

Since 1988, Women Helping Women Heal from Addiction, Violence & Poverty



2016 -17 AGM

28 June 2017



Message from the Executive

We've seen another incredible year at Chrysalis as women continue to beat incredible odds, and achieve health and recovery!

Our specialized continuum of care for women, including trans women, remains the lowest-barriered residential addiction resource of its kind in BC and we're the leading provider of holistic, trauma-informed, feminist-based care for women seriously impacted by addiction, violence, poverty, homelessness, exploitation and complex mental/medical health needs.

Though we operate in everyday isolation, because we operate outside the DTES catchment area, Chrysalis continues to educate, advocate and reduce stigma by breaking established narratives about people who use drugs and people who have recovered from problematic addiction(s). We continue to reduce barriers for women living in poverty, and to support women living with complex situational, psychiatric and medical needs - women who live with the deeply harmful impacts of gender-biased cultural and social stigmas and who are frequently unable to access residential services due to these stigmas. Chrysalis remains a strong advocate for these women, and ensures their voices and stories are heard.

Chrysalis is proud to say for the past 29 years, it has pushed conventional envelopes and pioneered residential care for marginalized women. Today, through holistic, comprehensive case management, advocacy, and hybrid medical, clinical and peer-support, we continue to support women to reduce the impacts of trauma, and the deeply ingrained stigma/s women unconsciously internalize.

This year with the support of Government of Canada ~ Homelessness Partnering Strategy, Central City Foundation, and the City of Vancouver Chrysalis created a beautiful custom kitchen for the women at New Dawn. In addition, and with the Support of the BC Housing Commission, Chrysalis can proudly say we are home owners of New Way!

Moving forward, we are confident that our community will join us in protecting the uniquely specialized continuum of care Chrysalis provides, to ensure that BC's most marginalized, and impoverished women continue to have fair and equal access to residential care, and the critical supports they require to recover from addiction, violence and poverty.

With the ongoing support of our community, we look ahead to another year of women helping women through their transformative journeys as they heal their bodies, minds and spirit; as they heal broken relationships and reunify with their children and families; while creating healthy connections with other women in recovery, community, and most importantly *themselves*. When women recover, their children, families and communities do too – healing for one is healing for *many!*

We thank you *all* for your continued support! ♥



Shannon Skilton

Executive Director

Tracy Brown

Board Chair





The People that Make Chrysalis

SMALL BUT STRONG: Chrysalis' women-only care continuum is the only one of its kind in BC: three 24/7 recovery homes, a housing subsidy program, and wraparound case management, advocacy and outreach supports through our Head Office. We do it all with a small, incredibly cohesive team.

On a daily basis, Chrysalis' core team of 14 women continues to provide the excellent standard of advocacy, care and wholly specialized, trauma-informed service, for which our programs and business practice are now well-respected throughout Greater Vancouver and across BC.

Our team exemplifies professionalism, compassion, dedication, unity, and joyful comradery – with the women we serve, and each other! A huge thank you to everyone on our team for another year of providing service, care, love and mentorship to the women we serve!

Simply stated,
Teamwork is
less ME &
more WE.

Grassroots
= the Fearless Pursuit
of Whatever Sets Your
Soul on Fire

GRASSROOTS: Chrysalis is governed by a volunteer Board that continues to strengthen and evolve with each passing year. We remain grateful for the individual time and dedication our Directors each give throughout the year, to provide the governance and support our organization requires, to advocate for and promote the values on which Chrysalis is built and operates, and to exemplify those values through community action and engagement – online and offline.

This year we give thanks to Rebeca Avendano, Tracy Brown & Astha Vijay for their years of service, and we bid a fond farewell as they each move forward with new journeys and adventures!

We welcome Allyson Muir and Alexa Norton as they join Neil Arao, Brenda Belak, Jordan Friesen, Aimee King, Virginia Griffiths and Angela Woods to provide ongoing support with their time, knowledge, wisdom and community connections! Huge thanks to each of you for your invaluable commitment and dedication to Chrysalis Society, and our mission to educate and reduce the impacts of stigma while we help women, children and families heal from addiction, violence and poverty!

Being the Change
You Want to See
Just Takes
Caring + Action



Significant Trends: overdose now BC's #1 cause of death

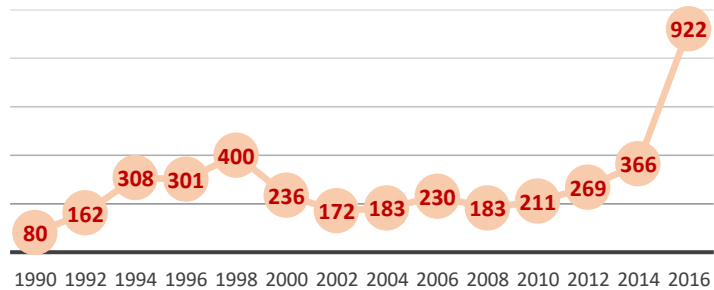
In 2016, fentanyl-related deaths claimed the lives of 922 British Columbians – an increase of 80% from 2015. By March 2016, drug deaths were declared to be among the top-10 causes of death in BC by Vital Statistics. In Vancouver, media often focuses on the Downtown East Side, but the reality is that high rates of overdose deaths are occurring in other parts of the city too. The concentration of supervised injection sites and harm reduction initiatives like heroin assisted treatment, Suboxone and naloxone availability in the Downtown East Side has had a “measurable effect” on reducing fatalities there. (“Downtown Eastside sees fewer drug deaths than other parts of Vancouver”, [Vancouver Courier, 9 March 2017](#)).

The uncomfortable reality is that *anyone* who uses any drug without precaution, whether they're an “addict” struggling with problematic drug use or not, is at equal risk. Less-stigmatized, recreational drug users have historically been less likely to receive or be inclined to access harm reduction resources or information on how to use drugs safely– until now.

“The problem is we still have three, four, five deaths every day from fentanyl and that's unchanging. We will lose an entire generation, I feel, to this opiate crisis.”

~ Dr. Del Dorscheid,
St. Paul's Hospital

Overdose Deaths in BC - 1990 to 2016



HARM-REDUCTION: IMMEDIATE SOLUTIONS

With no end in sight to the overdose epidemic in BC and across Canada, there is now unprecedented openness by all three levels of government – and the public – to harm-reduction initiatives related to drug policy. In BC, naloxone kits and training are now available to service providers, the public, and drug users themselves. Opioid replacement therapies are immediately and freely accessible to low-income opiate drug users. Even heroin assisted treatment is now government-sanctioned, providing regulated prescription heroin to the approximately 1% of opiate-dependent drug users for whom traditional treatment modalities have consistently failed. Increased funding for harm-reduction resources and initiatives – particularly in the Downtown East Side - continue to be as fervently applauded by front-line advocates as they are heavily criticized by prohibitionists and those who provide and promote abstinence-only treatment, as the single solution for problematic drug use and its pervasive social costs.

“The goals of prohibitionists are not materially different from those of [harm reduction and] decriminalization advocates. We're all committed to minimizing problematic drug use, drug-related health harms, criminal activity, disorder, and violence. We all acknowledge drugs can be dangerous and that we need to limit use among vulnerable populations, including youth. The difference is in the tools we identify as being most amenable to achieving those ends. “

~ Caitlin Shane, Pivot Legal Society

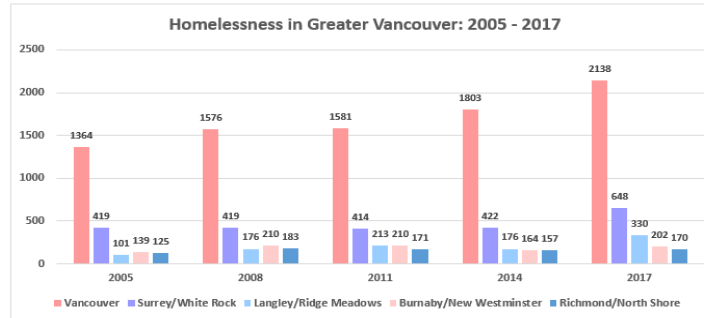


Contextualizing Addiction

BC is the only province without a formal poverty reduction plan, despite having the second-highest poverty rates in Canada. Chrysalis continues to advocate strongly for longer-term investment by government in not only treatment, but in reversing decades of cuts and service reduction to housing, welfare, health, legal aid, and other baseline aspects of legislation and policy that would effectively reduce poverty in BC.

“The social safety net is broken; BC’s economy loses 8 – 9 billion dollars annually paying for the costs of poverty. Marginalized groups, including indigenous people, people with disabilities and mental illness, single mothers, and queer and transgender people are disproportionately represented among the poor.”

**~ Trish Garner,
BC Poverty Reduction Coalition**



2016 CEDAW REPORT CARD



WOMEN'S INEQUALITY

The Committee on the Elimination of Discrimination Against Women (CEDAW) monitors the implementation of the Convention on the Elimination of All Forms of Discrimination Against Women, adopted in 1979 by the United Nations. Each year, West Coast LEAF grades BC's progress in nine key areas through their annual report, based on CEDAW's measures.

“While there have been small improvements, progress remains piecemeal and the BC's overall action to remedy women's inequality [sic] remains inadequate. As in past years, many women do not have adequate access to secure housing, they continue to be more economically insecure than men, they remain unable to enforce their legal rights because of insufficient legal aid, and BC's child care crisis continues to result in human rights violations.” ~ Westcoast LEAF, [2016 CEDAW Report](#)

LEGALIZATION & DECRIMINALIZATION

Recognizing the disproportionate impacts prohibition and criminalizing drug policy – and the illegal trades that flourish as a result – has on individuals living in poverty and with complex medical, mental health and situational needs, Chrysalis supports and advocates for the full legalization and decriminalization of all drugs, and applaud the steps Canada is beginning to take in these directions. Within the fentanyl crisis gripping communities throughout Canada, progressive legislation by all levels of government to legalize and decriminalize can't come soon enough.

“There is no war on drugs because you can't war on inanimate objects. There's only a war on drug addicts, which means we are warring on the most abused and vulnerable segments of society.”

~ Dr. Gabor Maté



Gender Specifics

The fentanyl crisis compelled a marginal increase in available beds for women, although there are still, on average, noticeably more beds for men. No other program in BC provides the comprehensive, holistic and long-term recovery approach that Chrysalis does, which effectively addresses addiction, trauma and mental health needs in equal measure – subsequently, Chrysalis programs remain in extremely high demand.

**This year,
324 women waitlisted for a
bed in one of our 3 homes.
81 were able to secure
placement.**

WAITING

Of the 81 women who were admitted:

- * 67 (82%) were homeless at entry
- * 78 (96%) reported experiences/risks of violence immediately prior to entry
- * 81 (100%) required complex medical and/or mental health care & support at entry

VIOLENCE IN CHILDHOOD

For women, there is a well-evidenced and significant correlation between experiences of sexual abuse and/or violence, and depression, anxiety, PTSD, mood and personality disorders, psychosis, self harm, disordered eating, and problematic addiction.

Each year, a vast majority (more than 90%) of the women accessing Chrysalis' recovery homes report past or very recent experiences of assault and/or violence by men. An average of 60% report sexual abuse in childhood. We know many women do not report at all.

**“Addiction shouldn't be called
'addiction.' It should be called
'ritualized compulsive comfort-
seeking [and recognized as] a normal
response to the adversity
experienced in childhood.”**

**~ Dr. Daniel Sumrok
Director, Addiction Services,
University of Tennessee
Health Science Centre**

**“Health is a state of
complete physical, mental
and social well-being, and
not merely the absence of
disease or infirmity.”**

**~ World Health Organization,
1948**

COMPLEX NEEDS:

Of the 81 women who were admitted to our programs this year, on arrival:

- * 39 (48%) were prescribed Methadone, Methadose or Suboxone
- * 22 (27%) were prescribed 3-5 medications
- * 17 (20%) were prescribed 6 – 10 medications
- * 4 (4%) were prescribed 10+ medications
- * 67 (82%) had significant, complex mental health needs
- * 23 (28%) had active disordered eating (ie: Anorexia, Bulimia). Of these, 2 (1%) had a formal diagnosis & 21 (91%) had no formal diagnosis.
- * 66 (81%) had significant medical needs (including HIV+, Hep-C, dental problems, gastrointestinal disorders, degenerative disc disease, cirrhosis & head injury)

Doctors routinely over-medicate women, prescribing powerful drugs for non-medical symptoms (ie: stress, grief), or natural life changes like childbirth or menopause. It is the norm, rather than the exception, for women to arrive in our homes with multiple prescriptions, the side effects of which can complicate their post-acute withdrawal. Medication stabilization is a critical foundation of women's ability to be successful in their recovery, and it can take anywhere from six months to one year in and of itself, before any other healing can begin.



Longer Term Solutions

“We want a long-term health plan that does more than just revive people temporarily and send them back into the streets... we want treatment on demand.”

~ Chief Adam Palmer, VPD

As the home to North America’s first supervised injection facilities (Insite and the Dr. Peter Centre), Vancouver has earned an international reputation as a leader in front-line harm reduction policies and initiatives. Ideological debates aside, the often-controversial initiatives remain thoroughly evidence-based and continue to measurably reduce fatalities and crime, and increase the safety, health and wellness of drug users and our communities. However, evidence continues to demonstrate that front-line harm reduction initiatives are no more than a *band-aid* without adequate investment by all levels of government in the social determinants of health.

Working with marginalized women living in poverty compels contextualization of women’s problematic drug/alcohol use. Chrysalis’ understanding of the cultural and systemic intersections that impact women’s vulnerabilities to experiences of addiction, violence, poverty, homelessness and exploitation is what underpins Chrysalis’ vision, philosophy and service.

We recognize that addiction is a symptom, rather than a condition in, and of itself, and we further recognize women, more than men, are routinely pathologized and over-medicated by a medical system driven by the pharmaceutical industry - in a society dominated by sexism and misogyny, and patriarchy that continues to perpetuate cultural and socioeconomic disadvantages for women and girls.

“While the health of both men and women is adversely affected by poverty, a higher proportion of women suffer from its effects because of the increasing ‘feminization of poverty.’”

~ M. Cohen, “Impact of poverty on women’s health,” Canadian Family Physician

“The core experiences of trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections.”

**~ Judith Herman,
“Trauma & Recovery”**

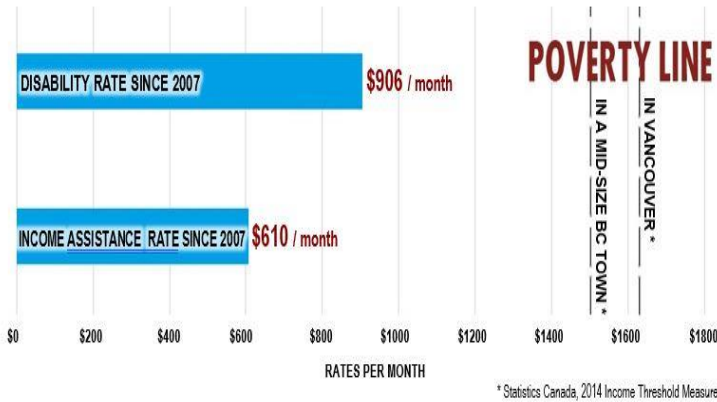
Marketing by the private treatment industry and portrayals in media aside, the word “treatment” is incredibly ambiguous. There is a distinct two-tiered system in BC that is not equally accessible to all, and the labyrinth of programs, services and lingo between public and private sectors continues to create immense confusion for service-providers and consumers alike.

We know that strengthening the foundations upon which lasting health, wellness and situational stability can occur takes time, and we ensure women have the time they need to successfully achieve and make profound changes in their health and lives. Unlike time-bound, traditional “treatment” programs, our programs are long-term and women can remain in each of the homes for 18+ months, or longer as their needs may warrant.



Working With and Removing Barriers

PRIORITIZING ACCESS FOR WOMEN LIVING IN POVERTY



Private rates in BC range from \$200 - \$1000+ per day. Government pays a per diem of \$40 per day for clients receiving Income Assistance (aka: "welfare"). It's now common practice for publicly-funded organizations to offer more "private beds" than "publicly-funded" beds.

Despite being underfunded, Chrysalis does not engage in the increasingly common practice of expanding revenue through prioritizing private-pay clients.

Chrysalis receives partial government funding for each of our three homes. Our annual operating budget (including donations secured through ongoing fundraising throughout the year) remains under \$700K per year.

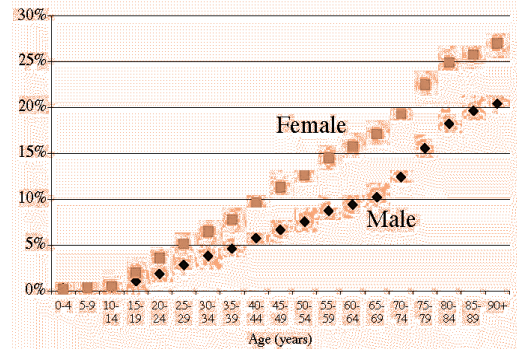
We continue to advocate for increased operational funding for Chrysalis from all levels of government to ensure BC's most marginalized, disenfranchised women have access to the comprehensive residential care through our three uniquely specialized recovery homes, and are not overlooked because of their complex psychiatric and/or situational needs, and/or their inability to pay private fees.

* To ensure affordability, all program fees (ie: daily per diems at New Dawn; monthly room & board for New Day/New Way) are on a flexible sliding scale based on clients' individual funding/income.

BENZODIAZEPINE TAPERING PROGRAM

A 2012 North American Health study found that women are prescribed benzodiazepines at a rate of 30 times more than men. Where benzodiazepines disqualify entry to other programs, New Dawn continues to reduce barriers by providing the only inpatient, residential benzodiazepine tapering program for women in BC.

On average, 25% of the women accessing our homes are prescribed benzodiazepines. Many report long-term dependence (10 - 15+ years) and being first prescribed in adolescence. Medication stabilization is a critical foundation of women's ability to be successful in their recovery; it can take anywhere from six months to a year in and of itself, before any other healing can begin.





Beyond Ideology

There are hundreds of paths up the mountain, all leading in the same direction. It doesn't matter which path you take. To run around insisting your path is the only path is a waste of time.

STRUCTURE vs. IDEAOLOGY

12-Step culture is renowned for the strong peer-based community its “fellowship” entails, and its millions of members around the world is an undeniable testament to the profound importance of healthy connection for individuals in recovery. We also recognize that peer-based supports and/or 12-Step ideologies cannot effectively replace clinical processes that complex mental health care requires, and that without proper clinical care women remain at risk of relapse regardless of how many consecutive months or years of abstinence they achieve.

Engaging in intensive counselling of any kind too early in recovery – much like returning to full-time employment – is counterproductive. Without increasing women’s safety, situational, and psychiatric stability first, premature engagement in trauma counselling and/or returning to full-time employment virtually guarantees relapse. We know these processes certainly cannot “be completed” in the standard 45 - 90 days allotted to traditional “treatment” programs. Chrysalis continues to advocate for and otherwise provide women opportunity to take the time they actually require to effectively heal so that their risk of relapse is reduced, and they can have their best chances of successfully maintaining their recovery, *long-term*.

INCLUSIVITY

- * all persons who self-identify as women have equal access.
- * respect for adults to make their own educated choices regarding opioid replacement (ie: Methadone, Methadose, Suboxone), benzodiazepines (ie: Ativan, Valium), and medicinal cannabis; we support women to access objective data and the medical consultation their needs warrant.
- * relapse is *not* vilified, success via safety and reduction is acknowledged, and non-judgemental support is provided regardless. With virtually no exceptions, safe transitions are facilitated for every woman exiting our program, regardless of circumstances, and our doors remain open and women are supported to come back when they're ready and able.
- * women at New Dawn are introduced to the [“Women’s Way Through the 12 Steps”](#) module, but women at New Day and New Way are supported to engage with the recovery module of their individual choice (ie: 12 Steps, 16 Steps, Smart Recovery, LifeRing, etc.)
- * for the 1% of women for whom referrals indicate their needs exceed the resources Chrysalis can provide, we collaborate however and whenever possible to program-match and effectively refer out.

“Everyone should have fair access and fair opportunity. This is not equality of result – it is equality of opportunity. There’s a fundamental difference.”
~ Robert Reich



Investment Rather than Expansion

“A good home must be made, not bought.”

~ Joyce Maynard

NON-INSTITUTIONAL HEALING

Women internalize the many deeply rooted cultural stigmas associated with addiction, violence, poverty, survival sex work, exploitation and concurrent mental health diagnoses. To reduce the impacts of stigma and provide trauma-informed spaces in which women can truly heal, we ensure our homes are non-institutional.

By providing healing environments that are truly home-like, comfortable and cozy, we reduce the added impacts of stigmas related to addiction and poverty. We increase women’s core esteem, self-worth, and value. Women learn through experience that they deserve more than mere basic survival. They learn how to include nurturing self-care and comfort in their own recovery. They learn and discover their own extraordinary worth, and how to give it value. The lived experience of our unique home environments is an invaluable component in women’s ultimate capacity to create, care for and *maintain* their own homes in future.

QUALITY OVER QUANTITY

Relative to most other organizations in our sector (both public and private), Chrysalis’ continuum of care is very *small*. New Dawn supports ten women at any given time: New Day supports six, and New Way supports nine. At full capacity, we are supporting twenty-five women.

Recovery is not a cookie-cutter process, and Chrysalis specializes in providing women individualized case management, advocacy, daily care and collaborative supports so they can achieve long-term stability and success – medically, psychiatrically and situationally. Chrysalis is committed to providing effective opportunities for women to achieve their best possible long-term outcomes, and increasing the number of beds we operate would be counter-productive in this regard.

It’s relatively easy to put the drugs or alcohol down. It’s healing and figuring out why we were using to begin with. It’s learning how to not pick up again – that’s the hard part. That’s what takes the time.

“Compassion is the keen awareness of the interdependence of all things.”

~ Thomas Merton

A CULTURE OF INTERDEPENDENCE

The beauty of our small, communal living environments is that they are catalysts for detailed life skills development, from caring for a home and meal preparation to emotional regulation, healthy communication and relationships, and effective conflict/stress management. In sharing the day-to-day ebbs and flows with each other, over time and with the guidance and support of appropriately trained staff, women are able to discover and nurture individuality while as a group, they create and foster genuine friendships based on mutual care and respect.

It is in all these details that we witness women build self-esteem, constructive life-habits, lasting healing, and positive community. Beyond abstinence alone, these are the measures by which Chrysalis defines success.



Providing a Beautiful Home: The RE+NEW Project

Reno'd Environment + Nutritional Education for Women

New Dawn houses an average of 75 women per year and the daily wear and tear on the household is significantly higher than it would be for an average family home. The home in which New Dawn operates was built in 1997, and after 20 years of daily use by 10 residents at any given time, the kitchen was long overdue for an upgrade. Capitalizing on the need for structural upgrades as a unique opportunity to enhance New Dawn's core program - and with an absolutely *beautiful* custom architectural design that was personally envisioned, drawn and donated by Joette Heuft ([Treehouse Design](#)) - the RE+NEW Project was born!



PHASE 1: *repair and maximize the space, create practical efficiencies, and a beautiful, eco-sustainable structurally solid kitchen.*

PHASE 2: *include a formalized nutrition education component into New Dawn's core program, and deliver a monthly Community Kitchen program with limited spaces available and extended to Chrysalis Alumnae, as well as other women and mothers in Vancouver's recovery community.*



Achieving the dream of a new kitchen for the women at New Dawn gives new possibilities for them to strengthen lasting foundations for their health and recovery - this would not have been possible without generous financial support from the Government of Canada's Homelessness Partnering Strategy, Central City Foundation and the City of Vancouver - we are incredibly grateful for these partnerships as we prepare for Phase 2 of this project!

Canada

Central City
Foundation

CITY OF
VANCOUVER

Phase 1 of the RE+NEW Project has been funded in part by the Government of Canada's Homelessness Partnering Strategy, Central City Foundation and the City of Vancouver.



Uniquely Specialized

Accept no one's definition
of your life –
DEFINE YOURSELF.
And that goes
for your recovery, too.

UNCONVENTIONALLY PROGRESSIVE

- * operating outside the DTES means we aren't recognised as front-line allies which eliminates us from qualifying for most of the funding available to our sector
- * virtually every woman we serve has experienced violence, but our homes provide more than immediate, temporary safety and this means we aren't recognized as a feminist organization supporting women impacted by violence; to date we have been ineligible for violence-prevention funding
- * we're considered "abstinence-based" by front-line harm-reduction proponents because women in our programs are required to abstain from psychoactive drugs they self-report as being problematic drugs of choice; and we're considered "harm-reduction based" by traditional 12-Step, abstinence-only proponents because we serve and support women who are prescribed benzodiazepines and/or opioid replacement medications; and we also distinguish the medicinal benefits of cannabis, and respect the rights of adults to make their own educated choices regarding their medicinal options.

SUPPORTING LONG-TERM SUCCESS

Unlike 45-90-day medical treatment programs, Chrysalis' programs are long-term (women can remain in each home for 18+ months).

From their post-detox stabilization in 1st-stage recovery (New Dawn), to supportive 2nd-stage transitional housing (New Day and New Way), to independent, subsidized market housing, women can access direct care, advocacy and supports via Chrysalis for up to five years.

Chrysalis continues to pioneer trauma-informed, feminist-based, comprehensively designed residential care, and our programs are especially effective for women with complex histories of street-/institution-/systems-entrenchment. Women in our programs have all the time they need to successfully heal and recover as they make profound changes in their health and lives.

"Some complete their journey relatively quickly. Others may take a lifetime. Some may take only a few steps. Everyone is different. The recovery process is not a race or a test. Instead, it parallels the path of human maturation and cannot be rushed."

**~ Barbara Everett & Ruth Gallop
"The Link Between Childhood
Trauma & Mental Illness"**

"Women experience oppression in varying configurations and varying degrees of intensity. Cultural patterns of oppression are not only interrelated, but bound together and influenced by the intersectional systems of society."

~ Kimberlé Crenshaw

INTERSECTIONALITY

Women intersect with multiple, conflicting but equally critical systems that can impact their recovery and situational stabilization in varying degrees, and can include but are not limited to Corrections, Legal (Family and/or Criminal), Child Protection, Psychiatry/ Mental Health, and Victim Services, and cultural- and/or identity-based resources. Chrysalis provides collaborative, intersectional advocacy and supports to women, before, during and

after their residence in our programs. For women with complex mental health, medical and situational needs, we recognize effective intersectional care and advocacy to be as critical to women's lasting health, wellness and stability within their recovery as their abstinence from problematic drug/alcohol use is.



Chrysalis Alumnae



The opposite
of Addiction isn't
Abstinence –
it's
CONNECTION.

ALUMNAE: We respect women's diversely unique journeys in recovery, and any and all women whose recovery journeys have included residence in one of Chrysalis' recovery homes for any length of time, regardless of outcomes, is honoured and respected as an [Alumna](#) – for life.

Recognizing always that isolation is a major factor in situational and emotional ill-health, Chrysalis' Alumnae Committee is dedicated to creating belonging, inclusion and community for any and all women whose recovery journeys have included residence in one of Chrysalis' recovery homes. Currently, 174 women stay connected through a private [Alumnae Facebook page](#), and our Alumnae Committee continues to grow and evolve!

Huge thanks to Angela, Dawn, Esther, Jasmyne, Serena and Virginia this past year for their dedication and tireless service, and all the awesome fundraising and real-time opportunities they continue to organize for our Alumnae to be able to come together and stay connected!



Chrysalis Society's Alumnae Committee proudly presents the 9th Annual
Spring Fling Yard Sale





Acknowledgments and Thank You's



Hella-Big Props & Mad Love to Aimee King, Jo Dworschak & Cafe Deux Soleils for the #Grassroots Fundraising love & support!



Big thanks & Gratitude to Vicki, Poppy & everyone who donated to Chrysalis via Inner Fit Studios' 2016 team charity event!



We were honoured to give a presentation to the Vancouver chapter of 100 Men Who Give a Damn. We didn't walk away with the \$10K prize, but it was a win for Chrysalis to have been chosen as 1 of the 3 contenders!

As a small, grassroots community organization, Chrysalis' 29 years of success and evolution have been underpinned solely by the dedication & efforts of people. We depend on the support of our volunteers and community, and we're inexpressibly grateful for the amazing, invaluable contributions we receive throughout the year... from Christmas and Thanksgiving dinners, to Easter Egg Hunts and flowers on Mother's Day, to attendance at the annual North Shore Roundup to just a fun outing at the PNE or the movies – we simply cannot give new, joyful experiences and memories to women without the support of our community – thank you!! ♥



We are so grateful for the eight people who continue to support our work with a monthly donation!

Our goal is to connect with as many monthly donors as we can! 100 monthly contributions of \$100 will make a big difference in the lives of women who are healing & regaining their lives in our homes!

Check out our Monthly Giving Programs via our website or Canada Helps, and thanks for helping us spread the word about them - small acts multiplied innumerable change the world, and your support ensures BC's most vulnerable women have fair and equal access to the long-term safety, care and supports they need to recover! ♥



BIG Namastes to Paranada Traders for giving the 10 women at New Dawn individual gift certificates for an amazing & special Valentine's Day treat! ♥



Heartfelt thanks and love to all our friends at Vancity (Branches 1, 7 8, & 9) for the truly amazing, ongoing support for our Annual Christmas Drive!



Moving Forward Goals and Aspirations

TLC for our Homes

- * New Dawn: secure core operational funding
- * New Dawn, New Day & New Way: interior / exterior painting
- * New Dawn, New Day & New Way: new beds & bedding (25)
- * New Dawn, New Day & New Way: interior / exterior furniture & décor
- * New Dawn, New Day & New Way: landscaping

- * Increase core operational funding through strategic fund development
- * Strategized campaign to connect with & engage more monthly donors
- * Secure media & marketing support
- * Committee & Volunteer recruitment
- * Alumnae Committee recruitment

Capacity Building

Engaging Community

- * Alumnae & Family Event at New Dawn (date TBD)
- * Events Committee recruitment; attend 1 – 2 major events per year (ie: Recovery Day, Pride Parade)
- * Collaborate with stakeholders to host 2 – 3 smaller community events per year
- * Video testimonials and a PSA for Chrysalis (in development)
- * Increase social media engagement & presence (Facebook & Twitter)
- * Upcoming 30 Year Anniversary

Do you love organizing events?

Beautifying home environments with indoor décor or outdoor gardening?

How about promoting a worthwhile cause online and offline?

Are you passionate about ending stigma, celebrating recovery,
or making the world a better, more socially just place, one small action at a time?

If you answered yes to any of these questions Chrysalis wants to hear from you –
give us a call or send us an email & let's change the world together!

Contact us: **604-325-0576** / admin@chrysalissociety.com

We Are
the
Change We
Want to See!

*“The ones crazy enough to believe they can change the world”
are the ones that do!” #Grassroots #PeoplePower*

Chrysalis

is the name for the third of the four distinctive stages of a butterfly's life.

The most fascinating stage & also the easiest to miss, it is the stage in which the caterpillar transforms into a butterfly.

★ NEW DAWN ★ NEW DAY ★ NEW WAY ★
SPECIALIZED RECOVERY HOMES FOR WOMEN



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