

# Report to the Communitas Annual General Meeting, 2009

Communitas Supportive Care Society  
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The following is my report for the November 20, 2009 Annual General Meeting. It is a compilation of the input from our three Regional Directors plus my own additions. The report is reflective of Communitas' fiscal year from September 1st, 2008 to August 31st, 2009. It briefly outlines the activities within the various sectors of service that we provide, and includes updates on a few other matters as well. This report is an attempt to increase accountability to our constituency and membership and to the government funding bodies of the province of British Columbia.

## **1. Brain Injury Services**

The Brain Injury Drop-in programs began in 1999, supporting residents in the Abbotsford and the Chilliwack areas. Each location offers services for eight hours per week, in two four-hour blocks. One day we provide our drop-in visitors with a full meal and the other day we provide snacks. There are a total of 41 hours of staffing for both locations. Approximately 50 people attend per month at both locations. We receive funding through the Fraser Valley Brain Injury Association and the Provincial Brain Injury branch of the Health Authority. The Communitas annual budget for both programs is \$85,000.00.

### **a. Our Vision**

Our goal for these programs is to provide opportunities for people who are survivors of a brain injury and their families/friends to expand their social network. These opportunities allow social and life skills to develop in a safe and supportive environment.

In the past year, our Chilliwack program relocated to a new space, which is larger and very accessible. Both programs now utilize a buffet style model when providing the meals. These changes encourage more active participation.

Over time, the programs have developed peer support teams. There are now participants who have taken on these support roles, encouraging individuals and acting as coaches.

### **b. Our Activities**

We offer many activities of diverse interest. Members are encouraged to meet as a part of our "core group" of monthly planners to arrange the in-services/activities. Examples of some of the activities from this past year are: discussions about teasing, watching and discussing a video on self-esteem, having a guest speaker talk about the brain and its functions, a Food Safe training course,

regular fire drills, etc. We also held many social events: barbeques, an entertaining Elvis impersonator, brain stretcher games, movie times, birthday celebrations, etc.

### **c. Our Challenges**

At times, it can be challenging. All our staff are required to have current First Aid and CPR training. With people at different stages in their recovery, a variety of injuries and other complications mean that the support methods we use vary considerably. Individuals suffering from a brain injury sometimes experience volatile emotions. As staff, we need to navigate the conflicts that arise in ways that are non-confrontational, using methods such as the Mandt Training and Spirit of Gentleness techniques. We believe that if people feel safe and engaged, and are accepted unconditionally, their participation in the drop-in services will be more meaningful and enjoyable.

## **2. Mental Health Services**

Communitas' mental health programs are guided by a philosophy of recovery. All of its programs are designed to support people with a mental illness to return to as normal a life as possible. As such, Communitas provides programs that feature living and working options that help the person learn the skills to become self-managing in the home, connected in the community, and a productive and participating citizen.

### **a. Residential Options**

Our residential programs include a full time care group home, a transitional training program with apartment living and full time staff, and semi-independent individual apartment living options. Altogether, these programs support about 65 persons.

### **b. Social Enterprise**

Communitas also operates a work program for 26 individuals. This program provides a structure and supportive work environment for clients re-entering the workforce while, at the same time, offering needed services to the broader community. During this fiscal year, the program will place almost \$175,000 into the hands of workers—all of whom have a mental illness. Work projects include providing recycling and shredding services to schools, apartments and other businesses, and the cleaning of City of Abbotsford buildings. Plans are underway as well for Communitas to expand its recycling program to Chilliwack.

### **c. Peer Support**

For years, Communitas has led the service sector in developing a peer support service: a service where people with a mental illness directly support others on their road to recovery. This type of service is becoming recognized as an integral part of a mature mental health service delivery system. Recently, Communitas has been contracted to provide the peer support program for Langley, Surrey,

and White Rock. With peers doing the work, Communitas estimates that in the coming fiscal year, this program will place an additional \$100,000 into the hands of people with a mental illness who are doing valued work. In September, peer support workers attended a national forum sponsored by the Mental Health Canada Commission on the role of peer support.

#### **d. Challenges**

Increasingly, Communitas is supporting people who have a mental illness *and* concurrent addiction or substance use issues. Communitas is currently developing a series of training modules designed to prepare peer workers to support people with these concurrent disorders.

Of particular concern in the coming months are fiscal and budgetary questions that directly derive from shortfalls currently experienced by the funder, Fraser Health Authority. Precisely what that means for Communitas' mental health programs for the long term remains to be seen. Currently, we have fared well and have not experienced cutbacks.

### **3. Developmental Disability Services**

In the field of developmental disabilities, Communitas works in the Okanagan Region, North Island and in the Fraser Valley. It supports people in the following models:

- The Group Home: This model is a fully staffed living arrangement, from 2-5 people per home in 18 separate locations. We support 70 people with 274 full time, part time and casual staff.
- Community Living Program: This program teaches life skills. We support up to 25 people, with 5 part time and full time staff.
- Choices and Connections: In this day program, we support up to 15 people with one paid staff and three volunteers.
- Individualized Living Options: In these arrangements, people are living with a family in a contractual situation. In this program, we support 41 people under 35 contracts. 2 full time staff and 1 part time staff manage the program. We also support 6 people in a day program situation.
- Children and Adult Respite Programs: This is a program where families receive 28 days per year of respite in a contractual situation with qualified caregivers. Our respite services offer temporary care for children with developmental disabilities. This care allows family members to receive much needed rest and regeneration, to better enable them to care for their loved ones. In the Adult Respite program,

we support 38 individuals and contract with 38 families. In the Children's Respite program, we support 59 children. We contract with 50 families who provide the respite. 2 full time and 1 part time staff manage this program.

The total budget for the work in the developmental disability sector is \$12,587,560.00. This represents over 70% of Communitas' budget.

#### **a. New Developments**

Since 1996, when the closure of institutions for people with developmental disabilities was completed, the sector has experienced a time of relative stability and consolidation. However, there is an increasing reality to support more individuals with fewer financial resources. Consequently, the Individualized Living Options (ILO), Family Care model of delivering services has grown rapidly from a first contract about 11 years ago, to almost 40 today. Interestingly, ILOs represent a re-incarnation of the Independent Living Homes initiated in the late 1970s by the MCC Mental Health Services Committee (now Communitas).

Fiscal challenges can also lead to creativity. Such is the case with the Kelowna Cluster, initially a home of four individuals now living in individually owned condos in the same apartment block, using consolidated staffing supports. They are able to live semi-independently as part of a wider natural support community.

Communitas is a part of unique partnership opportunities. For example, in Abbotsford, the creation of Matthew's House comes out of joint discussions with families, businesses, the Abbotsford Hospice Society and Canuck Place. This new collaborative venture will develop supports for children with serious developmental disabilities. In Vancouver, Communitas is in dialogue with the Parent Support Group (PSG), realtors, Terra Housing and Community Living BC (CLBC). The plan is to develop a community-focused housing project for 14 adults with developmental disabilities, many of whom currently live with their families.

#### **b. Issues, Risks and Challenges**

The most significant challenge currently facing the developmental disability sector is the disparity between rhetoric and practice. Choice for families and choice for the person supported is talked about, but currently choice is not being played out in practice. In fact, families looking for residential support for their adult children find that there is only one option: Family Care. Community Living BC, our government funding body, in this time of increasing fiscal pressures, no longer supports the development of group homes. Instead, it encourages the development of family care support.

Another challenge is the reality of people aging and living longer. With aging comes a greater complexity of care needs. In addition, younger people who are referred to Communitas have an increased level of behavioural, substance use

and dual diagnosis challenges. Staff training to meet these demands becomes ever more important, time-consuming and costly. Often public systems are not responsive to these increased needs, whether it is the local professional services (counselling, psychological, nutritional, nursing) or the hospitals and school districts themselves. Many are already overwhelmed and find supporting people with special needs to be more than they can manage.

Keeping vehicles and homes safe and dignified also remains an ongoing challenge. Homes that served the organization well in the 1980s, are becoming out-dated and inappropriate, not being accessible enough.

### **c. Our Responses**

Communitas has responded to these challenges in a variety of ways:

- It has put financial plans in place to allow for repairs and maintenance to homes and replacement of its aging fleet;
- It has, on occasion, brought programs together to economize on staffing and administrative costs;
- It has created annual training budgets to assist both the whole agency and individual programs;
- It has ensured a high level of monitoring of programs where the system does not adequately allow for external watchfulness;
- It has become accredited, which, among other benefits, requires keen attention to the risk involved in all endeavours including finances, administration, program and staffing.

## **4. Fetal Alcohol Spectrum Disorder Sector**

Over the past five years, Communitas has been learning how to support adults who have Fetal Alcohol Spectrum Disorder (FASD) within supported living settings, which are mostly individual apartments. Recently, Communitas has entered into a collaborative arrangement with Mission Native Housing Society, which owns an apartment building in Chilliwack. Currently by contractual agreement, we utilize 8 of the 20 apartment units, with Communitas providing the staffing support. The experience has allowed an opportunity to benefit from each community's perspective as we work through the many issues and challenges inherent in supporting people who live with FASD challenges.

The problems associated with FASD continue to push the boundaries of Communitas' understanding of how to support to people with disabilities. Communitas has engaged in active conversations related to harm reduction and other approaches to substance use. In keeping with a "learning organization"

approach, it has also initiated an FASD program study in order to continue the necessary learning to provide better services to these very vulnerable individuals.

## **5. Services to People who are Seniors**

Communitas is currently supporting a number of senior citizens in various programs including Community Living British Columbia (CLBC) funded Group Homes, Family Care, Adult Respite Program, semi-independent living situations, and Fraser Health funded residential programs: Topaz and Valhaven Rest Home.

Valhaven Rest Home provides complex care support to twenty-six people living with debilitating complications of aging. It is located in a rural, pastoral setting just off Mt. Lehman Road. It is funded by Fraser Health Authority and employs forty-five staff. The annual budget is approximately \$1,346,350, of which 12% is private pay (four residents). Valhaven Rest Home operates as a partnership between the Church of God in Christ, Mennonite (the owners of the property and the buildings) and Communitas, which holds the funding contract and provides the service.

### **a. New Projects**

Over the years, a number of young people have indicated interest in doing volunteer work relating to the residents of Valhaven. In response, a Candy Striper Program began with the September 2009 school year. The program encourages the participants to make/keep a commitment, learn new skills, and provide structure to the activities. It provides the residents with more one to one activities and interactions. Participants are required to wear a special T- shirt as their uniform and they will receive a certificate of completion at the end of their year. The program will be reviewed in the spring of 2010.

### **b. Challenges**

Fraser Health continues discussions regarding the facility size and staffing required to support seniors with complex care needs in the Lower Fraser Valley. The Communitas Leadership Team, alongside of the Board of the Church of God in Christ, Mennonite, have made a commitment to continue to provide complex care at Valhaven. In support of our decision, a document reviewing the services and plans for the future of Valhaven was submitted to the Fraser Health Project Manager.

An ongoing challenge for Valhaven is the lack of funding required to maintain our high standards of care. Facility Administrators continue to lobby Fraser Health for adequate funding levels but in the climate of restraint and cutbacks, this will likely continue to be a challenge in the future.

Valhaven Rest Home has not been included in the Communitas Accreditation process as this kind of program falls outside this accrediting system's current capacity. COA, the accrediting body has indicated that it would be open to

considering this program for the future. If this does not work, we may wish to explore other options.

There have also been inquiries regarding Seniors Family Care and Seniors Day Care programs. In spite of the financial climate, we expect to continue to explore these options for supporting the complex health care needs of our aging population in the Lower Fraser Valley area.

## **6. Human Resources**

### **a. Staffing**

Communitas currently employs 450 staff throughout BC (368 in the Lower Mainland and northern BC, 22 in the Okanagan, and 60 on the North Island).

Due to the current economic situation, we have enjoyed an influx of new staff applications as well as fewer vacant positions. This trend may not be long term, however, and the HR department continues to strategize ways to have enough people in casual positions for the regular fall “crunch” when many staff return to school, as well as the possibility of the H1N1 influenza pandemic creating staffing shortages.

Recruitment strategies used include advertising in churches, colleges/universities, online job banks and the Communitas website, as well as attendance at job fairs. A recently implemented staff referral incentive has proven to be an effective recruitment source, where existing staff receive a \$50 VISA gift card if the person they refer is hired and successfully completes probation. Recruitment of RNs remains very challenging, with word of mouth seeming to be the most effective form of advertising.

2008 turnover rates for the organization were roughly the same as in previous years (18.84%). It is noteworthy that the majority of turnover continues to come from casual staff as opposed to staff with permanent hours, and that Communitas turnover rates are consistently lower than the sector averages.

### **b. Municipal Pension Plan**

Effective March 31, 2010 newly hired qualified Communitas staff will be required to participate in the Municipal Pension Plan (MPP). (This will be optional for existing staff.) The organization is registered as a Plan participant. Applicable administrative staff are presently receiving training regarding implementation and staff enrolment procedures.

### **c. Staff Training**

Over the past year, we have focused energy on developing and presenting internal training for staff in various areas, including Spirit of Gentleness philosophy, Mandt crisis intervention training, Organizational Overviews, management coaching workshops, and others. Utilizing existing, qualified

management staff as presenters at these trainings has helped to minimize the costs involved.

#### **d. Health and Safety**

In an ongoing effort to encourage a healthy lifestyle among staff members, various health and wellness initiatives have been implemented, including a “Spring into Action” campaign, involvement in the Vancouver Sun Run, Abbotsford Police Run, Terry Fox Run, MS Run, etc.

All staff are given the opportunity to present concerns regarding health and safety issues in their work environment via an organizational Health & Safety Committee, as well as an annual OHS survey and the Staff Forum.

#### **e. Staff Satisfaction**

Each year, staff are invited to complete a satisfaction survey and provide input into various areas of their employment and the support they provide to people. All staff completing service with Communitas are given the opportunity to provide feedback on their employment experience via an exit interview with a Regional Director or the HR Director. Feedback from both these surveys is reviewed and receives follow-up if necessary. A recurring theme among the responses is staff appreciation of the quality of support received by residents/clients and the atmosphere of “home” that is present.

## **7. Florence Centre, Ukraine**

We are pleased that Dr. Lucy Romanenkova continues in her role as director of the Florence Centre, a community development resource in Zaporozhe that was started several years ago with the assistance of Otto and Florence Driedger from Regina, Saskatchewan. While only a few people in addition to Lucy staff the Centre, its utilization of university students doing practicum placements has made this a dynamic organization with impact felt throughout the city and beyond.

Lucy’s recent change to assume a professorial role at the local Technical University has resulted in greater support for the Florence Centre. This university supports, rather than resists, her international relations with organizations such as Communitas.

Some of the activities of the Florence Centre include: the development of support groups such as the Families with Autistic Children, an Anti-bullying program in local public schools, and educational seminars for various government bodies such as social services and police. Additionally, Lucy has worked diligently to establish regular contact and interaction between the various Mennonite-related organizations in Zaporozhe and Molochansk.

Earlier this year, we met with University of Fraser Valley department heads to discuss the inter-relationship potential of a working relationship between UFV, the Ukrainian Technical University, Communitas and Florence Centre. We are hopeful that, over time, this collaboration will take place.

Financial support from Communitas to Florence Centre goes through the Canadian Ukraine Agrarian Development fund, headquartered in Saskatchewan. It is a legally registered Canadian charity. The total amount of annual Communitas support is \$10,000 for program and \$5,000 for travel.

## **8. Challenges for the Future**

As Communitas continues to carry out its mandate of service, we ask you, as members of our supporting constituency, to pray with us as we face some of the following challenges:

- Discernment as we partner with a variety of other community based organizations
- Applying Christian principles and the highest standards of integrity and ethics
- Appropriate responses to complex societal issues such as mental illness, homelessness, addiction and other health and safety challenges
- Working within the financial resources available to us
- The on-going development of social enterprises
- Utilization of the resources of staff with varying backgrounds, including 47 countries of origin
- Learning to work collaboratively with current and potential international partners
- Continuing collaborative ventures with the arts community
- Nurturing the leadership and visionary gifts amongst us as we prepare for future challenges

## **9. Gratitude for Support**

The generous support that we receive, be it in the form of finances, prayer or active involvement, is not taken for granted. We are enormously grateful for our government bodies that provide most of our financial support, for the members of our constituency who regularly remember us in prayer, and for our energetic and

creative staff — all who join force with those individuals we support, to create a community that is ever growing and learning about what it means to belong. This community is the mission and mandate of Communitas. This is Communitas.