting client’s needs around preparation to enter the program. This meant that, at times, intake dates were postponed due to a lack of client readiness. In many of these cases, we found that clients were more likely to stay in the program if we allowed them more time for detoxification and preparation.

**Completion Rate:** The implementation of the assessment phase has dramatically increased the ability of youth to successfully complete our program. Our completion rate for this reporting period was 70% (consistent with the previous year). We had a total of 53 youth enter Peak House during 2008/09. The breakdown is as follows:

- 53 youth entered the assessment phase
- 16 youth did not move into the treatment phase
- 37 youth moved from assessment into treatment – 22 of those youth successfully completed the program.

**Table 1.2: Comparative Overview of Occupancy and Completion Rates**

	2006-2007	2007-2008	2008-2009
Total Number of Intakes	50 (female n=36, male n=13)	44 (female n=28, male n=16)	53 (female n=34, female n=19)
Average Days on wait list	78	74	55.51
Average age of first use	12.4	11.5	12.75
Average age entering treatment	17.3	17.2	16.9
Occupancy Rate	89%	81%	81%
Completion Rate	66%	64%	70%

<sup>1</sup> Based on the number of youth who moved into treatment from assessment.

### III. Substance Use

Peak House serves clients from all over the province of B.C. The following table presents data collected at intake reporting young people's "drug of choice" (D.O.C.).

<b>Table 2: Provincial Use</b>	<b>2008/2009</b>
<b>Substance</b>	<b>Percentage of program participants self-report of drug of choice n=53</b>
Alcohol	21%
Crack Cocaine	17%
Crystal Methamphetamine	7.5%
Cocaine	26%
Cannabis	17%
Heroin	5.75%
Ecstasy	5.75%

#### **Comparison of percentage of program participant's self-report of drug of choice 2007/08 and 2008/09. Province-Wide.**

2007/08		2008/09		Difference
Alcohol	18%	Alcohol	21%	+3%
Crack Cocaine	21%	Crack Cocaine	17%	-4%
Crystal Methamphetamine	2%	Crystal Methamphetamine	1%	-1%
Cocaine	38%	Cocaine	25%	-13%
Cannabis	11%	Cannabis	17%	+6%
Heroin	2%	Heroin	1%	-1%
Ecstasy	2%	Ecstasy	1%	-1%
Prescription Pills	2%	Prescription Pills		-2%
		MDA	1%	+1%

	2007-2008	2008/2009
Poly-drug use	79%	79%
Single drug use	21%	21%

### VII. Drug Use By Region

The following presents data regarding program participant's substance use according to their respective regions of the Province.

**Summary:** Youth from Vancouver reported increased use of substance in most categories, however last year's 26% increase in reported Cocaine use dropped in this reporting period by 27%. Crystal Methamphetamine was the prominent drug of choice for the three years prior to 07/08. In 07/08 as well as the current reporting period, youth accessing the Peak House program are not currently reporting use of this substance in significant numbers.

<b>Vancouver, Richmond, N. Shore &amp; Garibaldi (VCH)</b>				
<b>2007/08 n=12</b>		<b>2008/09 n=13</b>		
Crystal Meth	-	Crystal Meth	8%	<b>+8%</b>
Crack	8%	Crack	15%	<b>+7%</b>
Cocaine	42%	Cocaine	15%	<b>-27%</b>
Alcohol	17%	Alcohol	23%	<b>+6%</b>
Cannabis	17%	Cannabis	9%	<b>-9%</b>
Heroin	8%	Heroin	15%	<b>+7%</b>
MDA	-	MDA	15%	<b>+15%</b>
Prescription Pills	8%	Prescription Pills	-	<b>-8%</b>

<b>Vancouver Island (VIHA)</b>				
<b>2007/08 n=10</b>		<b>2008/09 n=14</b>		
Crystal Meth	10%	Crystal Meth	-	<b>-10%</b>
Cannabis	10%	Cannabis	14%	<b>+4%</b>
Cocaine	50%	Cocaine	29%	<b>+21%</b>
Crack	10%	Crack	14%	<b>+4%</b>
Alcohol	20%	Alcohol	36%	<b>+16%</b>
Ecstasy	-	Ecstasy	7%	<b>+7%</b>

<b>North and South Fraser Valley (Surrey, Langley, Chilliwack, Hope, Upper/South Fraser Valley &amp; Simon Fraser: FHA)</b>				
<b>2007/08 n=7</b>		<b>2008/09 n=21</b>		
Crystal Meth	-	Crystal Meth	9%	<b>+9%</b>
Cannabis	-	Cannabis	19%	<b>+19%</b>
Cocaine	43%	Cocaine	38%	<b>-5%</b>
Crack	43%	Crack	14%	<b>-29%</b>
Alcohol	14%	Alcohol	14%	-
Heroin	-	Heroin	5%	<b>+5%</b>

<b>Okanagon, Kootenay &amp; Thompson Caribo (IHA)</b>				
<b>2007/08 n=5 (Okanagan only)</b>		<b>2008/09 n=5</b>		
Crystal Meth	20%	Crystal Meth	20%	N/A
Cocaine	-	Cocaine	-%	N/A
Crack	40%	Crack	40%	N/A
Alcohol	40%	Alcohol	20%	N/A
		Cannabis	20%	N/A

## IV. Client Characteristics

Data regarding Peak House client characteristics is presented below. When possible, a comparative analysis is presented tracking change over time.

Gender	2006/07	2007/08	2008/09
Female	73%	64%	<b>64%</b>
Male	27%	36%	<b>36%</b>

### Gender Diversity:

The gender balance at Peak House has continued to demonstrate more female than male clients accessing the program. To our knowledge, we have not served any transgender or transsexual clients in the past four years. Our team has been focusing on ways to improve our program accessibility for transfolks who may want to utilize our service. We have altered our intake and referral documentation to be more trans-inclusive and continue to consult with local trans-youth services in our efforts to improve the accessibility of our program.

Ethnicity 07/08	n=53
Asian	-
First Nations	53%
Caucasian	81%
African	2%
Middle Eastern	-
Indo-Canadian	-
Latin American	-
Other	4%

**Diversity:** Peak House continues to serve a diverse client population and we are always looking to improve our cultural accountability to youth in our program. Peak House has a reputation for being a safe, respectful and inclusive program for young people from various cultural positions and backgrounds. In 2008-2009 young people continued to have the opportunity to explore cultural belonging as a theme in their therapeutic work throughout the program.

Sexuality 08/09	n=53
GLBQ youth (gay, lesbian, bisexual, queer, questioning)	15%

**Sexuality:** In 2008/2009, 15% of the young people who came through the program were “out” in the program. We work to ensure that the Peak House program remains a safe-enough place for youth of all sexualities, signaling that the house is a queer-friendly space through art, literature and information about GLBTTQ issues and including fostering awareness about sexual diversity in our community resource programming.

<b>Young Parents 08/09</b>	<b>n=53</b>
Percentage of youth who were young parents	3%

As a program, we continue to incorporate particular attention to the needs of young parents in order to help them succeed.

<b>Socioeconomic Position of Youth Intaked</b>	<b>08/09 n=18</b>
Low	39%
Mid	56%
High	5%

### **Mental Health Status**

Over the past year, the number of youth who accessed the Peak House program in 2008/09 who had been diagnosed with a co-occurring mental health problem prior to entering the program increased. The B.C. Children’s Hospital Substance Misuse and Mental Health outpatient program has been a great source of support in times when young people need to access a psychiatrist on short notice thus improving the coordination of mental health care and support for our youth.

<b>Mental Health Status</b>	2006-2007	2007-2008	<b>2008-2009 n=18</b>
Diagnosed, Co-occurring Mental Health Concern	59%	28%	42%
No Mental Health Concerns	16%	19%	58%

<b>Legal Involvement</b>	2006/07	2007/08	<b>2008/2009</b>	
Percentage of Residents with Legal Involvement	22.5%	27%	32%	+5%

### **Legal Involvement**

There was a minimal increase in program participants with current criminal justice system involvement and/or pending charges in 2008/09. The Completion rate for those with legal involvement is reported in section V.

<b>School Involvement</b>	2006-2007	2007-2008	<b>2008-2009</b>
In School (at time of intake)	56%	57%	55%

### **School**

Over the past two years, more than half of the youth who entered our program were connected to a school. While at Peak House, young people work on setting up an Independent Education Plan with the teacher who works part-time with program participants.

<b>Living Situation</b>	<b>2007-2008</b>	<b>2008-2009</b>	
Living with parent (s)	55%	60%	+5%
Living with other family member	18%	4%	-14%
On Independent Living	5%	4%	-1%
In Foster Placement	11%	15%	+4%
With no fixed address	14%	11%	-3%
In the care of MCFD	14%	28%	+14%

### **Living Situation**

Although young people entering our program require a housing plan (somewhere to go in case they decide to leave on short notice), 11% of our clients last year were homeless. These clients are presented with an extraordinary challenge upon entering the program as participating in a therapeutic program without having housing in place presents a barrier to success. As a program, we will continue to work with community stakeholders to advocate for housing for all youth who access treatment.

## **V. Client Characteristics With Relationship to Completion**

We continue to identify trends, and review the characteristics that contribute to a young person's success or lack of success in their journey to a substance-free lifestyle. One of the most critical factors continues to be community capacity, both in identifying concerns and having the resources to assist and support youth prior to treatment and in their transition from the Peak House community back into their home community.

### **Mental Health Concerns and Assessment Phase Completion Rates**

<b>Mental Health Concerns</b>	<b>Completion Rate 2008/09</b>
Co-occurring Disorder	<b>56% (n=16)</b>
No Mental Health Concerns	<b>86% (n=22)</b>

In 2008/09, 56% percent of youth entering treatment with a diagnosed co-occurring mental health problem completed the program.

### **Living Situation and Assessment Phase Completion Rates**

<b>Living Situation</b>	<b>Percentage of youth n= 53</b>	<b>Completion Rate</b>
Living with parent(s)	60%	78% (n=32)
Living with other family member	4%	50% (n+2)
Living Independently	4%	50% (n=2)
In Foster Placement	15%	75% (n=8)
With no fixed address	11%	83% (n=6)
In the care of MCFD	28%	67% (n=15)

### Family Sessions and Completion Rates

# of Family Sessions	Completion Rate 2007/08	Completion Rate 2008/09
0	<b>0% (n=5)</b>	<b>52% (n=23)</b>
1	<b>65% (n=14)</b>	<b>50% (n=2)</b>
2	<b>75% (n=4)</b>	<b>100% (n=6)</b>
3	<b>100% (n=5)</b>	<b>100% (n=5)</b>
4	<b>100% (n=3)</b>	<b>100% (n=3)</b>
5	<b>100% (n=1)</b>	<b>100% (n=2)</b>
6	-	-
7	<b>100% (n=3)</b>	-

For a number of years, our statistics have shown that young people whose families are able to attend 2 or more family sessions complete the Peak House program. While our family therapists maintain regular telephone contact with family/support persons of those youth whose family/support cannot attend family sessions at Peak House, the statistics clearly show there is no replacement for the in-house sessions.

While family meetings are not an option for some young people, we continue to strive to locate and help re-build young people 'communities of concern' in order to help them reach their treatment goals.

### Legal Involvement and Completion Rate

Legal Involvement and Completion Rate		
	% of youth with legal involvement	Completion Rate
2006/2007	23%	73% (n=11)
2007/2008	28%	70% (n=10)
<b>2008/2009</b>	<b>32%</b>	<b>72% (n=18)</b>

The completion rate (client's completing the assessment phase) for those youth with legal involvement was 72%.

## IX. 2008/09 Organizational Plan

<b>Goal #1</b>	<b>To pursue partnerships and opportunities for funding and support with local business and organizations.</b>
Action Plan	<ul style="list-style-type: none"> <li>• Continue to build relationships with local businesses to garner increased in-kind donation opportunities and cash donations</li> <li>• Continue to build a private donor list and host a donor event in order to begin to build long-term partnerships with private donors.</li> <li>• Investigate funding opportunities for program expansion in order to enhance aftercare services.</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Peak House continued to work with Kids Up Front and other donors who provided additional recreation and learning opportunities.</li> <li>• Despite no increased funding Peak House was able to start an alumni aftercare group.</li> </ul>
<b>Goal #2</b>	<b>To further investigate options for a strengthened aftercare component of the Peak House program in order to assist youth in maintaining their treatment goals once they leave the ten-week program.</b>
Action Plan	<ul style="list-style-type: none"> <li>• Explore funding opportunities for program expansion in order to provide enhanced aftercare services.</li> <li>• Hold focus groups to gather information and ideas for provincial aftercare options for Peak House youth. Survey stakeholders for input regarding aftercare possibilities.</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Despite no increased funding Peak House was able to start an alumni aftercare group.</li> <li>• Initial planning for a residential aftercare service began with Allison Rice dedicating her thesis work to focusing on this topic.</li> <li>• A focus group with former residents was held to survey youth about their aftercare needs, all respondents spoke of enhanced aftercare services being a useful proposal.</li> </ul>
<b>Goal #3</b>	<b>To continue with the development of the Peak House website so that there is Province-wide access to comprehensive information about the program.</b>
Action Plan	<ul style="list-style-type: none"> <li>• Complete the Peak House informational video and host it on the website.</li> <li>• Utilize the website to more comprehensive information to support youth and families.</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• A Peak House video was created and plans to edit the video to be used for web purposes are in place.</li> <li>• Website redesign currently in progress.</li> </ul>
<b>Goal #4</b>	<b>To further involve young person's "communities of concern" in the preparation for and process of substance misuse treatment.</b>

Action Plan	<ul style="list-style-type: none"> <li>• Continue to develop a caregiver/support person component of the therapeutic program in order to better support families with treatment and aftercare planning.</li> <li>• Develop on-site opportunities for families/caregivers to receive education and support regarding problematic substance use.</li> </ul>
Outcome	<ul style="list-style-type: none"> <li>• Planning in progress for enhance family programming. Opportunities to collaborate with other organizations regarding this plan are being explored.</li> </ul>
Goal #5	<b>To increase Peak House's role within the province of B.C., to strengthen networks of support for youth and families who access the Peak House program.</b>
Action Plan	<ul style="list-style-type: none"> <li>• Conduct outreach to referring agencies across the province in order to increase access to the Peak House program for potential clients.</li> <li>• Continue to advocate for more service provision for youth struggling with problematic substance use.</li> </ul>
Outcome	<ul style="list-style-type: none"> <li>• Peak House Info sessions conducted conjointly with other residential treatment services are being planned with the support of Vancouver Coastal Health. Sessions to take place in the Fall of 2009.</li> <li>• Peak House continued to be a part of YADA (Youth Alcohol and Drug Agencies), a group of allied youth addictions agencies working together to improve the continuum of care for young people and families.</li> </ul>

## IX. 2009/10 Organizational Plan

<b>Goal</b>	<b>To pursue partnerships and opportunities for funding and support with local business and organizations.</b>
Action Plan	<ul style="list-style-type: none"> <li>• Continue to build relationships with local businesses to garner increased in-kind donation opportunities and cash donations</li> <li>• Continue to build a private donor list</li> </ul>
<b>Goal</b>	<b>To create increased exposure and generate community engagement to highlight the success of the Peak House program, especially in these times of economic uncertainty.</b>
Action Plan	<ul style="list-style-type: none"> <li>• Create opportunities for increase awareness of program credibility</li> <li>• Develop community lecture series to highlight peak successes and the work that we do in the community</li> </ul>
<b>Goal</b>	<b>To redevelop the Peak House website so that there is Province-wide access to comprehensive information about the program.</b>
Action Plan	<ul style="list-style-type: none"> <li>• Update the website to more comprehensive information to support youth and families and referring agencies</li> <li>• Update the website format to reflect current technology</li> <li>• Create a website that allows for easy upload of current information</li> <li>• Update program information, resources and content</li> </ul>
<b>Goal</b>	<b>To further involve young person's "communities of concern" in the preparation for and process of substance misuse treatment.</b>
Action Plan	<ul style="list-style-type: none"> <li>• Continue to develop a caregiver/support person component of the therapeutic program in order to better support families with treatment and aftercare planning.</li> <li>• Develop on-site opportunities for families/caregivers to receive education and support regarding problematic substance use.</li> </ul>
<b>Goal</b>	<b>To increase Peak House's role within the province of B.C., to strengthen networks of support for youth and families who access the Peak House program.</b>
Action Plan	<ul style="list-style-type: none"> <li>• Conduct outreach to referring agencies across the province in order to increase access to the Peak House program for potential clients.</li> <li>• Continue to advocate for more service provision for youth struggling with problematic substance use.</li> </ul>

*Thank you to all of our generous donors*

The organizations, businesses and individuals that provided either cash or in-kind donations to Peak House over 2008/09.

*Your support really made a difference!*



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