

CRISIS INTERVENTION AND SUICIDE PREVENTION CENTRE OF BC

ANNUAL REPORT | 2023 / 2024



ABOUT THE CRISIS CENTRE

The Crisis Centre of BC is dedicated to providing help and hope to individuals, organizations, and communities.

We are proud to care for residents living in the communities of Richmond, Vancouver, North Shore, Seato-Sky Corridor, Sunshine Coast, Powell River, Bella Bella and Bella Coola located within the traditional territories of the híłzaqv wáwís (Heiltsuk), Kitasoo, Xai'xais, Líĺwat (Lil'wat), xʷməθkʷəy̓əm (Musqueam), N'Quatqua, Nuxalk, Samahquam, shíshálh (Sechelt), Skatin, Skwxwú7mesh Úxwumixw (Squamish), ɬa?əmen (Tla'amin), səlilwətaɬ (Tsleil-Waututh), Wuikinuxv, and Xa'xtsa.

We have been in operation since 1969.

Spanning the spectrum of crisis support, suicide prevention, and postvention, we engage staff and volunteers in various services and programs that educate, train, and support the strength and capacity of individuals and communities.

WE OFFER:

- Immediate access to barrier-free, non-judgemental, and confidential support through 24/7 phone lines and online services, including follow-up support
- Education and training programs that promote mental wellness and equip schools, organizations, and communities to assist people at risk of suicide

Our programs work to ensure timely access to support, destigmatize suicide and mental health concerns, and increase awareness and skills for mental health. We engage a community of passionate volunteers while fostering and creating compassionate, connected, and suicide-safer communities.

CONTENT WARNING

Our Annual Report contains stories and information that might be difficult for some readers. Support is available. If you or someone you know is struggling and needs someone to talk to, we are here for you:

- 9-8-8 (call or text) | National Suicide Crisis Helpline / Ligne d'aide en cas de crise de suicide
- 310-6789 | BC Mental Health & Crisis Response / no area code needed
- 1-800-SUICIDE / 1-800-784-2433 | BC Suicide Prevention and Intervention Line

ANNUAL REPORT CONTRIBUTORS

Thank you to everyone whose contributions made this report possible: Gabriel Mutch, Jeffrey Preiss, Alain Bedard-Gibson, Mark Sheehan, Oliver Lum, Nick Cullen, Neil Stajkowski, Pebbles Willekes, Shannon McCluskie, Sam Newbery, Stacy Ashton

LETTER FROM THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT

Dear Friends of the Centre,

There is no doubt about it: this has been a landmark year for us. We are excited to update you on the transformative changes this past year has brought to the Crisis Centre, British Columbia, and all of Canada. Building on the momentum of last year, we witnessed a period of significant change, with the successful creation of a unified phone routing system for answering calls across BC. This accomplishment, along with the launch of the 9-8-8 National Suicide Crisis Helpline, marks a pivotal moment in improving access and reducing barriers to crisis care for all.

Here are some of the key achievements that took place in 2023/24:

- Enhanced BC System: In September 2023 we, alongside nine other BC crisis centres, onboarded to the Provincial Health Services Authority's networked call centre, allowing us to increase our answer rate from 43% calls answered to 76% calls answered by March 2024, with more improvements expected. The enhanced BC system focuses on connecting folks in crisis to BC supports.
- Joining National Network: In November 2023, we became a proud partner in Canada's national 9-8-8 suicide crisis helpline, uniting 40 crisis care agencies across the country to provide vital support. The National Suicide Crisis lines provides an easy-to-remember number for folks facing suicidal despair.
- Empowering Communities: Our community learning and engagement programs thrived in 2023/24, achieving pre-pandemic levels of participation. We expanded our offerings to promote hope, psychological safety, and skilled crisis response in schools, universities, workplaces, and individual communities.
- Expanding Bereavement Support: Now in its fourth year, our bereavement program has become a cornerstone of our services. We've significantly expanded our support for suicide loss survivors, offering impactful workshops, guided grief walks, and provided immediate support to communities facing suicide loss.

The past year has been marked by remarkable progress, a testament to the unwavering dedication of our phenomenal volunteers, staff, donors, funders, and community champions. Your relentless commitment has been the fuel that propels our mission forward. Together, we're fostering a world where people can recognize the signs of crisis, offer support with compassion, and keep folks safe and in charge of their lives until they are through their crisis.

Significant work remains to transform systems of care and redefine how governments and communities approach crisis intervention and suicide prevention.

Your continued support remains vital as we strive to enhance frontline services and integrate robust crisis care programs across the province, ensuring they can meet the growing demand.

On behalf of the Crisis Centre of BC, we extend our deepest gratitude for your unwavering belief in our cause. Together, we're revolutionizing the landscape of crisis care in British Columbia, ensuring everyone receives the compassionate support they deserve. Thank you for continuing to walk this path with us.

Sincerely,



Stacy Ashton Executive Director



Alexob Sports

Alexis Martis Board President

WRAPAROUND CRISIS CARE

The BC Crisis Line Network, 9-8-8 and the integration of the crisis care continuum

Last year, we reported that the Crisis Centre of BC, in partnership with the BC Crisis Line Network, was working to bring about changes to the systems we work in and ensure British Columbians receive the right kind of suicide intervention and mental health crisis care.

This year, we took a crucial step towards providing better access to mental health crisis care for all, with the integration of local centres across the network onto the same phone system, allowing calls to be routed between them.

For years, we have worked tirelessly¹ to ensure that no call is left unanswered, that nobody is left waiting or met with a voicemail inbox in their moment of need. In September 2023 we onboarded onto the Provincial Health Services Authority's new call centre, alongside nine other BC crisis centres. Now if a particular crisis centre is experiencing a high volume of calls, another centre within the network provides seamless backup support. This ensures that people in crisis receive timely help, even during peak hours. The network also fosters knowledge sharing and collaboration between crisis centres, meaning we can continue to improve the quality and appropriateness of support we provide.

In terms of impact, in BC we moved from a 43% answer rate for incoming calls to a 76% answer rate in only six months.

In November 2023, the Crisis Centre of BC onboarded onto the national 9-8-8 platform, joining 40 crisis centres across Canada to provide immediate support to folks dealing with suicidal thoughts or actions. The 9-8-8 service has been receiving 1,000 calls and 450 texts every single day, and we have answered calls from people in distress as close as our neighbourhood and as distant as Newfoundland. The bottom line is, these calls get answered because crisis line responders are available.

9-8-8 offers bilingual, culturally appropriate support, and an easy-to-remember number, ensuring a broader reach to those who may not have known about previous helplines.

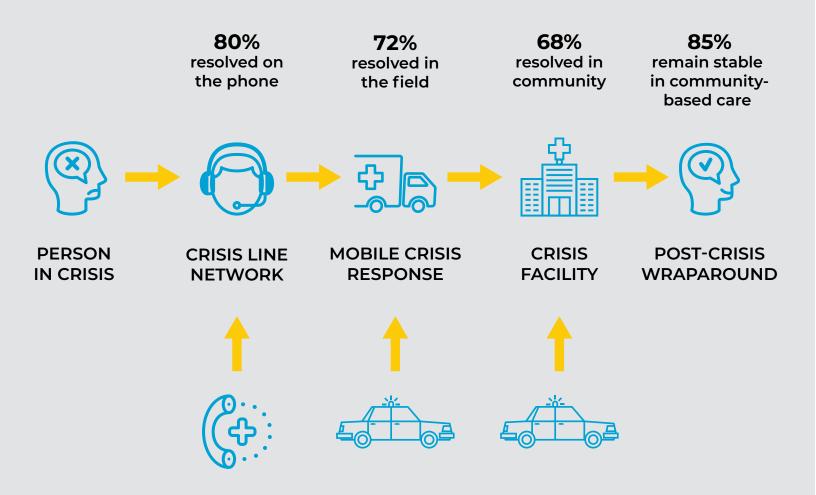
Building a Stronger Safety Net for Crisis

The launch of the provincial crisis line network and the national 9-8-8 suicide crisis hotline are significant strides towards a more effective crisis response system. However, the road ahead requires further collaboration.

Here in British Columbia, we continue to work towards a more coordinated crisis response continuum, a comprehensive approach that prioritizes early intervention and communitybased support.

> ...in BC we moved from a 43% answer rate for incoming calls to a 76% answer rate in only six months.

MENTAL HEALTH CRISIS RESPONSE SYSTEM Least restrictive, lest costly approach



Least restrictive, lest costly approach

Outcomes of a high-functioning crisis services continuum, with data drawn from the Arizona Complete Health service area. Balfour, M.E. et al. (2020). Cops, clinicians, or Both? Collaborative Approaches to Responding to Behavorial Health Emergencies. Alexandra, VA: National Association of State Mental Health Program Directors. This system maximizes the autonomy of the person in crisis by providing alternatives to police and psychiatric intervention, which is often the default for crisis intervention today. A system that helps the person in crisis decide their next steps results in the least restrictive, least costly solutions, and minimizes the trauma inherent in coercive approaches to care.

The ideal continuum includes:

- 24/7 accessible crisis hotlines, chat, and text services: These would offer immediate intervention and serve as the entry point for further support within the continuum.
- Civilian-led mobile crisis response teams: These teams would be equipped to address crises directly in the community; in communities using civilian-led teams, police interventions are necessary only 1%² of the time.
- Community-based crisis respite facilities: These facilities, separate from hospitals and jails, would provide safe havens for those in crisis; when community-based crisis respite is in place, only 2%³ of individuals who flow through the crisis care continuum require psychiatric hospitalization.
- Wraparound crisis follow-up and care: This ensures individuals receive ongoing community-based support after a crisis event.

The national suicide crisis line is a step in the right direction. To further streamline crisis care and minimize police involvement in mental health situations, we advocate for:

- Ensuring all BC 9-8-8 calls are answered in BC.
- Clear criteria for directing calls from 9-1-1 and police non-emergency lines to crisis lines, ensuring individuals connect with the most appropriate resources.
- Expanding the use of 310-6789, BC's crisis line, as a public access point for dispatching mobile crisis teams across the province, as public feedback suggests.

By working together to implement a comprehensive crisis response continuum, we can build a more robust safety net for those in need.

² The TCCS has successfully diverted a large majority of its calls from 911 (78%) with only 4% of events over six months attended by emergency services and 1% of events resulting in service users being transported by Toronto Police Service. Source: <u>https://www.toronto.ca/wp-content/uploads/2023/01/8e71-Toronto-Community-Crisis-Service-Jan-2023-Evaluation-Reportaccessible.pdf</u>

³ The BC Crisis Line Network crisis centres de-escalate 98% of calls through over the phone intervention alone. Only 2% of calls received by the Network have needed an additional in-person intervention. Source: <u>https://www.bccrisislinenetwork.ca/uploads/1/4/3/7/143790363/</u> recommendations-for-pre-budget-consultations-2024.pdf

DISTRESS SERVICES

Our Distress Services program provides no-barrier crisis support to vulnerable individuals across British Columbia. We offer services through our distress phone lines (24/7) and online chat services.

Highly-trained volunteers and paid responders provide nonjudgemental emotional support through risk assessment, collaborative safety planning, and short-term follow-up by phone. We engage with the appropriate emergency services when an in-person intervention is essential.

SERVICES INCLUDE

9-8-8

Canada's national suicide crisis line, providing 24/7 phone and text support for adults and youth across Canada. 9-8-8 links callers to a responder within their local community whenever possible, and also includes options for specialized support for First Nations, Inuit and Métis, and youth.

310 Mental Health (604-310-6789) and 1-800-SUICIDE (1-800-784-2433)

Available 24/7 to youth, adults and seniors throughout the province of BC who are experiencing a crisis or having thoughts of suicide. BC crisis lines support callers experiencing crisis for any reason, including emotional distress, natural disaster, acute situations, and psychiatric crisis.

YouthInBC.com (ages 12-24)

Provides youth, and those concerned about them, an opportunity to chat confidentially online with a highly-trained crisis responder in BC and the Yukon.

CrisisCentreChat.ca (ages 25+)

Allows adults who may not connect with traditional crisis services by phone or in-person to chat online with a highly-trained crisis responder in BC and the Yukon.



PROGRAM HIGHLIGHTS

- In September 2023 we, alongside nine other BC crisis centres, onboarded to PHSA's networked call centre, allowing us to increase call answer rates from 43% to 76% in six months, with more improvements expected
- In November 2023, we became a proud partner in Canada's national 9-8-8 suicide crisis helpline
- 134 new volunteers were trained in the Distress Services program

OUR IMPACT

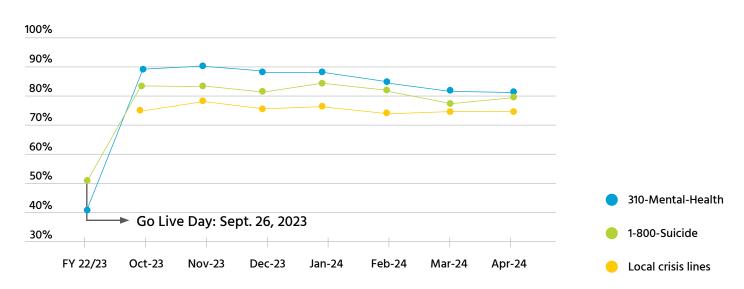
9-8-8, launched November 30th, 2023, is our new national suicide prevention hotline. It is focused on preventing suicide and keeping individuals safe in the moment.

Provincially, we continue to answer **1800-SUICIDE**, **310-MENTAL-HEALTH**, and regional crisis lines, providing crisis response and emotional support for whatever individuals might be experiencing.

PROVINCIAL IMPACT

We're answering a much higher percentage of our calls than we were a year ago

In late September 2023, we launched the new system that allows calls to be routed through a network of Crisis Centres across the province. We saw an immediate jump in call answer rates as a result. We are now consistently answering over 76% of all calls, compared to 43% before the system launched.



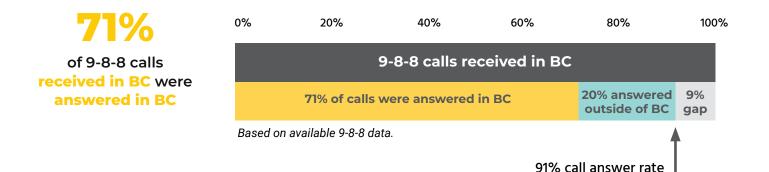
Collective impact on crisis services

NATIONAL IMPACT

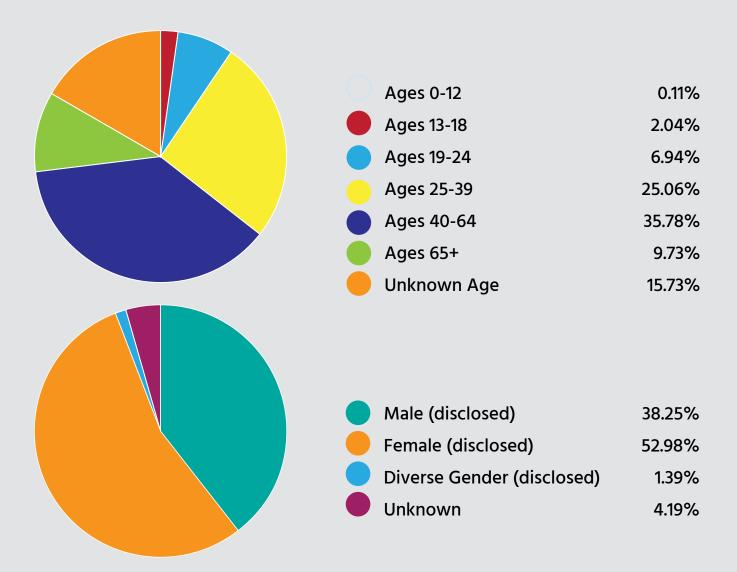
Demand for 9-8-8 is high, and has been since launch.

9-8-8 responders across Canada are receiving more than 1,000 calls every single day.

The majority of 9-8-8 calls from BC residents are being answered in BC



PROVINCIAL CALL AND CHAT DEMOGRAPHICS



Indicated a disability 12.59%
 First Time Callers 23.56%
 Previous Callers 69.84%
 Previous Callers 69.84%

9-8-8 CALL AND CHAT DEMOGRAPHICS

Ages 0-12	.75%
Ages 13-18	10.06%
Ages 19-24	9.18%
Ages 25-44	25.09%
Ages 45-64	16.51%
Ages 65+	4.90%
🛑 Unknown Age	33.52%
Male (disclosed)	38.69%
Female (disclosed)	42.02%
Non-Binary	.74%
Unknown	18.55%

Percent of calls or chats that included suicide risk assessment: 49.37%

COMMUNITY LEARNING & ENGAGEMENT

Our evidence-based, trauma-informed programs increase awareness about suicide, strengthen crisis intervention skills, facilitate healing and recovery after a suicide experience, and provide empowering tools to support well-being, stress management, and ongoing resiliency. We work with individuals across the lifespan to support well-being in schools, communities, and organizations.

Supporting Others: CRISIS AND SUICIDE RESPONSE

- Skillfully Responding to Distress
- Suicide Awareness for Everyone
- safeTALK
- safeTALK Training for Trainers
- Applied Suicide Intervention Skills Training (ASIST)
- ASIST Tune-Up
- LivingWorks Start
- łok^wimas You are Strong : Indigenous Suicide Prevention
- Customized Suicide Response Training

Supporting Ourselves: RESILIENCE AND WELLBEING

- Self Care for Mental Health Workshop (youth)
- MindFlip Brain Science Tools for Everyday Living (youth)
- Real Talks (youth)
- Wellness and Resiliency courses, workshops and webinars
- Tools for Managing Stress and Burnout
- Suicide Loss Support (One Event Does Not Define a Life)



PROGRAM HIGHLIGHTS

- Continued our partnerships with post-secondary institutions, including Douglas College and University Canada West
- MindFlip program expanded in popularity, mainly through word-ofmouth among educators and youth professionals
- Expanded our Bereavement Advisory Committee, formed of those with lived experience of suicide loss and Crisis Centre board members, to assess and respond to the needs of suicide survivors
- Launched a quarterly Bereavement Newsletter, allowing for direct communication with suicide loss survivors and organizations
- Introduced connecting community events: Cup of Tea for the Soul and Take a Walk with us, for those affected by suicide loss
- Provided immediate in-community support for communities facing suicide loss

COMMUNITY LEARNING & ENGAGEMENT STATS



7,826 youth reached through our self-care and wellness programs

increased by 1107



4,647 adults participated in paid training including emotional well-being programs, responding to distress training & suicide awareness and response training





27 adults trained in safeTALK Training for Trainers, bringing safeTALK workshops to organizations and communities across North America

increased by 2



1,621 Service providers and community members trained in suicide response including through ASIST, online suicide response training and safeTALK



decreased by 253



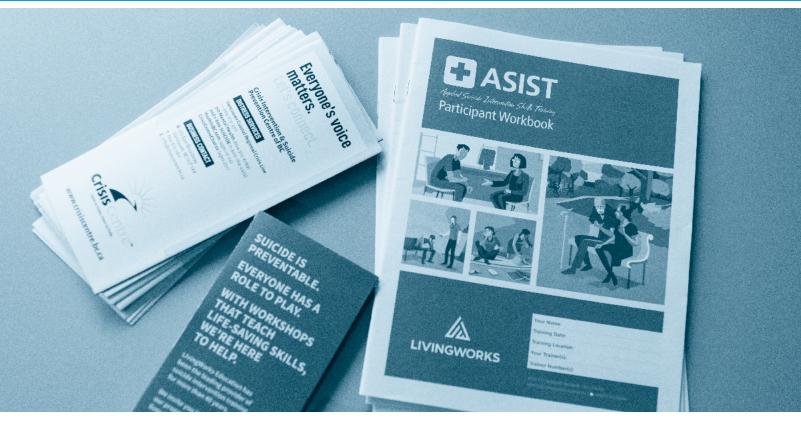
504 participants in suicide bereavement and suicide loss support programs and events

increased by 291



302 organizations hosted offsite or participated in CLE training programs.

decreased by 10



BUILDING CAPACITY FOR SUICIDE INTERVENTION IN POST-SECONDARY INSTITUTIONS

Our Community Learning and Engagement programs foster resilience and hope, and build capacity in individuals, organizations and communities. Partnering with post-secondary institutions is a growing part of what we do, and represents a powerful opportunity to intervene and make a real difference in the lives of students, faculty and their networks.

Students in post-secondary institutions can face myriad challenges: the pressure of deadlines, social dynamics, financial issues - further exacerbated by being in a new and unfamiliar environment away from home. Challenges can be amplified for international students and newcomers who may be isolated and homesick.

In early 2022, we connected with University Canada West, which was facing low utilization of support services, despite a growing international student population and increasing staff workload.

Before our intervention:

- Staff turnover was high (80%). Staff felt overwhelmed and unequipped to manage student mental health concerns, including suicide ideation and crisis situations.
- Staff lacked confidence in discussing challenges with students and creating safety plans.

Partnering with UCW, our Community Learning and Engagement team set out to develop a comprehensive training program, focused on building staff and students' resiliency and increasing their capacity to support each other.

Staff feel better equipped to respond to their students' needs and support them in creating safety plans and managing their mental health. The partnership initially aimed to address the issue that staff were acting as "paraprofessionals", providing mental health support but without the training they needed to do so effectively. Staff retention was low as they struggled to do the work they had been hired to do while also supporting students who were experiencing increasing stress and mental health crises.

We focused on building psychological safety as a first principle in our approach. As the partnership moved into its second year, we tailored its content to address recognizing early signs of burnout and taking preventive steps to stop it from occurring.

We have since developed service pillars to indicate various steps that students and staff are encouraged to take on their journey to become more proficient in taking care of their psychological health. We have fostered stronger support networks, created more psychological safety for students and staff, and strengthened their skill sets for crisis and suicide prevention work, allowing them to offer better support to each other.

Moving towards these early interventions and preventative approaches, we have seen staff retention increase from 20% to 80%. Staff feel better equipped to respond to their students' needs and support them in creating safety plans and managing their mental health.

This partnership is a success story that continues to develop, based on the data and feedback we collect and the needs of those working at UCW. It is not difficult to imagine that these positive results went beyond those who took the training, extending to the external community of those who interact with the staff and students of UCW. By training students and staff to recognize the signs of burnout and mental health crises in themselves and others, we are creating an environment where everyone can feel more supported.

VOLUNTEER POWERED

Greater Vancouver has a rich and diverse community of committed and talented individuals who are passionate about helping others.

The Crisis Centre trains and supports these regular yet extraordinary individuals who share their skills as volunteers in administration, on the phone lines and in chat rooms, in classroom and community events, and in training rooms at the Centre.



Number of hours contributed by our volunteers in 2023/2024: 33,386



Administration & Office Support





Community Learning & Engagement





Development & Communications

29,814 ری

Distress Services*

Number of volunteers at the end of 2023/2024

21

Administration & Office Support 61

Community Learning & Engagement Development & Communications

12

186

*volunteers answer calls and chats, and provide training and support to new volunteers



"...working in postvention does involve working with pain, death and trauma, but we can plant hope where there was hopelessness. Humans have an amazing capacity to touch darkness and appreciate light so much more after."

POSTVENTION: SUPPORTING SUICIDE LOSS SURVIVORS

How can we support someone who is grieving the loss of a friend or a family member to suicide? In the immediacy of a suicide loss, providing the right support is important, but can be challenging. Postvention - the work that is done to help family and friends cope with a suicide loss - can make a difference on how the suicide impacts whole communities, including those closest to the loss.

Over the past year, we have worked to offer postvention support in a number of communities. Jessica Wolf Ortiz has been our Bereavement Coordinator for three years, and has built the program from scratch. Jessica has seen first-hand the positive impact this work has had on those involved.

CASE STUDY: SUPPORTING A COMMUNITY IN THE AFTERMATH OF SUICIDE LOSS

Jessica's work has included going out into communities that have experienced a suicide loss. Supporting a community through the aftermath of such a loss is a multi-step process that, when done effectively, can make a big difference to those impacted.

Jessica highlights the importance of bringing together a community as soon as possible after a loss has occurred. *"The aim of doing this to bring hope to a place where there was once hopelessness."* It is important to have structure to the first gathering, and have a clear goal and direction. Thinking of it like planting a seed of hope, Jessica considers what tools she can provide to the community, and how they will work with them after she has left.

Suicide loss is unique because it is sudden, aggressive, and violent. These factors cannot be changed. The social stigma that comes with the loss, though, is something that can be changed, and bringing the topic out into the open can help to extinguish the shame that may be felt by those close to a suicide loss.

The question many people ask is "Why?" Because there is never a good enough answer to this question, Jessica does not dwell on it, focusing instead on the question of how to promote life and move forward. Her role is to bring the community together, build connection, and provide educational support about suicide loss. These things alone can be life supporting. It is also about fostering an understanding that we all grieve the same loss, but we all grieve differently. Life-affirming activities, respecting the needs of others, and staying connected with each other are some steps a community can take towards healing.

Jessica also emphasizes the value of moving beyond the grief of the suicide death, to celebrating and remembering the life of the person. As Jessica says, "One event does not define a life", and focusing on who the person was beyond their suicide can be healing.

Finally, it's about normalizing pain in the path of life. We all experience pain - and what should we do with it? Building capacity to come together and heal from a suicide loss is an essential first step.

Q&A WITH JESSICA

What is postvention, and why is it an important part of the Crisis Centre's programming?

Suicide needs to be thought as a process not just an event. In this process we try to protect communities from thoughts of suicide coming up when life becomes challenging. This work is called prevention.

A Crisis Line such as ours offers support to people when thoughts of suicide do come up and can or may threaten their lives. This is what we call suicide intervention.

Lastly, when suicide has sadly happened, postvention is what is needed to support those impacted by its ripple effects. Many, many people are impacted by each suicide; it is difficult to define how many as each experience is unique, but it is always an important number. Having a postvention/ bereavement program at the Crisis Centre is important as it acknowledges that everyone who is touched by suicide needs to be supported.

How have you approached building out the offerings in your postvention work with the Crisis Centre? How do you believe your work has impacted the communities you have worked with?

We have built this program on two important pillars: connection and learning. The bereavement program as part of CLE (Community Learning and Engagement) acknowledges that we need to build community, create networks, and offer resources and learning experiences to those impacted by suicide. People who are impacted by suicide have a difficult time finding resources that are specific to their needs (suicide loss is quite particular). People now know of our program and our capacity to offer them support or connect them to the right resources depending on their needs. I do think we have built a community of resonance, sameness and belonging for them, a safe space to land after tragedy has happened.

Do you think there is more that can be done in schools, workplaces and communities to support those affected by suicide loss? What supportive measures can be put in place?

There is always more to be done as suicide still happens. Hopefully we can create a community postvention model that can be tailored to each community's needs. The earlier we intervene in a community that has been impacted by suicide, the better we can help them support each other and be self-sustainable. We need more people and professionals trained and educated around suicide loss so we can grow our resources.

What role does stigma play in suicide bereavement? How can we address stigma and promote understanding and empathy within the community?

A huge role! Suicide is still quite misunderstood and stigmatized. People impacted by suicide frequently feel isolated and blamed or judged. This stands in the way of them reaching the right resources and support and adds another layer to the already painful and complex loss.

An important part of our role in suicide postvention involves destigmatizing suicide to ease the burden they experience. Suicide can happen to anyone... I have seen it in the most loving families and have met the people who have died by suicide in the eyes of their loved ones. No difference between you and I. Reason why we have talked often in our bereavement program about the need to humanize suicide.

What else would you like us to know about postvention?

That yes, working in postvention does involve working with pain, death and trauma, but we can plant hope where there was hopelessness. Humans have an amazing capacity to touch darkness and appreciate light so much more after. Once a suicide has occurred, there is so much that needs and can be offered to those who stay.



PROGRAM HIGHLIGHTS

This year we have:

- Expanded our Bereavement Advisory Committee, formed of those with lived experience of suicide loss and Crisis Centre board members, to assess and respond to the needs of suicide survivors.
- Launched a quarterly Bereavement Newsletter, allowing for direct communication with suicide loss survivors and organizations
- Published an article in BC Association of Clinical Counsellors: Humanizing Suicide
- Presented at the Child Grief Symposium at a panel on how to support children in the aftermath of suicide
- Supported communities in the immediate aftermath of suicide
- Offered connecting events such as our Cup of Tea for the Soul, International Survivors of Suicide Loss Day event and our Walk with us grief drop in group. We have also offered other workshops supporting other organizations, such as BC Bereavement Helpline and Valley View Funeral Home



We rely on the generosity of our community to ensure we can deliver our lifesaving services and programs. We would like to thank all our donors and supporters including those who wish to remain anonymous. Your financial support helps us help others when they need it the most.

www.crisiscentre.bc.ca/donate

VISIONARIES OF HOPE \$75,000+

The Walsh Foundation

STEWARDS OF HOPE \$10,000 - \$74,999

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We strive to ensure our donor information is as accurate as possible. If you see an error, or if you were missed, please contact us: <u>development@crisiscentre.bc.ca</u>

LEADERSHIP

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CURRENT LEADERSHIP TEAM

Stacy Ashton, MA – Executive Director Jeffrey Preiss, MATS, MA – Director, Development & Communications Shannon McCluskie – Director, Finance & Administration Tamara Guyon – Office Manager Mark Sheehan, MSc – Program Director, Community Learning & Engagement Alain Bedard-Gibson – Program Director, Distress Services Carly Southern – Volunteers Manager, Distress Services Gabriel Mutch – Operations Manager, Distress Services Thomas Maloney – Operations Manager, Distress Services

FINANCIAL REPORT 2023/24

The Crisis Centre of BC has worked hard to meet the demands for its services and programs. By exploring new streams of funding and fostering relationships with our community, the Centre secured a total revenue of \$3,418,800 to support our frontline work.

The Centre is grateful for its main sources of revenue provided by various organizations, service contracts and fee-for-service programming, foundations, businesses, and individuals. A list of donors is provided in this report.

The Centre also operates with a generous and dedicated volunteer team and would like to acknowledge this value, which is not necessarily present in the financial statements. The Crisis Centre's incredible volunteers, supporting frontline services, community learning, and administrative support are estimated to be a value of \$811,835 per year.

THE CENTRE IS A BEACON OF HOPE BECAUSE OF DEDICATED VOLUNTEERS.

REVENUE

 Individual Donations Corporate Donations Grants & Foundations Provincial Health Services Authority 988 Network Province of BC – Community Gaming Grant Fees for Service and Training Interest & Miscellaneous TOTAL 	\$ \$ \$ \$ \$ \$ \$ \$	261,800 40,830 502,540 945,740 893,370 250,000 431,900 92,620 3,418,800	8% 1% 15% 28% 26% 7% 13% 3%	REVENUE
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In-kind donation of services provided by Crisis Centre volunteers	\$	811,835		
EXPENSES				
Salaries & Benefits	\$	2,805,170	77%	
Administrative & Fundraising	\$	159,670	4%	
Telecommunications & Technology	\$	268,690	7%	
Building Occupancy	\$	83,830	2%	
Amortization	\$	52,050	1%	EXPENSES
Community Training	\$	245,400	7%	
Volunteer Support & Staff Development	\$	45,300	1%	
Publicity & Marketing	\$	5,520	< 0.5%	
TOTAL	\$	3,665,630	100%	

*Note: This financial information is draft and unaudited. Audited financial statements will be available upon completion.

IF YOU OR SOMEONE YOU KNOW IS STRUGGLING AND NEEDS SOMEONE TO TALK TO, WE ARE HERE FOR YOU:

- Anywhere in Canada: call or text 9-8-8
- Anywhere in BC: 1-800-SUICIDE (1-800-784-2433)
- Mental Health Support Line: 310-6789
- Online Chat Services for Youth: <u>www.YouthInBC.com</u>
- Online Chat Services for Adults: <u>www.CrisisCentreChat.ca</u>



Crisis Intervention & Suicide Prevention Centre of BC 763 East Broadway Vancouver, BC V5T 1X8

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