



ANNUAL REPORT AND ORGANIZATIONAL PLAN

**PACIFIC YOUTH AND FAMILY SERVICES SOCIETY
PEAK HOUSE PROGRAM
APRIL 1, 2012 – MARCH 31, 2013**

www.peakhouse.ca

Prepared by: J. Kelly, Executive Director

**Pacific Youth and Family Services Society
Board of Directors
2012-2013**

**Mike Arget
President**

**Tina Zhao
Treasurer**

Christine Smith

Kate Campbell

Coral Payne

Stephanie Kellington

Grant Gardner

Resigned 2012

Kyra Biederman

Alfred Faan

Resigned 2013

Dave Mitchel

Peak House Staff & Consultants 2012-2013

Management

J. Kelly, Executive Director
Wendy Wittmack, Program Manager

Clinical Supervisor

Vikki Reynolds

Intake & Assessment Counsellor

Roisin Donnelly-Outgoing
Jessica Hilton-Incoming

Administration

Maria Telado

Family Therapists

Jamie Whitehead
Bhupie Dulay

VSF Teacher

Janet Eviston

Medical Consultant

Dr. N. Baria

Acupuncturist

Satomi Sakata

Nutritionist

Zest Nutrition

Yoga Instructor

Butterfly Yoga, Emmarin Munro
Lisa Gibson

Kitchen Coordinator

Audrey Nishiyama

Cook

Yan Ho

Youth Counsellors

Bree Tominaga-Outgoing
Jessica Hilton-Outgoing
Rosy Deol
Warren Whyte-Outgoing
Shannon Stewart
Bryan MacAlpine
Geneva Stowell
Michele Harden

Night Attendants

Laila Biergans
Kathy Miller

On-Call Relief

Joe Pingitore
Lina Silano
Wynne Pruden
Angela Hamre
Steve Sorrenti
Jaime Wittmack
Chris Goodman
Jaqueline Krestinski
Alina Reed
Richard Russell
Greer Godfrey

Summer Life Skills Coordinator

Miriam Tratt
Alex Mah

Practicum Students

Carol Hodge-VCC
Audrey Nishiyama-VCC
Tera Holmes-UBC
Geneva Stowell-Native Ed.
Jackie Dives-VCC

Board of Director's Report

The 2012-2013 fiscal period was another year of evolution for the Board of Directors. We had a very busy year looking after a variety of tasks that put the Peak House program in a good position to grow and develop into the future. This year we welcomed a new face and said good bye to others. Grant Gardner joined our Board team bringing a unique perspective to the group. We thanked Kyra Biederman, Alfred Fung, and Dave Mitchell for their work on the board as they decided to resign from the board. I wish them the best of luck with their future endeavors. Coral Payne returned from her leave of absence and Christine Smith took a three month leave of absence, we expect her to return in May 2013 to once again join Kate Campbell, Tina Zhao, Stephanie Kellington and I on the board. As our board changes, we continue to grow and build capacity to better support the Peak House Program.

In January 2013, the board held a one day retreat which gave us time to focus on developing our mission statement and reflecting on the strengths and opportunities associated with our program. This activity was a key component to the development of our strategic plan that will guide Peak House over the next three years. Stephanie Kellington has taken the lead on developing the strategic plan and I want to acknowledge the hard work she has done.

One of the key components of our strategic plan is the development of alternative funding sources. Christine Smith has led the board on developing a fundraising program for Peak House. Over the last year, we held our first e-appeal, which was sent out to our close contacts with Peak House. We have also started a staff giving program, which allows Peak House staff to have an amount deducted from their pay to support the Peak House Program. These two programs have been small, but important steps in moving towards our strategic planning goals.

Another important project over the last year has been the Executive Committee's continued push to formalize our partnerships with the Vancouver School Board by developing a Memorandum of Understanding that clearly outlines responsibilities related to the school program our youth attend.

The board is also excited to start planning the celebrations for the 25th anniversary of the Peak House Program, which will be held in September 2013. We also received some great news to start our 25th year as the Peak House Program was awarded the BC Association of Clinical Counsellors Professional Care Award. Peak House was honoured for exhibiting special creativity in providing counselling and mental health care. This award would not have been possible without the dedicated and hard-working staff and volunteers who support the youth that come to Peak House.

I also want to acknowledge the ongoing support and leadership provided by J Kelly and Wendy Wittmack who are responsible for the daily operations of the organization and ensuring that Peak House continues to provide the best care to our youth.

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 such a supportive environment.

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

I would like to take this opportunity to acknowledge Wendy Wittmack, our Program Manager for her 25 Years of Service. Wendy has been with the program from the beginning. Over the years she has held various positions at Peak House and now holds a leadership role within the organization. Wendy is hard working, dedicated and consistently puts the young people and their families at the forefront of the work. I am honoured to serve alongside her as part of the Peak House Management Team. I would like to personally thank Wendy for her ongoing support and exceptional ability to uphold and maintain the high standards of our program.

You will find Wendy's reflection on our last 25 years below, followed by our annual summary. On behalf of everyone at Peak House, past and present
Thank you Wendy for all that you do!

J. Kelly

Executive Director

Peak House, 25 Years

It all began in 1987 when funding became available to open the first residential treatment facility for youth. An Executive Director was hired in the winter of 1987. At that time a 22-bed facility was opened it was located in East Vancouver in a Salvation Army building. Over the next 3 months the Executive Director created a program and named it Peak House.

In February 1988 the director hired a team of nurses, youth counsellors, therapists, clinical supervisor and administrative staff. They spent the next 6 weeks in training. In May 1988 the first young person entered the Peak House program. The program ran as a 22 bed program for almost 1 year, then following the government provided more monies for a 10 bed 3 week program assessment unit where youth spent 3 weeks to prepare for 8 weeks of residential treatment. This program ran for just over a year until funding was cut.

In the fall of 1990 Peak Houses funding went from a 22-bed facility to 6 beds. At this time the program moved to a residential home on Nanaimo & Turner with 6 beds and 2 fees for service beds. The fee for service beds were accessed by youth from all over BC and the US. In 2006 Vancouver Coastal Health funded the 2 fees for service beds, which are now specifically for VCH youth the other 6 beds are provincial. Our program went from a 6-bed 8-week program to an 8 bed and 10-week program.

Over the past 25 years several different ministries have funded Peak House and as of the past 10 years they have been with Vancouver Coastal Health. 100's of youth have participated and commenced from our program over the 25 years many youth have went onto university, had families and moved forward thru their life's. Peak House has had youth, now young adults return to Peak House to do a practicum to then become a full time youth counselor at Peak House and work with other young people. We have our yearly barbeque and it continues to bring youth who attended Peak House from as far back as 1989.

Peak House would like to acknowledge the many therapists, counselors, intake & assessment counselors, youth counselors, night attendants, cooks, teachers, executive directors and all on call staff who have worked, provided time, heart and commitment to this program.

In addition to myself, there are few staff who have been with Peak House since the beginning our cook Yan Ho and night attendant Laila Beirgans. Our program has evolved over the years from a 12-step program then in 1990 moved to have a very strong Narrative therapy influence. To this day we continue to evolve.

In 2009 a new Executive Director was hired J Kelly in the last five years we have received 2 awards of excellence. Peak House over the years has been a training program and we have had several students from many educational institutions from as far as Ontario to come and do their practicums with us. Peak House in last 5 years has presented several workshops in our community and have been well attended.

I am thankful and honoured to have been a part of such a wonderful program for so many years.

Wendy Wittmack,
Program Manager

2012/2013 Management Report and Summary

This past year could best be characterized as a year of building a solid foundation upon the commitments and work initiated during the last fiscal period. As always, our values statement continues to be a living document kept at the center 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. The team identified and created increased opportunities to create a welcoming and safe place for our GLBT*2Q youth. We developed new program components designed to increase after care support and safety. Health and wellness was a focus of new programming including safer sex, sexuality, gender expression and diversity, nutrition and harm reduction education.

Our team welcomed new Mental Health and Addictions Clinical Counsellor Bhupie Dulay; former Youth Counsellor, Jessica Hilton, moved into the Intake and Assessment Counsellor position. We welcomed two new Youth Counsellors, Michele Harden and Geneva Stowell; new Kitchen Coordinator, Carol Hodge; new relief workers, Audrey Nishiyama, Carol Hodge and Tera Holmes. Our practicum students included Carol Hodge-VCC, Audrey Nishiyama-VCC, Tera Holmes-UBC, Geneva Stowell-Native Ed. and Jackie Dives-VCC. We wish former Intake and Assessment Counsellor Roisin Donnelly, and Youth Counsellors Warren Whyte and Bree Tominaga, the best in their future endeavors.

This last year our staff team continued to develop and establish several 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.

Our Board of Directors worked diligently this year, preparing to undertake the task of developing our Strategic Plan. Their hard work and commitment has been invaluable in moving our program forward while ensuring long term sustainability.

We held our fourth annual community education workshop, Peak Speaks on the topic of An Ethical Stance for Justice Doing in Community. As is consistent with past Peak Speaks events this workshop was very well attended. Colin Sanders, our Former Clinical Supervisor, participated in this event, making it a very informative and special workshop for those that attended. Peak Speaks continues to serve as an opportunity for Peak House to reach out, and connect with, the larger community.

This past year we were the recipients of our second award. Presented by the BC Association of Clinical Counsellors Professional Care Award. Peak House was honoured for exhibiting special creativity in providing counselling and mental health care. We would like to thank Colin Sanders for his nomination and ongoing support of Peak House.

We would like to acknowledge our gratitude for the ongoing support we receive from our contract manager at Vancouver Coastal Health, Lorraine Grieves. In honour of our 25 years, we would also like to acknowledge Bill Hansen, Peak House's first Executive Director, Bill sadly passed away last year. Colin Sanders our former Clinical Supervisor for over 10 years, Colin was instrumental in developing the therapeutic model still present today at Peak House. Vikki Reynolds a therapist for several years and our current Clinical supervisor, Vikki's work is woven into the fabric of Peak House and we are thankful for both the historical and current perspective she brings to the work. Additionally, we would like to acknowledge Rick Pelan our former long-term teacher and board member, the many ministries and funding sources we have been fortunate to have the support of over the years. Special thanks to the Anniversary Committee for all their hard work and planning towards this year's celebration.

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. All are 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 2013/2014 fiscal year with optimism and excitement.

Sincerely,

-J Kelly, Executive Director &

Wendy Wittmack, Program Manager

Clinical Supervisor's Report

As the Peak House Clinical Supervisor I 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 offer trainings to our staff team as required addressing issues decided in collaboration with the Executive Director and Program Director.

This year we continued the Peak House community-based workshops we hold in partnership with City University: "An ethical stance for justice-doing in community group". This workshop had great attendance and the responses to the learnings offered from the Peak House community were positive. Peak House's past Clinical Supervisor, Colin Sanders participated in this training and was interviewed around the legacy of making space for innovative, compassionate and ethical practice at Peak House. We plan 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. This year Warren Whyte, a Youth Counsellor at Peak House published an article in the Narrative International Journal of therapy and community work. It addressed the youth wisdom at Peak House and an innovative letter writing campaign. The team read and critiqued this article, as well as other current writings directly related to our work. The format of the on going learning is experiential learning, at times it is skill based related to counselling conversations.

The Clinical Counselling Team of Jamie Whitehead and Bhupinder Dulay are now solid in their positions, and are making their own innovative contributions to the practices at Peak House, most specifically regarding harm reduction practices, and practices of cultural accountability. The team is working on initial drafts of articles to articulate some of the group practices developed at Peak House.

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.

In my publishing and teaching work Peak House continues to be important. I continue to seek consultation from the Executive Director regarding any

references to Peak House in publications. My intention is to make public some of the work, competencies, ethics and spirit of Peak House that have been useful for the wider community, and to uphold and contribute to the reputation of this brilliant program.

My continued belonging in the Peak House community of youth and staff amplifies my hope and contributes to my sustainability in all of my work in profound ways. I am proud and honoured to continue to be a part of this innovative, effective and compassionate program.

peace and respect,

-Vikki Reynolds, PhD RCC, Peak House Clinical Supervisor

Staff Team's Report

This year at Peak House we continue to celebrate success and excitement. We are pleased to welcome new members of our team, support the growth of those moving on, introduce new components of programming, and enhance and expand our existing practice of care. More importantly, we are honoured to continue to journey alongside the young people in our program and their families, and witness their achievements.

An exciting addition to our programming is our Healthy Tuesdays group. This group takes place once a week, as a complement to weekly doctor visits, and addresses issues that are commonly experienced by youth who struggle with a problematic relationship with drugs and alcohol. Themes explored in this group include safer sex, bullying, healthy relationships, relationship violence, disordered eating, sex, sexuality and gender diversity, and harm reduction. Because youth who struggle with substance misuse are often away from school and other places to receive information, they may not have the opportunity to expand their knowledge about topics that are directly related to the health and well being of self and others. When youth are informed, they are better able to resist the ways that drugs and alcohol can team up with risky behaviors. This group was made possible through a collaborative effort and feedback from the youth and staff team.

The youth participated in many educational and fun activities this past year; favorites including in store nutritional consulting at Whole Foods Market, attending sporting events made possible by Kids Up Front, weekly acupuncture, yoga, and attending workshops and presentations given by local agencies like Youth Co., Qmunity, and Out In Schools, Dean Roth, Nick Parker and the many former youth that come back to speak with youth currently in the program as part of our Fight The Power speakers. Following suit, the staff team began to plan

for team building activities, with the creation of a social committee. Fun team times ahead!

We have also expanded multi-media materials available to the youth including new videos and innovative mediums with which to share information. Fun and educational video clips have become a favorite self-care technique for both youth

and staff. We also enjoyed a shopping trip for the youth to choose books to expand our reading collection. As another way to serve our youth and strengthen our agency connections, the staff team has made efforts to connect the youth to workers across resources and communities, both by inviting workshop presenters and by referring youth to other programs. In this way we have been able to offer extra support to our LGBTQ* youth.

We continue to honour youth wisdom through creative expression activities, publications of youth writing in The Carnegie newsletter, providing panels for Vancouver Community College classes, and planning to display youth artwork and other contributions at the upcoming annual barbeque. The youth will also be creating the logo for our 25th Anniversary celebration.

Beyond this creativity, our youth consistently achieve greatness in their lives and communities. One young man who graduated the program has recently finished his first year of university, while another young woman returned to her previous day-tox group and was a speaker to her peers. Yet another alumnus has started her own recovery meeting and speaks regularly at another day-tox group. Other recent grads have used their time in school to apply for post-secondary education; a goal they did not think possible before arriving at Peak House!

Our Clinical Supervisor, Vikki Reynolds presented a workshop at City University in the fall and continues to encourage us to grow and learn as we keep moving forward.

-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 three selected from this last year.

Peak House provided both structure and realism to our son and to us in regards to teens' battle with addiction. Peak House made a 'fresh start' possible for both our son and our family. Struggles do continue once the program is over and we have appreciated the ongoing support for our son. Our family is celebrating our son's successes and without your program, we were not sure if our life as a family and, to be honest, his life, would continue.

-Kirk & Kathleen

*To the staff of Peak House,
I am very impressed at what Peak House was able to accomplish.
Not only were we able to improve our communication with our daughter when we thought it wasn't possible, but we strengthened our family relationship as well.
We learned to set safe, realistic boundaries, not to give into manipulation, not to rescue our child from problems, and to stop blaming ourselves for our child's addiction.*

We are extremely pleased to have that support and would not hesitate to recommend the Peak House services to other parents struggling to save lives of their own children. On behalf of our family, we would like to thank the staff of Peak House for all the help and support given during the treatment, as well as for the extremely helpful personalized transition plan, which empowered us as parents.

*Thank you,
-Natalia and Bruno*

We truly believe that Peak House saved our daughter's life. This was the first step that has taken her on her long journey to recovery. Not only was Peak a safe place that she called her home the wonderful staff helped her to give her new life skills and a positive and determined mindset to continue her recovery. None of this would have happened without Peak House and their caring staff

*Sincerely
-Stan and Carolyn*

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PACIFIC YOUTH AND FAMILY SERVICES SOCIETY PEAK HOUSE PROGRAM
APRIL 1, 2012 – MARCH 31, 2013

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 Statistical Data

The reporting period for the following statistical analysis is April 1, 2012 to March 31, 2013.

Table 1: Overview of 2012/13 data regarding occupancy and program completion	
Total Number of Youth in Program	67
Average Days on wait list	52.5
Average age of first use	12
Total number of bed days	2650
Average age entering treatment	16
Occupancy Rate	91%
Completion Rate Assessment	54%
Completion Rate Commencement	37%
Actual Commencement Rate (n= 25) compared to total possible Commencement Rate (n=41)	61%

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, 2012. There were 60 new intakes. The maximum number of youth that could commence the program is 41, last fiscal year saw a total of 25 youth commence.

Wait List: The average number of days a young person waited for treatment was 52.5 days, down by an average of eight days from last fiscal year.

Average Age of First Use: Youth accessing the Peak House program in 2012/13 reported, on average, 12 years as their age of first drug use.

Average age of First Use:	2010/11	12.0 years
	2011/12	12.0 years
	2012/13	12.0 years

Average age of Clients:	2010/11	16.9 years
	2011/12	17.0 years
	2012/13	16.0 years

The average time elapsed between client's age of first use and entering Peak House is, on average, 4 years. Youth accessing our program are involved in drug/alcohol use and a lifestyle that involves associated risks for an average 4 years before entering to the Peak House program.

Occupancy Rate: The occupancy rate for 2012/13 was 91%, representing an increase of 5% since the 2011/12 reporting period. The last four 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 69%. We had a total of 67 youth in Peak House during 2012/13. The breakdown is as follows:

- 67 youth entered the assessment phase
- 30 youth did not move into the treatment phase
- 36 youth moved from assessment into treatment – 25 of those youth successfully completed the program = 69%.

Table 1.2: Comparative Overview of Occupancy and Completion Rates

	2010-2011	2011-2012	2012-2013
Total Number of Intakes	58 (female n=39, male n=19)	67 (female n=,44 male n=22, transgender=1)	67 (female n=,42 male n=24, transgender=1)
Average Days on wait list	55.48	60	52.5
Average age of first use	12.03	12	12
Average age entering treatment	16.83	17	16
Occupancy Rate	86.1%	86%	91%
*Completion Rate	69%	70%	69%

*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.).

2011/12		2012/13	
Alcohol	34%	Alcohol	30%
Crack Cocaine	7%	Crack Cocaine	8%
Crystal Methamphetamine	7%	Crystal Methamphetamine	12%
Cocaine	10%	Cocaine	8%
Marijuana	22%	Marijuana	8%
Heroin	11%	Heroin	25%
Ecstasy	3%	Ecstasy	2%
Other Opiates	3%	Other Opiates	5%
Benzodiazepine	2%	Benzodiazepine	0%

	2011/12	2012/13
Poly-drug use	92%	84%
Single drug use	8%	16%

Summary: Youth report an increase in Methamphetamine and Heroin use from the last report period. While Marijuana continues to be among the higher used substances for youth at Peak House, the data shows a significant drop in the reporting of this drug as the primary DOC used among this population for this reporting period.

IV. Client Characteristics

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

Gender	2010/11	2011/12	2012/13
Female	60%	65%	61%
Male	40%	34%	36%
Transgendered		1%	1%
Gender Variant (self identified)		0%	2%

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 third space gender groups, increase 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	2
First Nations	11
Caucasian	52
African	3
Middle Eastern	0
South Asian	1
Latin American	3
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 2012-2013 young people continued to have the opportunity to explore cultural belonging as a theme in their therapeutic work throughout the program.

Reported Sexual Orientation	n=67
GLBTTQ2* youth	21%
Heterosexual	46%
Non-Disclosed	33%

Sexual Orientation: 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 GLBTTQQ2 issues and fostering awareness about sexual and gender diversity in our community resource programming.

Reported Socioeconomic Position	n=67
Low	37%
Mid	50%
High	13%

Mental Health Status	2010/11 n=58	2011/12 n=67	2012/13 n=67
Diagnosed, Co-occurring Mental Health Concern	34%	25%	30%
No Mental Health Concerns	66%	75%	70%

Legal Involvement	2010/11	2011/12	2012/13
Percentage of Residents with Legal Involvement	33%	28%	30%

Living Situation	2011/12	2012/13
Living with parent (s)	66%	61%
Living with other family member	4%	4%
On Independent Living	4%	3%
In Foster Placement	12%	22%
With no fixed address	13%	14%
In the care of MCFD	30%	33%

Living Situation: Although young people entering our program require a housing plan (somewhere to go in case they decide to leave on short notice), 14% 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)	27%
Vancouver Island (VIHA)	7%
Fraser Valley: Surrey, Langley, Chilliwack, Hope, Upper/South Fraser Valley & Simon Fraser (FHA)	45%
Okanagan, Kootenay & Thompson Cariboo (IHA)	21%
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, less 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 teacher support for an hour and thirty-five minutes, four days per week. Many 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	30%	60%
No Mental Health Concerns	70%	51%

In 2012/13, 60% 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)	61%	61%
Living with other family member	4%	0%
Living Independently	3%	0%
In Foster Placement	22%	47%
With no fixed address	14%	44%
In the care of MCFD	33%	50%

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
2010/2011	33%	63%
2011/2012	28%	66%
2012/2013	30%	50%

The completion rate (client's completing the assessment phase) for those youth with legal involvement was 50%.

2012/13 Organizational Highlights

- This fiscal year marks the highest occupancy rate in the history of Peak House at 91%
- New programming components were developed to support youth aftercare, life-skills development and overall health and safety. Two new programming pieces included were developed
 - The Staying Safe brochure designed to support youth in staying safe and on track once they exit the program.
 - Healthy Tuesdays curriculum covering topics that include sexual health, nutrition, relationships, sexuality and gender.
- We hosted our third annual Peak Speaks event. The Ethics of Justice Doing In Community Work, presented by Vikki Reynolds. The workshop was a great success.
- Engagement in CARF re-accreditation process.
- Our Board has begun the process of developing our new Strategic Plan.
- We were the recipients of our second award! Presented by the BC Association of Clinical Counsellors. Peak House was honoured for exhibiting special creativity in providing counselling and mental health care.

2013/14 Organizational Plan

The Board has been working hard this past year to implement a new strategic planning document. The 2013/14 organizational goals will be presented within the strategic plan, scheduled for completion in the 2013/14 fiscal year.

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
2012/13.

Your support really made a difference!



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