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SERVICES

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Daughters & Sisters Annual Program Report 2021-22

About us...

Daughters & Sisters is a unique six-month residential treatment program that serves young women aged 12 to 18 whose substance use is problematic. The young women accessing this program live with PLEA Family Caregivers in the community and participate in day, evening and weekend programming at our treatment centre in Surrey.

On average one to two youth live in each home. The Family Caregivers are members of our treatment team who support and reinforce what the youth learn while they are at the centre. They are also trained to support youth through non-medical detox, stabilization, and the treatment process. We have provided these services since 2000.

Programming is tailored to each youth's individual strengths, needs and circumstances. It includes individual and group counselling, parent-teen mediation, teacher-supervised education, addiction awareness learning and practical life skills. A range of social, arts, cultural and recreational activities are integral components of the program and take place in the community. A School District #36 teacher (Surrey) delivers the educational component.

We follow a strengths-based and culturally sensitive approach to treatment and emphasize social learning and solution focused interventions to help the youth build the skills and competencies they need to live safe, healthy lives. Our model is gender-specific, addressing the learning styles and developmental needs of young women.

The aims of Daughters & Sisters are to increase each youth's self-esteem, physical and mental health, educational and vocational functioning and family and social functioning, and decrease their substance use, criminal activities, and high-risk behaviours.

For probation referrals, young women must have a probation order that directs them to attend a full-time alcohol and drug treatment program. The order must be long enough to see them through the 6-month program. These 6 beds are funded by MCFD (Ministry of Children and Family Development) and are an alternative to custody. Access is province wide. Additional beds are available through private referrals from parents, social workers, community-based addiction counsellors and other professionals. Access is nationwide.

Who we served...

Profile	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
# of youth	4 FTAP 5 FFS	4	15	17	24	29

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Charitable Registration
10781 0467 RR0001
bcgeu

% self-identified as Indigenous	44%	75%	39%	34%	38	34
Average age when cases were opened	17.2	16.7	16.44	15.88	16	16
% of youth in MCFD care	67%	75%	44%	59%	54%	52%
% of youth who had spent time in custody	56%	100%	94.4%	76.5%	83%	86%
Average # of days in program by discharged cases (N = number of discharged cases)	85 (N=7)	102 (N=2)	109.07 (N=15)	119.57 (N=14)	90 (N=19)	116 (N=23)
# of youth who successfully completed the program	3	2	6	8	7	13

We continued to face low utilization rates again this year due to continued decreases across the Youth Justice sector in British Columbia. In this reporting period, we provided Youth Justice placements to 4 youth for the second year in a row. Of the 4 FTAP youth we served, two successfully completed the 6-month program while one youth referred remains in the program at the time this report is written. The last youth accounted for in this total only remained in the program a brief time before going AWOL. Unfortunately, shortly after the AWOL, this youth passed away from an overdose while in community. This was a devastating loss for her family, program participants, staff, caregivers, and the agency.

We surpassed the number of FTAP referrals with Fee for Service placements again this year with a total of 5 Fee for Service placements in this reporting period. Of the 5-youth served through this stream, one remains in the program to date, one successfully completed the program and three youth self-discharged from the program. The three youth who self-discharged stayed for a combined total of two hundred days prior to leaving.

Primary drugs of choice as reported by youth	2021-22	2020-21	2019-20	2108-19	2017-18	2016-17
Amphetamines	33.3%	0%	11%	17.65%	17%	41%
Heroin and other opiates	22.2%	50%	33%	35.26%	50%	34%
Cannabis	0%	0%	6%	17.65%	0%	3%
Alcohol	33.3%	50%	33%	17.65%	30%	17%
Benzodiazepines	11.1%	0%	11%	5%	-	-
Cocaine/Crack	0%	0%	6%	0%	0%	0%
% of youth reporting a second drug of choice	100%	100%	100%	100%	100%	66%
% of youth reporting intravenous substance use	33.3%	0%	22%	47.06%	41%	55%

All youth referred this reporting period noted a primary and secondary drug of choice which is commonplace for the youth we serve. Most note that they will use whatever they have access should their drug of choice not be available. Many youth also report that they seek to use more than one substance on a regular basis. Overdoses experienced by the youth prior to attending treatment continues to be reported as common place as well with referral packages noting near fatal overdoses for all participants. Concurrent disorders also continue to be the predominant reality for the youth we are serving. All youth's referral documents note a mental health diagnosis of some kind along side severe substance using behaviours.

How we did...service delivery

	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
% bed utilization -FTAP Only	15.7%	18.6%	67%	63%	78%	92%
Total FTAP and FFS	32.2%					
# of youth who completed final assessments	2	2	6	8	0	15
# of youth reporting a decrease in substance abuse	1	1	2	6	0	10

As previously noted, utilization rates continue to remain low as reflected across the Youth Justice sector in British

Columbia. Our program continues to facilitate short term transitional placements when appropriate and have also continued to seek out alternative funding sources to ensure our services are accessible to youth in the community experiencing substance use issues who do not fit the FTAP mandate. The utilization rate of 15.7% is from the total 344 Youth Justice related bed nights of our contracted 2190 for the year. The FFS utilization number which was 362 bed nights made a combined total utilization rate of 32.2%. The utilization rate is not reflective of the need for placements across the province as reflected in the number of requests and inquiries the program receives regularly for young women across the province. The placement requests are either unable to secure the funding to pay for services privately or do not meet the requirement of sentencing with an FTAP condition and therefore can not access our services.

How we did...against the goals we set ourselves

- i. Despite declining referrals, our goal was to increase our utilization rate to 40%. With the continued increase in fee for service referrals, we were almost able to reach that goal. Discussions regarding altering the use of some of the allocated FTAP beds for short term Bail/Respite placements for Youth Justice participants will likely increase the utilization of our program. Although we are reporting low utilization rates over the past three years, Daughters and Sisters continues to be reported as being the 'FTAP program of choice' for Probation Officers across the province and our utilization rates surpass all other female only FTAP programs in BC.
- ii. We were able to establish a small increase in respite options this past year by utilizing our own caregivers to provide respite to one another. This was a possibility due to low utilization across the Addictions programs. Cross agency communication and collaboration has also increased which has allowed for more flexibility in options for support for our Family Caregivers between youth programs at PLEA. We were unable to bring on new Respite Workers and continue to seek more consistent and stable Respite Caregiver options to ensure there is care and support when needed rather than when support is available.
- iii. Throughout this reporting period we have been actively pursuing alternative funding options through RFP's and Letters of Interest for funding available for treatment and detox related services in order to expand on and supplement the existing Youth Justice contract we currently hold.

Selected accomplishments...

- i. We continued to remain functional throughout the second year of the Covid-19 pandemic. Services were uninterrupted and there was only one exposure event within the program. This exposure resulted in no transmission to any other staff or youth within our care. Our commitment to the Health and Safety of our participants, caregivers and staff remained a priority.
- ii. With a dedicated Addiction Support Worker who took the role of ensuring cultural activities were on our team and as restrictions eased and we were able to engage more with the community, we were able to host several cultural activities for the youth in the program. We had cedar weaving, beading and a talking circle all hosted by Indigenous Elders and Knowledge Keepers. We also hosted an Elder who facilitated an all-day Talking Circle whereby she taught the youth and staff about the uses of various medicines and the details of certain aspects of ceremony. We had the opportunity to be educated on the uses of various native plants for medicinal purposes on a medicine walk with an Elder as well as facilitated for the youth to engage in making dream catchers, drums, ribbon skirts, medicine kits and cedar bracelets.
- iii. We had the opportunity to facilitate treatment for a young woman from June to December of 2021. Her first weeks with us were extremely difficult and she experienced extreme home sickness. Program staff were able to dedicate the necessary care and time to this young woman and through our ability to develop strong rapport, she not only remained in the program but successfully completed it. She was able to complete her

grade 12 education requirements while in the program and began working on post-secondary courses nearing the end of her time with us.

Selected stories¹...

- i. Over the past 18-24 months, a local Social Worker has been in contact with the program and has referred a young woman on her case load a total of three separate times. For a variety of reasons that span lack of FTAP condition at sentencing, lack of willingness to engage as a fee for service participant and being chronically AWOL from her care home, this youth had yet to receive the necessary supports to address her problematic substance use. Upon this Social Worker reaching out yet again in February 2022, we worked at acquiring the funding for this youth to attend based on her increased willingness to receive treatment support. It was at this point that all attempts to secure the necessary funding were left un-met and the Social Worker was left with no remaining options. As a program, we made the decision to use our own program surplus as well as to risk manage the cost of services in order for her to access our services. This youth remains in the program at the time of this report and is scheduled to complete her high school graduation requirements and is planning to apply for post-secondary education for the coming fall.
- ii. In the thick of the covid pandemic, we were working with a young woman who had extremely complex needs as it related to her addiction and significant mental health issues. Based on the level of need and the lack of assessments completed with this young woman, staff were left without the knowledge and skills set to appropriately address her mental health needs. It was at this time where Daughters and Sisters staff reached out and began working collaboratively with a Concurrent Disorders Specialist in this youth's home community. Through their support, connection and expertise, we were able to access intensive Mental Health Services. This youth's bed was held at Daughters and Sisters while she attended the Carlile Youth Concurrent Disorders Centre for intensive observation and assessment. Despite this youth not successfully completing our program or the assessment process at Carlile, this process ultimately extended her time at Daughters and Sisters keeping her safe from the risks and harms she was experiencing in community.

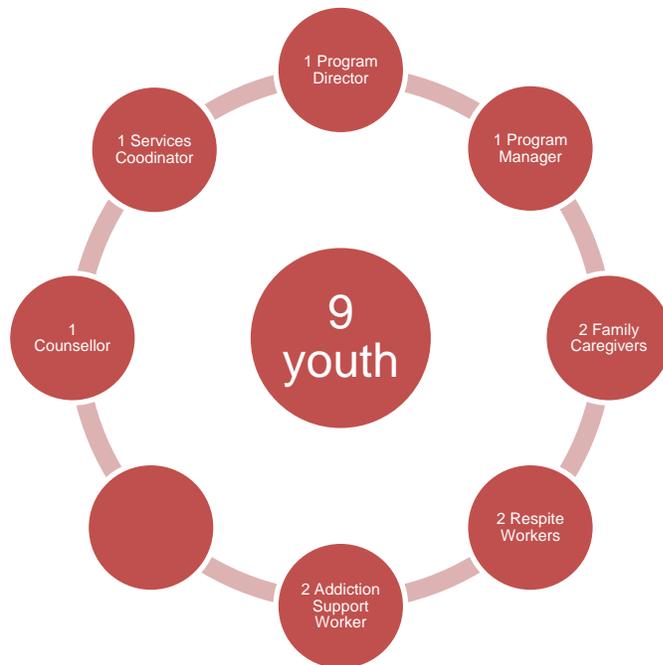
Biggest challenges...

- i. This year was one of the toughest years for many across the social services sector and it was no different for the staff at D&S. One of the biggest challenges for our team this year was the loss of one of our participants in August 2021 due to the ongoing and increasingly deadly drug poisoning crisis. As the impact of this drug crisis continues to take a toll on those working with at risk folks, it becomes increasingly difficult to understand the reasoning behind low utilization rates when young people are experiencing overdoses in the community in such high numbers.
- ii. The low utilization rates continued to impact our programs this past year in a multitude of other ways as well. With such low utilization rates, operating the program at its full staffing capacity was not necessary. However, when utilization picked up unpredictably or when staff suddenly went on leaves or took alternative opportunities, the program was left with some level of staffing instability at times throughout the year. The drastic switch between keeping busy and being suddenly short staffed became overwhelming at times. Through our strong sense of team, dedication to the youth we serve and our own resilience, we have made it to spring. With increasing referrals, staffing stabilization, longer days with more sunshine and covid restrictions easing, even if just for the interim, we remain hopeful and unwavering in the commitment to the work we do.
- iii. The last main challenge we continue to face in our program is the lack of Family Caregivers and Respite Workers available to support our participants. As was the case this reporting period, the impact of caregiver's getting severely ill with covid meant an entire home being shut down and a lack of ability to place youth in the program. Burnout amongst Caregivers is a significant risk without the consistent and stable option to take

¹ Names have been changed to protect client privacy and confidentiality.

respite as we are drastically limited in our respite options. As referrals pick up and with our goal of expanding services, obtaining new caregivers and respite workers is imperative.

Our team...staffing



Our team...learning undertaken

Throughout this reporting period, the team at Daughters and Sisters collectively engaged in the following learning and training opportunities:

- Acceptance and Commitment Therapy Certification- Elmira Strange
- Nutritional and Integrative Interventions for Mental Health Disorders- PESI
- Internal Family Systems Therapy- PESI
- What is Neurotherapy? An exploration of the state of current practice and treatment
- FASD Refreshing Training Presented by The Asante Centre
- Human Trafficking In Canada via Government of B.C.
- Psychological Health & Safety in the Workplace Training Webinar
- EHN Canada Webinar – Medical Management of Eating Disorders
- BCGEU OHS Basic Training
- San'yas Indigenous Cultural Safety Training
- Living Works – Suicide Prevention Training
- Naloxone Refresher Training
- First Aid & CPR/AED – Level C
- CATIE's Harm Reduction Fundamentals
- The Canadian Trauma and Addictions Conference: Helping Individuals Heal and Recover
- PLEA MANDT Training refresher
- Eating Disorders Masterclass (Jack Hirose Online Training)

Gender Pronouns Training
Understanding Eating Disorders (EHN Canada)
FASD Refresher Training (The Asante Centre)

- Anxiety Practical Intervention Strategies
- Self-Injury Behaviors in Youth Issues and Strategies
- Walking Through Grief- helping Other Deal with Loss
- Psychological first Aid
- Supporting Survivors of Sexual violence
- Trauma-Informed Care Building a Culture of strength
- Fetal Alcohol Spectrum Disorder Strategies for Supporting

Our team...new relationships

We attempted to develop a working relationship with a school liaison officer with the RCMP. This was to attempt to enhance trust for the youth with police services as well as to ensure we had a female officer who understood our services who could support in taking statements and executing warrants when necessary. This was going well until she was re-located to a permanent position within a new area of Surrey. We also were able to increase the number and types of relationships we have with Elders and knowledge keepers in our community. We developed relationships with a local Elder who facilitated a talking circle and has invited us to her property where she hosts sweats. We also developed a connection to a local beading expert as well as a cedar weaving teacher. We also continue to work along-side our Probation Officer Liaison who supports our referral and screening processes and the Youth Probation Officer associated with Surrey RCMP's Yankee 30 car who comes to visit and meet the youth in the program on a regular basis.

Next year's goals...

- i. Secure and stabilize staffing – with health and maternity related leaves, internal moves and external opportunities that aligned with long term career goals, the team at D&S will be undergoing significant change in the coming fiscal year. Our goal is to solidify temporary coverages into regular positions and bring in new Addiction Support Workers with the experience and enthusiasm to continue to provide exceptional services to our participants with minimal disruption.
- ii. Caregiver and respite worker acquisition and retention is a sector wide struggle. As an agency, PLEA has invested in recruitment for these much-needed positions. As we anticipate an increase in FTAP referrals along with the goal of enhancing our funding streams to serve more youth, we will continue to focus on the recruitment of more caregivers and care homes to facilitate those placements. Along with the increase in beds, we will require increased support of respite workers as well as respite family caregivers to ensure there is relief available for our Family Caregivers. We will work closely with our new recruitment specialist as well as our Caregiver Assessment Team to enhance this component of our program.
- iii. As the drug poisoning crisis continues and the government announces investments into this sector of care, we will continue to seek alternative sources of funding to supplement the existing Youth Justice contract we currently hold. Working in collaboration with health authorities and other government agencies, will allow us potential opportunities to increase our service mandate outside of the Youth Justice System.

For more information...

Contact Devon Murray, Program Manager at 604-218-6473 or email dmurray@plea.bc.ca