



Canadian Mental
Health Association
Cowichan Valley
Mental health for all

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Canadian Mental Health Association
Cowichan Valley Branch

2015-16 ANNUAL REPORT



Canadian Mental Health Association Cowichan Valley Branch

Who We Are:

The Canadian Mental Health Association, founded in 1918, is one of Canada's oldest voluntary associations, and is the only one that deals with all aspects of mental health and illness. The strength of our organization is in its people. We treat all people with honesty, trust and respect, and seek every opportunity to preserve human dignity through equality, fairness, and respecting freedom of choice. The primary focus of this organization, are the rights and needs of persons involved in the mental health system.

Our Mission:

As the nation-wide leader and champion for mental health, CMHA facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness.

Our Core Functions:

We fulfill our mission by:

- Building capacity – strengthening the capacity of individuals, families, professionals, organizations, and communities to address mental health needs.
- Influencing policy – influencing the design and implementation of policies and services related to mental health.
- Providing services – providing services and supports that maintain and improve mental health and community integration, build resilience and support recovery from mental illness.
- Developing resources – building the financial and human resources and partnerships required to address mental health needs.

Our Key Values and Principles:

- Embracing the voice of people with mental health issues
- Promoting inclusion
- Working collaboratively
- Influencing the social determinants of health (e.g. housing, justice)
- Focusing on the mental health needs of all age groups
- Using evidence to inform our work
- Being transparent and accountable

President's Report



What comes to mind when reflecting on this past year; is the safety talk during pre-flight instruction on airplanes. The point they make if the oxygen masks deploy, to be specific, “put your own mask on before helping others.” We are in a field where helping others is at our core and if we are not at our best, we are less able to help others and even less capable of helping ourselves. This relates to the health of our staff and the health of our Branch. As hard as it is to take time away from helping others to look after ourselves, we all need to remember this concept. Take care of yourself.

At the Branch level, many initiatives are underway to strengthen our Branch to ensure we are able to contribute to our community for years to come. The Board of Directors took a leap of faith and hired a full-time executive director; the Branch is pursuing accreditation that will aid in maintaining strong management practices; in collaboration with the Finance Committee, staff began evaluating and retooling some of our financial management practices; and as always, recruitment is vital at the staff and Board levels.

Without question, our great staff would not be able to help so many people in our community if not for the funding we receive from BC Housing, VIHA, BC Gaming, CMHA BC Division and the contributions we receive in donations (monetary and otherwise). This past year we started to see what partnerships are capable of achieving, and witnessed community engagement when needs arose. As demand for our time was pressed, I am so fortunate to have had the opportunity to work with so many dedicated and inspirational people...thank-you.

Looking forward to build on what was started and ready for what comes next. Let's all do our part creating a healthy community for all.

Rob Grant

Board President, CMHA-CVB

Executive Director's Report



This past year we began to take our programs and services out to the Cowichan Valley. We started slow, taking little steps at first. Our Housing Outreach team began making regular visits to communities, and we entered into partnership with local community groups to provide a centralized drop-off/pickup service for our Good Food Box program. Our BikeWorks staff packed up the van and visited kids at the Malahat Nation during “Spring Brake”.

We dropped into community centres and began to make connections with other organizations and agencies. We became more active in committee work such as Our Cowichan Community Health Network, and the Cowichan Youth Mental Health & Addictions Local Action Team. And, we began collaborating with other organizations and agencies developing and submitting joint applications for funding.

The value of reaching out and working together makes sense; the problems we seek to address are big, complex and too expensive for us to tackle on our own. We really do need to work together creatively and efficiently to meet our goals.

Yet, there were moments last year when we struggled to express our purpose in a way that our partners and potential funders could understand. There is no easy “bottom line” to measure our outcomes or our performance. This year I look forward to working with our Board, staff, partners and those we serve, to improve our ability to clearly and concretely articulate who we are, what we do, and why we deserve the continued support of our community. In particular,

- What does success look like for us in terms of our purpose, our people, and our performance?
- How can we measure the things that matter most and tell the story of the positive impact we feel we are making?
- What is most important to us when it comes to developing shared goals in partnership?
- How do we continue to evolve to better meet the changing reality, learning both from our successes and our failures?

It looks like 2016-17 is shaping up to be a very interesting year. You are welcome to join us on the journey.

James Tousignant

Executive Director, CMHA-CVB

Child and Youth Programs



Report by Dave Ehle

Every year there is a theme that runs through the reports and programs in the Child and Youth Mental Health side of The Cowichan Valley Branch. The theme for this year has been around increasing the organizational structure and clarity of our programs and contracts. This began last year with a renegotiating of our service provisions and the costs associated. This led to a program change-the School Resiliency program was discontinued, and a portion of that funding was redirected into a new project-the Youth 4 Wellness Centre located at the Cowichan Valley Open Learning Centre. One of the organizational aspects that we have developed has been job descriptions-and that is part of this year's theme.

The job descriptions for our therapy programs (Sexual Abuse Intervention Program, Eating Disorders Program, and Family Capacity Program) have a strong resemblance. The staff in these programs are committed, hard working professionals who spend most of their working time providing therapeutic support to young people and their families. They are responsible for screening and assessing intakes, designing treatment plans, maintaining case notes, and providing appropriate referrals. These aspects of the job are essential, and our staff perform them well.

Our newly hired eating disorders therapist Amy Jennermann outlines some of these aspects of the Disordered Eating Program.



Amy Jennermann

***The Disordered Eating Program** offers assistance to youth (age 12-18) and their caregivers. The program focuses on addressing food and body image concerns, with the overarching goal of recovery being possible.*

The program helps people with disordered eating and eating disorders; including but not limited to anorexia nervosa, bulimia nervosa, binge-eating disorder, and compulsive overeating.

Currently the disordered eating program employs one counsellor for 20 hours/week. An ideal eating disorders program would be comprised of a multidisciplinary team including a paediatrician, dietitian, counsellor and psychiatrist all on site. Despite this not being the case, the program has access to outside referrals including the Cowichan District Hospital outpatient dietitian, Sarah Rzemieniak, for nutrition assessments and recommendations. Further, Dr. Ramstead, a youth psychiatrist, does psychiatric assessments and consultations once per month, with recommendations being sent to clients' general practitioners and/or Paediatricians. Having access to these skilled professionals allows for additional expertise and a better quality of care.

Between August 2015-May 2016, 19 youth and their families have been seen, all with various eating and body image concerns. As of May 2016, there are 9 files active and open. Referrals have come from a variety of sources including: Child and Youth Mental Health, physicians, paediatricians, parents, dietitians, school counsellors, nurses, and self-referrals. I use a variety of modalities when working with clients and/or caregivers, and depending on client needs will either see youth one-to-one, caregivers one-to-one, or youth and their caregivers together.

Along with daily counselling, I am part of the Provincial Eating Disorders Network as well as the Vancouver Island Eating Disorders Steering Committee. In February, the CMHA Disordered Eating Program took part in the provincial 'Eating Disorders Awareness Week' (EDAW) campaign with a display being featured in our building. A highlight, beyond day-to-day counselling, was attending a 3 day Emotion Focused Family Therapy (EFFT) workshop in March with co-developers Adele LaFrance and Joanna Dolhanty providing training. The skills learned in the workshop have been immensely useful in the work with caregivers. In the fall it is my hope to run an EFFT group for caregivers of youth experiencing disordered eating.

While the formal outline of a position's responsibilities is vital from an administrative role, the therapeutic process is one that is much more difficult to describe. At the same time, it is the essence of the job, the key to successful work with our clients. So what would a job description for these programs look like that focused on the more intangible aspects of the work?

I believe that Kim Ellison's report on the [Sexual Abuse Intervention Program](#) provides an insight.



Kim Ellison, B.S.W., M.S.S.W., RSW

Every year I reflect on the privilege of working with some remarkable young people that have suffered the trauma of sexual abuse/assault. This is a journey of healing that has no definitive timeline or structured path; it is as unique as the child/youth that is walking it. Each client brings their challenges and strengths into the therapeutic relationship, just as I bring my own challenges and strengths, as do we all when we engage in a relationship with one another. We share in acknowledging the challenges whether they are individual or systemic. We share in the strengths and triumphs of the individual and the system. The strategies used are based in research, science, and years of experience. Thinking outside of the box to achieve goals is a required skill. Children and youth learn how to keep themselves safe, how to emotionally regulate themselves, how to have positive relationships with others while still maintaining boundaries, how to improve relationships and communication with their parents, how to see their strengths, and how to incorporate the knowledge that their lives are not defined by this trauma but rather that this is just a part of their story.

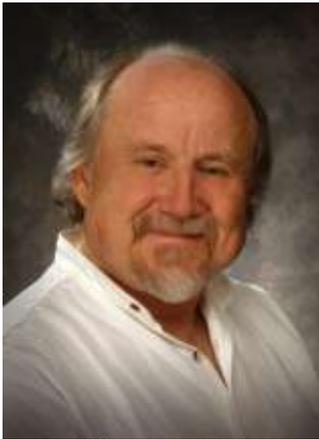
The relationship is, as studies have shown, a key to the healing power of connectedness to create change and wellness. Trauma work means that sometimes you spend a large part of your time with clients creating safety before you begin doing any trauma processing and the therapeutic relationship is the key to creating that safety. Sometimes the healing happens simply from the process of creating safety through relationship. I work from a place of compassion and empathy rather than from a place of sympathy. I use the relationship to validate the experience and challenge the client to move toward change rather than to stay stuck in the story. We work together to close a chapter and begin writing a new one.

While much of the focus is with the children and youth who have experienced the abuse/assault, there is also a lot of time spent with parents/caregivers. The time is spent helping them to understand what has happened, dispelling myths about what the effects are, educating them on ways to respond in a healthy manner, and deal with their own feelings. This can happen during a session or oftentimes happens over the phone or through email. Sometimes the work is helping them to understand what their child/youth is experiencing and teaching them of ways to patiently support them. There are even times when the child/youth has moved on, but the parents are the ones holding on for fear that the child/youth hasn't dealt with it enough. In these cases, I work with the parents about what they are feeling and help them see that the recovery process looks different in everyone and sometimes the healing process is done in chunks.

The writer was successful in the application of a GIFT Grant from Island Savings to continue to purchase therapeutic program supplies. Without this infusion of funds from Island Savings, the program would be without some of the much needed supplies to use in the sessions with clients as well as tools for clients to take home with them and use outside of the sessions.

As therapists we don't always get feedback as to the impact of our work with the youth and their families. In the past year, clients have shared that they felt comfortable, that they are able to move on, and they often express their gratitude. Parents have shared how they are grateful, the "marked changes" in behaviour, and the change towards more respectful communication. My favourite feedback is when both the client and the parent say that they are happier than they have been in a long time. This last year I facilitated access to our Bike Works and Art Works shop to a number of my clients/families. For some clients and families the goal was to get access to a bike or place to engage in crafts, for some it was a place to do something together as a family, and for some it served as a transition from therapy to gaining a sense of belonging in the community in a safe environment.

Several years ago I requested from Shaw Communications a donation of Shaw Bears for clients. Due to a glitch on their end it was several months before I heard anything and in an effort to make amends, they sent me quadruple what I asked for. So here it is several years later and I am still giving away Shaw Bears. When it is time for the clients to move on, I take the time to provide them with a letter that reminds them of the lessons they have learned, the lessons they have shared, and the skills they have to tackle life. This letter is written from the perspective of the Bear whom I name befitting the client. Clients followed up with me years later to share how they still keep the letter and bear accessible to remind them of what they are capable of. This was an example and reminder that the work and therapeutic relationship goes beyond dealing with the presented issue.



Bill Wagg, M.A



Karin Stotzer

The Family Capacity Program provides a greater diversity in its job descriptions; not only is there an in office therapeutic component of the program, but there is also an in home/in the community position as well. The interaction and coordination of services between these two staff members is crucial, and provides synergy for the client's goals.

This year has seen some changes and challenges to the program, with Bill Wagg giving his resignation in order to pursue his private practice, and Karin Stotzer taking an extended leave.

Despite the challenges this program has faced, the clients in the program have continued to engage and thrive. This aspect of the work, client satisfaction, is one area which the Family Capacity program highlights. Each departing client family is given a satisfaction questionnaire, containing 7 questions and a comments section. The questions cover a variety of topics, ranging from the quality of services received, to the effectiveness of the support received. The responses received are consistent in their positivity and support for the program-on a scale from 1 (poor) to 7 (excellent) participants consistently gave the program and its staff very high marks, close to universal 7's.

As one person commented *"this is an amazing program and if more families knew this kind of support was out there (and free!); the program would be completely overloaded and have a wait list a mile long!!"* In fact, the waitlist for the Family Capacity program tends to be long, in part because the commitment on the part of the staff to work with families in a way that reflects the family's needs, rather than a time limited approach.

The Family Capacity program remains, despite the current transition in staffing, as a job description that meets the needs of the community.



Cal Hosie, Dave Ehle, Jessica Thom, Louise Nadeau, Jason Bell (not shown: Madi Walter)

The BikeWorks and ArtWorks Programs have been in existence for over a decade. A job description for a project of this duration and variety has proven elusive; however when asked, staff offered up the following:

“We do Stuff. A lot of Stuff. We do Stuff with bikes and arts and crafts and electronics; with kids, and with community groups, and at events. We do Stuff because it helps with the Circle of Courage. We do Stuff because it helps the kids. Oh, we tell jokes too. And we feed the kids. Every day, because that’s important.”

Brief and quirky as it may be, this description captures something of the flavour of the BikeWorks/ArtWorks program. The shops work hard at keeping a flow of activities, both in the facility and in conjunction with the larger community. For example, the staff and participants were active at Bike to Work week, Earth Day, ChillFest, at several offerings of Reality Check, the Multicultural Leadership Group, RideDontHide and more. The list of events could continue, and could include participation in the chess club at CVOLC and supporting the kids group at the Malahat reserve.

As with the therapists, the job description does not capture the day to day activities of helping the participants compost the snack scraps into the worm farm, or hauling the scrap metal away. Nor does the description of the shop capture those moments where someone from 10 years ago stops back in to see us and tell us how they have been impacted over the years by the time they spent at the shops. What happens at and through the BikeWorks/ArtWorks Program is as much a modelling of an approach to life as it is about doing art. This is something which the youth who are at the shop-on average 20 or more a day- may not consciously recognize but which they none the less respond to.





Linda McDaniels
Coordinator Youth 4 Wellness Centre

The **Youth 4 Wellness Centre** is a project of the last year, and presented the opportunity to create a whole new job description. It began out of conversations with the Local Action Team of the Child and Youth Mental Health and Substance Use Collaborative; and grew into a joint project of the Collaborative, Ministry of Children and Family Development (MCFD), School District 79, and the Child and Youth Team here at CMHA.

The vision was to take a space provided by SD79 in the Adult Education building at the Cowichan Valley Open Learning Cooperative (CVOLC) and create a multidisciplinary resource space that would be accessible to the students at CVOLC. This project began well, with Dr. Woodstra and Dr. McDermitt providing medical and psychiatric support, child and youth mental health intake from MCFD, and support services from Discovery and the Community Options Society. A variety of other activities were also offered, including after school yoga and tai chi.

Unfortunately, despite the wealth of resources being offered to the CVOLC youth, and substantial efforts to promote the services in the school, the project had minimal uptake by students, and by the time of this writing, the project is being discontinued. Through the Collaborative there are ongoing efforts at reviewing the project and assessing the various reasons for its lack of success. The idea of a school based wellness centre is one which continues to have merit in the Cowichan region, although it has not proved to be functional in a small alternate school.

The challenge then of the last year has been twofold: change and increasing structure. Change has manifested in the form of staff turnover, in the Disordered Eating program, the Family Capacity Program, and the BikeWorks. Change in the form of attempts to create new programs almost overnight. The increasing structure required by the accreditation process has helped to guide some of the process of change, and allowed us to concentrate on the aspects of the work which is most valuable to the clients we serve.

Through all of these challenges the over arching goal has been to provide the best possible services. We have met this goal because of the efforts and talents of our incredible staff.

Bounce Back™ Reclaim Your Life Turns 8 in June 2016



Developed by Dr. Chris Williams of the UK, this program was first rolled out as a two year pilot program in 2008. Its success speaks for itself as it continues to help thousands of British Columbians manage mood and worry.

Bounce Back is an evidence-based self-management program for adults experiencing low mood or stress with or without anxiety. It offers two forms of evidence-based self-help:

- An instructional DVD with practical tips on recognizing and dealing with depressive symptoms
- A series of educational workbooks with trained telephone coaches to reinforce the application of cognitive-behavioral strategies for overcoming difficulties such as inactivity, avoidance, worry and unhelpful thinking.

Participant Profile - Sex Ratio = 3:1 female to male or 73:27%; 74:26% for 'completers'; Average Age = 42(±16) years old for all referred; 48(±16) years old for 'completers'.

'Completer' Stats - On average, those who complete the program typically partake in 4 or 5 coaching sessions (4.4±1.0) and request 8 or 9 (out of the 16) primary workbooks.

Outcome Overview – Bounce Back consistently proves to enhance mood and quality of life, with remarkably robust effects, such that participants' pre-to post-Bounce Back scores on all measures indicate **significant improvement, with decreases in depressive and anxious symptoms as well as increases in life-enjoyment and physical-health ratings**. PHQ-9 (depressive questionnaire) and GAD-7 (anxiety questionnaire) scores are reduced by 50% from the time of referral to the program to the time of program completion. Thus, **depressive and anxious symptomatology is essentially cut in half**.

These impressive results have led Bounce Back coaches to be interviewed by CBC TV, radio and several Vancouver newspapers. Feature news stories about the program have helped promote Bounce Back in various provincial regions. The program has been selected by CMHA National to be one of four national flagship programs, chosen to help build the collective impact of CMHA across Canada.

Awards for Bounce Back

- Recipient of the 2015 BC Health Care Award of Merit for Top Innovation – Affiliate
- Recipient of the 2014 Doctors of BC's Excellence in Health Promotion Award
- Recipient of the 2013 A Healthier You Award in the mental health category in Prince George

Warmland House



Warmland House is a purpose-built, entry-level community facility. It is designed to be a gateway to stable housing and integrated, client focused support services for men and women who are also coping with a variety of challenges such as mental illness, addiction and chronic health conditions.

Our Vision

“A safe, supportive environment, that helps clients help themselves in their transition to stable housing; where all individuals treat themselves, their neighbours and their surroundings with respect.”

The Facility

Warmland House consists of:

- a 30-bed emergency shelter for those who are without housing and would benefit from assistance in meeting their basic needs for food, clothing, shelter, and hygiene
- 24 minimal barrier transitional housing studio apartments designed to accommodate individuals who can live independently yet benefit from support and assistance in stabilizing their lifestyle and develop the life skills to break the cycle of homelessness successfully making the transition to “housing ready”
 - (By definition, minimal barrier transitional housing is flexible, non-judgmental, appropriate housing
 - based on need (and potential for successful transition)
 - with minimal restrictions to lifestyle; responsible substance use (tobacco & alcohol are OK)
 - in a building that is accessible,
 - with some expectation that progress towards lifestyle stability and improved quality of life)
- a day-use common area; shower and laundry facilities; lockers for day use; a resource/quiet room with computers and a small library; there is also a commercial kitchen and dining area that serves up to 50 people, and a community garden with raised beds and a large greenhouse.

Warmland House is staffed 24 hours a day, 7 days a week, all year long.

The Emergency Shelter

The following tables describe the use of the emergency shelter over the period April 1, 2015 to March 31, 2016. Two perspectives are provided. The first focuses on occupancy, how full the dorms were during this time. The second focuses on the number of unique individuals using the shelter. It is not uncommon for the same individual to be a repeat shelter client many times across the year or use the shelter many nights in a row. Every day is a new day at the Emergency Shelter as clients are required to “sign-in” each night.

Emergency Shelter “Occupancy” Profile

To set a context, if all 30 beds in the emergency shelter were filled every night of the year occupancy would be 100%. For the period of April 1, 2015 to March 31, 2016 the occupancy was 100%. The occupancy for the 24 bed Men’s dorm, for the same period, was 104%; for the 6 bed Women’s dorm, 83%.

Occupancy Profile	# of Nights 30 Shelter beds 100% full	# of Nights 30 Shelter beds at least 90% full	# of Nights 24 Male beds 100% full	# of Nights 6 Female beds 100% full	# of Nights people turned away (no EWS)	Total # turned away (no EWS)
April 2015	18	25	19	1	10	32
May 2015	12	20	13	6	0	0
June 2015	7	20	21	4	0	0
July 2015	14	24	20	1	6	11
Aug. 2015	23	31	31	0	13	48
Sep. 2015	27	30	26	22	23	107
Oct. 2015	30	31	31	0	25	91
Nov. 2015	30	30	29	4	9	31
Dec. 2015	31	31	31	24	1	4
Jan. 2016	30	31	27	28	8	25
Feb. 2016	27	29	24	23	13	32
Mar. 2016	22	30	24	22	11	33

Over the last year one or more individuals were turned away from the Emergency Shelter on a total of 119 nights. In almost all of these instances the person who was turned away was a male.

Profile of Individuals Using the Emergency Shelter

In total, 306 homeless individuals used the shelter between April 1, 2015 and March 31, 2016 accounting for 10,553 person night stays in the shelter. A “person night stay” is one person occupying one shelter bed for one night. 84% of those using the Shelter between April 1, 2015 and March 31, 2016 were men. The average number of shelter visits for men was 5.4 and for women, 3.5 visits; a shelter visit is defined as returning to the shelter after having been absent from the shelter for one or more nights.

As seen in the table below, approx. one third of shelter users stayed a total of four nights or less throughout the year; two thirds for five or more nights. Seven men and one woman stayed at the shelter for 200 or more nights during the year. Of the seven men, one stayed at the shelter for 300 or more nights.

Length of Stay Summary								
	1 night	2 - 4 nights	5 - 10 nights	11 - 20 nights	21 - 30 nights	31 - 60 nights	61 - 90 nights	91 + nights
Men	13%	16%	17%	11%	10%	13%	5%	14%
Women	21%	19%	18%	12%	10%	8%	4%	8%
Both	15%	17%	17%	11%	10%	12%	5%	13%

The Extreme Weather Shelter (EWS)

An Extreme Weather Shelter (EWS) ran from November 1, 2015 through March 31, 2016 and provided 10 additional overnight beds when weather conditions were deemed severe enough to present a substantial threat to the life or health of homeless persons. Factors taken into account included:

- Temperatures near zero with rainfall making it difficult or impossible for homeless people to remain dry and/or
- Sleet/freezing rain; and/or
- Snow accumulation; and/or
- Sustained high winds; and/or
- Temperatures at or below -2 Celsius
- Forecast of three or more days of consecutive winter rain
- Feedback from clientele of the various facilities may also be considered

Based on these criteria the EWS was activated a total of 47 nights. In total, 426 client beds (not unique individuals) were occupied during the 2014/15 EWS season.

EWS Occupancy Profile	# of Nights the EWS activated	# of Nights the EWS occupied	Total # EWS beds occupied	Total # of EWS beds occupied by females	Total # Turned Away from EWS
Nov. 2015	14	14	141	1	0
Dec. 2015	29	29	297	33	0
Jan. 2016	20	20	213	37	25
Feb. 2016	9	9	86	13	32
Mar. 2016	8	5	35	9	33
Total	80	77	772	93	90

The Transitional Housing Apartments

The 24 transitional housing apartments at Warmland House are minimal barrier housing and are governed under the Residential Tenancy Act; short term leases and behavioural agreements attached to the lease are the norm. Currently there are 16 men and 8 women living in the transitional apartments.

Client and Tenant Support Services

The main goal of Client and Tenant Support Services at Warmland House is to provide support to the community of individuals residing at Warmland House. Support is primarily in the areas of client safety and harm reduction, mental health, financial and legal aid, acquisition of identification documents, housing, addiction, life skills, physical health and hygiene, socio or cultural connections, training and employment. Tenant Support has the additional goal of helping tenants to transition out of Warmland House's transitional apartments, becoming landlord friendly. The Support Services program is also available to homeless individuals within the Cowichan Valley accessing the services on a "drop in" basis.

Some of the more common activities of Support Services include, assisting people with applying for Income Assistance, offering to provide letters of reference to those who have proved competence in work-related activity or housing arrangements with us. Advocacy is provided, on request, individuals experiencing difficulty navigating the steps required by government agencies and outside resources in order to access needed support.

Referrals are regularly made to appropriate companies, agencies and persons who may be able to help clients. Where communication is a challenge, Support Services initiates contact and then gradually transferred back to the client when the groundwork to access the support is laid. Should a client decide to attend a drug and alcohol treatment program, support is provided to help clients overcome personal and circumstantial difficulties in order to make the goal a reality.

Providing opportunities for clients to gain life skills and increase their involvement in healthy, stable life-style choices is another goal of shelter support. Such activities include organized activities that develop vocational skills, housekeeping skills, budgeting skills, gardening skills and more. This is accomplished through a blend of external programs and workshops offered at Warmland House and skill-based activities and opportunities offered by support staff.

The Good Food Box program for example, is one of Warmland's vocational and social skill developing activities in which a group of volunteers who are part of Warmland's clientele, come together for one day, under the direction of a former Warmland client in order to assemble and distribute 100 - 300 or more, boxes of seasonal vegetables, to paying customers in the community of Duncan. Healthy social interactions and a shared meal for those involved are great rewards.



Bags of produce for the Good Food Box Program

Additional In-House Services



Heather Taylor, N.P.



Dr. Martin Baker, D.C.

Warmland House currently provides the in-house services of a Family Practice Nurse Practitioner, and a Chiropractor, each on a weekly basis for a four-hour clinic, free of charge to tenant , emergency shelter users, and community members. Each practitioner is available to meet with clients by appointment or drop-in.

A Foot Care Clinic runs once a month on the third Tuesday and in addition, there is a healthy lunch included which consists of home-made soups and sandwiches. The clinic is offered through the generosity of volunteers from local church groups. Community members are also welcome to take advantage of the clinic.

Community Donations

Warmland House continues to be the recipient of numerous voluntary donations from the community. Through the generosity of people living in and around the Cowichan Valley, we regularly receive shoes and clothing of all kinds and sizes, as well as bedding, blankets, towels and dishes for use in the transitional apartments.

Finally, we would like to say a very special thank you to all those who continue to sponsor our Emergency Shelter food program through a “day of meals a month.” Your donations mean we have a little more flexibility and a lot less of pressure on our food budget.



Thank You!

Our People

Board of Directors

- Rob Grant President
- John Scull Vice-President
- Stephen Wiles Secretary
- Angela Harrison Treasurer
- Wendy Shaw Director
- Christine Pollard Director
- Mick Grainger Director
- Bill Baker Director
- Jack MacNeill Director

Staff

- James Tousignant Executive Director
- Anne Brunet Financial Manager
- Lucy Morton Bounce Back Administrative
- Dave Ehle Child & Youth Team Coordinator & Supervisor
- Amy Jennermann Disordered Eating Therapist
- Kim Ellison Sexual Abuse Intervention Therapist
- Bill Wagg Family Capacity Therapist
- Karin Stotzer Family Outreach Worker for Family Capacity Program
- Cal Hosie Child & Youth Worker
- Madi Walter Child & Youth Worker
- Jason Bell Child & Youth Worker
- Jessica Thom Child & Youth Worker/Family Capacity Program
- Kate Bounce Back Coach for Victoria area
- Ned Bounce Back Coach for Victoria area
- Janet Bounce Back Coach for Victoria area and overflow
- Andy Bounce Back Coach for Nanaimo area, Port Alberni & West Coast, Cowichan Valley & Southern Gulf Islands
- Mellissa Bounce Back Coach for Comox Valley, Campbell River & North Island



Our People continued

Warmland Staff

- Dan Clements Warmland House Manager
- David Mitchell Housing Manager
- Angela Powell Administration
- Stacey Walton Outreach Supervisor
- Rebecca Belcher Outreach Worker
- Jean Flynn Outreach Worker
- Tim Miller Client Support
- Lawrene Collins Tenant Support
- Sandi Doerkson Shelter Support
- Terry McDonald Shelter Worker
- Kelly Smith Shelter Worker
- Lorie Jackson Shelter Worker
- Isabella Dehaumont Shelter Worker
- Dylan Adams Shelter Worker
- Brie Bond Relief Shelter Worker
- Jordan Jackson Relief Shelter Worker
- Kingsley Hill Relief Shelter Worker
- Nicole Diakiw Relief Shelter Worker
- Steve Nelson Relief Shelter Worker
- Dan Brackett Relief Shelter Worker
- Evaline Schuler Relief Shelter Worker
- Dylan Adams Relief Shelter Worker
- Michelle Brassard Relief Shelter Worker
- Heather Wallman Relief Shelter Worker
- Skye Thompson Relief Shelter Worker
- Murray Mann Relief Shelter Worker
- Paul Chorney Relief Shelter Worker
- Wendy Stokes Relief Shelter Worker
- Willie Pierre Relief Shelter Worker
- Lisa Redmond Head Cook (on leave)
- Curtis Skiber Head Cook
- Connie Love Relief Cook
- Dan Talbot Handyman

