



2018 ANNUAL REPORT

Construction Industry Rehabilitation Plan



Vision:

To reduce drug and alcohol related workplace incidents, creating safer work environments for our members and employees. To become a Centre of Excellence for the industry in both MHSU treatment and MHSU information. Provide statistical analyses, education and deliver primary prevention to the industry. To provide the latest in treatment options including telehealth services for both men and women in the industry. Deliver a treatment program, and residential program that provides the range of services needed to meet the complex needs of those with MH and substance use issues . To provide high quality services throughout the BCYT region including remote regions without compromise and with highly qualified staff. To be innovative in the delivery of services to meet the needs of our population



Guiding Principles:

Integrity – ensuring that we deliver through practices that are held to high standards and to scrutiny. That the practices are ‘person centered’ and culturally sensitive.

Stewardship – ensuring that CIRP has direction, accountability and appropriate governance

Professionalism – ensuring that CIRP employees are qualified to ‘gold standards’ and certified within appropriate governing bodies.

Supporting ongoing professional development to better help CIRP clients.

Compassion – Destigmatising MH&A through education and awareness

Communication – Providing multiple open channels of communication for clients with regards to their care whilst with CIRP.

Contents

1

Governance..... 1

2

Message From ED..... 2

3

Operational Highlights... 3

4

CIRP Scorecard..... 15

5

Finance..... 17

6

Strategic Directions..... 18

7

Summary..... 24



Governance

CIRP Incorporated - Board of Directors

Amber Roberts, President

Clyde Scollan, Vice President

Darcy Biln

Dave Holmes

Lee Loftus

Nav Malhotra

Brooks Patterson

Jim Pearson

CIRP - Board of Trustees

Darcy Biln, Chair

Clyde Scollan, Co-Chair

Dave Holmes

Lee Loftus

Nav Malhotra

Brooks Patterson

Jim Pearson

Amber Roberts



Message From ED

2017/18 has been an incredible year for Construction Industry Rehabilitation Plan (CIRP) in many ways. We have seen unprecedented demand for services and as a result rapid organisational growth. 2018 saw CIRP register as a 'Naloxone Distribution Site' which allowed us to provide 'Take Home Naloxone' kits at no cost to the industry. The program proved to be a resounding success, with over fourteen hundred kits distributed to date.

Against the backdrop of the opioid epidemic, and emerging research suggesting that the construction industry is disproportionately affected by this crisis, CIRP began delivery of its new 3-pillar approach aimed at tackling the epidemic head on. The 3-pillar approach ('Prevention & Promotion'; 'Evidence Based Treatment'; 'Building Resilience') outlines a road map to help improve and save the lives of those living with substance use issues in the construction industry.

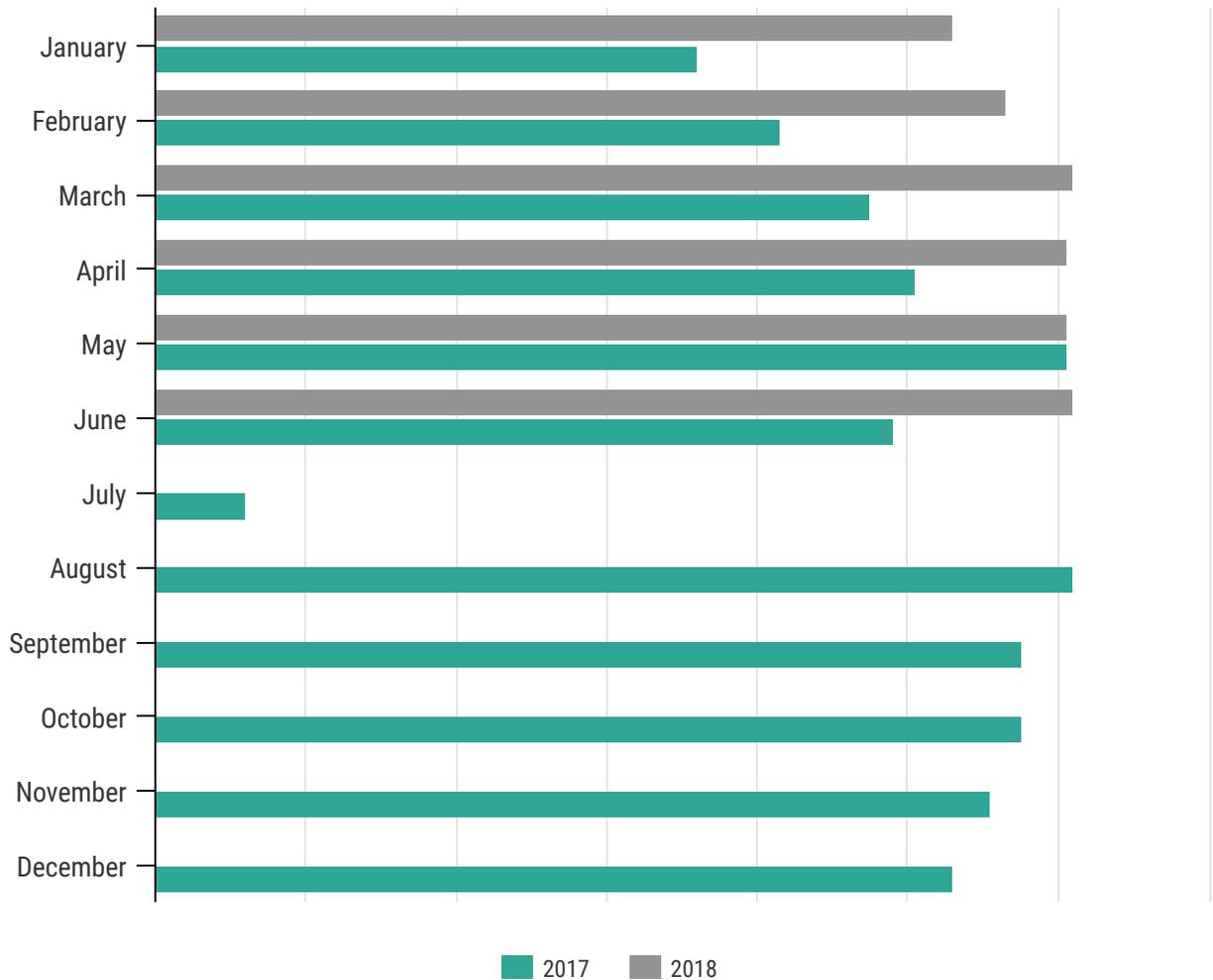
Within the framework of the 3-pillars we have forged new and exciting partnerships with the hope of developing initiatives to reach not only BCBT/CLRA communities but the wider construction industry too. We worked with industry members to develop and deliver MH workshops with an initial number of training colleges, looking to 'catch' our workers before crises hit. We have engaged in a significant research project, looking to understand the barriers that clients face when recovering from mental health and substance use related issues (MHSU).

As we head into 2018/19 and the huge amount of work that awaits us, here's a look back at all we accomplished this year.



Operational Highlights

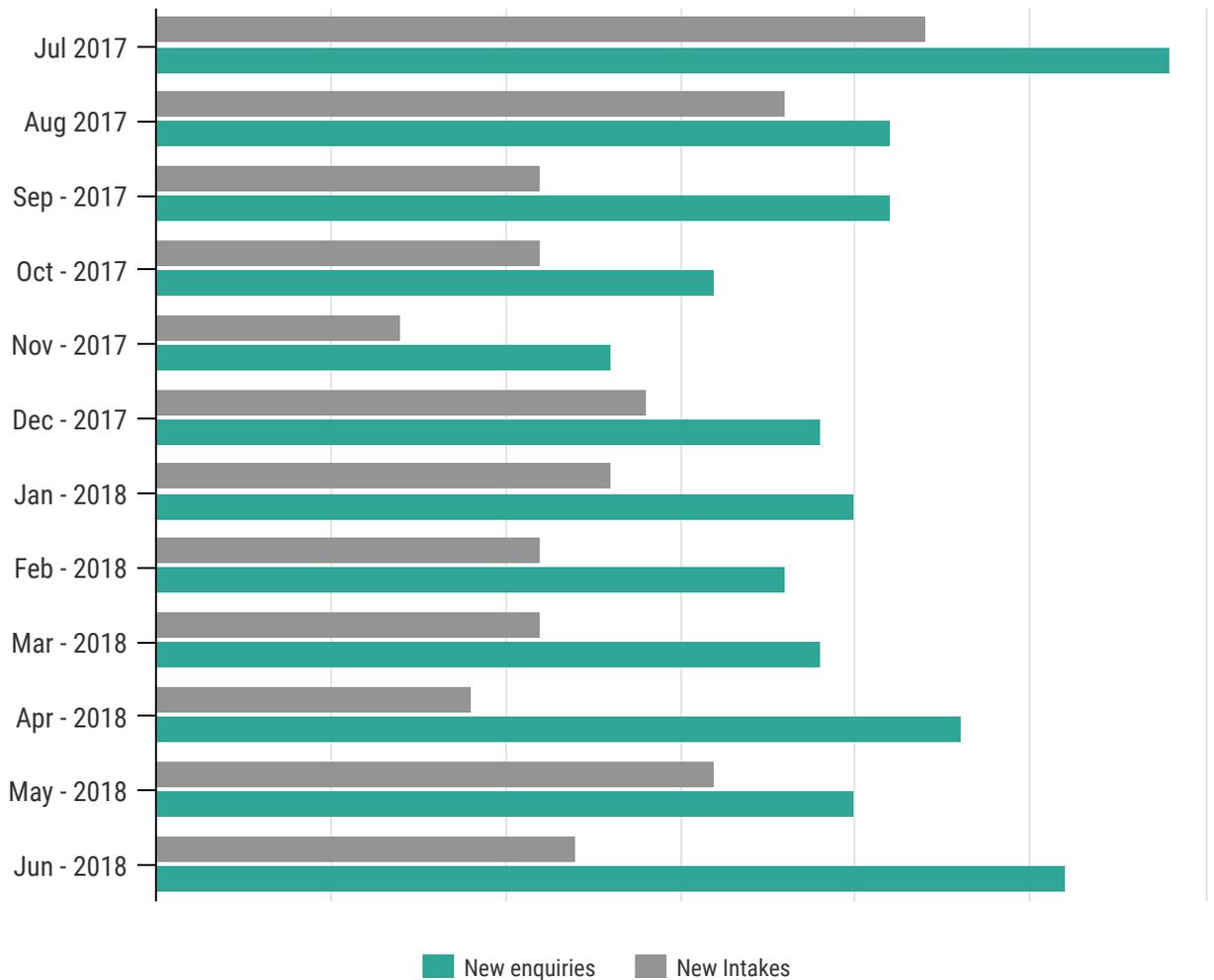
CIRP Caseload Growth



2017/18 saw continued growth in the numbers of workers seeking help for mental health and substance use issues (MHSU) approximately two hundred plus clients were served. CIRP caseload has seen on average a forty-seven percent increase month on month when compared to the previous year.



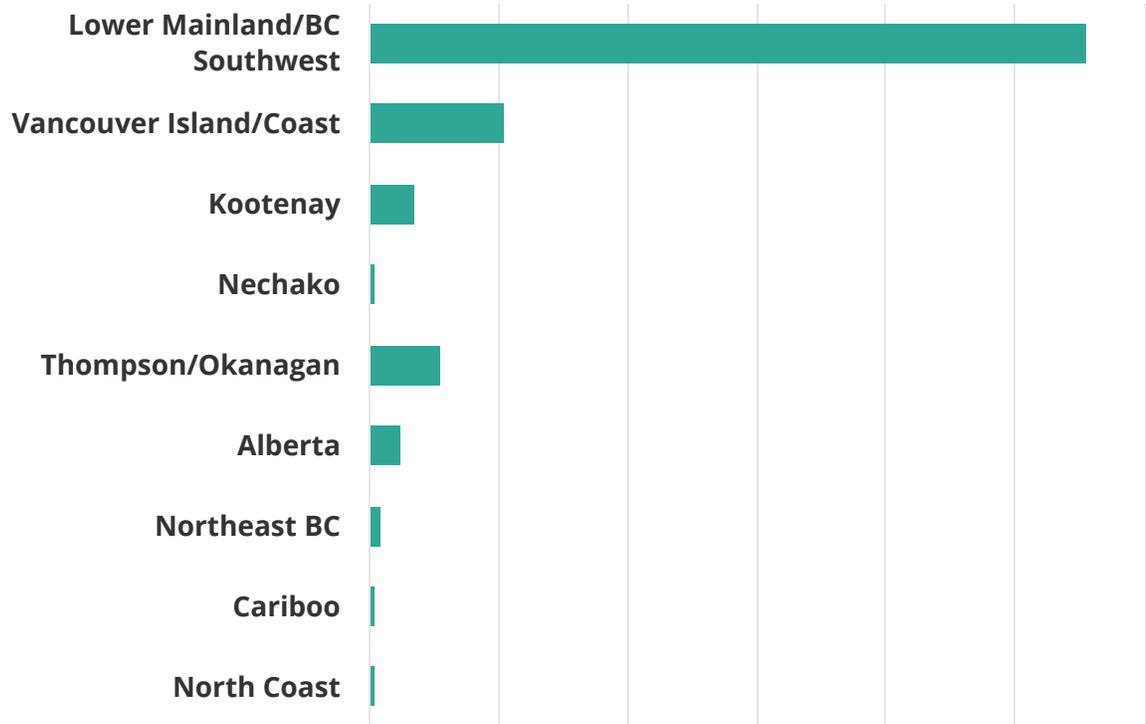
CIRP Enquiries/Intakes



CIRP received a total of two hundred and twenty-four calls of enquiry from workers seeking help. Of that number, approximately sixty-three percent went on to engage with CIRP and the services offered.



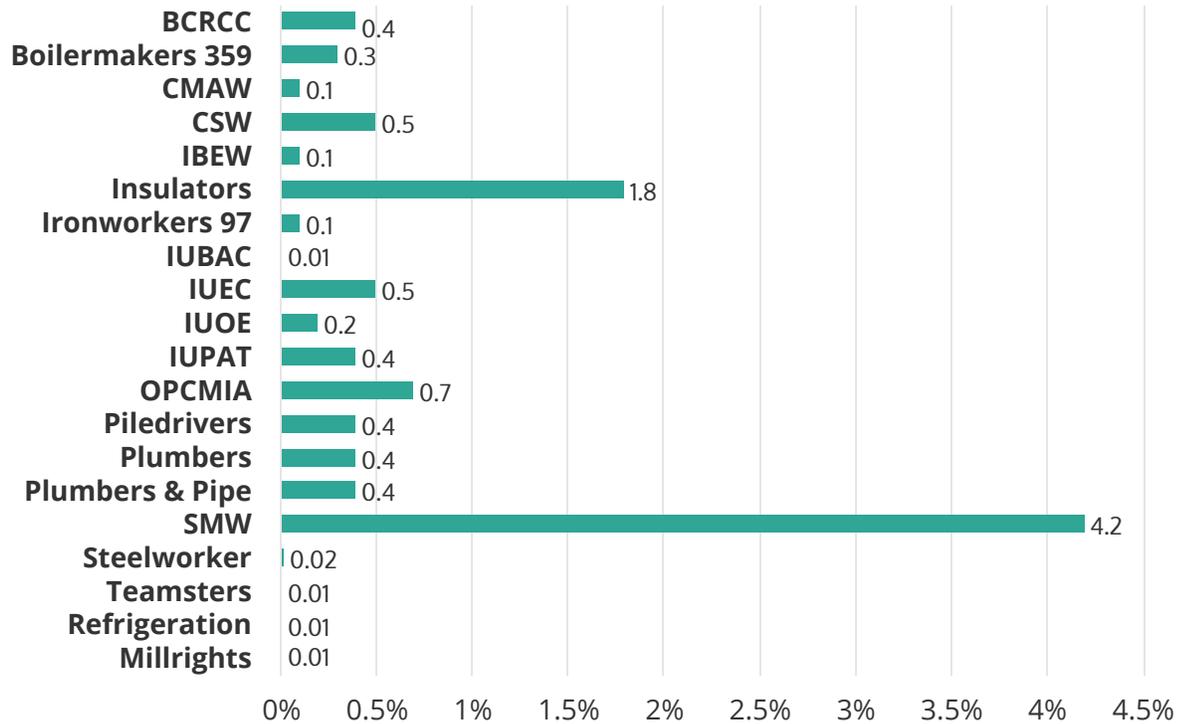
CIRP Caseload by region



Over sixty-nine percent of our clients come from the lower mainland area, more specifically from the tricities area. A small percentage (three percent) reside in both BC and out of province. For those that live in remote regions or are out of area, CIRP continues to provide tele-health services, ensuring equal access to treatment.



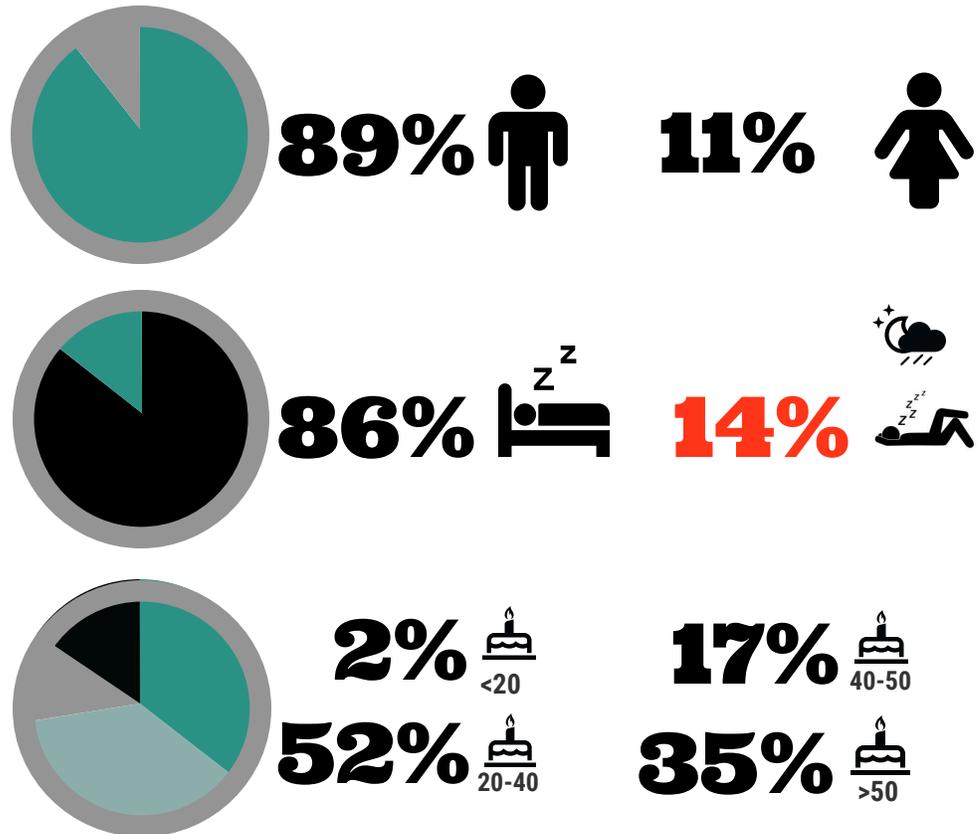
CIRP Caseload by Union Membership



CIRP continues to be under utilised as almost all unions have less than one percent of it's members presenting for mental health and or substance use issues. Statistically this does not bear up on a number of fronts. It is estimated that aproximately 5% of the population struggles with problematic opioid use



CIRP Stats



Perhaps unsurprisingly, CIRP's caseload is made up predominantly of men, approximately eighty-nine percent and only eleven percent women. The largest demographic group that we see are men aged between twenty and forty years of age. Approximately one quarter of our caseload identify as opioid users, although two thirds are categorised as 'high risk users'. Sadly the number of homeless folk on our caseload has been slowly creeping up - fourteen percent.



CIRP Client Stats

Self Reported Problematic Poly-substance Use

61% ALCOHOL 

46% COCAINE/CRACK 

25% OPIOIDS 

20% CANNABIS 

Most CIRP clients will use more than one illicit substance 'problematically'. Where clients *are* indicating only one problematic substance it is usually alcohol, approximately one fifth of CIRP's caseload report using only alcohol. Whilst only a quarter of CIRP clients report opioid use, clinical assessments show that approximately sixty percentage of clients classify as 'high risk for overdose'.



CIRP Client Stats

Mental Health Screening At Intake

83% Moderate-severe MH symptoms

Consistent with previous years

90% Early Childhood Traumas

30% above general population rates

70% Positive PTSD symptoms

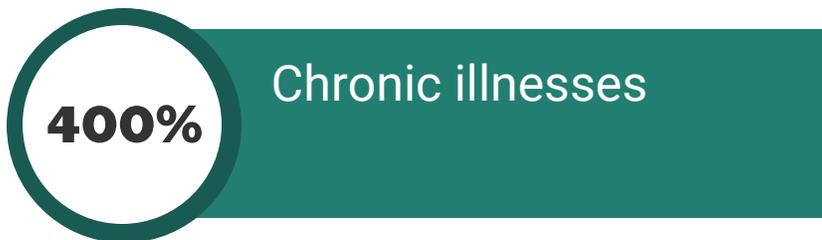
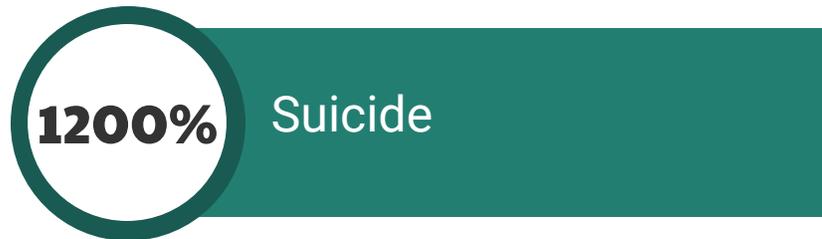
30% above general population rates

As in previous years approximately eighty three percent of our clients screen 'moderate-severe' for mental health issues, and approximately ninety percent for significant early childhood traumas. About forty percent of our clients screen for serious risk factors as a result of the early childhood traumas (see page 10)



CIRP Client Stats

Early Childhood Traumas - Increased Risk Factors

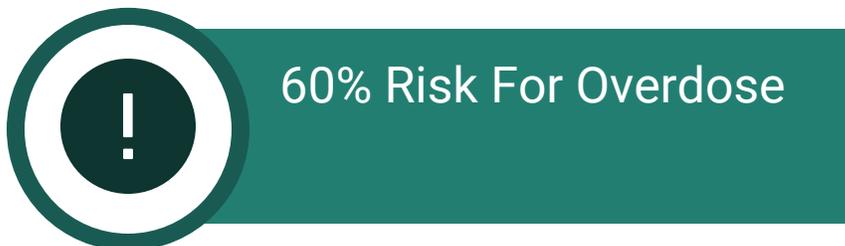
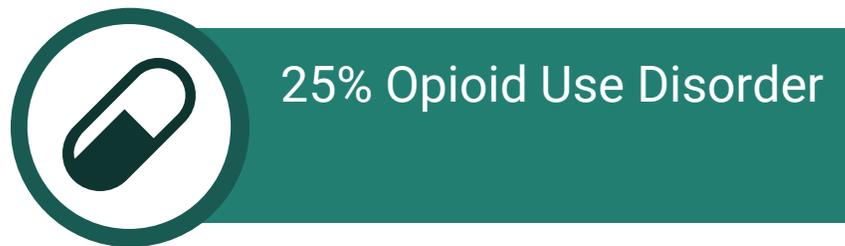
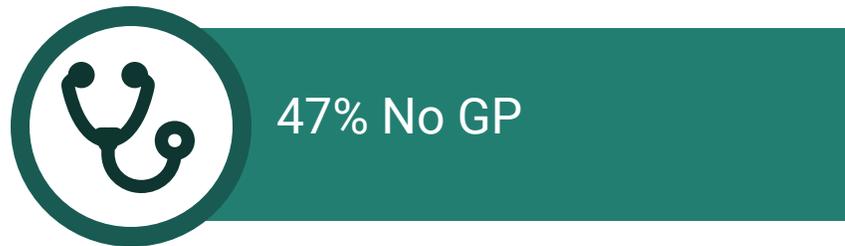


A significant proportion, almost half of all our clients have significant risk factors for major chronic illnesses, including alcohol substance use disorders. This has a significant social and economic impact on our industry.



CIRP Client Stats

CIRP Caseload Data





New Initiatives & Partnerships

Return To Work (RTW)

Similar to our 'Return-to-industry' collaborative with FHA, CIRP is also working on developing CIRP-RTW protocols to support both *employers* and *workers* when an employee tests positive by way of the Drug and Alcohol Policy. Ensuring that workers receive, not only clinical treatment, but comprehensive support as they return to the workforce is imperative to ongoing recovery.





New Initiatives & Partnerships

Return To Industry

In the past year one of the community agencies that CIRP partnered with was [Fraser Health Authority \(FHA\)](#). Together CIRP and FHA sought to identify the barriers our clients face when returning to work following treatment of substance use issues. Early preliminary data identified 5 key findings

1

The size of the problem was widely acknowledged within the industry

2

Many workers did not take time off for treatment. Unions/employers not always aware their member/employee was receiving treatment

3

Stigma was a major issue for workers with a substance use issue and or mental health issue

4

There was a widespread lack of awareness of CIRP and the services offered.

5

Lack of information on MHSU issues including shame and stigma. Whilst all employers reviewed substance use expectations, the focus is on safety and testing only. A vast majority of employers supported training on shame & stigma

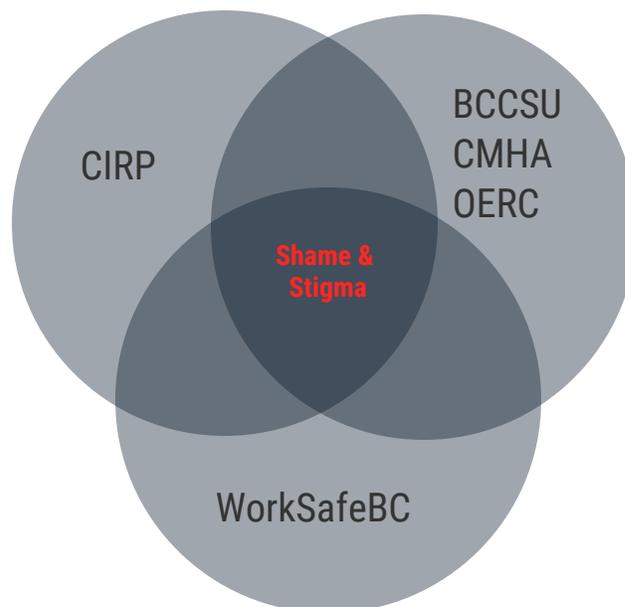


New Initiatives & Partnerships

Reducing Shame & Stigma

Shame and stigma have long been recognised major barriers for those struggling with both mental health and substance use issues. More recently a community collaborative formed to reduce the rates of overdose amongst men in the trades, identified that addressing 'Shame & Stigma' should be a priority.

This year CIRP established partnerships with *WorkSafeBC*, *BC Centre on Substance Use* (BCCSU), *Overdose Emergency Response Centre* (OERC) and *Canadian Mental Health Association* (CMHA), to begin work on reducing the shame & stigma that exists within our industry.





CIRP Scorecard

CIRP Scorecard

CIRP Treatment Data

	3 mths	6mths	9 mths	12 mths
DEPRESSION: low to no symptoms	81%	64%	66%	95%
PTSD: low to no symptoms	47%	38%	37%	50%
ANXIETY: low to no symptoms	86%	68%	90%	91%

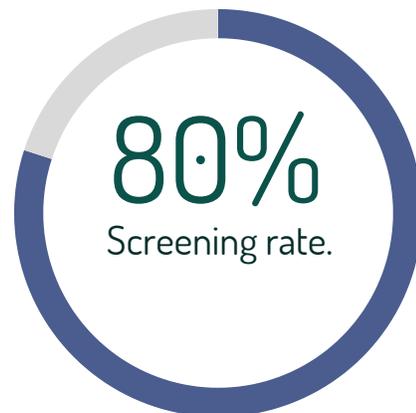
It usually takes approximately three months for CIRP to initially stabilise clients, this usually correlates with the first significant symptom reduction scores. Once clients have been stabilised the second phase of treatment commences, 'trauma counselling'. At this point it is usual to see some symptom activation. But as clients begin to process and heal underlying core issues, by month twelve, after trauma work, most will see significant reduction in maladaptive symptoms. It is at this point we would anticipate the most stable recovery.

However, CIRP loses most of our clients at month three, as clients begin to stabilise they will often simply drop out of therapy to return to work. Unfortunately at three months we have not usually begun to address underlying core issues.



CIRP Scorecard

CIRP Performance Data



CIRP has seen unprecedented growth over the last two years, and seen a forty seven percent increase month over month since last July. Approximately one third of our clients attend residential treatment, and our 'rapid access' beds remain at over ninety five percent occupancy.

We see over eighty percent of our clients within forty-eight hours for the initial intake. Most of our clients are offered appointments within a twenty four hour window. Over ninety five percent of our clients receive a twelve month treatment plan, although most clients drop out at month three.



Finances

CIRP Financial Breakdown

CIRP 2017_2018 Fiscal Year



42% of CIRP costs are employee payroll



30% of costs are residential treatment



14% of expenditure is fixed costs



12% of expenditure is operational costs

2017/2018 fiscal revenue was approximately \$655K, however, CIRP programming costs were in excess of \$900K, and exceeded income generated through collective agreements by approximately forty two percent over this period.

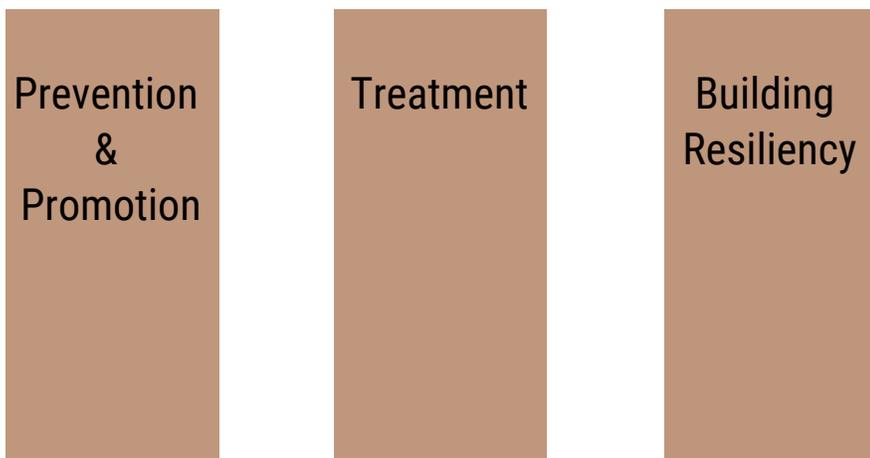


Strategic Directions

CIRP Intersectoral Model of Care

CIRP Programming

3-Pillar Intersectoral Model of Care



This fiscal year saw CIRP begin initial expansion into the 'Three Pillar Model'. The pillars provide a framework for 'wraparound' services such as physician and psychiatric referrals and primary prevention initiatives. By investing in both *prevention & promotion* and *building resiliency* programming we protect our greatest investment our workforce.



CIRP Intersectoral Model of Care

CIRP Programming



Industry education - CIRP delivered the inaugural one day mental health forum in Victoria, the event was open to employers, unions and apprentices. In addition to the MH forum, CIRP has engaged in industry MH workshops, and delivered 'stress inoculation' training within apprenticeship programs. Industry education

Screening - over eighty percent of our clients are screened for mental health issues. In doing so CIRP is able to make appropriate referrals for diagnosis and pharmacological interventions.



CIRP Intersectoral Model of Care

CIRP Programming



Return-to-Industry Assessments - In response to many requests from industry, CIRP is currently developing protocols to support our clients return to the workplace following a positive drug screen. The protocols incorporate clinical best practices and draw from latest research in relapse prevention.

Psychiatric Assessments - Many clients will use drugs to 'self medicate' often not aware that they may have underlying psychiatric conditions. Following MH screening, where clients screen positive a referral is made for diagnosis. Typically this takes around six to nine months. Future programming should include 'rapid access' to psychiatric services.



CIRP Intersectoral Model of Care

CIRP Programming

Pillar 2

Treatment

Trauma Counselling

Diagnosis

MH Management

Opioid Free Clinic

Telehealth Services

Residential Treatment

CIRP has been expanding and providing a range of services to clients as listed above using both existing provincial services and 'in-house' services.



CIRP Intersectoral Model of Care

CIRP Programming

Pillar 3

Building
Resiliency

P.E.R.M.A

Family Program

Vocational Training

Over the last year, within the 'building resiliency' framework, CIRP began initial roll out of programming consistent with the PERMA model of treatment. All clients are encouraged to engage their family members in treatment. Every client works with CIRP's casemanager to identify and build a 'life worth living'.



The Year Ahead

"Health Care Disparities - Gaps in Service Provision"

Many gaps exist in current CIRP services, which if filled would undoubtedly improve the health outcomes for many of our clients.

Telehealth Services - There remains significant 'disparity of care' for clients residing in remote areas of BC, lack of access to physicians and psychiatrists is a significant barrier to treatment. Expanding services to include telehealth physicians would improve the health of many clients and potentially encourage further access from clients who may not see the benefits of existing services.

Rapid Access Services - By reducing the wait times to access vital psychiatric services, physician services, and community MH teams (such as acquired brain injury teams), client's are stabilised quicker, and treatment can get underway sooner

Opioid Free Pain Clinic - Providing clients with an alternative to opioids may be an alternative to prescription medication, and is likely to be welcomed by the industry.



Summary

01

2017_2018
UNPRECEDENTED GROWTH

02

PROGRAM EXPANSION
UNDERWAY
3-PILLARS OF CARE

03

TIMELY CARE &
MEASURABLE OUTCOMES

04

NEW PARTNERSHIPS

DEVELOPING POPULATION WIDE CAMPAIGNS AND
INITIATIVES DESIGNED TO REDUCE SHAME & STIGMA
AND CHANGE THE CONVERSATION

05

SERVICE PROVISION GAPS

WHILST GAPS EXIST, CIRPS 3-PILLARS PROVIDE A
FRAMEWORK TO FILL THOSE GAPS



Construction Industry Rehab Plan
402-223 Nelson's Crescent
New Westminster
BC
V3L 0E4

www.constructionrehabplan.com

1-604-521-8611

1-888-521-8611