

Executive Director 19/20 Annual Report



During the 2019/2020 fiscal year, Intersect Youth and Family Services continued to streamline our processes to minimize waste of clinical time, optimize the resources we have for service delivery and develop a training strategy for our Child & Youth Mental Health (CYMH) services. Last fiscal year we identified and implemented several improvements, this year was spent evaluating those changes, getting feedback from our team on them and making minor adjustments to make them even better.

During the 2019/2020 Fiscal year, Intersect Youth and Family services provided service to over 450 children, youth and their families. This included: individual therapy, family therapy, child, youth and family groups, risk assessment and resource education and referral.

Three Year Strategic Plan

Intersect Youth & Family Services created and approved a strategic plan for the years 2020-2023. The strategic goals and objectives are:

- Invest in our most valuable resource, our team, through the development of recruitment, retention, succession and professional development strategies.
- Ensure our society has the technological systems, hardware and resources required to optimize service delivery and minimize wasted time spent on tasks that do not provide direct care to our clients.
- Make our client and staff's safety paramount through the identification of risks, development of policy and procedures to mitigate risks and the training and education to identify, respond to and get support for addressing risk.

The following goals have been identified to implement the strategic priorities:

1. The development and implementation of a professional development education and training strategy.
2. Develop recruitment, retention and succession strategies.
3. Use technology to enhance client services, improve efficiency of personnel, improve productivity of personnel and systems to communicate with all stakeholders.
4. Ensure the physical and psychological safety of our team and clients.

CARF Accreditation

Intersect was surveyed by CARF International for renewal of their CARF accreditation status on October 28-29th, 2019. The society passed their survey demonstrating 92.9% compliance with the CARF Behavioral Health standards and was accredited for another 3 years.

Person's Served Snapshot

Intake	184	School Program 19/20	29
Infant Mental Health	30	School Program 20/21	26
Active Therapy	498	New Directions	21
Psychiatry	37	Psychology	33
Parenting Through Strong Emotions			149

CYMH Clinical Services

“10 year old child with past trauma came in with anger issues, self-harm and suicidal thoughts and was a Category H at school. After less than 6 months of treatment the school is asking me what to do with them as they no longer need Category H status and there are no issues at school for them to work on. They are still working hard in therapy and have more to do, but they are managing well at school now.”

Therapist Senga

Last year, the clinical leadership team focused on streamlining many of the processes, documentation requirements and reporting processes used by clinical services. This year, we focused on ensuring all these changes were clearly documented and able to follow to ensure that clinicians could maximize the direct service hours they provided to our clients.

The team was relatively stable during the 2019/2020 fiscal year. We had three employees leave the society and three hired to fill those position. The agency provided 31 775.80 CYMH service hours; 2596.3 hours more than the 29 179.50 required by our contract.

Other notable improvements that took place over the past year included:

- Intake: Intake workers and clinicians assigned to intake report directly to clinical supervisors. This ensures smooth assignment of clients to clinicians at the Intake Assignment meeting. We continued updates on intake forms and procedures for maximum efficiency.
- Implemented a monthly waitlist review and tracking documents. Directed clinicians to contact everyone on their waitlist a minimum of every 3 months to check in, ensure there have been no changes to their prioritization level, that they still require services, offer other community services and ensure accurate contact information.
 - Clinical Supervisors run latent case report from CARIS monthly to ensure all clients have been contacted in past three months.
 - Waitlist numbers and caseloads are reviewed monthly and total numbers are added to new waitlist tracking form to identify trends and overall number of waitlisted clients, flag those that have waited the longest and/or P1s that have not started services within 30 day.
- Homicidal Risk Screening: We could not find a homicidal risk assessment that met our needs. As such a clinical working group was put together to develop a tool we could use to screen for risk of harm to other like we use to screen risk harm to self.
- Service Tracking
 - To support clinicians in managing their caseloads, we created a new caseload tracking form to ensure we are meeting the CYMH and CARF standards for service delivery and documentation.
 - Created new stats collection template to more accurately report the work clinicians are doing. Created new written guidelines to ensure consistent and accurate stats collection for accurate reporting.
- Quality Record Review: Quarterly the Clinical Supervisors will review one randomly selected file from each clinician’s caseload to ensure it is consistent with written processes and procedures, follows CYMH requirements and is complete. Created standard tool for reviews to be documented.

“I was working with a youth who had recently suffered a significant loss in their life, and witnessed a very traumatic event. They struggled with grief and loss, post traumatic symptoms, and adverse childhood experiences. This youth began active therapy, targeting these symptoms, as well Emotion Focus Family Therapy with their caregiver. During our time together the youth and their caregiver excelled in open communication, self care, and demonstrated resilience. They would often attend sessions having used their skills, and share their experience with learning to set boundaries, engage in self compassion, and explore meaning in their life. Working with this youth and their family was nothing short of inspiring. We were able to end therapy in a very good place, leaving both the youth and caregiver with skills and a deeper understanding of themselves. After closure, the youth has reached out asking for reminder tips/information on mindfulness meditation work we completed and stated our time together has helped them immensely. As a therapist I love hearing this because it reminds me that our work can make great impacts on the lovely children and youth we work with.”

Therapist Rebecca

Infant Mental Health

Intersect’s Infant and Early Childhood Intake team (IEC) consists of three therapist and one clinical supervisor (Jenny Plouffe) and provides service to children 5 years and under. During this past year, the intake process has been refined based on CYMH Infant/Early Childhood Mental Health Community of Practice proposed Guidelines which outline best practices in screening, assessment, and intervention. This refining was motivated by an influx of intakes, moving us to add consultation after the screening process to capture the inquiries that do not meet the threshold that require services instead of completing the assessment component unnecessarily. IEC Clinical Supervisor is an active member of the CYMH Infant/Early Childhood Mental Health Community of Practice. The IEC team meets monthly to provide additional peer consultation and supervision, resource sharing and review procedures, etc. As an overview of the involvement of our IEC team with intakes, please note Inquiries are those who sought an intake but did not follow through, decided services were not needed or identified alternative services.

October 2019 -October 2020

- 10 Inquiries
- 23 completed intakes, of which 15 were provided active services and 8 were closed after intake
- Currently we have 7 intakes is in progress.

Total of 30 intake. This is a steep increase from previous years. The number of Infant Mental Health Intakes completed in past years were: 9 infants (2015/16); 19 infants (2016/17); 21 infants (2017/18); and 14 infants for the 2018-2019 fiscal year.

We began to gather the source of how caregivers and parents learned about our IEC services:

- Word of mouth (friends, internet, previous client themselves) – 18
- Other community services – 8
- Medical practitioner – 6
- MCFD - 3

During this year our IEC team have participated in the following professional development:

- 2 therapists - Infant Mental Health Basics 101 -Infant Mental Health Promotion
- 3 therapists – Teleplay Therapy Workshop – Canadian Association for Play Therapy

The planned training included Circle of Security for 2 of the therapists who were not already certified, and the Parent-Child Interaction Therapy for the IEC team was put on hold due to COVID pandemic. The COVID pandemic has also altered how we provide IEC intake services as we are providing intake virtually (Video/phone) and in some cases holding in-person parent/child observations outside in a park or in the building.

In summary, despite our modification of the Intake process to separate the screening from assessment, our IEC team has been overwhelmed by the need in the community for services. All of the intakes resulting in being provided active services are absorbed into the IEC therapist's caseload immediately given the importance of early interventions and in some cases the fact that services are often short term (under 4 months). This impacts therapist's overall caseload capacity and contributes to potential burnout.

“An eight year old client attended therapy with me, alongside their mother. Their mother was concerned for them because there had been many significant changes in their family (parental separation, step-parent/parent separation, sibling leaving home to live with his father, addition of a baby, etc...) and adverse events (parental incarceration, child protection responses, adult suicidality, parental conflict...). Their mother wasn't sure how her child made sense of these events and found that her child was increasingly distant and argumentative; she didn't know how her child felt and felt hesitant and unsure of how she could reach them and support them.

We followed a model in which this client and their mother would attend together one week, and the mother would attend alone the alternate week. During weeks in which this client and their mother attended together, we clarified and emotionally processed current and historical events through parent-child dyadic therapy and emotion coaching (Emotion Focused Family Therapy). As this client's events were clarified, their emotions witnessed and contextualized - particularly by their mother – the child became interested in and assertive in processing other events. They attended therapy one day, expressing that they still really missed their dog who had died, and wondered if I could help with this. We explored their grief through the emotion coaching process, and in the end the child decided to draw a picture of their dog in their idea of where he is now, and write him a letter thanking him for having been their dog – honoring the meaning he has for them and giving them permission and confidence to allow themselves to love people and animals as they enter and leave their life.

Their mother bravely resolved fears that interfered with her pre-existing parenting intuition and abilities and invested in learning about emotions so she could support her child adequately, rather than relying on an external therapist to understand and support their child's emotional well being. She extended her insights and skills to improve her couple relationship and to repair her relationship with her other children; both which provided more security in the family system for all of them. They ended therapy expressing that they felt equipped to imperfectly and bravely emotionally and practically navigate their life events and relationship!”

Therapist Andra

CYMH Therapeutic Groups

The entire clinical team participated in a planning session for group services to discuss and identify; what groups do we currently offer and have offered in the past, what groups are staff trained to deliver, what groups do our clients need, and what are our internal processes and procedures for delivering groups. We identified that: there was no formal process for determining what groups would be offered, there were clients on the waitlist waiting for a group we had no plan to deliver in the near future, we were creating new groups each year which required extra resources and clinicians often felt unprepared and overwhelmed when it was time to deliver a group.

As a result of that meeting, we determined we had the staffing to offer four therapeutic groups in the fall (Sept - Dec) and four in the winter/spring (Jan-May). We agreed the groups we would regularly offer as they were most in need would be Mood Management, Family Anxiety (age group would be determined from waitlist), Circle of Security and Social Smarts. We implemented the use of the group function in CARIS to waitlist clients for group and identify potential clients when offering a group. Staff have reported they are very pleased with the new system and much more organized.

Additionally, we identified that several families coming through intake could benefit from Emotion Focused Family Therapy. As a result, we developed a 4-part information series that was open to anyone in the community-you did not have to be a client of Intersect to attend. We named it Parenting Through Strong Emotions and provided families/caregivers the basic tools of EFFT. It was so successful that over 63 people attended the first session we delivered. Over the fiscal year we offered this group 4 times for 149 caregivers before it was interrupted by the COVID Pandemic

Groups Offered in 2019/2020

<u>Fall 2019:</u>	<u>Spring 2020:</u>
<ul style="list-style-type: none"> • Parenting Through Emotions – Wednesdays 6-7:30pm, Weekly series Ages: Caregivers, all ages Facilitators: Stacey and others • Mood Management – Wed. 6-7:30pm Dates: October 16 – December 11 Ages: 13-15 Facilitators: Jennifer and Lexi • Family Anxiety Group – Tuesdays 4-5:30pm Dates: October 8 – November 26 Ages: 10-12 Facilitators: Jeanette and Rebecca • Circle of Security – Mondays 5:30 – 7:30 Dates: October 21 – December 9 Ages: Parents of children Facilitator: Senga and Vanessa Location: FOUNDRY 	<ul style="list-style-type: none"> • Parenting Through Strong Emotions – Wednesday 5:30 – 7:00, Weekly series Ages: Caregivers, all ages Facilitators: Stacey and others • Mood Management – Wed. 3:30 – 5:00 Dates: January 30 – April 10 Ages: 13-15 Facilitators: Shari and Parul • Family Anxiety Group – Wed. 4:30 – 6:00 Dates: January 23 – March 13 Ages: 10-12 Facilitators: Nicole and Rebecca • Family Anxiety Group – Mon. 4:30 – 6:00 Dates: January 21 – March 11 Ages: 7-9 Facilitators: Shannel and Stacey

	<ul style="list-style-type: none"> • Social Smarts Group – Tuesday 3:30 – 5:00 Dates: January 29 – March 19 Ages: 10-12 Boys Only Facilitators: Stacey and Mary Location: Group room • Circle of Security – Mondays 5:30 – 7:30 Dates: January 21, 2019 (10 sessions) Ages: Parents of children under 10 yrs. Facilitator: Senga and Vanessa Location: FOUNDRY
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New Directions Program-Youth Justice Contract

During the 2019/2020 fiscal year, Intersect Youth and Family Services was able to accept and provide service to all youth referred to the New Directors program from Youth Probation. Additionally, we continued to provide support for some youth that were no longer on probation but wanted to continue to receive services and support. We had no changes in personnel during the 19/20 fiscal year.

During the previous fiscal year, we identified that the Nechako Lakes area could benefit from youth justice support and amended our contract to expand our service provision 100 km to include that area. As a result, our New Directions worker made 6 trips to the Nechako Lakes area and provided services to 3 youth during that time. There was a lag in starting services in this new area as the Probation officer required time and planning to speak to clients, tell them about the New Directions Program and get their consent to send us a referral. Additionally, arranging visits in rural areas added some additional challenges. In the fall of 2019, the Probation Officer for the Nechako Lakes area was succeeded to another service area. Although we initially met with their replacement to ensure they were aware of our availability for services, after that time we did not receive any more referrals to that service area.

Service Delivery included:

- Connection and Referral to several other community agencies including: Blade Runners (employment), the PGNFC (cultural), YMCA Gym, Youth around Prince George (drop in support), Reconnect (Housing/shelter), volunteering at the SPCA, course registration at the College of New Caledonia, and supporting transitions back to school.
- Participation in the Prince George High Risk Youth Team Rounds.
- Provided transportation to: Medical appointments, counselling appointments, probation appointments, community programs and to and from school.
- Developing partnerships with Foundry Prince George to offer Smart Recovery Groups (addictions) in the future and was in planning with the Urban Aboriginal Youth Center to look at the opportunity to provide a drop-in group in their center.

In addition to providing the services deliverables in our contract, we were asked and happy to provide some additional services outside our contract scope. Staff accompanied youth to attend treatment in Vancouver, Kelowna and Osoyoos. We also repatriated one youth from custody to Fort St James.

I worked with a young woman who when we started was not connected anywhere in the community and who spent her days at home by herself. Over our time together, I was able to support her in returning to school and attending regularly, completing her CWS hours at the local SPCA, regularly attending medical appointments and keeping consistent with her medication, attending counselling and community

wellness groups. I watched her change from quiet and withdrawn, feeling that she couldn't do anything, to confident and connected to community.

Lisa, New Directions Counsellor

One young man I worked with was really quiet and unassuming. He had a difficult time asserting himself and was bottling up a lot of his emotions. He loved to play pool. For a few months we got together at least once a week to play pool and talk. I reflected back to him the need to be more assertive and where appropriate to offer an opinion. It became a common thread each week as we were playing pool. As a result, we built a solid relationship based on mutual trust. Through practicing being assertive, he was able to self advocate and generally be more at ease with conversations. Eventually he was able to join the Blade Runner Pre-Employment Program, further utilizing the skills we had worked on. He successfully completed the program and was noticeably proud of his accomplishments.

Daryl, New Directions Worker

Intersect School Program

The Intersect School is a specialized educational program offered in partnership with School District #57 Centre for Learning Alternatives (CLA). All youth (grade 8-12) accessing this program are actively receiving therapy from an Intersect Clinician and have demonstrated barriers to success in mainstream schooling. It is a time limited program with the goal of addressing these barriers then transitioning the youth back to another SD #57 program to continue their educational goals. In the 2019/2020 school year, 29 youth attended the school program; this year, 28 are currently enrolled.

Last year, in partnership with the School Program staff, we reviewed and updated the eligibility and prioritization criteria; as well as the referral process/form to ensure the youth most in need of this service had access to it. The new process clearly outlines the eligibility, selection and prioritization criteria of students wanting to attend the school program. The new prioritization criteria will be used to assign seats off the school program waitlist once one becomes available. Prior to these changes, seats were assigned based on first come-first serve basis; now they are prioritized due to need.

The new prioritization criteria is:

- Priority 1: Youth is not currently accessing any type of school and is engaging in high risk behavior.
- Priority 2: Youth is inconsistently accessing any school and lacking in social component of school life (Peer/social impacts and mental health challenges).
- Priority 3: Youth attendance in any school is at risk of being inconsistent or stopping due to avoidance (Mental Health based).

Support Services

Dr. Akande left the community in September 2019. Dr. Karim Saleh under the direction of Dr. Rachel Boulding started providing services in September 2019 after her departure. This fiscal year 37 clients received psychiatric assessments.

Our psychologist Dr. Gingell completed 33 psychological assessments of our children and youth.

Switch Program

Unfortunately, the funding application to Jumpstart to run Switch in the 2019/2020 winter season was declined leaving the program with no financial means to operate. For the 2020/2021 winter, Intersect has partnered with Big Brothers and Sisters of Prince George to operate Switch and was successful in accessing funding to operate. We are in the early planning stages; however, the program will be offered at the Hart Highlands Skill Hill in the coming months.

Professional Development

The development and implementation of a professional development education and training strategy is part of the society's strategic plan. As such, the leadership team created a survey and tracking tool to determine what training all members of the clinical team have already received to identify training gaps and needs, identify the skill sets of clinicians for assignment of clients and determine the core treatment modalities all clinicians should have that provide therapy. We will use this information to identify training needs, core training requirements and a professional development plan for the agency.

Community Involvement

Our annual Community Stakeholder Survey was sent to other services providers in January 2020. This year the survey could be completed online from our website. We had 17 responses to the survey. The survey results identified that although clinicians were sending the physician a letter after the client attended intake, if the client had been placed on the waitlist, we were not informing the physician when the client was removed off the waitlist and started actively receiving services. As a result, now Intersect is also sending the physician a letter when the client is moved off the waitlist and is actively receiving services.

Intersect continued to work in partnership with other services providers in the community including:

- Having 1.4 FTE designated to provide services at Foundry Prince George
- Updating the Prince George CYMH Services handout.
- Delivery of the Circle of Security Group co-facilitated by Foundry PG and the delivery of the Spirited Child group co-facilitated by the Child Development Center.
- Active planning and service delivery in community crisis response for the completed suicide of a student in our community with Northern Health, PGNFC, Foundry PG and School District #57.

Additionally, Intersect Leadership continued to participate in several committees within the community that included:

- Northern Attachment Network Advisory (NANA):
- Provincial Infant/Early Childhood Mental Health (IECMH) Community of Practice:
- CYMH Leadership Network: Local and Provincial
- Child, Youth and Family Network:
- Infant Mental Health Community Practice:
- CYMH Processing: Division of Family Practice
- Foundry Core Partner Group
- Weekly Grand Rounds
- CYMH Community Service Providers
- CYMH Community Stakeholders

Grievances/Complaints

During this fiscal year the society implemented a new complaint process and tracking database. Staff now must report any complaint they receive to their supervisor on a complaint form even if it is said in passing and the client does not want follow-up. Additionally, an opportunity to anonymously provide a complaint directly to the Executive Director has been added to the Intersect website. This information will be reviewed annually by the leadership team to identify any themes, opportunities for improvement and as a CARF accreditation standard. The complaint form can be given to any member of the leadership team and will be escalated to the Executive Director for final sign off before it is considered closed.

No formal complaints were received in the 2019/2020 year.

Critical Incident-COVID 19 International Pandemic

To support the province wide response to the COVID 19 Pandemic, on March 17th, 2020 the BC Chief Medical Officer declared a public health emergency and on March 18th the British Columbia government declared a provincial state of emergency. This started the closure of several businesses and services until they could put in measures to safely provide services again.

Intersect Youth & Family Services quickly implemented several measures to support the safety of their staff and clients to continue to provide essential mental health services to the families in Prince George. Intersect was able to maintain services imposing several safety measures to mitigate risk of exposure and contamination of COVID-19 to their clients and staff. These measures included: halting in person services unless absolutely necessary, stopping service delivery off site, supporting staff to provide services from home to minimize the number of people on site, adding increased infection control measures at the Intersect building, abiding by government recommendations of physical distancing and wearing masks, offering services virtually through phone or zoom to any clients that were able to and implementing COVID screening measures to those who entered the Intersect building.

The society implemented an Intersect COVID 19 Pandemic Safety plan that included: COVID-19 Client handouts, virtual service delivery training, COVID In Person Services Agreement, compliance with CYMH Service Guidelines, installation of dividers and protocols in place to meet all Worksafe BC requirements.

On May 6th, 2020 the BC Provincial Government and the BC Provincial Health Officer released a four phase BC Restart Plan to ease restrictions put in place to prevent the spread of COVID 19. The restart of in-person counselling services was included in phase 2 of the plan starting mid-May and onwards. Intersect has continued to provide services in compliance with and under the direction of the Chief Medical Officer, Worksafe BC and the Ministry of Children and Family Development.