



ANNUAL REPORT AND ORGANIZATIONAL PLAN

**PACIFIC YOUTH AND FAMILY SERVICES SOCIETY
PEAK HOUSE PROGRAM
APRIL 1, 2011 – MARCH 31, 2012**

www.peakhouse.ca

Prepared by: Janelle Kelly, Executive Director

**Pacific Youth and Family Services Society
Board of Directors
2011-2012**

**Rick Pelan
Outgoing President**

**Mike Arget
Incoming President**

**Scarlet Channe
Treasurer**

Alfred Faan

Anne Miller

Christine Smith

Kate Campbell

Kyra Biederman

Resigned 2011

Anne Miller

Resigned 2012

Scarlet Channe

On Leave

Coral Payne

Peak House Staff & Consultants 2011-2012

Management

Janelle Kelly, Executive Director
Wendy Wittmack, Program Manager

Clinical Supervisor

Vikki Reynolds

Intake & Assessment Counsellor

Roisin Donnelly

Administration

Maria Telado

Family Therapists

Allison Rice
Dennis Dion-Outgoing
Jamie Whitehead-Incoming

VSB Teacher

Janet Eviston

Medical Consultant

Dr. N. Baria

Acupuncturist

Rose Siemens
Satomi Sakata

Nutritionist

Zest Nutrition

Yoga Instructor

Butterfly Yoga, Emmarin Munro

Kitchen Coordinator

Dana Fog

Cook

Yan Ho

Youth Counsellors

Bree Tominaga
Jessica Hilton
Rosy Deol
Warren Whyte
Shannon Stewart
Bryan MacAlpine

Night Attendants

Laila Biergans
Kathy Miller

On-Call Relief

Joe Pingitore
Lindsay Viscount
Lina Silano
Wynne Pruden
Angela Hamre
Matty Devinish
Steve Sorrenti
Jaime Wittmack
Jennifer Donovan
Raeleen Novak
Chris Goodman
Jaqueline Krestinski
Alina Reed
Richard Russell

Summer Life Skills Coordinator

Matty Devinish
Jennifer Donovan

Practicum Students

Alina Reed-VCC
Christopher Goodman-VCC
Carson Farmer-City University
Kara Kalin-City University
Leah Boomer-Douglas College
Juna Lea Cizman-University of Victoria

Board of Director's Report

The 2011-2012 fiscal period was another year of evolution for the Board of Directors. We said goodbye to some of our long-standing board members and welcomed new members to our group. A key change in this period was the resignation of Rick Pelan, who had been involved with the Peak House program for over 15 years, first as its teacher, then board member and President of the Board. Amongst other key assets, Rick provided priceless organizational history to the board and will be greatly missed. In addition to Rick, we also had Scarlet Channe, our Treasurer, resign and Coral Payne continues to remain on her leave of absence. I want to thank these members for their time and the invaluable knowledge and experience they shared with the Board of Directors and the Pacific Youth and Family Social Services Society.

With all of these changes the board spent the latter half of the year focused, in part, on recruiting new members. At the end of March 2012, we welcomed Dave Mitchell, Tina Zhao, and Stephanie Kellington to our Board team. These individuals are great additions to the board and along with the existing members of the team: Kate Campbell, Christine Smith, Alfred Fung, Kyra Biederman, and Mike Arget, bring a diversity of backgrounds and experiences that I believe will ensure the success of our board and thus the organization into the years to come.

In addition to our work on recruitment, over the last year the board has also developed two standing committees: fundraising and strategic planning, that will help advance the Peak House Program.

The Fundraising committee, led by Christine Smith, has investigated ways to increase our fundraising capacity. One important outcome of this work was the planning of our first e-mail fundraising appeal during mental health awareness week.

The Strategic Planning committee, led by Kyra Biederman, conducted a strategic analysis of the organization which drew on the expertise of both board members and staff. This analysis was then shared with the board and has helped us to identify strategic projects to undertake as an organization.

The Board of Directors also joined the Board Voice Society of BC, which is an organization that reflects the views of hundreds of community social service board of directors across the province. Our involvement with this group provides us with access to previously untapped resources and the ability to be part of a larger coalition which advocates on our behalf to government.

And last but not least, on behalf of the Board of Directors, I want to take this opportunity to thank all of the staff and volunteers involved in the Peak House program. I commend the dedicated and hard working staff who work around the clock to support the youth who come to Peak House. This support would not be

possible without the dedication shown by Janelle Kelly, Executive Director, and Wendy Wittmack, Program Manager. These two individuals diligently work to improve the Peak House Program throughout the year and I commend them for their years of service and the success they have brought to our programs.

Finally, I want to congratulate all of the young adults who have attended the Peak House program over the last year and have played a part in creating the supportive environment that allows both you and your peers to commence from our program and lead a substance-free lifestyle.

I look forward to working with you all in the upcoming year.

Respectfully,

-Michael Arget,

Chairperson

On behalf of the board of directors, Pacific Youth and Family Social Services

Management Team's Report

This past year could best be characterized as a year of building upon the commitments and work initiated during the last fiscal period. Our values statement continues to be a living document kept at the centre of our work. The entire staff team worked incredibly hard this last year to ensure that young people, their families and care supports received the highest level of care and service with a commitment to reduce barriers and create opportunity for young people to reach their goals.

Our team celebrated alongside our courageous young people as they achieved their goals and continued their successes post Peak House. We said good-bye to longstanding and dedicated staff Dennis Dion and Allison Rice. We are thankful for all they contributed to the program and to the lives of the young people and their families. With excitement we welcomed our new Clinical Counsellor team of Jamie Whitehead and Bhupie Dulay. Our team pulled together when our Intake and Assessment Counsellor was on an extended leave and in doing so, maintained our highest recorded occupancy rate in the history of Peak House.

This last year our staff team developed several new committees and working groups to help meet the challenges of developing new and exciting ideas that continue to foster innovative service delivery, staff development and training and best practice around utilizing technology for youth engagement. Staff development and training was a focus with resources provided to raise the level of staff engagement and skill development. In addition to our targeted monthly training sessions led by our Clinical Supervisor, staff also received training on issues surrounding gender diversity, harm reduction and social media. The team spent intentional effort in ensuring Peak House is a welcoming and inclusive environment for all youth.

We welcomed several practicum students from City University, the University of British Columbia, University of Victoria, Douglas College and Vancouver Community College. Peak House has a long history of providing educational opportunities for students pursuing social service and counselling careers. We continue to appreciate this mutually beneficial exchange and take pride in having many of our former students on our staff team.

Our Board of Directors was very busy this past year. They developed working groups focusing on fundraising initiatives and strategic planning development. Their hard work and commitment has been invaluable in moving our program forward while ensuring long term sustainability.

We held our third annual community education workshop, Peak Speaks on the topic of *Resisting Burn Out and Inviting Sustainability into our Community*. The event was a huge success and continued to serve as an opportunity for Peak House to reach out, and connect with, the larger community.

Peak House was selected to participate in 6 month Patient Care Survey conducted by Vancouver Coastal Health this past year. The client self report survey examined quality of care, satisfaction of service and usefulness of services among other indicators. We are happy to report that our program received the highest rating for our sector. A true testament to the dedication of our staff to provided exceptional care to the young people we serve.

We would like to acknowledge our gratitude for the ongoing support we receive from our contract manager at Vancouver Coastal Health, Lorraine Grieves, the wisdom of our Clinical Supervisor, Vikki Reynolds and the encouragement and guidance from Arden Henley. The successes of Peak House are not possible without the many people that continue to support our program including community, funders, donors, families, friends, caregivers, service providers, volunteers, friends and our dedicated and hard working staff and board that are all integral pieces of the care network that supports our courageous young people in their journey away from problematic substance use and toward a life of achievable dreams and goals.

We look forward to the 2012/2013 fiscal year with optimism and excitement.

Sincerely,

-*Janelle Kelly*, Executive Director &
Wendy Wittmack, Program Manager

Clinical Supervisor's Report

In my role as the Peak House Clinical Supervisor I continue to meet with both the Youth Counselling Team and the Clinical Counselling Team on a monthly basis. I participate regularly in the Re-Authoring Group, and Community Group, which provides me with an opportunity to see our workers in the practice. I also continue to offer trainings to the entire staff team as required.

Peak House held another community-based workshop with the support of City University: "Resisting Burnout and Inviting Sustainability into our Community Work", on June 10, 2011. Like last year's workshop, this workshop sold out and the responses to the learnings offered from the Peak House community were positive. Peak House plans to continue offering innovative, practices-based workshops that contribute to the professional development of our community.

The Youth Counsellor Supervision Meeting continues to be practice based skill development, and we began re-visiting all of the articles that have been generated from the work of Peak House staff, including Colin Sanders, Stephanie Saville, Lorraine Greives, Christine Dennstedt and myself. This past year the focus has been on harm reduction, holding onto residents more effectively, and enacting our visioning statement which we co-authored with Dr. Arden Henley in meetings he facilitated for Peak House last year. At times the format is experiential learning, at times it is skill based related to counselling conversations. I continue to circulate articles that are practice based and related to the work of the team.

This year Peak House had a change in the Clinical Counselling Team, and the present team is new to Peak House. Jamie Whitehead and Bhupinder Dulay have joined us this year. To facilitate their integration and usefulness we've re-visioned the Staff Training Meeting to replace the Youth Counsellor meeting.

The Clinical Counselling Team Supervision meeting also takes many forms, and sometimes follows directly after my participation in sessions, as part of a "living supervision" model. We watch pieces of counselling work, or discuss actual sessions I have participated in. We also include our practicum students whenever that is possible, as it provides supervisory experience for the student, and brings some lovely questions forward in terms of making our work public.

Clinical Counsellors meet monthly with me for direct clinical supervision of their work and to address any training pieces required. This often includes DVDs or live supervision of group or individual sessions.

My professional writing continues to address the work of Peak House, and I have been seeking consultation and permission from the Executive Director regarding any references to Peak House in publications. The goal is to make public some of the work competencies, ethics and spirit of Peak House has been useful for the wider community, and promoting the reputation of this amazing program.

The Peak House community of youth and staff continue to inspire, challenge and transform my work.

With respect and appreciation,

-Vikki Reynolds, PhD RCC, Peak House Clinical Supervisor

Staff Team's Report

In addition to our many and ongoing successes this year, the Peak House staff are proud to welcome new members to our team, and say goodbye to others, as we continue to offer the highest level of care possible to our young people and their families.

We are pleased to be working with a new Mental Health and Addiction Clinical Counsellor, Jamie Whitehead, from City University. We are especially happy to welcome back from a leave of absence our Intake and Assessment Counsellor, Roisin Donnelly. The youth counsellor team also appreciates the addition of Shannon Stewart as a full-time youth counsellor, and Bryan MacAlpine as a permanent, part-time youth counsellor. We would like to wish Dennis Dion and Allison Rice, our two departing clinical counsellors, the very best as they pursue their careers elsewhere.

As a team, we have continued to examine our values statement to ensure the practice of our work is consistent with our ethics. In accordance with our position of inclusion and safety for all youth in our program, we have sustained our awareness and appreciation of diversity with our residents. We worked towards better serving gender-variant clients by implementing a third-space gender group for those young people who are transgendered or do not fit within the gender binary. We participated in anti-bullying day, and continue to hold space for difference through psycho-education groups about GLBTTIQ relationships, safer sex practices, gossip and bullying, and healthy relationships in general.

Our committees have introduced many videos to use in our therapy groups, music for the young people to produce for themselves and listen to, new therapeutic groups for the young people, and social activities for the staff team to have fun doing together. Thanks to each of our members who spent so much extra time on these worthwhile projects!

We remain proud to work in collaboration with our community partners in supporting our youth in transitioning to their ongoing learning in how to find freedom from substances. Nearly all of these young people have reported celebrating successes in this area and have come back to Peak House to share their experience, strength and hope with us in a Wednesday night activity we call "Fight the Power". We have taken our residents to several one-year, 12-step cake celebrations of former residents, which is always a hugely uplifting experience for all of us. We even recently helped a young man complete his university application and entry into post-secondary education at Simon Fraser University! Many youth stay connected to the Peak House team by attending our ongoing Alumni group, or checking in by phoning to update us on their progress in life.

One young woman was able to finish our program and go on to become the primary caregiver of her newborn child. This is something she said she thought could never happen! Several young people have donated artwork to us that we now proudly display on our walls, and so many of our residents cite being creative again and reading books intensely for the very first time.

It is truly wonderful for us to be able to witness the effects of our team's efforts in the immediate and long-term improvement of the lives of our young people and

their families. When we read the overwhelmingly kind words in the many cards and letters we receive from the parents and caregivers of those with whom we've worked, we're reminded of the importance and reward of the work we are so grateful to be doing every day.

Many family members offer thanks to the program and the staff, you can find a few of their letters below.

-The Peak House Staff Team

Letters from Parents/Caregivers

We are fortunate to receive numerous letters and cards of thanks from those who care for the youth we serve. Below are a few selected from this last year.

"To The Staff at Peak House, Words cannot convey the gratitude I feel towards all of you who worked with and supported my daughter [former resident]. Peak House is truly an amazing place and [my daughter] has benefited in so many countless ways. Thank you for your unconditional kindness, caring and for the skills and confidence you've helped [my daughter] develop. The work that you do at Peak House is so valuable and it helps redirect the lives of so many youth.... Thankfully one of those being [my daughter's]. I know this is a new beginning for [my daughter]. I'm thankful for the gifts Peak House and the caring staff there have given her. With Appreciation" -Holly Schafer

"I feel immense gratitude for having Peak House. The minute I walked in I felt like it was another positive step towards my child's recovery."
-Liz. C.

"As a parent of two children who've come to Peak House back to back, I am so thankful for the program. The care, service and counselling they received helped them to find themselves and find another direction in life. Thank you"
-Wendy McPhail

ANNUAL REPORT AND ORGANIZATIONAL PLAN

PACIFIC YOUTH AND FAMILY SERVICES SOCIETY PEAK HOUSE PROGRAM

APRIL 1, 2011 – MARCH 31, 2012

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.

Peak House Values Statement:

We have a collectively held commitment to support youth to commence from our program.

We have clear decision-making process about youth participation in the program including who the decision makers are and the criteria informing the decisions. Decisions and implementation are informed by staff collaboration.

We see young persons' struggles with problems, especially in their relationships with us, as their work and support one another in responding to these struggles including individually and collectively questioning our practices.

We maintain the success of all young people in the program when working with a young person with multiple barriers by keeping youth success at the center of our planning and work and assuring that youth are uniquely supported in their individual therapeutic work

We cultivate an inclusive and stress resistant team culture by

- continuing to learn together
- creating space and opportunities for healing moments
- taking time to reflect on, and acknowledge successes
- bringing our best selves to work
- not taking things personally
- using discretion around the expression of opinions
- sharing constructive feedback with one another
- honouring one another's strengths
- striving to create and maintain a positive environment
- refusing to engage in gossip or sub-grouping

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, 2011 to March 31, 2012.

Table 1: Overview of 2011/12 data regarding occupancy and program completion	
Total Number of Youth in Program	67
Average Days on wait list	60
Average age of first use	12
Total number of bed days	2518
Average age entering treatment	17
Occupancy Rate	86%
Completion Rate Assessment	66%
Completion Rate Commencement	46%
Actual Commencement Rate (n= 31) compared to total possible Commencement Rate (n=41)	76%

Discussion of data:

Number of Youth in Program: The total number of youth in the program during this reporting period was 67. Seven youth were in the program as of April 01, 2011. There were 60 new intakes. The maximum number of youth that could commence the program is 41, last fiscal year saw a total of 31 youth commence.

Wait List: The average number of days a young person waited for treatment was 60 days, up by an average of five days from last fiscal year.

Average Age of First Use: Youth accessing the Peak House program in 2011/12 reported, on average, 12 years as their age of first drug use.

Average age of First Use:	2009/10	12.5 years
	2010/11	12.0 years
	2011/12	12.0 years

Average age of Clients:	2009/10	16.3 years
	2010/11	16.9 years
	2011/12	17.0 years

The average time elapsed between client's age of first use and entering Peak House is, on average, 4.6 years. Youth accessing our program are involved in drug/alcohol use and a lifestyle that involves associated risks for an average 4.6 years before entering to the Peak House program.

Occupancy Rate: The occupancy rate for 2011/12 was 86%, representing an increase of 5.6% since the 2009/10 reporting period. The last two years have marked the highest occupancy rate the program has seen in many years.

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%. We had a total of 67 youth in Peak House during 2011/12. The breakdown is as follows:

- 67 youth entered the assessment phase
- 23 youth did not move into the treatment phase
- 44 youth moved from assessment into treatment – 31 of those youth successfully completed the program = 70%.

Table 1.2: Comparative Overview of Occupancy and Completion Rates

	2009-2010	2010-2011	2011-2012
Total Number of Intakes	48 (female n=30, male n=18)	58 (female n=39, male n=19)	67 (female n=,44 male n=22, transgender=1)
Average Days on wait list	54.7	55.48	60
Average age of first use	12.5	12.03	12
Average age entering treatment	16.31	16.83	17
Occupancy Rate	80.5%	86.1%	86%
*Completion Rate	73%	69%	70%

*Based on the number of youth who moved into treatment from assessment.

III. Substance Use

The following table presents data collected at intake reporting young people's "drug of choice" (D.O.C.).

2010/11		2011/12	
Alcohol	36.2%	Alcohol	34%
Crack Cocaine	6.9%	Crack Cocaine	7%
Crystal Methamphetamine	8.62%	Crystal Methamphetamine	7%
Cocaine	5.17%	Cocaine	10%
Marijuana	17.24%	Marijuana	22%
Heroin	16%	Heroin	11%
Ecstasy	6.9%	Ecstasy	3%
		Other Opiates	3%
		Benzodiazepine	2%

	2010/11	2011/12
Poly-drug use	90%	92%
Single drug use	10%	8%

Summary: Youth report an increase in cocaine and marijuana use from the last report period. Alcohol, Marijuana and Heroin continue to be the top three D.O.C of many of the youth coming to Peak House.

IV. Client Characteristics

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

Gender	2009/10	2010/11	2011/12
Female	62.5%	60%	65%
Male	37.5%	40%	34%
Transgendered			1%
Gender Variant			0%

Gender Diversity: The gender balance at Peak House has continued to demonstrate more self-identified female youth than male, transgendered or gender variant clients accessing the program. Our team has been focusing on ways to improve our program accessibility for transgender, gender variant and gender non-conforming youth. As a program we are working to adopt a language of inclusivity, provide a third space option outside of our female and male gender groups, provided greater opportunity for gender self-expression among youth and staff, and continuously work to ensure our environment is welcoming for all youth. This year staff received several training workshops aimed at working with, and creating a welcoming space for gender variant and non-gender conforming young people.

Ethnicity	n=67
Asian	5
First Nations	19
Caucasian	48
African	3
Middle Eastern	1
South Asian	2
Latin American	4
Other	0

Note: some youth report more than one ethnicity

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 2011-2012 young people continued to have the opportunity to explore cultural belonging as a theme in their therapeutic work throughout the program.

Reported Sexuality	n=67
GLBTTQ2 youth	23%
Heterosexual	48%
Non-Disclosed	29%

Sexuality: We consistently work to ensure that the Peak House program remains a safe place for all youth, signaling that the house is a queer-friendly space through art, literature and information about GLBTTQ2 issues and fostering awareness about sexual and gender diversity in our community resource programming. This year we welcomed 16% more queer identified young people than the previous year.

Reported Socioeconomic Position	n=67
Low	56%
Mid	29%
High	15%

Mental Health Status	2009/10 n=43	2010/11 n=58	2011/12 n=67
Diagnosed, Co-occurring Mental Health Concern	65.38%	34%	25%
No Mental Health Concerns	60.46%	66%	75%

Mental Health Status: In the 2011/12 year, 25% of our youth reported a diagnosed co-occurring mental health concern prior to entering the program.

Legal Involvement	2009/10	2010/11	2011/12
Percentage of Residents with Legal Involvement	27.08%	33%	28%

Living Situation	2010/11	2011/12
Living with parent (s)	60%	66%
Living with other family member	12%	4%
On Independent Living	3%	4%
In Foster Placement	12%	12%
With no fixed address	12%	13%
In the care of MCFD	24%	30%

Living Situation: Although young people entering our program require a housing plan (somewhere to go in case they decide to leave on short notice), 13% 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.

Region	n=67
Vancouver, Richmond, N. Shore & Garibaldi (VCH)	33%
Vancouver Island (VIHA)	9%
Fraser Valley: Surrey, Langley, Chilliwack, Hope, Upper/South Fraser Valley & Simon Fraser (FHA)	51%
Okanagan, Kootenay & Thompson Cariboo (IHA)	7%
Northwest, Northern Interior & Northeast (NHA)	0%

Provincial Region: Peak House serves clients from across the province of B.C. The table represents the percentage of youth from each provincial region.

School: Over the past two years, more than half of the youth who entered our program were connected to a school. Many of the youth not connected, participated in our school program and went on to continue their education while back in their home communities. While at Peak House, young people work on setting up an Independent Education Plan with our Vancouver School Board part-time teacher. The School program takes place in a private classroom located at a local Secondary School. Students work on their academics with

young people have reflected that having a positive school experience during the program greatly increases their continued and future academic success as well as their interest in pursuing post secondary educational options.

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

Mental Health Concerns	Percentage of youth	Completion Rate
Co-occurring Disorder	25%	59%
No Mental Health Concerns	75%	66%

In 2011/12, 47% percent of youth entering treatment with a diagnosed co-occurring mental health concern completed the Assessment Phase of the program.

Living Situation and Assessment Phase Completion Rates

Living Situation	Percentage of youth	Completion Rate
Living with parent(s)	66% (n=44)	64%
Living with other family member	4% (n=3)	100%
Living Independently	4% (n=3)	100%
In Foster Placement	12% (n=8)	63%
With no fixed address	13% (n=9)	56%
In the care of MCFD	30% (n=20)	65%

Note: some youth reported more than one living situation.

Family Sessions and Completion Rates

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

Legal Involvement and Completion Rate

	% of youth with legal involvement	Completion Rate
2009/2010	27%	77%
2010/2011	33%	63%
2011/2012	28%	37%

The completion rate (client's completing the assessment phase) for those youth with legal involvement was 37%.

2011/12 Organizational Plan Review

Goal	To pursue partnerships and opportunities for funding and support with local business, organizations and individuals
Action Plan	<ul style="list-style-type: none"> • Continue to build relationships with local businesses to garner increased in-kind donation opportunities and cash donations • Continue to build a private donor list • Explore fundraising tools to increase exposure
Outcome	<ul style="list-style-type: none"> • Board Fundraising Committee Developed • Development of Fundraising Email campaign • New fundraising ideas and tools implemented. • Local community group held Peak House fundraising event.
Goal	To create increased exposure and generate community engagement to highlight the success of the Peak House program.
Action Plan	<ul style="list-style-type: none"> • Create opportunities for increase awareness of the program • Continue community engagement to highlight Peak successes and the work that we do in the community
Outcome	<ul style="list-style-type: none"> • Peak Speaks Community Education Workshops • Agency visits • Community event participation
Goal	Maintain a strong board membership for the society.
Action Plan	<ul style="list-style-type: none"> • Maintain and recruit cross sector board members • Create increased opportunity for alumni caregiver membership • Continue to establish strong working committees
Outcome	<ul style="list-style-type: none"> • Highly skilled new board members recruited • Committees established
Goal	To explore opportunities to develop an on-site and remote access parent/caregiver support group
Action Plan	<ul style="list-style-type: none"> • Determine interest from former and current program participants • Explore model and facilitation options • Explore funding possibilities
Outcome	<ul style="list-style-type: none"> • Funding possibilities were explored • Interest and development are under current review
Goal	Strategic Planning development: Board
Action Plan	<ul style="list-style-type: none"> • Develop a Strategic Planning Outline • Liaise with stakeholders • Review and revise as necessary the Society Mission Statement
Outcome	<ul style="list-style-type: none"> • SP outline created • Stakeholder consultation currently underway • Mission statement under review
Goal	Maintain a strong cohesive staff team.
Action Plan	<ul style="list-style-type: none"> • Continue to refer to the Peak House Values Statement as a guiding document • Seek out ways to highlight program success • Explore cost efficient ways to increase staff training opportunities • Provide opportunities for team building
Outcome	<ul style="list-style-type: none"> • Despite staff changes over the year we have managed to create a strong and fully complimented staff team • Monthly professional development and workshop provided • Committee development

2012/13 Organizational Plan

Goal	To pursue partnerships and opportunities for funding and support with local business, organizations and individuals
Action Plan	<ul style="list-style-type: none"> • Continue to build relationships with local businesses to garner increased in-kind donation opportunities and cash donations • Continue to build a private donor list • Further develop email donation campaign with board support
Goal	Maintain a strong board membership for the society.
Action Plan	<ul style="list-style-type: none"> • Maintain and recruit cross sector board members • Create increased opportunity for alumni caregiver membership • Continue to establish strong working committees
Goal	Look for program development opportunities
Action Plan	<ul style="list-style-type: none"> • Seek budget efficiencies to allow for program development • Explore with stakeholders programming needs/gaps • Create opportunities for innovation in service delivery
Goal	Explore opportunities for Accreditation renewal
Action Plan	<ul style="list-style-type: none"> • Explore Accreditation options • Seek out budgetary opportunities to meet associated costs • Initiate a work plan
Goal	Strategic Planning development: Board
Action Plan	<ul style="list-style-type: none"> • Liaise with stakeholders • Review and revise as necessary the Society Mission Statement • Create a date for SP completion
Goal	Look for opportunities to increase access to youth experiencing multiple barriers.
Action Plan	<ul style="list-style-type: none"> • Review completion and early exit statistics • Incorporate increased harm reduction practices and education while maintaining current program policies. • Work more closely with community partners and referring counsellors to increase the continuum of care for youth.

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 2011/12.

Your support really made a difference!



Major funding for the Peak House program is provided by the B.C. Ministry of Health, Vancouver Coastal Health and the B.C. Ministry of Education.